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# Standing Committee on Veterans Affairs

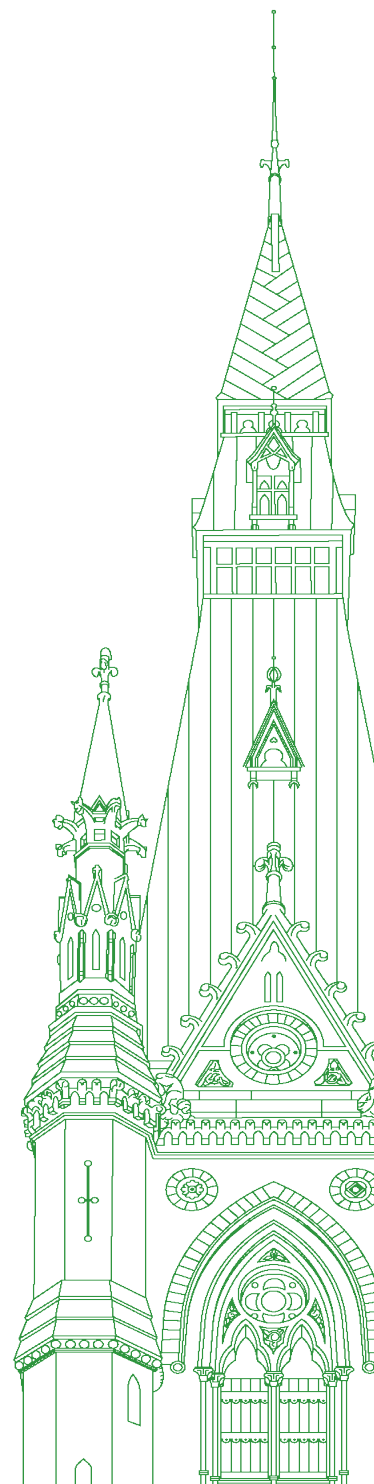
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Chair: Mr. Emmanuel Dubourg





## Standing Committee on Veterans Affairs

Friday, March 4, 2022

• (1300)

[Translation]

**The Chair (Mr. Emmanuel Dubourg (Bourassa, Lib.)):** I call this meeting to order.

Welcome to the sixth meeting of the Standing Committee on Veterans Affairs.

Pursuant to the motion adopted on February 8, 2022, the committee is meeting to begin its study entitled, Fairness in the Services Offered to Veterans: Francophones and Anglophones, Men and Women, and the LGBTQ+ Community.

Welcome to our colleagues Peter Fragiskatos and Marc Dalton.

[English]

Today's meeting is taking place in a hybrid format pursuant to the House order of November 25, 2021. Members are attending in person in the room and remotely using the Zoom application. The proceedings will be made available via the House of Commons website. Just so that you are aware, the webcast will always show the person speaking rather than the entirety of the committee.

Today's meeting is also taking place in a webinar format. Webinars are for public committee meetings and are available only to members, their staff and witnesses. Members enter immediately as active participants. All functionalities for active participants remain the same. Staff will be non-active participants and can therefore view the meeting only in gallery view.

Before speaking, please wait until I recognize you by name. If you are on the video conference, please click on the microphone icon to unmute yourself. For those in the room, your microphone will be controlled as normal by the proceedings and verification officer. When you are speaking, please speak slowly and clearly. When you are not speaking, your mike should be on mute. I will remind you that all comments by members and witnesses should be addressed through the chair.

[Translation]

Regarding the speaking list, the committee clerk and I will do our best to maintain an order of speaking that is fair for all members, whether they are participating virtually or in person.

I would now like to welcome our witnesses.

We have with us, from the Department of Veterans Affairs, Stephen Harris, Assistant Deputy Minister, Service Delivery Branch, and Amy Meunier, Director General, Centralized Operations Division.

Ms. Meunier will make the opening statement.

Ms. Meunier, you have five minutes to make your presentation, starting now.

• (1305)

**Ms. Amy Meunier (Director General, Centralized Operations Division, Department of Veterans Affairs):** Mr. Chair, Honourable Committee Members, thank you for inviting us here today.

Our Canadian Veterans deserve the best possible services and support that we can provide to them and their families. And our number one priority in serving them is reducing processing times for disability benefit applications and making quality and accurate decisions.

[English]

Over the last five to six years, we've experienced a 40% increase in disability benefit applications, including an increase of more than 75% in first applications. Despite this, between April 2020 and February of this year, the team has reduced the overall number of pending applications by 36%—in other words, from 48,000 to just over 31,000—and the number of claims beyond our 16-week service standard by 44%, from 22,000 to just over 12,000.

I want to thank the members of this committee who have quite rightly focused on timely and effective decisions for veterans, with an additional emphasis on barriers and gaps for groups such as females and francophones. We've made measurable progress in addressing the turnaround times for applications from females and francophone veterans. For example, as of December 2021, we've reduced the average turnaround time for female applicants by 6.9 weeks and the average turnaround time for francophones by 3.2 weeks.

[Translation]

Two years ago, I was named Director General responsible for the team that processes disability benefit applications. At that time, our team was faced with a workload of disability claims that had never been higher, and a global pandemic had just begun.

The one constant during those early months of uncertainty was the dedication and devotion of the team. They understood the importance of continuing to get decisions out the door, and their productivity steadily increased as we brought more staff in the door.

[English]

With the recent government announcement of \$139 million to extend term funding for another two years, we can maintain this momentum and achieve our goal of processing applications within the service standard.

There are a few other highlights I'd like to share. We stood up a team dedicated to processing applications from women to eliminate inequalities in the turnaround times between female and male applicants. Likewise, we increased our French and bilingual capacity and are now positioned to better support our bilingual and French applicants. We have a dedicated unit that prioritized and processed over a thousand applications from military sexual trauma survivors. More than \$105 million in pain and suffering compensation has been paid to them. We were able to make those decisions within 30 days on average.

[Translation]

We are working to automate some of the manual steps in our processes, which will alleviate repetitive tasks, improve information sharing and, most importantly, improve the client experience.

We engaged directly with Veterans. In May of last year, through our consultation platform called Let's Talk Veterans, we consulted with Veterans about the disability benefit process. The feedback from close to one thousand Veterans was tremendous and has helped us zero in on the very specific challenges for Veterans. We are already using this information to make changes.

[English]

We are building tools for our decision-makers to connect veteran injuries to service faster and more consistently. These tools are developed with a GBA+ lens to support consistent, equitable and transparent decisions that are inclusive of sex and gender and reflect the most up-to-date medical research.

[Translation]

All this to say, we are really at a pivotal moment. We know there is a lot more work to do, but we have come a long way, and we are well positioned to get the work done.

[English]

Before I close, I'd like to leave you with this message that I recently received from one of our team members: "As a Veteran myself, I have said since the early days of working at Veterans Affairs Canada that I feel like I am truly at home. I get to tap into my experience in the Canadian Armed Forces and also bring to the role the skills I developed in my career. I am happy for the veterans we are serving. I know we are making a difference. I hear it on the phone and I see it in the numbers. It's wonderful that we now get to continue to make a difference."

Thank you.

[Translation]

**The Chair:** Thank you very much, Ms. Meunier. I know you are here with Stephen Harris. We will now go to the first round of questions.

Mr. Caputo is absent, and I don't know whether Mr. Harris will be speaking first.

Instead it will be Cathay Wagantall, who has six minutes to ask Mr. Harris or Ms. Meunier her questions.

● (1310)

[English]

**Mrs. Cathay Wagantall (Yorkton—Melville, CPC):** Thank you so much, Chair.

I'd like to thank you both for being here. It means a great deal to have this opportunity to follow up on this issue. I had the privilege and honour of being part of that study when we were looking at the backlog. It is encouraging, no question.

Either one of you can answer this, although I appreciate the brief that was shared.

I would like to know, as we go into this, how many of those temporary workers have been retained, moving forward. I know there was a step to consider removing them, and the decision was to keep them on, which I think was the right one. How many have actually been retained at this point in time?

**Ms. Amy Meunier:** They've all been retained. We received funds through budget 2021 to retain 168 positions. The remaining term positions, through the recent government announcement, have all been retained.

**Mrs. Cathay Wagantall:** That's excellent. Thank you so much.

With that retaining, I know that a number of them had been shifted over from other areas. Have those been replaced in other areas of need within Veterans Affairs?

**Ms. Amy Meunier:** Yes, they have. Through the hiring process, when we began to hire in the summer of 2020, we worked with our partners around the department to ensure that, as we were moving experienced personnel over to support the reduction in the disability backlog, they would have sufficient time to replace anyone who had moved over to my section.

**Mrs. Cathay Wagantall:** Okay, perfect.

You mentioned that you have increased the ability to deal with the francophone needs of our veterans, those who speak French as their first language, and there is concern about the need for individuals working with them to have that ability to communicate, especially when you're dealing with something in the medical field. You did say that they are bilingual. Can you tell me how many of those new hires to deal with this issue have French as their first language?

**Ms. Amy Meunier:** You're absolutely right. Through the process of looking into why there may have been a turnaround time difference between anglophones and francophones, we did realize that for some cases bilingual is sufficient, but we recognized, much like we have English-essential positions, that there was a strong need to ensure we had sufficient French-essential positions.

Currently on staff we have close to 200 bilingual or French-essential individuals. I can't give you the precise number, but I would say that it's around 40 to 45 French-essential positions.

**Mrs. Cathay Wagantall:** Okay. Are any of those essential positions directly in Quebec?

**Ms. Amy Meunier:** Yes. In fact, the majority would be in Quebec: in Quebec City and Saint-Jean, as well as Montreal.

**Mrs. Cathay Wagantall:** That's wonderful. Thank you.

Another question I had was in regard to what you shared with us. You talked about the huge load of those who were working.

I do personally want to say thank you to that team you have. They are remarkable in what they do, but they were discouraged and were finding it hard. You indicated that as you hired more people, there was an increase in productivity among the people who were already serving.

Can you talk just a bit more about the impact that having a stronger workforce made on those who were trying desperately to do their jobs well?

**Ms. Amy Meunier:** Thank you. That's a great question.

As their leader, I worked hard over the last two years to ensure that we maintained morale. Sometimes it can seem defeating when you're looking at a large volume of applications. What really helped to augment or increase our capacity is that as we onboarded new staff, they helped us to look at our work in a different way, posed questions and offered us opportunities to be more efficient in our work, and being able to share the workload across a greater number of employees really helped us get into our stride.

I would say in summary that there were two parts. More hands on deck to share the load was absolutely helpful, but it was the freshness and spirit of new folks coming onboard that really helped to bring up the morale.

• (1315)

**Mrs. Cathay Wagantall:** Thank you.

We see how important it was to do those hires. The goal still is to remove the backlog, and we still have a significant way to go, yet there was that initial decision to take away those temporary positions.

There's nothing more important than getting this to where it doesn't happen again, which is perhaps unrealistic, but at the same time, to have that staff there in the long term is so key. What is the plan to move ahead to actually reduce that entire backlog?

**Ms. Amy Meunier:** Thank you.

In the operational environment, our service standard is 16 weeks 80% of the time, so it does suggest that there will be a certain number of claims that will take longer than 16 weeks. Our goal is to re-

duce the backlog and to be able to maintain our service standard, meaning that there would never be any greater than 20% in our pending applications beyond the service standard.

In terms of keeping staff on board, that is one part of our strategic plan. The other part is improving the way we work and augmenting our system so that we can move through the system much faster.

**The Chair:** Thank you, Ms. Meunier and Ms. Wagantall.

Right now, I'd like to invite Darrell Samson to go ahead for six minutes.

Go ahead, please, Darrell.

[Translation]

**Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.):** Thank you, Mr. Chair.

[English]

Thank you very much for the opportunity.

I'm very pleased with the information you shared with us, Ms. Meunier. Things are looking up, but I do want to make reference to what my colleague just asked you. She made a point that I'd like to clarify with you. She said there was a decision to take some of these positions away. I suspect she was making reference to the 168. Was there any intention at any time for the department to take those positions away?

**Ms. Amy Meunier:** No, there was no intention to take those temporary positions away. I would say that as we move through the process and we continue to refine our processes, build automation, and become more efficient, we have to continually look at what types of resources we need longer term. It was more about thinking through what is actually required and it was a bit of an iterative process, but the goal was to keep the people we needed.

**Mr. Darrell Samson:** Thank you very much for that answer and that clarification. I know that the wait time has been a big issue for a number of years. You shared some numbers that were quite interesting, which I think we should look at. There's been a 40% increase in requests for applications, and 75% for first-time applications. Could you tell us where these numbers are coming from and why there are more demands and more requests for the first time? Why do we see such a big climb in applications? What caused that?

**Ms. Amy Meunier:** I can't be 100% certain, but we certainly do hear feedback. I would want to point to a few things. One, Veterans Affairs Canada and the government just recently went through an initiative to really promote our programs and services. There was a large communications effort to ensure that people knew what programs they would be available for. The implementation of pension for life brought a whole new level of applications in the door. People were more aware of what they might be entitled to.

There's the destigmatization of mental health conditions. We are seeing a notable rise in those areas. More and more individuals are feeling comfortable coming forward. Finally, I would say that injuries in service manifest over a period of time, and I think we're still seeing evidence of Afghanistan coming through, particularly related to those mental health conditions. We'll continue to see that ebb and flow. It will be important that we look at that and we monitor that so we're prepared in the future along the same lines and that we have the supports in place.

**Mr. Darrell Samson:** Thank you.

What will the new investment, which we just announced, of \$139.6 million do to retain those employees to help with the backlog as we move forward?

**Ms. Amy Meunier:** Thank you.

It's going to help us achieve our goal. We are aiming to have the backlog down to 11,500 in that area by the end of this month and to have it down to about 4,000 in the early part of 2023, in the January/February time frame. From that point forward it's incumbent upon us to make sure we maintain that workload, meaning that it is always within 16 weeks but recognizing that there will still be a few folks outside of that.

• (1320)

**Mr. Darrell Samson:** I would like to take the opportunity, Ms. Meunier, to thank you and your leadership and your staff for the work that you are doing. It is quite impressive. I realize there is a backlog. We are hopeful there won't be any backlog when we get to the place we need to get to, but knowing that we have dropped the wait time by 50% in the last year and that we are still having such numbers as there are 40% more applications and 75% more first-time applications is just very good. I want to thank you, on behalf of veterans and our government, for the work you're doing and your staff is doing.

Thank you.

**Ms. Amy Meunier:** Thank you.

[Translation]

**The Chair:** Thank you very much, Mr. Samson and Ms. Meunier.

I now invite Luc Desilets, vice-chair of the committee, to take the floor for six minutes.

**Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ):** Thank you, Mr. Chair.

First of all, I'd like to begin by thanking and congratulating the Department of Veterans Affairs for responding to my request of February 1 last by providing the figures we've unfortunately been requesting for a long time. We could come back to that later.

We have the figures in hand. A few years ago, the department didn't have enough bilingual adjudicators, and they couldn't decide cases in French. It took more than 16 weeks, and we hear several weeks more. Francophone veterans had very long waits, really long waits. As a result of the lack of bilingual staff, in 2018, francophones had to wait an average of 33 weeks more than anglophone veterans for decisions to be made in their cases.

I understood the situation pretty quickly. Since I was sitting as a member of the committee and, obviously, as our veterans affairs critic, you could say that wasn't too hard to grasp from the very first months.

Nearly all the Quebec veterans I spoke to had waited two years for a decision on their disability benefit applications. That was obviously unacceptable and unfair. I constantly hammered away at the department and at you too, Mr. Harris. You must have found me irritating and annoying, but that's life, and it's my job.

Now I am pleased to see the actual result. It puts me in a good mood, despite this minor cold. I'm optimistic for the future, but I'm obviously concerned when I see the fluctuations that have occurred in processing the backlog over the past 50 years or so.

There was a 33-week discrepancy in 2018 and a 16-week difference in 2019. The gap fell to 8 weeks in 2021, and, in January and February 2022, the difference was 0.6 week. So hats off mainly to the francophone team from Montreal and to your 7 bilingual teams across Quebec and Canada. They've done a good job, and I congratulate them on it. My key question is this: how will you maintain that standard over time?

That question's for either Ms. Meunier or Mr. Harris.

How do you intend to maintain the virtually equal processing times for applications from anglophones and francophones for the rest of this year and next year?

**Mr. Steven Harris (Assistant Deputy Minister, Service Delivery Branch, Department of Veterans Affairs):** Thank you very much for your question, Mr. Desilets.

I can assure the committee that I have never found Mr. Desilets' constant demands regarding delays in the processing of French-language applications annoying.

As he noted, it's true the situation was absolutely unacceptable. I can tell you that the resources we've just received as a result of extended employee assignments will help us ensure that the difference between processing times for English and French applications is truly eliminated.

Ms. Meunier discussed that a little earlier; we're in the process of making other improvements to the process and other things. I believe the team we have in place will help.

In addition, in response to the question a committee member asked earlier, we definitely need to hire francophone staff, not just bilingual staff, given how complicated it is to interpret French files, particularly the medical terms, for example.

We've definitely acknowledged that we can't rely solely on bilingual people. We need nurses and other people who make the decisions and are truly proficient in French and comfortable with the medical terms.

• (1325)

**Mr. Luc Desilets:** Thank you, Mr. Harris.

I don't know whether you wish to add anything, Ms. Meunier.

[English]

**Ms. Amy Meunier:** In addition to what my colleague mentioned, what we're doing over the next short while is ensuring that we are accurately tracking the requirements for French staff members. For example, the number of applications that come in from francophones is one number, but we also have a significant number of applications from anglophones. Depending on where they served over their military careers, half of their service health records could comport French language material.

We were not capturing the workload required or the workload associated with that. We are now going to start tracking that. That will better position us to ensure we are always ahead and beyond the French needs, so that we are always stronger than what is coming in the door.

[Translation]

**Mr. Luc Desilets:** That's good, thank you.

Ms. Meunier, you mentioned the nearly \$140 million investment. However, we're talking about temporary jobs. That troubles me personally because the problem could reoccur.

Why temporary jobs? If the people work 50% of the time, why not cut the number of employees in half and hire them on a full-time basis. It strikes me that would be more efficient.

That's the first part of my question.

**The Chair:** Pardon me, Mr. Desilets, but your speaking time is up.

You will have a chance to ask your question in the second round.

[English]

I'd like to invite MP Rachel Blaney to ask questions for six minutes, please.

**Ms. Rachel Blaney (North Island—Powell River, NDP):** Thank you, Mr. Chair, I always appreciate your leadership and your signs keeping us on track. I just want to commend you for that again.

I want to thank the witnesses for being here.

I'm going to start first with a statement, and then I'll move on to a question.

I just want to say, when we're talking about backlogs, I am still very concerned. I don't think these are being addressed the way they should be. I think the fact that these are still temporary workers and not permanent workers should be concerning to all of us.

Just recently I was cc'd in an email to the minister discussing a veteran who heard from VAC that his file had not even been given to an adjudicator after 32 weeks of waiting. He was still in the queue. He was told that he could wait up to another 18 months to even have it adjudicated, and that if he was dying it could be sped up. I want to put that on the record, because I don't believe that vet-

erans are being treated fairly. I don't trust the numbers you're giving me. I'm just telling you this straight up, because I'm hearing too many of these kinds of stories.

My first question is about the consultation process with veterans through Let's Talk Veterans. I'm just wondering if we could hear a little bit about the specific changes that were referred to and if we could have an example of what those changes are.

**Ms. Amy Meunier:** As I mentioned, there were about 853 participants in that survey, and we realized a few things through that. A lot of the questions were predominantly related to what their experience was on their end and where the biggest obstacles and challenges were.

What was a surprise to us is that not as many veterans as we thought were aware of My VAC Account, which is a faster way to apply for disability benefits. We are now going to really ramp up our information and communication related to applying for that account.

As I'm sure you've heard in your business, medical questionnaires and working with health professionals who are treating can be a bit of a challenge. We use the term "diagnosis" regularly, but that actually means a confirmed diagnosis from a medical professional, and while that may seem clear, we now know that's not crystal clear.

Some of the changes we'll be making are to use more plain language, user-friendly material upfront, working more closely with our intake staff where veterans can have a dialogue to make sure they better understand what's required.

More importantly, veterans were loud and clear: They want to know when their application is complete. They gave us some examples of time frames they thought would be acceptable to advise them if their application was complete. We're working with My VAC Account partners within Veterans Affairs Canada to improve what a veteran would see in their application by having more granularity about the stage and what's happening with their application at that point in time.

Those would be a few examples that I would offer.

• (1330)

**Ms. Rachel Blaney:** When you said that about 1,000 veterans participated in the consultations, I was wondering if we could get something to the committee that addresses the demographic breakdown of the participants, for example, how many men, how many women, their geographical location and age. Of course, we're also talking here specifically today about French-speaking veterans and the services they receive, and also the LGBTQ+ community. If that could be included in it as well, that would be helpful.

I guess the other part of my question is whether, based on this information, there were any specific changes to better serve the LGBTQ community or the French community of veterans who are receiving services. If it didn't come through this, what is the process of making sure that services are more friendly and consistent for those particular stakeholder groups?

**Ms. Amy Meunier:** Thank you.

I have some demographics here, but as part of the formal process of Let's Talk Veterans, we will be publishing the fulsome report with all of those demographics. Just quickly, I would highlight 76% were males, 21% were females, 84% were English and 16% were French. That's fairly representative of the applications we do see.

As for how we better provide support and work better with different cohorts or segments of our veteran population, it's through a variety of ways: through surveys and consultations, like we just did, and direct feedback from veterans. But one example I would offer is that we don't actually ask you on the application form what your sexual orientation or preferences are. But through our experience with the Purge class action, we worked very closely with many survivors of that, and through that process we gleaned quite a bit about what we could change to be a much more effective trauma-informed organization. We have already implemented trauma-informed training for all of our decision-makers and frontline staff, and that will continue.

That would be a good example of some of the things we are already doing, following feedback from our veterans directly.

**Ms. Rachel Blaney:** I would just close by saying that one of the challenges we've heard from numerous veterans is that the My VAC Account can only be accessed by themselves and they cannot assign ability to do that to a caregiver to help them access it, which can result a huge challenge for them. Maybe I'll come back to this in my next round, but how can we make that more accessible, because that is closing doors?

Thank you so much, Chair.

**The Chair:** Thank you so much, Ms. Blaney.

[Translation]

Thank you for your compliments. I'm very pleased to hear them.

Thanks to you as well, Ms. Meunier.

[English]

Let's continue. We're going to go to questions for five minutes.

I'd like to invite the honourable MP, Anna Roberts, for five minutes, please.

**Mrs. Anna Roberts (King—Vaughan, CPC):** Thank you, Mr. Chair.

First of all, I want to thank you for your service. It is very commendable.

Here's my question—and being a newbie I might be out of line, but I want to ask something. You said that you've been there for two years, and the work sounds amazing, but what experiences have you drawn to ensure that moving forward we don't incur the backlog that we have had in the past?

• (1335)

**Ms. Amy Meunier:** That's a great question.

It would be being able to better anticipate the types of applications that are coming forward, and the volume of applications, understanding the cause and effect of new programs coming into place, and the communication around that, and to be better prepared for that because when there is an increase or some strong publicity about new programs, we do see a surge. That would be one take-away—that we anticipate that a little more effectively.

I've also realized over the last two years that on the surface it may appear that two claims look exactly the same, but the reality is that individuals' situations, circumstances and health parameters and criteria are very different when you dig into a file and you get into it. Also, it would be about ensuring we have access to up-to-date medical information and modern tools to make it easier for our decision-makers to connect injuries to services more consistently.

Those would be two things I would say that would position us very well going forward. That's what we're doing today, and that's why I feel that way, because it's working now. I would hope to continue to build.

**Mrs. Anna Roberts:** You mentioned the medical records. Is there not a database where they could be accessed immediately, or is there a time lapse? I don't understand your point about the medical records. Maybe you could explain that to me.

**Ms. Amy Meunier:** Sure.

When someone serves in the Canadian Armed Forces or the RCMP, throughout their career there are service records related to where they served—overseas or across Canada—as well as all of the health information associated with their time. It is held by the Canadian Armed Forces, but after a certain period of time, I think it's two years, it's moved over to Library and Archives Canada. When someone applies to Veterans Affairs Canada, we go to either of those organizations or the RCMP to receive a copy of that information to assist us in making the decision. We have formal processes with those organizations. Recently, we are working with the Canadian Armed Forces. We have 50 decision-makers who have direct access to the Canadian Forces health information system.

That direct access is just getting going. We're working through the kinks, trial and error. But that would be much faster and over time it will become a much more effective way for us to go in and target the information that we're looking for in real time.

**Mrs. Anna Roberts:** I want to ask as well if this pandemic has created issues with the backlog. If so, what plans are in place?



I know I've heard about the mental health issue from some of my constituents who are veterans. How can we get back to prepandemic levels and ensure that this doesn't happen again?

**Ms. Amy Meunier:** The pandemic has offered some opportunities and some challenges. The challenges would, I think, be fairly evident. Most of us have experienced them. How do you get people working remotely? How do you hire 350 people when they cannot come into an office? How do you train 350 people? We got past that, and they are working much more effectively now.

The opportunities are that our population and the groups from where we can hire have expanded, particularly if we're looking at the francophone population. Because we were no longer stuck with bricks and mortar, our ability to hire in more remote regions has become an opportunity for us. I would say that the pandemic has offered some challenges that we were able to overcome and some opportunities that we will carry forward with us into the future. We have much more effective training that can be delivered virtually at a self-paced....

I think my time is running out. I would close by saying that I think it's been more of an opportunity, and we're really starting to see the effects of that now.

**Mrs. Anna Roberts:** Thank you. So—

**The Chair:** Excuse me, Ms. Roberts. I'm sorry but you're time is over.

Now I invite the honourable MP Sean Casey for five minutes, please.

• (1340)

**Mr. Sean Casey (Charlottetown, Lib.):** Thank you very much, Mr. Chair.

Ms. Roberts was asking such excellent questions and you were giving such a thorough answer that I'm going to get you to continue in that vein.

I, too, am quite interested in the impact of COVID-19 on your efforts within Veterans Affairs Canada.

Mr. Harris and Ms. Meunier, it's good to see you both again. It's been a long time since I've seen you, Ms. Meunier. I see Mr. Harris a little more frequently. Welcome to the committee. It's really a pleasure and an honour for me to be able to interact with you in this way from my basement a few blocks away from where you are.

With COVID-19, I can just imagine the difficulty of hiring, onboarding and making productive a new employee, who is faced with a mountain of paper, either real or electronic, and a major challenge. I know you touched upon it, but please take a minute to elaborate a little more. Then I have a couple of other areas I want to talk to you about.

**Ms. Amy Meunier:** Traditionally, when hiring new employees, the onboarding or training was face to face, elbow to elbow. When the pandemic occurred, of course that was not possible. Within a very short period of time, we partnered with a local college to help us develop virtual modules intended for adult learning. We were able to produce 80 learning modules that allowed us to onboard those teams and get them training faster than we ever had before.

There were some kinks, of course, and we've learned through that process and adjusted and developed from that point forward.

At the beginning we noticed some difficulty, in that when you are training new folks and doing quality assurance, you are pulling from your experienced decision-makers to help, or sort of buddy up, with a new person. Through that, again, the way we work and our training continue to evolve. In the end, we've built a very solid model where staff can feel comfortable in a virtual environment reaching out to solicit advice and support.

We're quite proud of what we've been able to do. We are much more disciplined and much more consistent in our work. Those are two things that absolutely have to stay in order to see consistency in our service standard going forward.

**Mr. Sean Casey:** Thank you.

I was first named to this committee after the 2011 election. You will undoubtedly recall that in the years 2011 to 2015, there were pretty deep cuts to the civil service generally and to Veterans Affairs Canada particularly, including the closing of district offices. What impact did that have?

Let me just go one step further. Now I hear you talking about the complexities involved in cases. Back then, the argument was that veterans were dying off and that there were no longer traditional veterans; therefore, there was less need for such manpower within Veterans Affairs.

I hear you telling a vastly different story today. I'd be interested in your comments on the impact of those cuts, what was required to rebuild and, more specifically, the district offices.

**Mr. Steven Harris:** Maybe I can offer Amy a break and answer that on her behalf.

There were certainly some changes with respect to the HR complement at Veterans Affairs over that period. As you noted, there was an expectation that we would have a reduction in clients as we were moving forward. As Amy noted a little earlier in the message here, we've seen a significant increase in the number of people coming forward. That's by virtue of additional new programs, a broader suite of programs that are available, and there are still challenges, but they help people transition more successfully. We've been able to reopen offices and make sure that there are offices in local communities, to be able to help veterans in their communities by making sure that those offices are open and staffed appropriately.

The staff that we have now, who have been added over the course of the last little while, have helped us significantly. Amy spoke about the challenge of hiring in the pandemic. Part of the optimism we have here in responding to some of the questions from earlier is that we actually have all these people onboard and trained. We needed to recruit them first, at the outset two years ago, and then train them during the pandemic. Now we have them onboard, trained and ready to go. They're already at the starting line of the additional two years that have been provided here, and are running. That gives a lot of optimism for the team and for our ability to continue to bring down the numbers in backlog situations.

• (1345)

**Mr. Sean Casey:** That's great stuff. Thanks to you both.

**The Chair:** Thank you.

Thank you, Mr. Casey.

[Translation]

We will now have two brief interventions of two and a half minutes.

I would first like to invite the honourable Luc Desilets to ask his questions.

Go ahead, Mr. Desilets.

**Mr. Luc Desilets:** Thank you, Mr. Chair.

Ms. Meunier, can you simply tell me, yes or no, whether the temporary positions that were created are all full-time?

[English]

**Ms. Amy Meunier:** Yes, they are all full-time positions.

[Translation]

**Mr. Luc Desilets:** Okay.

The backlog problem has been ongoing for 50 years. It's true that there was a massive injection of funds, and I'm always happy to see that, but why is this increase coming only every two years? How come there isn't a longer-term vision?

You also mentioned that there was a significant increase in the number of applications at the moment.

**Mr. Steven Harris:** We have certainly seen an increase in the number of applications over the past 10 years or so. We monitor the situation, and try to make sure that we have the resources required to avoid backlogs. We're working on it.

As for why the increase is temporary, we still have work to do to modernize systems and change the rules to remain as productive with the number of employees we have and ensure that we have the right number of employees in each department to process applications from veterans.

**Mr. Luc Desilets:** I'll ask the question another way.

With this injection of funds, do you think that in two years the backlogs will be at exactly the same level and that it will be possible to continue to operate without these new employees?

**Mr. Steven Harris:** Within two years, we expect to be able to cope with the applications and the backlogs, so that, as Ms. Meunier explained, we will be able to answer applications within 16 weeks 80% of the time, which is the service standard. We think we can get there within two years.

**Mr. Luc Desilets:** Is why the permanent positions were not needed?

**Mr. Steven Harris:** We are not yet sure about the number of positions that will be needed to deal with applications because of the improvements we will be making to the systems and the processes. That's why adding temporary employees puts us in a better position for the future.

**Mr. Luc Desilets:** Thank you.

That's all for me, Mr. Chair.

**The Chair:** Thank you, Mr. Desilets.

We will move on to Ms. Rachel Blaney.

Ms. Blaney, you now have an opportunity to return to the questions you asked earlier. You have two and a half minutes.

[English]

**Ms. Rachel Blaney:** Chair, thank you so much.

I would like to come back to whether you are receiving any feedback from veterans about the My VAC Account. As I said earlier, we're hearing a lot. Caregivers specifically have been very frustrated because they can't do with, or for, their partner or loved one what is desperately needed to be done, and trying to mentor support or to get them to do it can be frustrating.

Has there been any review of the My VAC Account and adding accessibility to people who the veterans themselves could appoint as their main caregivers?

**Mr. Steven Harris:** We do receive feedback on My VAC Account, and the accessibility issue. People are able to have proxies access it for them if they want to provide other people access on their behalf by providing that level of power of attorney—I'll put it with that kind of term—for somebody to be able to access it.

**Ms. Rachel Blaney:** Just to let you know, Mr. Harris, we've actually seen times where they have done that proxy and it's still not acknowledged. When they're trying to inquire, and do things on behalf of someone, they are absolutely being blocked.

Is there a process of complaint or intervention that our caregivers for veterans could have, or be provided with, to address that when that occurs?

**Mr. Steven Harris:** If anyone's having any difficulty in that instance, certainly, with the member, you can contact the Veterans Affairs office to make sure that we can address that issue. Individual veterans and/or family members can certainly contact us through our national contact centre to indicate if they're having any issues, as well. I'm happy to follow-up on any cases you have.

• (1350)

**Ms. Rachel Blaney:** That helps. Thank you.

I want to hit on my last question about the hiring in more remote communities. I think that's very interesting. During this time of remote work during the pandemic, serving French-speaking veterans could be interesting, because it doesn't really matter where people are located.

I guess it's a two-part question. How are we going to make sure that people hired in remote areas, who are far away from the bricks and mortar, are continuing in their work? How do we make sure that French-speaking staff are located in the same area where French-speaking veterans are in the future?

**Mr. Steven Harris:** I think there are a couple of things. There's a bigger or broader public service question about location of work with respect to what people are doing. People have worked remotely before this, although there are many more people working remotely, not only within Veterans Affairs Canada, but in multiple areas. There's an avenue forward for us to keep people working away from their assigned offices into the future. That's one of the conversations we're certainly having here.

Regarding the second question about people in their communities, it's always great to have people in their communities. There are many people who work on veteran files who don't have to be in the community that they necessarily live in if their skills provide that opportunity to serve.

**The Chair:** Thank you, Mr. Harris.

We have two other interventions from our colleagues.

I invite MP Wagantall to ask questions, for five minutes, please.

**Mrs. Cathay Wagantall:** I appreciate that, Chair. However, I believe Mr. Caputo should be asking questions now, as I took his place earlier.

**The Chair:** Right, so I invite Mr. Caputo, the vice-chair of the committee, for five minutes.

**Mr. Frank Caputo (Kamloops—Thompson—Cariboo, CPC):** Thank you, Chair, and thank you to Mr. Harris and Ms. Meunier for making themselves available.

Ms. Meunier, in your opening statement you talked about the many disability applications that have come in over the last five to six years, but we know that new applications dropped significantly during the COVID pandemic.

Can you tell us how many applications came in since last January, please?

**Ms. Amy Meunier:** I certainly can. It may just take me a second to get that exact number.

I want to clarify one quick point. The intake of first applications did drop when the pandemic first hit, but then it began to steadily increase from September 2020 to now. I just want to make that clear. There was a short-term dip, but it has continued to increase since then.

**Mr. Frank Caputo:** Did that short-term increase result in pre-pandemic levels of applications?

**Ms. Amy Meunier:** I'm not sure I'm following you 100%.

**Mr. Frank Caputo:** What I'm saying is that before the pandemic, we had certain levels. There was a decrease due to the pandemic,

and in your last answer you said that the numbers did increase steadily, I believe, from September 2020.

Did that increase result in application levels consistent with pre-pandemic levels?

**Ms. Amy Meunier:** Thank you for that clarification. I appreciate that.

Yes. For some months—again, intake isn't always a straight line, as it does ebb and flow—we did see an alignment with waves, meaning that as communities opened up, so did people's opportunity to access medical professionals. We did see some spikes, for example, in November of 2021. Intake went up to 7,700, whereas in a normal or average month it would be more along the lines of 5,900.

**Mr. Frank Caputo:** You also noted there was a decrease of 44% in the backlog of 23,000 to just under 13,000 so far. Was this impacted by COVID numbers, resulting, at least initially, in a reduction of applications?

**Ms. Amy Meunier:** Yes—certainly within April, May and June of 2020, but as I mentioned earlier, that was quickly gained back in those months when application volume increased. There would have been a short-term difference, but it started to increase from then on. It went right back to standard levels. At the same time, in April 2020 and May of 2020, we as an organization were figuring out how to have a thousand-plus people working from home virtually. There was a bit of a double-edged sword in that dynamic.

• (1355)

**Mr. Frank Caputo:** Did you notice a difference in productivity when people were working from home?

**Ms. Amy Meunier:** I certainly noticed a difference in productivity in those first few months, as people began to adapt to working online. When the pandemic hit, only about 10% in my organization were equipped to work from home and already in a telework-type arrangement. It did take some time for the team members to adapt to that and to know how to work virtually within their team environment.

So I would say that I did notice some impact, but the productivity quickly rebounded once people became familiar with using virtual tools and how to work in a virtual team environment.

**Mr. Frank Caputo:** Thank you. Is it fair to say, then, that now productivity, with people working from home, is the same as it was pre-pandemic?

**Ms. Amy Meunier:** I think that's fair...if not, maybe even more efficient.

**Mr. Frank Caputo:** That's good to hear.

This committee did a study on the veterans backlog, obviously. Are you able to say how many adjudicators have been hired since that study was completed?

**Ms. Amy Meunier:** I assume you just mean decision-makers. We have different names there. One is specifically entitled “disability adjudicator”.

We have hired close to 518 individuals since the time of that report. Of that, about 70% are decision-makers.

**Mr. Frank Caputo:** Would the rest be what you call “case workers”, then?

**Ms. Amy Meunier:** No, I would call them “intake officers”. The individual isn't making a decision but receives the application. We have “service verification officers” and those types of positions.

**Mr. Frank Caputo:** So it's roughly about 350. Okay.

Thank you.

**The Chair:** Thank you, Mr. Caputo.

I'd now like to invite Honourable Member Wilson Miao to take the last round of questions.

You have five minutes, please.

**Mr. Wilson Miao (Richmond Centre, Lib.):** Thank you, Mr. Chair.

Thank you to the witnesses for attending today's study.

Can you please tell us what role and mandate the Office of Women and LGBTQ2 Veterans has? Why was this office set up?

**Mr. Steven Harris:** The role of the office is to accomplish a couple of things. It's to be a key focal point for our stakeholder community to be able to reach out and to better understand the needs of our women veterans, of our LGBTQ veterans. As Ms. Meunier noted before, we don't collect information on LGBTQ veterans specifically. It's not part of something that's included in information or on an application form or things of that nature. One of the avenues the office uses is to make sure that they're in contact with stakeholder groups and communities that support LGBTQ2 veterans.

For example, I know that you will have Mr. Ross here in the second hour. We consult with him and his group, Rainbow Veterans, regularly from a stakeholder point of view to understand whether or not there are any challenges that the LGBTQ community may be facing with Veterans Affairs and any adjustments that we might be able to make on that front.

That's one element of it. Internally it helps us too in working with various areas, including Ms. Meunier's for applications on disability benefits, but we also have a lot of other programs. We have programs that work on education and training and programs that work on career transitions. We want to make sure that for our women veterans and for our LGBTQ veterans they're also serving them well. They work with those various areas to make sure that the programs that are in place are supportive and able to be flexible enough to vary in terms of the needs of veterans who may have different requirements, frankly, from our programming.

So it plays an external function in terms of interfacing with various communities, but it also plays a function within the department of making sure that the programs and policies and the operations

help to take into consideration any needs that may be different from different communities of veterans.

**Mr. Wilson Miao:** Are there any issues or barriers being identified through this office? What is being done to address them?

**Mr. Steven Harris:** There are a couple of issues. Sometimes those issues are individual. It might be an issue faced by an individual veteran. Collectively, there may be issues that are brought forward.

Some of them are issues we've discussed at this committee before, with respect to delays with women veterans' applications. They may be because of rules, programs or descriptions in place that are a bit old or out of date, or that don't reflect the need of our women veterans, for example.

In Ms. Meunier's area, we're making adjustments to ensure that any policy, program, or guidance document is good to reflect the needs of the broad variety of the veteran community who might come forward in that area. That's true across our other areas. We have a veterans independence program that helps support veterans at home.

There may be needs that are different in the context of a female veteran versus a male veteran. We need to make sure that those are taken into consideration. That's true for the broad variety of programming that exists on that front. We're making changes to those as we learn about any barriers or difficulties that are faced.

• (1400)

**Mr. Wilson Miao:** That's very good to hear.

Does the information from this flow through to the adjudicators of veterans' claims, so that they're better equipped to deal with claims from women and LGBTQ2 veterans?

**Ms. Amy Meunier:** It certainly does. It's coming in two ways, from that strategic level and, from what we're hearing, directly from veterans.

To give you an example, on our application form you're asked to provide your name. We had an application from a male, and while we were seeking out their service health records, it kept coming back as though the individual hadn't served. The reality is that they had served, but after their service, they transitioned to male.

We want to change our application form to be much more inclusive, so that individuals have an opportunity to express themselves and have an accurate record of their time in service. That would be applicable to women with married names in the service, but who later divorce. The name alone can create a lot of challenges and obstacles within the process.

We're rooting out.... I offer that as one tactical example of improving the process.

**Mr. Wilson Miao:** Thank you, Ms. Meunier.

Is there any future plan for this office or its mandate?

I know my time is up. I'll maybe save that for later.

Thank you, Mr. Chair.

**The Chair:** Thank you so much, Mr. Miao.

[Translation]

Ladies and gentlemen, that's all the time we have for this portion of the meeting. I'd like to thank the committee members and the witnesses for having kept to the speaking time that was allocated to them.

On behalf of the committee members, I'd like to thank the witnesses for their contribution to this study and for their services to veterans.

From the Department of Veterans Affairs, we heard from Mr. Steven Harris, Assistant Deputy Minister, Service Delivery Branch, and from Ms. Amy Meunier, Director General, Centralized Operations Division.

We are going to take a break for a few minutes, to give us enough time to welcome our next witnesses.

The meeting is suspended.

• (1400) \_\_\_\_\_ (Pause) \_\_\_\_\_

• (1410)

**The Chair:** Good afternoon.

We are now resuming the meeting.

[English]

I would like to make a few comments for the benefit of the new witnesses.

Before speaking, please wait until I recognize you by name. When you are ready to speak, you can click on your microphone icon to activate your microphone. I'll remind you that all comments should be addressed through the chair.

[Translation]

The interpretation services available for this videoconference are approximately the same as those provided during the committee's usual meetings. At the bottom of the screen, you can choose Floor, English, or French.

Please speak slowly and clearly. When you are not speaking, please mute your microphone.

I would now like to welcome our witnesses. Although the notice of meeting shows that Ms. Sherry Bordage would be attending, she's not here. However, I'm pleased to welcome Mr. Todd Ross, the Co-Chair of the Rainbow Veterans of Canada, and Mr. Oliver Thorne, the Executive Director of the Veterans Transition Network.

Each of them will have five minutes for their presentations. Mr. Ross will begin, followed by Mr. Thorne.

Mr. Ross, please turn your microphone on and go ahead.

[English]

**Mr. Todd Ross (Co-Chair, Rainbow Veterans of Canada):** Thank you, Chair.

[Witness spoke in Anishinabe as follows:]

Niin waabanaakwat nindizhinikaaz, migizii nindoodam Duck lake onjibaa nookomis.

[Anishinabe text translated as follows:]

My spirit name is Dawn of the Day Cloud. My clan is the Bald Eagle. My grandmother comes from Duck Lake.

[English]

I am Métis and a citizen of the Métis Nation of Ontario.

I am joining you today from the unceded and unsundered lands of Wolastoqey in what is known as Menahkwes, now called the City of Saint John.

My name is Todd Ross and I am co-chair of Rainbow Veterans of Canada.

I am pleased to be here today to speak to you about service delivery for 2SLGBTQ+ veterans, and I applaud the committee's effort to undertake this study. I would note that I hope, in the future, that the committee includes services to first nation, Inuit and Métis veterans as part of this work.

I'm a veteran and one of the lead plaintiffs in the class action lawsuit known as the "LGBT Purge". Rainbow Veterans of Canada was created shortly after the class action suit to fill a gap by being an advocacy and education organization to 2SLGBTQ+ veterans. We serve those who were part of the purge and all 2SLGBTQ+ veterans.

This year marks the 30th anniversary of the removal of the ban on LGBT people serving openly in the military, while many of us just recently started our relationship with Veterans Affairs.

When I received my honourable discharge in 1990, I was told that I would never qualify for services from Veterans Affairs and that I was not a veteran. This was common for many purge survivors.

Purge survivors tend to be older, with high rates of mental health challenges. With years of experiencing homophobia and transphobia in society, many of us avoided Veterans Affairs, because we did not feel that we could trust VAC, and there was a fear of not being safe, but we have seen a dramatic change in recent years.

Veterans Affairs created a dedicated 1-800 number and dedicated staff for LGBT veterans around the same time as the apology in the House of Commons. We have witnessed great work from VAC since the apology. We have noted the leadership of the minister to work with 2SLGBTQ+ veterans, and we greatly appreciate the work of the new directorate for women and 2SLGBTQ+ veterans. These efforts are removing many of the roadblocks to services that had previously existed.

There are four areas I would like to point out today, which I believe need change to assist 2SLGBTQ+ veterans.

First, staff at VAC need ongoing training to be aware of the history of the LGBT purge and the challenges facing all 2SLGBTQ+ veterans. Rainbow Veterans is pleased to continue to assist with this training.

Second, dealing with staff at VAC can be intimidating to veterans. The high turnover of case managers is particularly harmful. For example, one veteran recently had four case managers in the past year. That means that four times they had to recount their personal story and be retraumatized each time. 2SLGBTQ+ veterans receive a “blue zone” classification. This is a priority designation. I would suggest that district directors be aware of case managers who are most familiar with the LGBT purge and match these case managers to the blue zone clients in their district.

Third, many purge survivors are older and are approaching Veterans Affairs for the first time in their lives. Those over 65 are told that they have aged out and do not qualify for benefits. Veterans Affairs needs to take responsibility for assisting these veterans even after age 65. There have been some exemptions, but there have also been veterans turned away. These veterans should receive the benefits for rehabilitation and an income benefit after 65.

Finally, we need to feel welcomed. After being shut out for so long, we need to see ourselves reflected in communications, and we need to see more services be inclusive in both VAC and other organizations that are funded by VAC to deliver services. We need to see more 2SLGBTQ+ veterans and partnerships profiled, and we suggest that there be a safe space designation at physical locations and on the VAC website.

I thank you for allowing me to present to the committee today, and I thank you for undertaking this review.

• (1415)

**The Chair:** Thank you so much, Mr. Ross, for your introduction.

Now I would like to invite Mr. Thorne to speak for five minutes.

Go ahead, please.

**Mr. Oliver Thorne (Executive Director, Veterans Transition Network):** Thank you very much, Mr. Chair.

Hello, everybody, and thank you for the opportunity to speak today.

My name is Oliver Thorne. I am the executive director of the Veterans Transition Network, a registered Canadian charity headquartered in Vancouver but operating across Canada, which provides transition and counselling programs for Canadian Forces veterans.

[Translation]

Before starting, I'd like to apologize to the francophone members of the committee, because all my testimony will be in English. Unfortunately, my French is not good enough for me to testify accurately in that language. However, the provision of bilingual services is a very important objective for our organization. If you would like to discuss our programs in more depth in French, I'd be happy to put you in contact with our Quebec program coordinator.

[English]

As I mentioned, VTN is a registered Canadian charity. The program we deliver has a 10-year history. It was initially developed at the University of British Columbia in the late 1990s. In 2013, our organization was incorporated with the mission of expanding that program across Canada.

For the past nine years, our goal has been increasing the accessibility of this program, with three key focuses: geography, gender and language. First is making the program accessible in as many places as possible around Canada. Second is ensuring that our program is uniquely tailored and adapted to the experiences and the needs of women in the Canadian Forces. Third, and finally, is ensuring that we are able to provide the same level of service in English and in French.

In 2012, when we first started, we were delivering programs in British Columbia only, for men only and in English. This year, we're delivering, in eight provinces across Canada from coast to coast, programs for men and women in English and in French. Twenty-five percent to 40% of our programs on an annual basis are women's programs, and about 15% to 20% of our programs are French programs.

We've also been a registered service provider to Veterans Affairs Canada for eight years. This means that they will cover the cost of attendance of veterans who attend our program with an eligible claim for Veterans Affairs. That makes up about 15% of the veterans we serve. For the remaining 85%, we raise the funds to put them through the program at no cost to them.

In my testimony today, while I cannot speak specifically about VAC services—although we are a VAC service provider, we focus on our own service delivery—I can certainly speak about the lessons we've learned through expanding these programs over the past eight years and how it relates to differences in service delivery.

I have four major points.

In our experience, first and foremost is point one: Cultural competence is a key requirement to working successfully with veterans in a mental health context. This is true for all Canadian veterans, but it's particularly true for groups who are a minority or are marginalized within the veteran population, because their identity affects the experience of their military service, their needs and their needs in transition after service. I can provide follow-up examples in the question period.

The second point is that there is a very important distinction between injuries sustained in service to the Canadian Forces and injuries caused by service to the Canadian Forces. Again, this is particularly true for minority or marginalized groups in the military, such as women and LGBTQ+ veterans. Their traumatic injuries are often caused by the institution, not by their military service itself. This affects the services they need, how they engage with services—as Todd talked about—the trust they have for institutions and how they may request services. This highlights the need for non-governmental service providers such as our organization and Todd's organization.

Third, because of these previous two points, service offerings must therefore be uniquely developed and tailored to the needs of these individuals in order to be helpful and to be competent in helping them.

Finally, point four is that because of the historical stigma around mental health within the military, veterans of the Canadian Armed Forces are often resistant to help-seeking and only reach out at the point where they are approaching or in crisis. The result, then, is that we need services that are professional and tailored to their needs and that are quickly accessible when they reach out, because if they are not met with a hand that reaches back providing service, we risk that they will disengage from the process of help-seeking entirely and be lost.

Subject to your questions, that's all I have. Thank you very much.

• (1420)

**The Chair:** Thank you very much, Mr. Thorne.

[*Translation*]

Thank you for your address and your comments.

As you know, we have interpretation services.

I would now like to move on to the round of questions. I'd like to remind members that for this meeting, we will have two rounds of questions, one of six minutes per member and the other for two and a half and five minutes respectively.

So without further ado, I'd like to ask the first vice-chair, Mr. Frank Caputo, to ask his questions for six minutes. I would ask him to say whether the question is for Mr. Ross or Mr. Thornton.

[*English*]

**Mr. Frank Caputo:** Thank you, Mr. Chair.

Mr. Ross, we have not had the pleasure of meeting in person. I do hope we can meet face to face in the future because what you described in your opening statement really needs to be shared and I'd like to hear it in person. I think it goes without saying, but thank you for your service and for all you have done.

Mr. Thorne, it's wonderful to see you again. I recall that you're not a veteran, but you are doing wonderful work. Thank you for that.

Mr. Ross, I'm wondering if you could please tell the committee how the experience of 2SLGBTQ+ clients perhaps changes during and after service?

**Mr. Todd Ross:** I'm sorry. To clarify, do you mean how their experience changes with VAC before and after service?

**Mr. Frank Caputo:** Sorry, I didn't word that question well. What sort of barriers might a person experience during service and then what sort of barriers might a person experience after service?

• (1425)

**Mr. Todd Ross:** Absolutely. I'll remind you that I was discharged in 1990, so it's been a little while since I've been in military service.

Challenges still exist within the Canadian Armed Forces for 2SLGBTQ+ people. For example, we have been looking at the chaplain service where we know homophobia still exists. It is problematic, particularly when a person may be coming out as a serving member and they go to their chaplain and are told that they should deny who they are. I had a chance to speak to the chaplain general about this. They are looking to change and they've directed the chaplains that homophobia is not acceptable. However, it still exists within some of those organizations.

Speaking specifically from the naval tradition, the experience on ships now can be very welcoming. I know serving members who are open and proud and are having great experiences. I don't know throughout. I know anecdotally that there are still challenges within the armed forces where individuals are experiencing homophobia and transphobia.

Once released, historically the challenge has been what we refer to it as two closets. When you're serving, you would be in the closet and not open about being gay. Once you were released and in the gay community, you would not be open about having been in the military because in many areas within the gay community, it's frowned upon to have served in the military or any police service.

There are challenges when we're in uniform. There are challenges when we get out of uniform.

Once we're out, there have not been very many welcoming spaces for veterans. I'm still reluctant to go into a Legion today because I don't know if that's a safe space. I don't know how I'm going to be reacted to by Legion members. This is an experience we have seen working with various Legions across the country. Some are very good, but isolated Legions still have issues with membership being homophobic or transphobic. It retraumatizes the LGBT veterans when they're working with these Legions.

I don't know if I've completely answered your question. There are challenges both within and without. As LGBT people, we just kind of have to work our way through and hope that we're able to minimize the challenges for future generations.

**Mr. Frank Caputo:** Thank you.

I can say I'd be very proud to accompany you to anywhere, including a Legion. Thank you for all that you've said and that you do.

Given your direct contact with 2SLGBQ+ veterans, are you able to comment about what they generally tell you about service delivery from Veterans Affairs Canada?

**Mr. Todd Ross:** Recently, the experience has been very good.

We have had challenges with some individuals, such as the individual I mentioned who's dealing with case managers. We've had challenges with others who are 65 plus, who have been denied services. With some, we've been able to address that. Periodically we run into challenges with individual veterans.

Overall, we're seeing much better service than we were four years ago. There has been a much more improved response from Veterans Affairs, but we're still dealing with issues.

We have volunteers who go out and help these veterans to interact directly with Veterans Affairs to try to sort through the challenges. We elevate it to leadership at Veterans Affairs when we need to.

**Mr. Frank Caputo:** If I'm understanding you correctly, the issue with the case manager is generally one of rapport, and that rapport is really destroyed when there's a turnover, because you have to just start over again. Is that correct?

**The Chair:** Mr. Caputo, I'm sorry. The time is over. I have to go to the next MP.

I invite MP Darrell Samson for six minutes, please.

• (1430)

**Mr. Darrell Samson:** Thank you both very much for your presentations.

Mr. Ross, I'll start off, of course, by saying thank you for your service.

I, too, was in the House of Commons—I don't know if you were at that time—for the apology. Just seeing the people there made me proud to be a Canadian. It was very touching. When you mentioned it, it touched me closely again because it was a very important turning point and something that had to be done. I was so proud that our government and all parliamentarians were able to support that. I was very happy.

I'm also thinking about you being indigenous and LGBTQ. It's almost like a double-barrelled challenge for a marginalized individual. That too makes it even more complicated, so I thank you for sharing some of the feedback that you were able to share.

I have a couple of quick questions for you.

You made reference to some veterans over age 65 not qualifying for benefits. Can you expand on that quickly?

**Mr. Todd Ross:** Yes, of course. Thank you.

I was in the House that day. It was a very emotional day, and still is.

My understanding is that VAC ages out veterans at 65. Once you're 65, the policy is that you can receive benefits through other

government services, so VAC services are no longer required. There have been exceptions made.

That deals with rehabilitation and with income support. For example, for most people who were purge survivors, when evaluated, we look at getting mental health supports through VAC. As well, there is an additional income top-up once you've qualified through purge survivors. My understanding is that if you're 65 and over, the income support is not considered essential, because you have income support from the government.

**Mr. Darrell Samson:** Thank you very much.

Mr. Thorne, I have just a very quick question.

You made reference to injury in service versus injury caused by service. Would you like to expand on that, please?

**Mr. Oliver Thorne:** Yes, absolutely.

This was actually a concept that was discussed at one of the centres of excellence role groups. I'd love to take credit for it, but it's not my term or phrase; another colleague came up with it.

There is a difference with an injury caused by the institution. For example, we can look at military sexual trauma, which, in our women's programs, is typically the central topic discussed when people are talking about their barrier to transition and their traumatic injuries. Often, those injuries, those traumas, have been caused and perpetrated by individuals who are within the organization and are in a position of higher rank or oversight.

The way that this traumatic injury manifests results in different effects for the individual. Again, I'm talking very much from the perspective of mental health injuries, trauma, and difficulties to transition—that's our focus.

The injury that that causes can truly fracture somebody's sense of trust and ability to trust in institutions like the Canadian forces and the government. That then directly results in how a traumatic injury manifests itself, the types of symptoms they display and also how we might help somebody through that. Also, as I mentioned, it's about how they seek help.

Mr. Ross talked about this earlier, where individuals might be very leery or reticent about reaching out to an organization like Veterans Affairs or reaching out to the government to their chain of command, to DND, to ask for assistance, because that is the institution that caused their injury.

• (1435)

**Mr. Darrell Samson:** That's good. Thank you. I don't want to take too much time.

They came back to me quickly, so I'll give up the rest of my time so we have more time for others.

Thank you.



**Mr. Oliver Thorne:** No problem.

**The Chair:** Thank you so much, Mr. Samson.

We'll now go to Mr. Luc Desilets for six minutes, please.

[Translation]

**Mr. Luc Desilets:** Thank you, Mr. Chair.

When the Ombudsman published "Meeting Expectations: Timely and Transparent Decisions for Canada's Ill and Injured Veterans", a report that I would call incendiary, the gap between the number of francophones and anglophones became clear in the recruitment problems. However, the gap between men and women was less obvious, and is even less so now.

Nevertheless, I found your testimony very moving and distressing. In the report, there were no references to the LGBTQ2+ community or to First Nations, which rather puts the whole effort in a negative light.

My question may be somewhat odd, but do you not have the impression that Veterans Affairs Canada caused more harm to the LGBTQ2+ community than to women veterans?

[English]

**Mr. Todd Ross:** Sorry, is that for me?

[Translation]

**Mr. Luc Desilets:** Yes. Sorry. I forgot to mention that my question was for you.

[English]

**Mr. Todd Ross:** Thank you.

I don't know the experience of women in the armed forces. I don't think that I can say whether or not one has been more or less harmed.

I do know that a high number of LGBT purge survivors went through the class action lawsuit, and a very high number were women. That points to a couple of things. One is that the women's experience has been more recent. Early on in the LGBT purge it was men who were targeted. As women came into the forces, from what I see, women were probably targeted more than men through the LGBT purge.

Beyond that, I know that challenges exist within the forces for LGBT people, for women, and for first nation, Inuit and Métis people.

[Translation]

**Mr. Luc Desilets:** Mr. Ross, would it be correct to say that it would be impossible to quantify all of that?

[English]

**Mr. Todd Ross:** No, sir.

[Translation]

**Mr. Luc Desilets:** Okay.

The purge of LGBTQ personnel by National Defence over a 40-year period is a rather bleak part of this country's history. Nevertheless, there was a class action suit that led to \$145 million being awarded to compensate victims.

Are you satisfied with this settlement? Was this amount sufficient? Was it a good settlement?

[English]

**Mr. Todd Ross:** Again, it's difficult to put a price amount on the harm that was done to individuals. I think that the amount ended up being some comfort to those who had their lives destroyed, but it certainly cannot erase the years of trauma and anguish that resulted from the LGBT purge. It also does not recognize those who have passed away.

We were able to create the LGBT purge fund with, I believe, \$24 million—around there—going towards the memorialization and reconciliation efforts. I believe that it was a significant amount. I believe it was a somewhat respectable amount for people to receive but, again, people's lives were destroyed, and it's very difficult to put a price on that.

That said, we have been able to see some great work as a result of the \$145 million that was awarded through the class action.

• (1440)

[Translation]

**Mr. Luc Desilets:** Mr. Ross, with the highly toxic male culture that is pervasive at National Defence, do you get the impression that there has been some progress, or that there is ongoing discrimination against LGBTQ2+ personnel?

[English]

**Mr. Todd Ross:** Yes. I gave the example of the chaplains. There are people being released now who are experiencing post-traumatic stress because of dealing with chaplains within the military. That is an ongoing issue. There are other examples.

It is very difficult within the military environment to be an openly gay, lesbian, trans or bi person and to be accepted by everyone.

[Translation]

**Mr. Luc Desilets:** Thank you so much for your testimony, Mr. Ross.

We are grateful to you.

**The Chair:** Thank you, Mr. Desilets.

[English]

Right now, I would like to invite MP Rachel Blaney for six minutes.

**Ms. Rachel Blaney:** Thank you, Chair.

I want to thank both Mr. Ross and Mr. Thorne for their testimony.

Of course, thank you, Mr. Ross, for your service to our country. It is a deep sadness that we still struggle on this planet to look at basic human rights and live that way and really recognize human beings as human beings.

My first question is going to you, Mr. Ross. I found your four points very interesting. The first one I would like to touch on is the idea of ongoing training. Specifically, you talked about the purge and making that clear. I'm assuming that, as they're addressing those files, regardless of their role, people will be able to assess that more appropriately. I also imagine that it would be highly helpful for case managers and those working with the communities.

You said "ongoing". Do you have a frame of reference in your mind for how frequently...? Would a part of that include the beginning training, when somebody is hired in these positions?

**Mr. Todd Ross:** Yes, we have been working with Veterans Affairs Canada to do some training. We did a virtual training exercise just recently—I believe it was earlier this year—with a few hundred staff from across the country. As people come on board to Veterans Affairs Canada, there should be minimum training. There should never be a case where a purge survivor goes to present, whether it be in a VAC office or to a case manager, and they have to explain to the case manager what the purge was.

There should be a basic level of understanding, particularly with all case managers, and anyone within the leadership authority within Veterans Affairs should have an understanding. There also should be an understanding of the issues that affect individuals who were part of the purge. That should be ongoing.

With the number of case managers we have seen with turnover, it has been difficult, which is why I made the other suggestion of having dedicated case managers who are subject matter experts work directly with LGBT veterans.

**Ms. Rachel Blaney:** I really appreciate the idea of matching. I think that's really important. For all veterans, it is definitely a challenge when they're having to re-explain their trauma and the impact it has on them. To add this other level onto it is just unacceptable.

For my next question, you talked about creating safe spaces. You also talked about the website, I believe. I'm wondering if you have any recommendations for us on how to make a tool like the website be more safe for the community.

**Mr. Todd Ross:** Yes, absolutely. Thank you.

Very easily there could be an identifier on the website that says it is a safe space for 2SLGBTQ+ veterans. It would be very easy to have a little button, but there also needs to be inclusion throughout the website. We've seen an increase on the VAC website. My profile is on there now. It needs to be normalized that it isn't for pride month that we're going to put up a profile.

Very easily, identify the website with a safe space sticker.

• (1445)

**Ms. Rachel Blaney:** I appreciate that. It makes me think of a research project review that I went to that talked about how many people from the LGBTQ2+ community are going back in the closet as they age when they go into seniors facilities. I think that all of this contributes to broadening that dialogue and making sure that spaces are safer.

For the last question, I want to come to both of you on this one for your opinion and feedback.

I think this is really important. We heard about trauma and the difference between trauma from your service and trauma due to your service. I work with a lot of veterans who really struggle with accessing their My VAC Account. They struggle because they have challenges. They could have post traumatic stress disorder. They could be too much in disarray to even be able to sit down and do that work. We have huge challenges with them being able to have a caregiver or somebody who is their main person be able to access the information, put the information in and help get the services they need. I don't always know that people understand that if there's a high rate of trauma, bringing them to a place where they can actually even have a conversation can be a challenge.

I'm wondering if you can talk, from both of your perspectives, about how we can make services more accessible for people who desperately need it and the caregivers who love them.

**Mr. Oliver Thorne:** Absolutely. The million-dollar question is how we make these services more accessible.

In the first place, we should reduce in any way we can the paper-work barrier between an individual putting their hand up and then sitting down with a counsellor, for instance. Veterans Affairs has recently announced that they will automatically approve certain services at the time of application. From our perspective, that's a fantastic announcement and progress.

For individuals who have trouble processing their application against talking through their experience and getting that down on paper, we've often worked with the service officers with the Royal Canadian Legion so that somebody who has received VAC training is able to act on behalf of an individual who is applying to Veterans Affairs. Something like that is incredibly helpful, but again it depends on access and comfort with that organization, as Mr. Ross identified.

**The Chair:** Thank you so much, Mr. Thorne and Ms. Blaney.

Now let's start with the last round of questions. We have about four MPs who are going to intervene.

I take the opportunity to welcome MP Alex Ruff. I turn the floor to him for five minutes, please.

**Mr. Alex Ruff (Bruce—Grey—Owen Sound, CPC):** Thanks, Chair. It's great to be back at Veterans Affairs. I started my political career here on this committee.

I know Mr. Ross may not be aware, but I have 25 years in uniform, so I am well versed.

I was going to ask you a direct question, Mr. Ross, but MP Blaney actually beat me to the punch. I just want to thank you for your advocacy for the 2SLGBTQ community and thank you for your service.

Things have got better, but as you say, it's not there yet. One of my best friends is still serving in the military as a senior officer who is openly gay, and one of my best soldiers I had in my battalion was not only indigenous but he was gay as well.

You're always welcome at the Tara Legion, Branch 383 in my home town of Tara. The Legion there will welcome anybody, whoever has served and anybody just in general.

Mr. Thorne, I just want to thank you again for your advocacy not only for veterans but also for everything you've been doing on the Afghan file as well. However, those four recommendations that you have provided here are vital. They're four of the best recommendations I've heard: cultural competence, the need for having veterans in VAC and understanding not only whether they're marginal communities but also just their situation itself; that split between injuries caused by CAF or caused by the institution; the need to have uniquely tailored service offerings.... But what my question wants to focus on, because this is what I'm still concerned about even with the testimony we just heard from the previous panel, is the importance of having quick access. Despite the improvements that are being made in VAC, I am still hearing veterans say it's taken 20 to 30 months to get resolution of their files.

Can you just expand on the importance and the trauma, especially for those dealing with PTSD and mental health challenges too, of veterans not getting the help they need quickly?

• (1450)

**Mr. Oliver Thorne:** Absolutely.

Anecdotally, I can say that we get a lot of our emails at 2 o'clock in the morning from people expressing their interest in the program. That is when individuals often reach out, and we've talked about military culture. We've talked about that element of hyper-masculinity. The military has a Darwinian nature. It has a culture that's built around strength and rooting out weakness, and that's understandable, given its aims, but the result then is a real resistance to help-seeking because of the fear of being perceived as weak.

The result is that individuals are often reaching out to services like ours to request help when they are very close or at a point of crisis. Those emails we get at 2 o'clock in the morning say, I've just lost my second job in six months, my wife is thinking about leaving me, and I'm thinking now I need to seek some help. That's the point at which they are asking, and so it is crucial that there be a minimum number of barriers between that email and somebody sitting down in some type of service just because they are already at that crisis point, and if instead of a message back that says, "Yes, let's talk, we can help you", they get a stack of paperwork, they are going to disengage from that process of help-seeking. It is vitally important.

I understand that Veterans Affairs obviously has their processes they need to go through to process people to set up services. This is where I feel external service providers like ours, like Mr. Ross's, are able to help. Of the people who seek our services, 50% do not have a claim with Veterans Affairs at all. That means we are engaging with a segment of the veteran population that, for whatever reason, is resistant to engaging with Veterans Affairs. So that is the role we can play as external service providers, and in doing that,

when we bring veterans into our program, which we try to make highly accessible and quickly available....

When they go through that process—and often working through our program is the first type of support they've ever received—and as we're working through some of those initial challenges, we're then encouraging them to seek other services, to seek out Veterans Affairs even though it may be an onerous process.

That's where I feel we can provide some assistance.

**Mr. Alex Ruff:** Thanks so much for that, Mr. Thorne.

Mr. Ross, I have just a quick question. I'll give you a chance to further expand on the importance of having less turnover at VAC among the case managers and then having, as MP Blaney asked about, people who can actually identify with the veterans who are reaching out.

**Mr. Todd Ross:** Again, with the traumatic experience of LGBT purge survivors specifically and then going to VAC and having to go to get paperwork filled out, going through the process, often doing this alone can be very daunting and, as Oliver pointed out, people do just disengage. They walk away.

Having those people understand at the beginning and who able to work with you is very important.

**The Chair:** Thank you, Mr. Ross, and thank you, Mr. Ruff, for your intervention.

I invite Mr. Churence Rogers for five minutes.

I know you're going to split your time with MP Valdez. Please open your mike.

**Mr. Churence Rogers (Bonavista—Burin—Trinity, Lib.):** Thank you, Mr. Chair; and indeed, I am sharing with Ms. Valdez.

I welcome our guest who has been with us today. I find the testimony and some of the examples you're providing fascinating.

Mr. Thorne, you mentioned geography, gender and language, differences in service delivery impacted by culture, institutional impacts, services tailored to individuals and professional services. These are some of the items and terms you referenced.

Can you tell us about the work of your organization, like the example you just gave, how you help veterans and, more importantly, the relationship you and your organization have with Veterans Affairs Canada?

Thank you.

**Mr. Oliver Thorne:** Absolutely.

For the past 20 year, up until the start of COVID, we delivered something called the veterans transition program. This is a 10-day group-based counselling program. It's delivered in a retreat format and it's built around the concept of soldiers helping soldiers.

Something that the founders of our program discovered very early on was that the needs and experiences of veterans and soldiers were often not well served by the existing psychological services that were out there in the community. They were largely undertaken and run by civilian counsellors, psychologists who did not have an understanding of military experience and military culture, so there was a disconnect between the client and the service provider.

Our approach is to bring veterans together who understand one another's experience and we have a curriculum that is guided by professional psychologists who've undergone special training with us to understand military experience and culture. However, the group that we're delivering to is also facilitated by two returning graduates, veterans who have been through the program and come back to facilitate as peer supporters. They act as the bridge between the psychologists, who are not always but usually civilians, and the military participants in the program. They help us build trust. They help us understand the culture, the language and the experience so that we can build cohesion in the group and start the work therapeutically and in terms of helping their transition.

That's the program we deliver. We have modified it due to COVID. Obviously, we've incorporated a single-phased delivery and we incorporate social distancing and PPE, but we have continued to deliver throughout COVID.

That's a rundown on our program.

I'm sorry. I know there was a second component to your question, but I've forgotten what that was.

● (1455)

**Mr. Churence Rogers:** What kind of relationship do you and your organization have with Veterans Affairs Canada?

**Mr. Oliver Thorne:** We're a registered service provider. Essentially what that means is for clients who attend our program, who are clients of Veterans Affairs and who have a particular type of claim that is eligible to cover our program, Veterans Affairs pays for the cost of their attendance. They pay us on a per-client basis for eligible veterans who attend our program.

Again, that makes up about 15% of the veterans who attend our program. For the remaining 85%, at this moment we raise the funds as a charity to deliver the program to them at no cost. Any veteran who attends is always delivered the service entirely free of charge, but for those who are eligible, we receive a per-client payment from Veterans Affairs.

**Mr. Churence Rogers:** Thank you so much.

Ms. Valdez.

**The Chair:** Ms. Valdez, you have almost one minute. Please go ahead.

**Mrs. Rechie Valdez (Mississauga—Streetsville, Lib.):** I don't have much time. I really appreciate you both so much. I'm a survivor of trauma, so everything you're saying and sharing is very important.

Very quickly around your experience, Mr. Ross, you know the transition period for our veterans is so critical. What do you think is the key recommendation to really help our veterans during that transitional time?

**Mr. Todd Ross:** It needs to start before the veterans are leaving service. There needs to be a phase from serving into Veterans Affairs. There needs to be a bridge between the two that would be beneficial. Particularly if the veteran is leaving for a medical discharge of some sort, it's critical that they get into VAC as soon as possible and that it's as easy as possible for them to receive those services.

**Mrs. Rechie Valdez:** Thank you so much.

I guess I don't have much time left.

**The Chair:** Yes, it's over. Thank you, MP Valdez.

Now we have two other interventions for two and a half minutes each. I invite Mr. Luc Desilets to start, please.

[Translation]

**Mr. Luc Desilets:** Thank you, Mr. Chair.

Mr. Thorne, could you tell me approximately how many veterans you support annually? Do you have an approximate figure?

[English]

**Mr. Oliver Thorne:** Absolutely, we have approximately 175 to 200 veterans per year who attend our program. Each veteran who attends receives roughly 50 hours worth of counselling. We deliver the program over a five-day period. It is fairly intensive.

We are continuing to expand; we want to serve more. For reference, 50 hours of counselling is the equivalent, roughly, of one year of seeing a psychologist weekly. The work we do is very in depth with a relatively small number of people, but we are continually expanding year over year.

[Translation]

**Mr. Luc Desilets:** Great.

Mr. Ross, how many members are there in your organization?

● (1500)

[English]

**Mr. Todd Ross:** We're a pretty new organization; we don't have an official membership yet. We work with about 200 veterans currently, mostly through informal Facebook groups that are private.

[Translation]

**Mr. Luc Desilets:** Excellent, thank you.

I have another question for you, Mr. Thorne.

You alluded earlier to a transition program. I am particularly sensitive to that and I think that the whole committee is too, because we know and feel that major bugs arise when people leave the Canadian Armed Forces and begin to work in another department. There are problems with transferring files, fitting in, and so on.

Could you please make just one recommendation to this committee with respect to the transition from being a member of the Canadian Armed Forces to becoming a veteran employed at Veterans Affairs Canada?

[English]

**Mr. Oliver Thorne:** We have an unofficial motto. We say that we're transition focused and trauma informed. Everything we do through our program is with the aim of aiding that transition from military to civilian life.

For the recommendation, I would absolutely echo what Mr. Ross said. We need earlier intervention in that period when people are transitioning from the Canadian Forces to the status of veterans and to Veterans Affairs Canada. What's needed there is education, psychosocial education about the process of transition and how it affects individuals so they can understand what is happening and what services are available to them at that critical moment.

[Translation]

**Mr. Luc Desilets:** Thank you both very much.

[English]

**The Chair:** Thank you so much.

Thank you, Mr. Thorne.

I would like to invite MP Blaney for the last questions. Please go ahead.

**Ms. Rachel Blaney:** Thank you.

This has been fantastic. I thank both the witnesses again.

I'm going to come to you, Mr. Thorne. You talked about your organization and the fact that you raise 85% of the funds, and then about 15% comes from Veterans Affairs.

First of all, I just want to thank you. Thank you for providing services for free to veterans so that when they email you at two in the morning, you know that something had happened. That really is a cycle we should see emulated because when people need the help and they're ready for it, the faster the better.

I have two questions for you. One is about the 15% that you receive from VAC, and you said if they meet the eligibility criteria.... You said that several times, so I'd like to know what the eligibility criteria are.

Part two of that question is: Have the eligibility criteria changed over the past nine years that you've been providing services?

The next question is: How do you fundraise the 85%?

**Mr. Oliver Thorne:** First and foremost, have the eligibility criteria changed? I believe so, yes. I'm not entirely sure in what way or in what way the processes have changed, but what I can say is that historically 25% to 30% of the clients who have attended our programs have been covered by Veterans Affairs funding. That has dwindled year over year. Now we're looking at 15%, perhaps even less in the previous two years.

To be eligible, they typically have to be in the vocational rehabilitation program. Only a very small number of veterans who seek Veterans Affairs services will fall under that category. In the vocational rehabilitation program, you are typically actively case managed. We need active case management in order to speak to a case manager to have their attendance approved. That is becoming increasingly difficult. We are getting far more noes than we are getting yes's, and again, far more noes than we did several years ago.

Finally, as for where we raise the funds, they're largely from other foundations, charitable organizations across Canada like the Royal Canadian Legion. True Patriot Love Foundation has been a big, long-time supporter of our organization. We also raise funds from the Canadian public and Canadian corporations.

**The Chair:** Thank you, Ms. Blaney and Mr. Thorne.

That's all the time we have. On behalf of the committee, I would like to thank our witnesses for their contribution to our study and for their work. Our witnesses were, from the Rainbow Veterans of Canada, Mr. Todd Ross, co-chair; and from the Veterans Transition Network, Mr. Oliver Thorne, executive director.

Thank you so much to both of you.

• (1505)

[Translation]

I would like to ask the members of the committee whether there is unanimity about adjourning this meeting. I don't see any objections.

Thanks to everyone, including all the staff who assisted us throughout this meeting.

The meeting is adjourned.

Good afternoon to everyone.





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