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# Standing Committee on Veterans Affairs

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**NUMBER 023**

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Chair: Mr. Emmanuel Dubourg





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Monday, October 24, 2022

• (1105)

[*Translation*]

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

Welcome to the 23rd meeting of the Standing Committee on Veterans Affairs.

[*English*]

Pursuant to Standing Order 108(2) and the motion adopted on Monday, October 3, 2022, the committee is resuming its study on allegations that medical assistance in dying was offered to a veteran, unprompted, by a Veterans Affairs Canada employee.

[*Translation*]

Today's meeting is taking place in a hybrid format pursuant to the House order of Thursday, June 23, 2022. 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 entire committee.

[*English*]

For those participating virtually, I would like to outline a few rules to follow. You may speak in the official language of your choice. Interpretation services are available for this meeting. You have the choice, at the bottom of your screen, of floor, English or French. If interpretation is lost, please inform me immediately, and we will ensure that interpretation is properly restored before resuming the proceedings.

[*Translation*]

When speaking, please speak slowly and clearly. When you are not speaking, your mic should be on mute. I would also like to inform the committee that all witnesses attending the meeting virtually have passed their technical testing.

I'd now like to welcome our witnesses.

[*English*]

Today we have, by video conference, Colonel John D. Conrad, retired. We also have Mr. Mark Meincke, retired corporal and host of Operation Tango Romeo, a trauma recovery podcast for military, veterans, first responders, and their families. By video conference, from the Royal Canadian Legion, we have Carolyn Hughes, acting director, veterans services, national headquarters; and also by video conference, we have Oliver Thorne, executive director, Veterans Transition Network.

We are going to start with Colonel John D. Conrad.

You have five minutes for your opening remarks. Please go ahead.

**Colonel (Retired) John D. Conrad (As an Individual):** Good morning.

It's a real pleasure to participate in this deliberation with this committee. It's a real honour. I'm hoping that I can make a valid contribution.

I think there's a lot for the committee to pull apart, and I do confess that I may not be the best in terms of being up on the issue. I've read everything available in the media and have followed the story quite closely. I do think, though, as we move forward, that I can share some value from my own experiences with Veterans Affairs and the frontline staff who take our calls and deal with our challenges.

I'll be very keen to listen to my colleagues and to the deliberations this morning. What I think may have happened.... In my own experiences, the staff at Veterans Affairs are always super supportive young people and always willing to go that extra mile. I can easily imagine, looking inside the circumference of this particular issue, a well-intended comment going astray, and that's not to situate the estimate or the discussion, but rather to point to one area that I think really could use attention in our Department of Veterans Affairs, and that is a bit of a focus on cultural awareness and training of our own staff at this government ministry.

Any time that a soldier deploys in the Canadian Armed Forces into any country—whether it's sea, land or air—there is always pre-deployment training and always a segment of cultural awareness that talks a bit about the country into which you're going. I wonder sometimes.... I'm not pointing fingers, but I wonder about the ability of what I gather is a stretched government organization to conduct its own internal cultural training and awareness training.

Veterans are a very unique lot in terms of their makeup. We are all very different. We come from different walks of life and different ethnic backgrounds. One common thread, though, through all the brothers and sisters who make up the Canadian Armed Forces and stand as veterans, is a commitment to service, that element of self-sacrifice, and the ability or the desire or the ethos to carry on, no matter how arduous your conditions or how arduous the mission set in front of you. It sounds trite. These words sound so simple to present to the committee, but at the same time, these are values of which we are deeply possessed and which are very fundamental to our being, and they're not as common in our highly polarized society today.

I did want to address in my opening comments this aspect of training, education and cultural awareness for our Veterans Affairs staff. I've always found them wonderfully supportive. It's so easy to say the wrong thing with mental health struggles—wounds to the mind—which are very real. You have ups and downs and you are never completely free and clear. You need daily maintenance on your mental health injury, and it would be easy for even a well-qualified clinician to say the wrong thing. I'm wondering, as we begin this dialogue and continue the conversation, about that fundamental element of internal training.

Perhaps I should leave it there and turn the floor back to the chair.

Thank you.

• (1110)

**The Chair:** Thank you, Colonel Conrad, for your opening statement.

Colonel, I'd like to say thank you to you for your service in the army.

I'd like to invite Mr. Meincke to give his opening remarks for five minutes, please.

**Mr. Mark Meincke (Corporal (Retired) and Host, Operation Tango Romeo, Trauma Recovery Podcast for Military, Veterans, First Responders, and Their Families, As an Individual):** Thank you, Mr. Chair. Thank you to everybody for having me here today.

My opener changed last night, as I stood at the War Memorial for the first time and put my hands on the side. I'm not exactly storming the beaches of Normandy here today, but I got about 30 minutes of sleep last night.

I am not here lightly, and I am under some duress as I sit here, because I am an injured veteran. I have been in the system since 2017. It was the hardest phone call I've ever made in my life.

I receive veteran benefits, and I have veteran benefits in the works. I would be remiss if I didn't mention that I feel uncomfortable with the testimony I'm going to provide today, because although it should be unlikely, I have a legitimate fear that my current benefits and ongoing claims may be affected as a result of my testimony, which is not quite as generous to Veterans Affairs as the colonel you just heard.

My name is Mark Meincke. I'm an army veteran who served with the Princess Patricia's Canadian Light Infantry. In 1994, I served as a UN peacekeeper during the genocide in Croatia. For the record, it was not ethnic cleansing—I hate that word—it was a genocide. Ethnic cleansing is a euphemism. I was on rotation for Operation Harmony. As a result of my service and numerous incidents that happened during my tour, I was injured with PTSD. Of course, in 1994, nobody had a clue what the heck that was.

I went undiagnosed for 23 years. If you want to see a 23-year train wreck, I'll give you my biography. That is a common story. I've run into Vietnam veterans and Korea veterans, people in their seventies and eighties, who are just now reaching out for help.

When I made that first phone call, it was a thousand-pound telephone. For some reason, in my distraught mind I decided to reach out to the Legion; it just seemed like the reasonable place to go. I got lucky. They took the ball and they ran with it. They were Johnny-on-the-spot. Bing, bang, boom, I got a veteran claim in.

The very first thing I said was, "I don't want any money and I'm not saying that these problems I'm having are from my service." I was not saying that, because that's what we do. We say, "No, it couldn't be me. I know I need help, but I know that I can't afford the help, so maybe you can help me. But I'm not saying it's from my service." It took me over two years to accept that what I was suffering through absolutely was as a direct result of my service. Genocide has a funny way of doing that.

As part of my healing journey, I took 10 months before I actually could see a therapist. To fill that gap, at the OSI clinic they did something called... The name always escapes me. It's a stopgap measure that none of us likes and that has little to no value because of how it's operated. But it was something. It got me in the system and it got the ball rolling.

As I attended one of the 10-week programs or whatever it was, a fellow veteran who runs peer support put his hand on my shoulder and said, "Let's talk. You should come to peer support." I said, "No, that's not for me, man. Peer support? What am I going to do? Hold hands and sing *Kumbaya*? That's not me."

But he convinced me, and I went. It grew, and then I became a peer support facilitator a year later. People would drive for two hours to be a part of that group. From that, it evolved into a podcast, because I wanted to scale what I was doing to help more people. Now it's the largest of its kind in the world. People find help and access resources through my podcast.

As a result of that, the veteran this is all about came to me directly and gave me two recordings, which were said on Thursday to not exist. They are in my possession and they are on my phone.

- (1115)

That VAC caseworker did not inform him of services. Not only did the VAC caseworker offer MAID, but doing so was unprompted, and it was pushed after it was refused twice. You'd think saying no twice would do it, but it did not.

I have the transcript here. Of course, I cannot get a hold of the veteran because he was so distraught he left the country.

I will refer to the transcripts that I made personally to answer any and all of your questions.

**The Chair:** Thank you, Mr. Meincke. You will be able to answer questions that members will ask you.

I would like to thank you for your testimony today and for your service, Mr. Meincke. Thank you so much.

I would now like to go to Ms. Carolyn Hughes.

[*Translation*]

You will each have five minutes or less for your opening remarks.

You have the floor.

[*English*]

**Ms. Carolyn Hughes (Acting Director, Veterans Services, National Headquarters, The Royal Canadian Legion):** Thank you.

Honourable chairman and members of the Parliamentary Standing Committee on Veterans Affairs, it's a pleasure to appear before you on this subject. I'm pleased to be able to speak to you this afternoon—I guess it's still morning—on behalf of over 250,000 members and their families.

I am the acting director of veterans services at the national headquarters of the Legion. I am also a retired military health care administrator. I've been assisting veterans, including still-serving members, RCMP members, those who have retired and their families, for over 15 years in various roles. My last job in uniform was taking care of the ill and injured here in Ottawa before they were released from service.

We support your study regarding medical assistance in dying. First I want to remind you very briefly about how we can be knowledgeable and able to speak on this topic. The Legion has been assisting veterans and their families since 1926 through our legislative mandate in both the Pension Act and the Veterans Well-being Act. We are the only veterans organization in Canada that helps veterans and their families with representation to Veterans Affairs at all levels and at all levels of appeal to the Veterans Review and Appeal Board for disability entitlement for their service-related injuries and illnesses.

We do this through 27 professional command service officers and their assistants, located across the country from coast to coast to coast. They are trained professionals who are government security-cleared and who provide free assistance to veterans and their

families to obtain benefits and services from Veterans Affairs. Please note that you do not have to be a Legion member. We will help all veterans.

Through the legislation, the Legion has access to service health records and departmental files to provide this comprehensive yet independent representation at no cost. Last year, our service officers represented over 4,000 claims to VAC, including appeals to the Veterans Review and Appeal Board. Additionally, we met and spoke with many more thousands of veterans regarding their benefits, and I believe we can speak confidently and with credibility about what service officers can and cannot recommend when it comes to the topic of medical assistance in dying.

In answer to what this meeting is about, medical assistance in dying has been the subject of much debate in Canada. It is a deeply complex and extremely personal issue. There are legal and moral considerations that must support autonomy and freedom of choice and protect those who are vulnerable. The Canadian justice system is quite complex and has set out strict protocols, guidance and stringent safeguards that medical practitioners must adhere to regarding this subject.

We were shocked and saddened to hear recently that a veteran was apparently advised about medical assistance in dying by an employee of Veterans Affairs. Veterans contacted us through our veterans services department by phone and by email and were quite angry about the allegation when it was made.

One veteran stated to me personally that Veterans Affairs Canada needs a better grasp on the effect this has had on the veterans community and that many veterans have been angered and retraumatized by this situation, seeing it as “an extension of the perception of deny, delay, and die from VAC to veterans.”

Often, a veteran will ask a command service officer for medical advice, such as which treatment option they should go with or which medical professional. We strongly believe and always advise veterans that they need to discuss their concerns with their doctor or other health care professionals who would understand their unique, personal and private health in detail. This includes any discussions surrounding medical assistance in dying. Quite simply, we are not medical professionals and are not qualified to endorse or provide any medical advice or suggestions regarding any form of treatment.

Regarding the mental health impact on a veteran of receiving advice about medical assistance in dying, as we are not medically trained, we can speak only to what we have seen and heard from veterans and their families.

Veterans Affairs case management and veterans services are there to establish a relationship to help veterans with their identified goals, to assess whether there are any barriers to achieving those goals and to identify the information and services available for the veteran to achieve their goals.

• (1120)

Trust is essential in this case management for the veteran to feel comfortable in seeking the supports and services they deserve and require, and to feel that someone cares and is trying to help them. If medical assistance in dying is ever suggested, trust can be broken, and suspicion and anger come to the forefront, with loss of self-worth leading to an inconceivable setback for future well-being. We feel that anyone living—

**The Chair:** Ms. Hughes, I'm sorry. Your five minutes are up. You will be able to answer some questions.

**Ms. Carolyn Hughes:** Okay. Thank you.

**The Chair:** Also, thank you for your service as a lieutenant.

Now I would like to invite Mr. Oliver Thorne to speak to us for five minutes or less, please.

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

Thank you for the opportunity to be here today.

My name is Oliver Thorne. I am the executive director of the Veterans Transition Network, which is a registered charity that provides transition and mental health counselling programs for veterans across Canada, for men and women, in English and French.

We're also a registered service provider for Veterans Affairs Canada, meaning that Veterans Affairs will cover the cost for veterans who attend our program through their claim with Veterans Affairs. This makes up approximately 25% of the veterans who attend our programs. For the remaining veterans, we pay the cost of their attendance through charitable donations.

• (1125)

[*Translation*]

Given that we provide bilingual services, I prepared part of my testimony for today in French. Unfortunately, my French is not perfect, so I will answer all questions in English.

[*English*]

Reading the news that a Veterans Affairs case manager offered medically assisted dying unprompted to a veteran is deeply troubling, and it seems to run counter to the entire purpose of the department.

[*Translation*]

This is a very complex subject, but since I have a limited amount of time, I will focus on four major elements that convey my point of view.

First, our organization provides mental health services. Suicide is the worst possible outcome for veterans suffering from post-traumatic stress disorder. The focus of our programs and the goal of our

organization is suicide prevention by improving veterans' mental health and facilitating their transition.

[*English*]

Reducing suicide is an achievable goal, because PTSD is a treatable disorder. Leading mental health authorities like the Mental Health Commission of Canada and the American Psychological Association have published countless papers about evidence-informed treatments that are available for PTSD and depression and that can reduce symptoms for those who seek them.

Because of the work we do on our programs at VTN, we also know that PTSD is treatable. Over the past 10 years, we've had 1,500 veterans from across Canada attend our programs and, throughout that time, we've undertaken program evaluation research to measure the impacts of those programs on the veterans who attend. Our evaluation shows significant reductions in PTSD, depression and suicide. In particular, one of our evaluations in 2016 showed that 80% of veterans with frequent suicidal thoughts on day one of the program did not have frequent suicidal thoughts at the end of the program and a year and a half later.

There are many other programs and services like ours that also provide this type of support. Again, these are treatable disorders, and quality of life can be improved.

[*Translation*]

Third, due to military culture, veterans are unfortunately often reluctant to go get help. As a result, they often seek help only when their suffering has become intolerable. That's why it's important that when veterans finally do seek help, our system is prepared to respond quickly with quality services. If not, they risk disengaging from the assistance process altogether and consequently becoming more vulnerable.

[*English*]

I would just add that I think this speaks to the very moving testimony that Mr. Meincke provided regarding the challenge of reaching out and asking for help. It is absolutely vital when veterans make that call that the system is ready to receive them.

Finally, with medical assistance in dying becoming available for mental health disorders in 2023, we must consider the issue of access, both for MAID and for veterans services. According to the Government of Canada, there is a 90-day assessment period before medical assistance in death can be provided, but earlier this year, the Auditor General reported that the median wait time for veterans applying for a disability benefit is 39 weeks, which is 273 days.

This means that for veterans who are ill or injured as a result of service, many of them could wait three times longer for access to that service than they would for medical assistance in dying. We cannot have a system that offers veterans medically assisted death faster than it offers them access to evidence-informed care that they rightly deserve because of their service to Canada.

Thank you for your time.

[*Translation*]

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

Your French is impeccable. Feel free to speak to us in French.

To start the first round of questions, I invite the committee's first vice-chair, Blake Richards, to take the floor for the next six minutes.

You have the floor, Mr. Richards.

[*English*]

**Mr. Blake Richards (Banff—Airdrie, CPC):** Thank you.

First of all, let me say that we have a couple of veterans with us today.

Mr. Conrad and Mr. Meincke, thank you for your service to our country.

Mr. Meincke, you didn't have much opportunity to share a lot about your interactions with the veteran in question, which sort of led to this study, but you did of course indicate that you have had some interaction with him, and pointed out one thing that contradicted what we were told last week by the officials from Veterans Affairs, which was that there were no recordings. You indicate that there are in fact recordings and that you do have them in your possession. I wonder if you could help us to understand a little better what actually happened in this case, with, I note, the first-hand knowledge that you have of it, of course.

We were told last week.... First, we were told there was one.... It sounded like we were told that there was one incident, but there was very careful wording that was used there, and we later found out during the course of the meeting that there were in fact at least two veterans this has happened with, so I wanted to ask you about this, with your knowledge of what occurred here.

We were told that the conversation was only surrounding benefits that were available to the veteran and that medical assistance in dying wasn't proposed. You've indicated to us that in fact it was pushed, and it was pushed numerous times, despite insistence from the veteran that he wasn't interested. Can you tell us a bit more about how that conversation played out?

● (1130)

**Mr. Mark Meincke:** Thank you.

First, the recordings I have were recorded by the veteran himself. He recorded them because of the initial call, when he was offered MAID. These are two apology phone calls that were made by the VAC manager, who called to say that she was sorry and that the VAC caseworker also, through the manager, expressed regret.

It was from those conversations where his primary concern with his VAC manager was.... I'm kind of torn, because I can't give you the exact.... I have to paraphrase in order to not be violating his privacy, so I'm walking a thin line here. His primary concern was not for himself. I'm not going to give you the medical help that he was asking for, obviously. It was not PTSD, but it was something similar. Again, I'm torn. But either way, he was asking for help, assistance, support and resources—that I can say.

His primary concern was that during his original phone call with the VAC service agent, somehow in that conversation he was told that they had done it before and they could do it for him, and the one they had done it for, who completed MAID, they are now supporting his wife and two children. This was his primary concern, to find out what the heck they were talking about.

Now, the idea that it's just talking about services.... His response to that was asking about the legality of it. First he asked why they were asking him this, and he was told, "Well, just thought you should know, if up the road...." He told them, "But I'm in a good place right now." He expressed to me that things were sunshine and roses prior to this phone call. He was feeling good about life. Post-phone call, he left the country because he was devastated by this phone call. It's called "sanctuary trauma", where the place you go for help steps on your neck. That's what happened here.

**Mr. Blake Richards:** It is incredibly alarming to hear this account, that it was pushed upon him, to the point where it caused him to be in a far worse place than he was prior to the phone call.

Also, we hear there was another veteran, and that was followed through with in that case. We weren't, obviously, informed of that. Can you elaborate on what you know about that? Other than this one individual, was there any conversation that you're aware of about others?

● (1135)

**Mr. Mark Meincke:** No. In the recording, there's that.... There's my knowledge of those recordings, which I transcribed, but also my personal conversations. I spoke with this veteran for well over two hours, perhaps more, over a few different phone calls and numerous emails. These were outgoing calls to this veteran—outgoing.

However, he wrote at length on My VAC Account, so you have it in writing. There is a record of all this interaction, in writing, on his VAC account. I don't know what the rules are for privacy, but it is in writing on his account. To say that there's no record of what happened is not true.

**Mr. Blake Richards:** I really appreciate your enlightening the committee, because it certainly sounds as though the story we heard last week was not actually accurate in any way.

**Mr. Mark Meincke:** I wish we had more time, because it gets worse.

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

Now I'd like to invite MP Darrell Samson, for six minutes, please.

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

I want to thank all of the witnesses today, especially our veterans who served and who continue to live with some of the challenges.

Mr. Meincke, I can't thank you enough for sharing, for your strength, and for building a podcast to help more veterans around the country and maybe around the world. That's extremely positive and very important, and I thank you for your continued service in that area.

This is a very difficult topic of discussion, and it should never, ever have happened. It's really unacceptable that it happened, and I thank all those who are sharing some particular information around that.

It is also very important to note that it is not a service offered by Veterans Affairs to speak to MAID. The minister made it very clear that more training, immediately, was needed, and is in effect being done as we speak. We need to know some suggestions of other things that we can do to make it right.

I want to ask a question of all presenters today, and maybe we can start with the same row of presenters: Colonel Conrad, Corporal Meincke, Carolyn and then our final speaker as well.

Back in 2021, we brought forward a program, \$140 million, to ensure immediate mental health support for veterans, meaning that you didn't have to wait for your application to be processed. You could make an application right off the top and you'd have the services right away. That's what was shared by a number of you today, that we need to make sure there is no wait time when talking about mental health.

I'd like to hear from you quickly whether you know if people have accessed that and if you have any comments to make. It is crucial. We need to do more. We need to be immediate in our services, and that's the objective of that. Even if your application is denied, you still have two years of service.

We'll start with Colonel Conrad, please, and then Corporate Meincke.

**Col (Ret'd) John D. Conrad:** Thank you for the question. I find that \$140 million surprising.

I didn't talk about myself during the opening five minutes. I'm in my office. I work in the provincial public service here, in Alberta, but, for four years of my life, I did not work. I lost both my parents during COVID and have recently tried to come back just for mental health—for support. As I mentioned on the front end, you can have bad days and good days. It took a long time to come to this meet-

ing. I agree with what Mr. Meincke said about that 1,000-pound telephone.

The wait line is extremely long when trying to get services for support out here. The advice I've received is to use a civilian practitioner, because of the backlog the Edmonton operational support clinic is undergoing. Of course, that seems like a lot of money for immediate treatment. I'm already in the system—not to make this about me. I hate the way that sounds. I do find that shocking. I don't look at this every day, but, from my narrow perspective, I'm not seeing it. I'm seeing a lot of my soldiers waiting to get help. I don't want to get in front of them just because my cheese is slipping off the cracker again.

That would be my thought. I'd better keep it brief.

• (1140)

**Mr. Mark Meincke:** I don't know of anybody who's been able to access help quickly.

One main symptom of PTSD, which has to be respected when we enter the mental health system, is that we tend to have a very common aversion to any kind of administrative burden. Any sort of barrier to entry is...the word “predatory” comes to mind. “Deny, deny, deny until they die” is one of the common phrases within the injured veteran community. That is the perception of VAC.

I say this as somebody receiving VAC benefits, but it was five years of clawing and scratching, and it was the most gruelling meat grinder of a process before I was finally able to receive the benefits I now receive. It was brutal. It was one of the most gruelling things I've ever endured, and I've endured some stuff. It has to be kinder.

**The Chair:** Mr. Meincke, I'm sorry to stop you there, because the time is up. We'll have other possibilities.

[*Translation*]

I'd like to invite Luc Desilets, the committee's second vice-chair, to take the floor for six minutes.

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

I'd like to thank our witnesses. I thank two of the witnesses for their military service.

Mr. Meincke, am I to understand that the person who recorded those words isn't willing to provide the transcripts?

[*English*]

**Mr. Mark Meincke:** Yes, that is correct.

[*Translation*]

**Mr. Luc Desilets:** Okay. We will have to respect that.



The two deputy ministers who appeared before the committee last week said there was no recording. In your opinion, are they aware of the fact that the conversations were recorded?

[English]

**Mr. Mark Meincke:** I don't know. I couldn't comment, but they are aware that there are lengthy letters saying.... Everything that's in the transcripts is on his VAC account. He put it all in writing, so they're all sitting there. They are more than aware of that.

[Translation]

**Mr. Luc Desilets:** When you talk about an account and written materials, what exactly do you mean?

[English]

**Mr. Mark Meincke:** The veteran put everything I have to talk about in letter format. My VAC Account is an encrypted system. All of these emails are encrypted end to end. He put it all in email format through My VAC Account—everything I have here, and more. All of his concerns are in writing. That all exists. Of course, VAC would know that.

[Translation]

**Mr. Luc Desilets:** Is that accessible?

[English]

**Mr. Mark Meincke:** It is accessible to VAC. It is 100% accessible to anybody with VAC access. As a matter of fact, any service officer has access to all these files and they can read them. Anybody can read them with the correct clearance.

• (1145)

[Translation]

**Mr. Luc Desilets:** When you said earlier that you had already done this for others, what were you referring to specifically?

[English]

**Mr. Mark Meincke:** What he told me directly—and this is not something I heard on the recording—was that in his original phone call when he was offered MAID, she said they could do this for him, because they had done it before. She said they'd done it before for one veteran. After he completed MAID—after they killed him—they now have supports in place for his wife and his two children. That is what he told me transpired.

[Translation]

**Mr. Luc Desilets:** Okay.

I'm a little astonished by all this.

You have transcripts, but what can you tell us about the content? What led the public servant to talk about medical assistance in dying?

[English]

**Mr. Mark Meincke:** He doesn't know either. He asked that exact same question of the VAC manager, and she also said she didn't know. She didn't know where the heck that came from.

He was asking for a completely separate service and supports for neurological injuries, and she said, “Oh, by the way, if up the road

you have suicidal thoughts”—this is what he told me she said—“it's better than blowing your brains out against the wall.”

That is what he told me she said. It was very sensitive of her.

[Translation]

**Mr. Luc Desilets:** In your testimony, you said that you were worried that Veterans Affairs Canada would make you pay for testifying here by cancelling your disability benefits.

What makes you say that?

[English]

**Mr. Mark Meincke:** It's human nature. People can be vindictive. Here I am, contradicting....

I listened to the live testimony on Thursday, and there were three points that I believe to be untrue. One, I do not believe that the call was not recorded. I do not believe that, and neither does the veteran. That's part of the transcripts. I believe that is untrue.

It was also avoided that MAID was pushed, as opposed to, “Oh, by the way, this is something that may be offered.” It was pushed, because he said the words in the transcript. He asked, “Why did you ask this of me? Why are you talking about this?” She was saying, “Well, you know, just in case, up the road....” She was pushing it like a bad used car salesman. It was pushed and he asked about the legality of it. “How is this legal?” he asked the VAC manager. How is this legal? This can't be legal. You can't push this on people.

That is not reflective of the testimony that I heard on Thursday, and that makes me angry, because integrity is doing the right thing, regardless of the consequences. I know that I'm threatening two people's jobs today by saying this. I'm aware of that, and that is why I fear for my benefits. Two people, I believe, were not speaking the truth on Thursday and they could lose their jobs over it. That's why I'm nervous.

[Translation]

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

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

[English]

I'd like to welcome MP Ken McDonald to our committee, who is replacing Wilson Miao.

Now I'll turn to Ms. Rachel Blaney for six minutes. The floor is yours.

**Ms. Rachel Blaney (North Island—Powell River, NDP):** I want to thank all of our witnesses today. Of course, there's a special thanks to the veterans who served us so well. I'm sad to hear that the return service is not as good.

There's a special recognition to you, Mr. Meincke. My grandfather was also in the Princess Patricia, so it's very good to be in this space with you today.

One of the things I want to say is that it sounds, Mr. Meincke, like you have a relationship with the veteran who experienced this, and I want to thank you so much for assisting that veteran. I also want to ask you to pass on my thanks to them for being so brave to bring this forward. It's not easy, as you said and outlined very clearly before, to speak up. I want to say thank you, through you, for making sure that this incident didn't go invisible, and for making it seen. I want to pass that on.

• (1150)

**Mr. Mark Meincke:** The credit for that goes to the veteran. He went to Mercedes Stephenson personally, and I can say that the Global News report was done very well. I was actually quite surprised. I didn't expect it to be accurate, but it was.

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

I think part of the testimony that we heard very clearly, both in the last one and in this one, is about the importance of having these conversations recorded so that things can be reviewed in a meaningful way. Based on the testimony we heard last week from the department, it was clear to me that if a veteran calls in to get support through the call centre, all of those are recorded.

However, if the worker calls from their office directly to the veteran, those calls are not recorded. There seem to be, from the department's perspective, some concerns about privacy, which really don't make sense to me, that a call coming in is less private than a call going out. I'm not sure I understand that analysis.

I think what I will do today is ask all of the people who've testified if they have any thoughts about the importance of maintaining recording so that we can test for these kinds of incidents, so that there is some way for accountability, and whether there are any concerns of privacy for the veteran in making sure that these are recorded.

I'm going to go in the way in which we started. First I will go to Colonel Conrad.

**Col (Ret'd) John D. Conrad:** Thank you. I'll be brief so that we can run the table this time.

Yes, I'm astonished that these conversations are not recorded. You cannot pick up a telephone and return a call to Veterans Affairs. You cannot call your caseworker or try to get back to the same desk. It's so precise and clinical.

I am shocked that these recordings don't occur, not just for the protection of the veteran, but also for the caseworker. It would make terrific sense that it would occur, so I'm quite surprised by that. And also—

**The Chair:** Excuse me, Mr. Conrad.

Could you turn on your camera, please, so that we will be able to see you? I'm sorry to interrupt.

**Col (Ret'd) John D. Conrad:** I'm sorry, Mr. Chair.

**The Chair:** That's okay. Go ahead.

**Col (Ret'd) John D. Conrad:** The last point I was going to make was that the My VAC Account, as has been indicated, is an excellent written summation of most—or at least the front end of most—conversations with Veterans Affairs.

I'll leave it there.

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

Mr. Meincke is next.

**Mr. Mark Meincke:** I'm not sure what to say. I don't believe the call was not recorded. I don't think it's even possible.

Even if that were true, somehow there would be notes. There are always notes. There's a summation of the conversation. Because you have to. I don't know a single veteran in the system who hasn't gone through a caseworker every six months, so there have to be records. There have to be notes. This has to be documented, because when they burn out and the new caseworker comes in, they'd be starting from zero with no notes.

That doesn't make any sense. Of course there are notes. My bank records all my calls. Of course it's recorded. I do not believe the testimony. I believe it was false on Thursday.

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

Next is Ms. Hughes.

**Ms. Carolyn Hughes:** I can't speak on what's recorded by VAC or what isn't, but I'm very concerned that it should always be the veteran's choice. If they're talking about their families or other personal information, it should be the veteran's choice.

That's really the only comment I have, because, as others have said, there are always records through notes, through My VAC Account and through client notes in the computer system. There are always notes and a track of something.

In some cases, I believe it should be the veteran's choice as to whether they want to speak about personal issues or not, but it's also there to protect the VAC employee.

Thank you.

• (1155)

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

Mr. Thorne is next.

**Mr. Oliver Thorne:** Yes, absolutely, I would echo Ms. Hughes' thoughts. I really believe that this must be given through informed consent by the veteran as to whether or not they would like to have a call recorded.

I can understand the desire to record calls for quality assurance or for addressing issues like this, but from the perspective of the service provider, veterans are often seeking our services because they are seeking confidentiality and privacy. They may be worried about the perception of seeking services, about the impact on their career, so I think that first and foremost we have to lead with informed consent on the part of the veteran, because that will make the services the most accessible that they can be.

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

**The Chair:** We'll now go to our second round of questions.

I invite MP Terry Dowdall, for five minutes, please.

**Mr. Terry Dowdall (Simcoe—Grey, CPC):** Thank you, Mr. Chair.

I want to thank all the witnesses here, as well, especially those who have served. Thank you for your service.

When I left the meeting here last week, I didn't feel very good about it, quite frankly. I was upset. Over the weekend, on Friday—I have to say ahead of time—the veteran we are talking about reached out to my office. I've had lengthy discussions, like you, Mr. Meincke. There are transcripts and messages that we went over since the weekend. I just want to make sure, before we begin.... The individual we're talking about is non-partisan. He has no link to any party, first of all. The other thing I want to say is.... Quite frankly, his concern, as you said so well, is about other veterans who perhaps had the same experience, and how that could affect them. Before we even begin, I wanted to say that.

I was quite disappointed with the minister. I was quite disappointed with the deputy minister for the fact that if that was my brother, my sister, my father, a friend or anybody, what happened.... I've seen the documentation. I can't share it, either, at this particular moment in time. I haven't even shared it with my colleagues, quite frankly, to honour this gentleman. The apology, as far as I'm concerned.... I would think an individual at the top should have called this person. Obviously, they suffered from post-traumatic stress, and to leave them hanging after the fact is unacceptable. This came out in August.

Do you think that the apology, and how that went forward, was meaningful?

**Mr. Mark Meincke:** I didn't hear the apology. It was a week later, which he did comment on. He said, "It's been a week. It's kind of an emergency." He was told, "Well, I got to you when I could."

**Mr. Terry Dowdall:** The message was that they didn't know who the individual was, but they sent a letter, so they knew who it was.

In my mind, I don't care who you are, but I think a phone call asking, "How are you doing? How are things going?" would be what someone should have done in the leadership role.

**Mr. Mark Meincke:** Given the gravity of what it did.... I've had phone calls from around the world over this. People ask me, "Is this

true?" People who know me and trust me ask, "Is this true? Did this actually happen?" Yes, it's true. It actually happened.

**Mr. Terry Dowdall:** The individual also wanted to stress that, as you said earlier.... You had great comments about them not seeing that they have post-traumatic stress. They've given their life for our country, and then people kind of shun them.

This speaks to a bigger issue. This is what he said: "How many other people have we done this to?" Are we keeping numbers? I guess this is for Oliver Thorne. Are the numbers of individuals...? Are they going down? Do you track it for CAF? I'd like to see that. I don't know if this committee sees that, because we have to move forward. I don't think we are, quite frankly.

**Mr. Mark Meincke:** I'm tremendously happy that he reached out to you. I gave him your number. I didn't know if he would or not. He's gone dark on me. I haven't had correspondence in over a week.

**Mr. Terry Dowdall:** The issues, too, are far greater. He is one, so how many issues...? I think it's outside of the MAID question, and this is what I want to say. This speaks volumes to the way they are perceived as individuals after giving up their career. Coming from national defence before, we could not get people to join.

My question is for the two individuals who have served us. Would you recommend to your children, your nephews, or friends to actually join the Canadian Armed Forces?

**Mr. Mark Meincke:** First, there are three who served who are here as witnesses.

● (1200)

**Mr. Terry Dowdall:** Yes.

What would you suggest?

**Mr. Mark Meincke:** The answer is yes, but with eyes open. As a matter of fact, my oldest boy is all excited, because next week I'm taking him, at the age of 16, to join the reserves, where at least he has an easy out. However, my boy's eyes are fully open, and he doesn't have tons of childhood trauma, so I think he'll fare well.

However, it has to be with eyes open, because, although there is a system in place to help, it's a son of a gun to access it. The benefits are there, but actually receiving them is a whole other thing.

**Mr. Terry Dowdall:** What about the other two individuals?

**Col (Ret'd) John D. Conrad:** My answer would be the exact same. Absolutely, yes, this is a great country, and this entire planet needs more Canadian soldiers and Canadian servicemen. I believe that fundamentally. I've seen it in the different places I've served, from Kandahar to Cambodia.

However, it would be with eyes wide open. It was very well said by my colleague.

**Mr. Terry Dowdall:** In 15 seconds, I can't get too much out there.

I want to say that I think we all need to do a lot more to make sure that's not the view that these veterans have, because it bothered me all weekend, quite frankly.

**The Chair:** Now I'd like to invite MP Sean Casey for five minutes or less.

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

Mr. Meincke, I want to get a little further into your testimony. It is absolutely jarring. I want to make sure that I understand it.

The recordings that you have were recordings that were made by the veteran of the calls subsequent to the call in which he was, in an unprompted fashion, directed toward MAID. That conversation you have no recording of, but you have conversations of apologies from officials afterward. Is that it?

**Mr. Mark Meincke:** That's correct.

**Mr. Sean Casey:** On these recordings that you have, are you aware of whether the other person or people on the call, other than the veteran, were made aware that the call was being recorded?

**Mr. Mark Meincke:** I do not know.

**Mr. Sean Casey:** Do you know whether Veterans Affairs is aware of the existence of these recordings?

**Mr. Mark Meincke:** Is Veterans Affairs aware of these ones? I do not know.

It depends.... He would have told them, and it would be in the notes, so the answer to that question is that it will almost certainly be in the notes.

**Mr. Sean Casey:** Have you listened to the recordings?

**Mr. Mark Meincke:** I have.

**Mr. Sean Casey:** Was there any reference in the recorded conversations to something that happened in the unrecorded conversation with respect to a veteran who had availed himself of medical assistance in dying as a result of advice from the department?

Was that referenced in the conversation?

**Mr. Mark Meincke:** Yes. That was the core of his concern, because somehow—and I don't know the exact verbiage—in the original conversation where he was offered MAID, she said, “We've done it before. That's why I know I can do it for you. We did it before, and we are now supporting the surviving wife and two children.”

That's what he told me that conversation contained.

**Mr. Sean Casey:** My question is whether, in the recording that you listened to, that was part of the conversation.

**Mr. Mark Meincke:** He said that in the recording. Yes. That's what he was asking the VAC manager about. Of course, she said there was confidentiality and she couldn't discuss it.

She didn't deny it. She didn't say, “I don't know what the hell you're talking about”. She said, “I can't talk about that”, but she acknowledged that it had happened.

**Mr. Sean Casey:** Was there also an acknowledgement in the recording of the apology that she had pressed this upon him and persisted after he said no twice?

**Mr. Mark Meincke:** Yes. He was clear about that.

**Mr. Sean Casey:** That was in the recording, so it was raised in a recorded conversation.

Did she acknowledge in that conversation that that, in fact, occurred?

**Mr. Mark Meincke:** In my mind, she did. Yes. She said it was inappropriate and it shouldn't have happened.

**Mr. Sean Casey:** In the recorded conversation, was there reference to, “It's better than blowing your brains out against a wall”?

**Mr. Mark Meincke:** No. That was in a private conversation that he had with me, when he extrapolated more on the interaction.

● (1205)

**Mr. Sean Casey:** In your evidence, you indicated that you are convinced that there is, in fact, a recording of that first conversation.

**Mr. Mark Meincke:** Yes. I would be shocked if it didn't exist.

**Mr. Sean Casey:** Other than your gut and your experience, do you have any other basis for that firm belief?

**Mr. Mark Meincke:** Every phone call I've ever had with Veterans Affairs says, “This call will be recorded.”

**Mr. Sean Casey:** Is that including calls with a veterans service agent?

**Mr. Mark Meincke:** Yes, especially those.

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

Mr. Conrad, you raised the issue of sensitivity and cultural training, and indicated that perhaps Veterans Affairs is too stretched to be able to do it and to do it effectively.

What advice would you have for them?

**Col (Ret'd) John D. Conrad:** The first thing I would advise is a focus on professional education and professional development of the caseworkers themselves.

I know that budgets are tight, but we do not spend enough on this government department. When you talk about the disposable income that the Government of Canada has and where things get invested, we are not a large interest group when it comes to garnering votes.

The department should put some money, preferably an increased amount of funding, into training its own. That cultural piece is absolutely vital, because you don't know—

**The Chair:** Thank you, Mr. Conrad. I'm sorry, but the time is up.  
[*Translation*]

We're going to go to two short interventions, each two and a half minutes long.

I invite Mr. Desilets to take the floor.

Go ahead, Mr. Desilets.

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

My question is for Mr. Thorne.

Mr. Thorne, we know that for women, the suicide rate is 1.9 times higher among female veterans than in the general population. We also know that for female veterans under the age of 25, the rate is 2.5 times than the general population.

Among men, the suicide rate among veterans is 1.4 times that of the general population.

On average, one suicide occurs every nine days.

My question may sound ridiculous, but would you agree that it's unacceptable and totally inappropriate to say the words “medical assistance in dying” to a veteran suffering from post-traumatic stress disorder?

[*English*]

**Mr. Oliver Thorne:** Yes, absolutely. I would agree. It feels silly to have to say that, but if that's the question, I absolutely agree. I question the ethics of it and even the legality of it.

I am not in any way well versed in MAID as a topic, but in preparation for today's testimony, I did some basic research. My understanding is that the only person who is qualified to discuss MAID is a primary care provider, meaning a physician, a nurse or a psychiatrist. It seems to me that a case manager would not fit that definition, so I don't understand how or why this would be discussed by a case manager with a veteran.

Even more troubling, from Mr. Meincke's testimony, is the idea that the case manager said now they are looking after the surviving spouse and child. It almost seems to incentivize the idea of medically assisted suicide, which is completely unthinkable.

[*Translation*]

**Mr. Luc Desilets:** If one of your employees had used those words or suggested medical assistance in dying, then added that the widow and children would receive support, would that individual still be employed by you?

[*English*]

**Mr. Oliver Thorne:** Absolutely not, and I should clarify that my employees never would. They are certainly not qualified to speak about that. They know that. Once again, it runs counter to the entire purpose of our organization, which is to prevent suicide.

Without question, if somebody were to engage in that kind of conversation, that would be complete grounds for dismissal.

• (1210)

[*Translation*]

**Mr. Luc Desilets:** Would it warrant dismissal from the government, in your opinion?

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

Your two and a half minutes are up.

I invite Rachel Blaney to speak for two and a half minutes.

[*English*]

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

I want to come back to just a short summary.

Right now, when a call is made to VAC through the call centre, it's recorded. We heard from the department that when it's a call out, it doesn't get recorded; if it's a direct call to a service agent, it's not recorded.

I appreciate that what we heard is either that it should be recorded or that there should be some sort of accountability given to the veteran, whether or not the conversation is recorded. I think we heard clearly from the department that neither is done, and I want to thank everybody for clarifying that point.

The point that I would like to come back to—and I'm going to start with you, Mr. Meincke—is around the idea of sanctuary trauma. With regard to veterans who are reaching out, I appreciate the multiple levels of testimony that talk about how hard it is to take that step. I think it is for anyone, but for a person who has served, who has committed to be a protector, it is even harder to take that step.

I'm wondering about the impact of going somewhere where you're hopeful you'll get help and then someone not being there for you in the way you need it. What does that mean in terms sanctuary trauma? What do workers need to know about that, so we don't see anything like this ever happening again?

**Mr. Mark Meincke:** Last year, after years of struggling horribly with suicidal thoughts I didn't want in my head—I call them “intrusive thoughts”—and trying to beat them away, I felt as if I was getting closer and closer to a cliff. I talked to the therapist provided by VAC, and her solution was, “Just hide the knife you would use. If you haven't done it yet, you probably won't.” That would be an example of sanctuary trauma.

Two months after that happened, in July 2022, I attempted suicide. I saw it coming. I said, "I see it coming. I need some help." I have never been back to that clinic. I called that clinic and asked to speak to a manager or something, in order to tell them about this experience, because this shouldn't happen to people. There was no exit interview, concern or follow-up. I was on my own. Thank God I have resources because of my show, but that's sanctuary trauma.

The breach of trust that creates.... I will never go back to that clinic, and that was after years of being there.

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

Now, let's go to Mrs. Cathay Wagantall for five minutes.

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

Thank you all for being here, and for being as brave as you are, today, sharing this truth from your hearts.

Mr. Meincke, I want to mention that I was horrified when MAID was first brought in. The first place my mind and heart went to was our veterans and the potential danger involved in this.

It amazes me to hear you all say, today, that you would serve again and encourage those you love to serve, in spite of having been in theatres where you and your comrades faced death and peril, and where you participated in and witnessed incredible violence. Many have faced abuse from those who they thought would be their mentors and have their backs. You're facing challenges with your relationships and all of these things, while trying to fit into a civilian world, and yet you would still encourage them.

The one point I'm hearing is.... The whole issue that breaks the camel's back is sanctuary trauma.

In a quick, five-minute speech I got to do in a take-note debate on mental wellness, I spoke to this and said that sanctuary trauma is what happens to the spirit and mind of a veteran when they experience the failure of their government to fulfill its promise to take care of them and their families.

Would you agree with that picture? Am I painting it right?

**Mr. Mark Meincke:** It sounds to me like a good way to paint it.

**Mrs. Cathay Wagantall:** I would like to ask you and Mr. Thorne, as well.... Ms. Hughes spoke about the strict protocols that exist around MAID. My colleague spoke last week, when I wasn't able to be here. He asked if this was referred to law enforcement, because it is punishable, up to 14 years behind bars, for someone to do something they should not do in regard to this. However, on this issue, I'm seeing strict protocols truly being stripped away by the government, more and more.

Do you feel this case is proof, again, that...? I'm sorry, but this is out of control.

• (1215)

**Mr. Mark Meincke:** There are no strict protocols.

I had Nicole Scheidl on my show. I'm shocked that she's not one of the witnesses here. She's the executive director of Physicians for Life.

On September 24 of this year, a 21-year-old man completed MAID. His issue was...he had one eye and depression. He's dead. He died on the 24th through MAID, because he had one eye and depression. I thought mental health issues weren't going to be part of the conversation until March of next year, but he's dead, so it doesn't seem to me as if there's a big barrier to entry.

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

Mr. Thorne, with the wonderful work you do, as well.... We know the number of assisted suicides in Canada rose to 10,000 this year. In your work, do you hear concern about, and are you aware of, these circumstances taking place within our veteran community? How is it impacting your work?

**Mr. Oliver Thorne:** Until this testimony today and the news story that came out in August, medical assistance in dying was not on my radar as a significant issue for the veterans we are serving. I think this has been a serious wake-up call.

Suicide has been on our minds for the 10 years that we've been operating and for the almost 25 years that our program has been around. Again, it is the worst possible outcome, and our entire reason for existing is to try to stop that outcome, so suicide has always been on our minds. The possibility of suicide through medical assistance in dying for a mental health disorder—again, that we know to be treatable and when we know that people can improve—is worrying. Absolutely.

I'm not qualified to speak about MAID holistically, but with our focus and the work that we do with veterans, we know that they can get better. We've heard from many veterans who don't believe that they can get better, and then they do. They make progress and their quality of life improves.

My fear is that we are offering a vehicle for people to end their lives when there are treatment options available, but those treatment options are more difficult to access than medically assisted death.

**Mrs. Cathay Wagantall:** Thank you, Mr. Thorne.

In my last 20 seconds, I have one question for Ms. Hughes.

For your service managers working with the My VAC Account.... From what I understand, there is no tracking within VAC or the Legion of who is seeing what and when, as far as going back goes and being able to determine who was reviewing a particular veteran's account. Do you have a system in place to be able to do that?

**Ms. Carolyn Hughes:** We do. It's through Veterans Affairs. They can contact me at any time with a list of people and why we contacted them and for what reason. We can also see client notes, so if one of the service officers called Veterans Affairs, we would see the notes in there. There would be no recording that we would see, though.

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

I'd like to invite Mrs. Rechie Valdez for her five minutes. Please go ahead.

**Mrs. Rechie Valdez (Mississauga—Streetsville, Lib.):** I want to thank the witnesses for joining us, particularly Mr. Meincke.

I appreciate your bravery. Thank you. After all that you've gone through, you continue to support....

I apologize. Trauma is not easy for those of us who have gone through it, so I want to commend you for your bravery today.

Colonel Conrad, I also appreciate your contributions, and I'm sending you my condolences for your loss.

Colonel Conrad, in your opening, you recommended cultural awareness training to make the VAC team aware of the sensitive nature. I think you even said "wounds to the mind". Continuing Mr. Casey's questions, can you elaborate on any additional advice for training for VAC?

• (1220)

**Col (Ret'd) John D. Conrad:** I spoke about money and budgets earlier, and I almost regret doing so. It becomes so cliché. What I would encourage VAC to do is be more interested in the leadership function of their own department, be more interested in their own people and in developing them and supporting them.

I am sorry if the words sound harsh, but I've often felt when I'm talking with someone on the phone, trying to get help and trying to navigate this long process—the delay, delay, delay—that it is a function, but it is not the fault of the front line. I've always felt that there's a real absence of executive leadership in this department. That might be unfair, because.... I'm in Alberta. I'm not tweeting about this every day. I'm trying to pick up a first down and keep my life moving forward.

Thank you for your question. I think I would encourage the senior executive level of the department to be more interested in leading their people. It's such an earthy ministry and such a focused one.

I'll leave it there. Thank you.

**Mrs. Rechie Valdez:** You also mentioned professional services and investing money. What would it do, in your opinion, if the right money was invested in that?

**Col (Ret'd) John D. Conrad:** I've often felt, when I'm talking to VAC trying to represent myself and soldiers, that you are really talking about a foreign country in terms of the constituency you represent. I feel that there are courseware and educational opportunities that would communicate what this regiment of Canadians—some of our best heart's blood—is really like.

This incident we're talking about today is really reprehensible and concerning. You can sense, in the wider community that I've dealt with at VAC on the phone, that there's an essential goodness and a willingness to help. There is such a gap between the world that these men and women know, such as soldiers, sailors, airmen and airwomen, and what a caseworker knows. If we could just bridge that....

When you get to know us, it's easier to support us. It's easier to imagine how hard it is for some of our servicemen and women who

serve in other roles to have that jacket and tie on, or how hard it is just trying to make it through the day without a drink or without harming themselves.

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

I'll now connect us with Mr. Thorne.

For the services that you provide with the Veterans Transition Network, you noted that the network supports trauma through reliving it. Can you describe how that helps with the healing process for veterans?

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

One of the recognized standards for treating trauma is prolonged exposure therapy.

Our program is what you might call talk therapy. We have a group of veterans who are together with specially trained psychologists and returning program graduates—what we call paraprofessionals. These are veterans who have been through the program themselves. They return to act as the bridge between the veterans and the psychologists running the program. To Mr. Conrad's point, that helps us to be culturally informed and competent in working with veterans.

Our approach to trauma is, in a very titrated and controlled way, revisiting challenging moments in people's military service or, indeed, any point in their life that has affected their day-to-day functioning. We're able to revisit—

**The Chair:** Thank you, Mr. Thorne. The time is up.

We have enough time for a last round of questions.

I'm going to start with MP Fraser Tolmie for five minutes, please.

• (1225)

**Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC):** Thank you, Mr. Chair.

I'd like to recognize the service of those who are participating today.

I've been sitting here for quite a while just absorbing this. I came in with some questions and I'm just throwing them out. I'm going to ask questions that I feel I should be asking after hearing some of the testimony.

I would ask this question of the room: What is the mandate of Veterans Affairs?

The mandate of every organization that we've had speak to us—the Legion, Veterans Affairs and Mr. Thorne's organization—is to help those in need, to make them feel valued and to make them feel supported. We're having a conversation right now that completely throws that out the window.

I would ask myself what would happen if a young student went in to talk to a student counsellor in school. What if they said that they were having a hard time and having issues, and they were given the same answer as the person we're talking about was given, which is that there is a way to end their life.

I'm really struggling with where we're going right now in society and the message that is coming out of Veterans Affairs.

Mr. Meincke, based on your knowledge, was a physician ever included in the conversation with the individual who went through with MAID?

**Mr. Mark Meincke:** No.

**Mr. Fraser Tolmie:** You run a podcast. What is the mission of your podcast?

**Mr. Mark Meincke:** Well, I actually have one. The mission is "to save lives and relieve pain by making help for PTS Injuries easily accessible, with a vision of a world where the path to recovery is clear."

That should be the same mission and vision that VAC has, but if it is, they're missing it.

**Mr. Fraser Tolmie:** Okay.

Would it be fair to say that this person, this gentleman, from whom you have the transcripts and who reached out to you, was looking for help?

**Mr. Mark Meincke:** He was looking for help for a common service-related injury.

**Mr. Fraser Tolmie:** Do you feel that the service he was given was the right service or the wrong service?

**Mr. Mark Meincke:** He was given no service. He did his own research to find help. He was asking for support and he was asking if VAC had any other help that they could suggest.

Now that I have the opportunity.... He asked for supports for his family, because of the phone call, and he was denied.

**Mr. Fraser Tolmie:** Would you say that a boundary was crossed? Would you say that a mandate that Veterans Affairs has or should have was crossed?

**Mr. Mark Meincke:** Unless the mandate is budget cuts through getting rid of us, yes, a line was crossed.

**Mr. Fraser Tolmie:** Okay.

On a quick note, you mentioned PPCLI. My cousin served in Croatia in your unit, and afterwards you and I could maybe take a moment to discuss that. We might know some people in common.

Colonel Conrad, you opened up your comments earlier on and said that maybe some well-intended comments had gone astray. Would you stick to that after hearing some of the comments that have been shared and understanding what should be a mandate for Veterans Affairs?

**Col (Ret'd) John D. Conrad:** Absolutely not. My eyes have been really opened with what other folks have brought forward this morning. I don't stand by those comments, knowing what I know now.

I'll tell you one thing about MAID. I lost my dad on May 25 through medically assisted death, after a long fight with cancer. The very first person who opens their mouth to ask for it or mention it is the patient, under no duress from a medical practitioner. Unless I'm misunderstanding the legislation, my dad had to bring it up, not the practitioner.

I just want to be clear there.

• (1230)

**The Chair:** Okay.

Let me invite Mr. Luc Desilets, for two and a half minutes, please.

[*Translation*]

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

Mr. Thorne, I would like you to explain to me how people in an organization like yours come to deal appropriately with suicidal ideation among some veterans and medical assistance in dying? How do you go about it? What kind of information and training do you provide to your employees on the subject?

[*English*]

**Mr. Oliver Thorne:** On the topic of suicidality, our staff undergo first aid mental health training in order to be able to respond to suicide or suicidal ideation. Specifically on our programs, all of our facilitators are registered mental health professionals—either psychologists or registered clinical counsellors—and the peer supporters, the paraprofessionals I mentioned earlier, the veterans who work alongside our psychologists, undergo specialized training with our organization as well.

In terms of how we address suicide, we address it largely through the reduction of symptoms and distress that would give somebody suicidal ideation. Our program is designed to address post-traumatic stress, depression and anxiety, but also isolation.

We see very often that for those who are struggling with suicidal ideation, they are perhaps suffering with depression or post-traumatic stress, but what we also see very often is moral injury: either witnessing or engaging in something in the line of service that runs core to who they believe they are and their values as a person. This injury is particularly nefarious, because it produces an enormous amount of shame in the individual who suffers from this. Shame leads to isolation, and isolation leads to a lack of peer support, and all of this leads down the line towards suicide.

Our intervention is designed to bring people together in a group, to get them comfortable with one another and to teach them skills for understanding why these experiences are affecting them the way they do. If we create a safe environment, these individuals can share with one another some of these difficult moments in these stories. They can reduce that shame, reduce the isolation and learn skills to cope. They go out into the world after the program with a peer support network of those individuals they took the program with.

That is our approach to reducing suicidality.

In terms of how our coordinators or our staff would respond to medical assistance in dying, they have been instructed not to discuss it with anybody who brings it up. If they are asked, they must refer the person to a physician or a primary health provider.

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

I'm sorry, Ms. Blaney. I forgot to invite Mr. Churence Rogers for his five minutes. After that, I will go back to you.



Mr. Rogers, you have the floor for five minutes. Please go ahead.

**Mr. Churence Rogers (Bonavista—Burin—Trinity, Lib.):** Thank you, Chair.

I, too, would like to welcome our guests today. I thank you for your service as well. It's incredibly important.

We've heard a lot of testimony, and there are a lot of questions where we could go in different directions.

Mr. Thorne, first of all, you mentioned in your testimony PTSD and suicides and what happens in suicide prevention, of course, and you mentioned the fact that vets are reluctant to reach out for help.

This left me wondering: Is there a process in place for veterans when they finish their military service and they go off to live a civilian life? Is there some kind of process whereby vets are monitored? Is there some form of follow-up by VAC with these people who have finished their service as members of the military? Are you aware of any of that?

• (1235)

**Mr. Oliver Thorne:** I think that is in the process of being built out and has been over the course of the past few years. Specifically, this would be the transition group within the Department of National Defence. Previously, it was known as the JPSUs, the joint personnel support units.

Those have all been rebranded or relaunched as transition centres, if you will, across Canada, the idea being that preparation for transition will become a standardized part of military training throughout a military individual's career, but that as they approach their release from the military, that training within the transition group will ramp up, with the hope of better preparing them for the transition from military to civilian life.

This work has been ongoing for a number of years. We are hopeful that this will help the transition process, because what we often see is folks who slip through the cracks. Again, because of that reluctance to reach out, they sit there and they continue to deteriorate. Their symptoms deteriorate until they reach a point of crisis, and that's what we hope to avoid.

**Mr. Churence Rogers:** Thank you for that, Mr. Thorne. It's good to hear that this kind of transition process is being implemented.

Mr. Meincke, you mentioned that it was a long time before you reached out. I'll ask the same question but from your perspective. Was there any follow-up with you before you reached out? Was there any follow-up from Veterans Affairs Canada?

**Mr. Mark Meincke:** No, I'm an old-timer. I got out in 1995, and when I got out in 1995, it was "don't let the screen door hit you on the butt on the way out". There was absolutely nothing at the time, and there was nothing subsequently, before 2017, when I first entered the VAC system. During that entire period of 23 years, there was never an outreach call of any sort, no.

**Mr. Churence Rogers:** Should there have been?

**Mr. Mark Meincke:** Oh yes. It's like a cancer. The longer you leave it, the harder it is to treat.

**Mr. Churence Rogers:** Colonel Conrad, what steps should VAC take to address the recent incident, from your perspective, to ensure that this kind of thing never happens again?

**Col (Ret'd) John D. Conrad:** Well, I'm not sure. From what I've heard today and what I know about Veterans Affairs, I'm not sure that they're harnessed to adequately deal with it. The apologies I've seen in the press....

I agree with the earlier comment that, if this was my department, I would be making, at the very least, a phone call. This is a horrific breach of trust, because suicide is what we all work against in terms of recovering from PTSD. You can be whole again, so this is fundamentally concerning. I'm not sure they can get there from here on their own.

It's my honest belief that it's too late. From what I understood, the apology in the press was four or five days in the making. During that time, deputies and ministers would be scrambling to make sure that they had their best face forward, that they had all the facts, and if that's all you're doing, well, I'm sorry but that dog won't hunt. I'm not sure that Veterans Affairs on their own can rectify this.

**Mr. Churence Rogers:** I'm out of time.

Thank you, Mr. Chair.

**The Chair:** Yes, you're out of time. Thank you so much.

I'd like to invite Ms. Rachel Blaney to the floor for two and a half minutes, please.

Go ahead.

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

I would like to take this opportunity to come back to Colonel Conrad.

I'll ask you one question. Then, if we have time left, I'll ask you another one about the civilian provider.

I want to go back to the conversation I had earlier with Mr. Meincke about sanctuary trauma. I really appreciate some of the things you've shared today, and I'm wondering if you could speak a little bit about the impact of sanctuary trauma. You indicated earlier that there needs to be more fulsome training, which I hear is something that you're speaking about very clearly. You also talked about the fact that there might need to be help from outside of VAC.

Please talk about sanctuary trauma and what kinds of supports you think would be imperative to make sure things like this don't happen again. We obviously hear it's a lot broader than just this incident.

• (1240)

**Col (Ret'd) John D. Conrad:** I'll try to be brief. Thank you for the question.

My experience with getting help.... I wandered in the woods for about four years of my life where I did not work. PTSD grasps so seamlessly with your own sense of self, it's like the devil touching you on the sleeve. It's almost impossible to see it in yourself. In my case, I wanted to deny it. I didn't want to admit that I was wounded. I wanted to go on. I had a friend, not dissimilar to Mr. Meincke, who was really instrumental in bringing me in from no-man's land.

When I started to reach out, the process was to deny: "We won't accept your claim" or "We need more of this." I was at the point where my mind was what it was, and my back was out. I had a major heart attack and was on disability from this job. You have trouble feeding your family, and to hear the approach on the phone that "Well, you're going to have to do this" or "We need more of that".... I was at the point where I was selling my medals on eBay to try to make mortgage payments on my farm.

It's a fundamental misunderstanding of who we are. I wanted to be good again. I didn't know what was wrong with me. I knew I couldn't walk straight. I knew the fundamental misunderstanding with the person on the phone. I'm not a quitter. I'm even having trouble putting it into words for you today.

To answer your question, for me, attitude and understanding are such important qualities in an institution, in a thinking institution. The name of this ministry is Veterans Affairs Canada. How can you not know us so well? How can you not be absolute experts on Canadian veterans, when that is your single point of focus in taking care of the men and women who have served this country?

I come back to education. It starts at the top. I have long said that at the top end of this department they don't seem to get that they are not an insurance company. They don't seem to get that they're in the business of taking care of human beings who would have given their last breaths to protect you, and many of them have.

**The Chair:** Mr. Conrad, thank you so much. Time is up.

I'd like to ask Mr. Blake Richards to speak for five minutes, please.

**Mr. Blake Richards:** Thank you.

Here's what we know. There was a veteran who came to Veterans Affairs seeking help for injuries and trauma that he was dealing with as a result of his service to our country. Instead of being offered support or resources to help deal with the issues he was facing, it was suggested that he maybe consider medical assistance in dying, and it was pushed on him, despite his insistence that he wasn't interested. It's caused him to spiral downward, from what we've heard from you, Mr. Meincke.

Despite what we were originally told, which was that this was an isolated incident, it turns out that there's at least one other veteran this has occurred with, and that veteran is no longer with us. Now his family is being supported. It leaves one to wonder how many others there might be and how many other deaths might have resulted from this.

We were told that the identity of this veteran wasn't known to the officials, yet we've heard from you, Mr. Meincke, that a letter was sent to the individual, so clearly his identity was known and is known to the Veterans Affairs officials.

There are a lot of contradictions here, including the one that you shared about recordings. I agree with you. I find it hard to believe that there wouldn't have been a recording of that phone call. I think just about everything we do with an organization like Veterans Affairs or other large organizations is recorded. We all know that. You mentioned yourself that on every phone call with them, you always get an indication that the phone call will be recorded. It is hard to imagine this phone call wasn't recorded. Given all the other contradictions we've seen, I find it hard to believe that it doesn't exist.

I have some questions I'd like to ask, but there's a motion I'd like to move. I'm going to move it. I'm firmly of the belief that this should be one that we will all support quickly and easily. We can pass it and move on, and carry on with hearing more of our witness testimony today.

Given all of these contradictions, I really think we need to hear again from the minister, the deputy minister and the assistant deputy minister, who were here with us last Thursday. We have to clear up the contradictions here.

I'm going to move that we ask the minister, deputy minister Paul Ledwell and assistant deputy minister Steven Harris back to the committee to hear on this issue for two hours, and that that happen within the next month, before November 24.

• (1245)

[Translation]

**The Chair:** Okay. Your motion has been received. According to the rules, it will be debated at a future meeting so that it can be passed. Normally, 48 hours' notice must be given with motions.

Isn't that right?

One moment, please.

[English]

**Mr. Blake Richards:** Mr. Chair, it's my understanding that we don't need notice, because of the subject matter of the meeting.

I'm quite confident, given what we've heard today.... I'm sure everyone is shocked by this situation, and everyone recognizes the contradictions. Obviously, you have to open it up for debate, but I'm hopeful that we won't need debate and that we can all just pass this. Maybe we can even have consensus to do so, and then we can carry on with witness testimony. That's my hope.

I'll put that to the committee before you open it up for debate.

**The Chair:** Because your motion is on the subject that we are discussing right now, we don't have to wait 24 or 48 hours.

The motion is on the table, if there is any discussion. I will stop the time for the witnesses.

I'd like to know if there is any discussion. Would anyone like to speak to it?

Go ahead, Monsieur Desilets.

[Translation]

**Mr. Luc Desilets:** I have a question about procedure, Mr. Chair.

We had talked about having two or three meetings on the current subject. Would the motion place the third meeting a few weeks away, when the minister and MPs are available?

**The Chair:** In his motion, Mr. Richards talked about holding the meeting in the next month, I believe. If you would like to move an amendment, you're free to do so.

Go ahead, Mr. Richards.

[English]

**Mr. Blake Richards:** I think the minister should appear. This issue needs to be cleared up, and I would hope that they would want to appear as quickly as possible. I was simply allowing for scheduling. I know that can be an issue, but I would strongly suggest that this meeting happen as quickly as it can.

Following that, we can probably, as a committee, determine what our next steps would need to be, if any, but I do think it's important that there are lots of contradictions here that need to be cleared up as soon as possible. I would think the minister and his officials would want to clear those up as quickly as they can, as well.

Although I'm leaving that latitude for them, I think it should be strongly suggested, when we write to the minister, that they not leave it for a month, and try to come as quickly as they can, but we obviously need to give some flexibility for scheduling.

**The Chair:** Thank you so much. The clerk will work on that situation.

[Translation]

It's on the condition that the motion passes.

Ms. Wagantall, you have the floor.

• (1250)

[English]

**Mrs. Cathay Wagantall:** I think there's some confusion around what Mr. Desilets was saying, because we had said two or three meetings. This is our second. Did we have a third one scheduled at this point?

**The Chair:** No, I don't think so, because next—

**Mrs. Cathay Wagantall:** Is this a third meeting or a fourth meeting that we're asking for on top of the two or three? Is that what you were trying to determine?

**Mr. Blake Richards:** I can add something to that, Mr. Chair.

My understanding is that as a committee, the decision had been made to have three meetings. We've only had two, so there obviously needs to be another one.

I don't know if there are other witnesses we still could hear from on this, and we also don't know what might come from the meeting that we have with the minister. In my mind, I think we should be prepared as a committee to make that decision following that meeting—whether there need to be more meetings, and how many of them there should be.

**The Chair:** I'd like to tell the committee that, yes, we agreed to three meetings, and for the third meeting we have no witnesses, so that's why for Thursday we were supposed to work on the report on marriage after 60.

The motion is on the table.

Go ahead.

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

We have no opposition to that. We feel that the committee could ask the department, realizing that the minister may have some commitments, but I think it's important that we get a chance to speak with the department again. We're okay on that front, for sure.

**The Chair:** Mr. Richards, first of all I'm going to ask everyone if there is no opposition on that.

We have the motion on the table.

[Translation]

Before we vote, I will give you the floor, Mr. Casey.

[English]

**Mr. Sean Casey:** The only thing I would like to raise is that.... I see the case for bringing back the minister and the senior officials, given the contradictory evidence today. I think we should probably bear in mind what was said at the last meeting, that the investigation is under way but not complete. I think it would be reasonable for us to expect the senior officials, and arguably the minister, to come back when it is complete.

I just throw that out there. If we wait for them to finish their work and then have them come in to discuss it, including the testimony that came to light here today, would that not make more sense, to get a more complete picture?

That would be my only concern. I have no concerns, in principle, on bringing them back. The only question I have is around timing.

**The Chair:** Thank you.

I'd like to invite Mr. Fraser Tolmie.

**Mr. Fraser Tolmie:** I see that as two different issues. I see that we got contradictory information the last time he was here, so that's an issue that we would like to deal with right away. If there is something that comes back from the continuing investigation, then I see that as a different issue.

I appreciate the comments from Mr. Casey, but I think there are two different issues.

**The Chair:** Thank you.

Mr. Richards, go ahead.

**Mr. Blake Richards:** Yes, I essentially had the same thought.

Obviously, if there's a need or a desire for the minister to come back once the investigation is completed, that would be welcomed and I think that probably should occur, but I don't think we should be waiting for that when we're talking about the kinds of contradictions we've heard today. I think the minister would even, I would hope, want the opportunity to clarify those as soon as possible, and we want to offer him that opportunity.

**The Chair:** Thank you.

Ms. Blaney, go ahead.

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

I agree with this motion. I think we've heard things today that make all of us concerned. It's important for us to be accountable to the veterans who've served us so well and to make sure that we help with that accountability.

I also know that the committee requested very clearly in the last meeting that when this work at the department is done, they would send us a report as soon as it is completed. Once that report is completed and sent to the committee, I think we can take the next step in what we want to do, but I don't think we need to wait until then for the minister and the department to come. Hopefully we can allow the chair to see unanimous consent and we can have the minister and the department in quickly. Then, if we have to call them back again because of the report that we receive, that is something we can respectfully do.

At the end of the day, this shows all of us coming together to work hard for veterans. I think that's where our focus has to remain.

• (1255)

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

My understanding is that the motion is to invite the minister and the deputy minister as soon as possible. I'd like to know if there is opposition to adopt that motion.

**Mr. Blake Richards:** To clarify, the motion would be to invite them to be here as soon as possible, but in any case no later than November 24, so within the next month.

**The Chair:** That's perfect. Do we agree on that?

[*Translation*]

(Motion agreed to)

**The Chair:** Let's come back to the question of witnesses.

Mr. Richards, you have two minutes to ask your questions. You have the floor.

[*English*]

**Mr. Blake Richards:** Thank you.

We will have the minister and his officials reappear at this committee.

Maybe I'll ask our witnesses. We could start with you, Mr. Meincke, because you're here with us in the room, and then I'll carry on from there. What questions should we be asking them when they return? What would you recommend this committee ask? What sorts of questions need to be asked of the minister when he returns?

**Mr. Mark Meincke:** I would definitely like to see a policy and procedure manual that clearly puts in writing what calls are recorded and what calls are not. There's no way that something structural like that is not on paper somewhere and official. I would like that so there would be no misconceptions. That would be essential in order to have any kind of confidence from the veteran community.

**Mr. Blake Richards:** Thank you.

Mr. Conrad, do you have any thoughts on that?

**Col (Ret'd) John D. Conrad:** Yes, thank you. To add to what Mr. Meincke has said, this is absolutely foundational harm going right to the centre of gravity of what the department is all about. I would want to hear "yes" to the things Mr. Meincke mentioned, but I think I would want to hear a plan in the immediate—like in the emergent, tactical immediate—and medium to long term so this does not recur. Given how quintessential this is, I don't feel it's been addressed. That would be my question for them.

**Mr. Blake Richards:** Mr. Thorne, we'll go to you.

**Mr. Oliver Thorne:** I would absolutely echo the comments by Mr. Conrad and Mr. Meincke. I would also ask for a clear understanding from the department as to how this will be avoided completely in future.

I know as well that a report was published by an expert panel on MAID and mental illness. I'm looking at the report in front of me on the Canada.ca website. It was published on May 13 of this year and it features a number of recommendations that they feel the government should adopt with regard to medical assistance in dying for mental health reasons. I'd like to know that the Department of Veterans Affairs has reviewed this report and that they are working to incorporate those recommendations.

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

It's two minutes before one o'clock, and we have to stop at one o'clock. I'd like Mr. Casey to have a quick intervention.

**Mr. Sean Casey:** I'd like to be able to ask one question before we adjourn, please.

**The Chair:** It was supposed to go to you. Let's give 30 seconds for that, please.

**Mr. Sean Casey:** Mr. Meincke, would you please ask the veteran to allow you to provide the recordings to this committee?

**Mr. Mark Meincke:** I have. If he cannot be guaranteed anonymity, it's not even a maybe.

**Mr. Sean Casey:** Okay.

Thank you.

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

[*Translation*]

Let me take a moment on behalf of the committee members, as well as myself, to thank all of the witnesses who have come before us today. I'd like to acknowledge them.

[*English*]

I thank retired Colonel John Conrad; retired Corporal Mark Meincke, host of Operation Tango Romeo, trauma recovery podcast for military, veterans, first responders, and their families; Carolyn Hughes, acting director, veterans services, national headquarters, The Royal Canadian Legion; and Oliver Thorne, executive director, Veterans Transition Network.

[*Translation*]

Mr. Meincke and Mr. Conrad, I must tell you that your testimony was very moving. We hope that your health improves in the days and years ahead. So, I thank you for being here in committee.

I'd like to remind committee members that this Thursday we will study the report on survivor pension benefits in camera. We will also consider the motion that was passed today. This is to advise you accordingly.

Thank you. I'd like to acknowledge the entire team with us: the interpreters, the clerks and the rest of the team.

The meeting is adjourned.

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