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# Standing Committee on Veterans Affairs

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Chair: Mr. Emmanuel Dubourg





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• (1105)

[English]

**The Chair (Mr. Emmanuel Dubourg (Bourassa, Lib.)):** Good morning. I call the meeting to order. Welcome to meeting number 84 of the House of Commons Standing Committee on Veterans Affairs.

[Translation]

Today's meeting is taking place in a hybrid format, pursuant to the Standing Orders.

Although the room is equipped with a high-quality audio system, feedback can occur. This can be extremely detrimental to the interpreters and can cause them serious injury. When you are wearing your earpiece, please do not get too close to the mike, to prevent this interference.

Keep in mind that all comments by members and witnesses should be addressed through the chair.

Lastly, this is a reminder to committee members to send their recommendations for the draft report on the experience of women veterans to the clerk by next Wednesday, March 6.

[English]

Before I introduce our witnesses, I have a request from Ms. Blaney, who would like to say something.

Ms. Blaney, the floor is yours.

**Ms. Rachel Blaney (North Island—Powell River, NDP):** Thank you so much, Chair.

I just want to read into the record a motion on notice. I will not be moving it today, of course, out of respect for the witnesses we have here, but I want to make sure it's on the record. It says:

That, in relation to its study on the National Monument to Canada's Mission in Afghanistan, the committee:

- a) Invite the Deputy Commander of Military Personnel, Lieutenant-General Lise Bourgon; and
- b) Pursuant to Standing Order 108(1)(a), order the production of all memoranda, briefing notes, emails, correspondence or any other records of conversations or communications (including text messages, Microsoft Teams messages, WhatsApp messages, Signal messages or other electronic messaging), with regard to the National Monument to Canada's Mission in Afghanistan, transmitted, since November 8th, 2021, between:
  - i) the Department of Veterans Affairs and the Office of the Minister of Veterans Affairs,
  - ii) the Department of Veterans Affairs and the Privy Council Office,

iii) the Department of Veterans Affairs and the members of the jury responsible for evaluating the finalist designs for the National Monument to Canada's Mission in Afghanistan,

iv) the Department of Canadian Heritage and the Office of the Minister of Canadian Heritage,

v) the Department of Canadian Heritage and the Privy Council Office,

vi) the Privy Council Office and the Office of the Prime Minister,

vii) the Office of the Minister of Veterans Affairs and the Office of the Prime Minister, and

viii) the Office of the Minister of Canadian Heritage and the Office of the Prime Minister, provided that these documents shall be provided to the Clerk of the Committee, in both official languages and without redaction, within 21 days of the adoption of this motion.

c) And that the Department of Veterans Affairs Canada and the Department of Canadian Heritage provide the official report of the jury established for the selection of the firm responsible for the design of the National Monument to Canada's Mission in Afghanistan.

Thank you so much, Chair.

I would just like to say—

**Mr. Blake Richards (Banff—Airdrie, CPC):** I have a point of order.

**The Chair:** Excuse me. We have a point of order, Ms. Blaney.

Mr. Richards, go ahead.

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

I have an argument to make from Bosc and Gagnon, but I would ask that you indulge me for a couple of moments just so I can provide a little context before citing it.

Back in November and six times since, I brought forward a motion that we put on notice. I'll read the motion, because I think it's important that the committee hear this for deliberation on the point of order. It said, "That, in relation to its study on the National Monument to Canada's Mission in Afghanistan, the Standing Committee on Veterans Affairs—"

**Ms. Rachel Blaney:** I have a point of order, Chair.

**The Chair:** We're on a point of order already. I'd like to listen carefully, and I will go back to you.

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

**Mr. Blake Richards:** The chair has given me the latitude to explain my point of order before making it.

The motion says:

That, in relation to its study on the National Monument to Canada's Mission in Afghanistan, the Standing Committee on Veterans Affairs

- a) call the Deputy Commander of Military Personnel, Lieutenant-General Lise Bourgon; and
- b) order the production of all memoranda, briefing notes, e-mails, correspondence or any other records of conversations or communications (including text messages, Microsoft Teams messages, WhatsApp messages, Signal messages or other electronic messaging), with regard to the National Monument to Canada's Mission in Afghanistan, transmitted, since November 8th, 2021, between
- (i) the Department of Veterans Affairs and the Office of the Minister of Veterans Affairs,
- (ii) the Department of Canadian Heritage and the Office of the Minister of Canadian Heritage,
- (iii) the Department of Veterans Affairs and the Privy Council Office,
- (iv) the Department of Canadian Heritage and the Privy Council Office,
- (v) the Privy Council Office and the Office of the Prime Minister,
- (vi) the Office of the Minister of Veterans Affairs and the Office of the Prime Minister, and
- (vii) the Office of the Minister of Canadian Heritage and the Office of the Prime Minister, provided that these documents shall be provided to the Clerk of the Committee, in both official languages and without redaction, within 21 days of the adoption of this motion.

If this sounds familiar, you'll note that it's all contained within the motion we just heard, which, I will point out, has been brought forward several times and could have been voted on two months ago had the NDP member voted for the motion and not adjourned the meeting.

Since then, on February 12, the Bloc moved an amendment asking that the motion be amended by adding the following after paragraph (b): “c) And that the Department of Veterans Affairs Canada and the Department of Canadian Heritage provide the official report—”

• (1110)

**Mr. Bryan May (Cambridge, Lib.):** This is debate, Mr. Chair.

**Ms. Lisa Hefner (Hamilton Mountain, Lib.):** It's not a point of order.

**Mr. Blake Richards:** It is a point of order.

**Ms. Lisa Hefner:** Under what standing order is it?

**Mr. Blake Richards:** Let me finish.

It says, “c) And that the Department of Veterans Affairs Canada and the Department of Canadian Heritage provide the official report of the jury established for the selection of the firm responsible for the design of the National Monument to Canada's Mission in Afghanistan.”

**Ms. Rachel Blaney:** I have a point of order, Chair.

**Mr. Blake Richards:** The point I'm making here, Chair—

**The Chair:** Yes, go to the point.

**Mr. Blake Richards:** If you look at these two motions, one motion is entirely the other two motions, with one exception. The exception is—

**Ms. Lisa Hefner:** It's debate. Where's the point of order?

**Mr. Blake Richards:** The exception is the following. There was previously an amendment moved by the Liberal Party asking that the motion be amended by adding, after subparagraph (b)(vii), the following: “And that Veterans Affairs Canada produce any correspondence received from members of the jury responsible for evaluating the finalist designs”.

Mr. Chair—

**The Chair:** Mr. Richards, let me say something, please.

**Mr. Blake Richards:** It's not debate, Chair. Let me finish. I'm about to get to the point. The motion—

**The Chair:** Mr. Richards.

**Mr. Blake Richards:** Context is important.

**The Chair:** Just a second. Let me tell you something. We can have a lot of motions on the same subject, so I understand—

**Mr. Blake Richards:** Chair, I haven't quoted to you Bosc and Gagnon yet.

**The Chair:** You are saying that you have a motion, Mr. Desilets has one and now we have a new one.

**Mr. Blake Richards:** Chair, you need to allow me to finish because—

**Ms. Lisa Hefner:** No, you don't.

**Mr. Blake Richards:** —there is a point of order and you haven't allowed me to make the point.

The point is—

**The Chair:** Please go back to your specific point.

**Mr. Blake Richards:** One portion of this motion is substantially different from those two things I just read—the Bloc amendment and the Conservative motion—and it is the Liberal amendment, which was previously defeated.

**Ms. Lisa Hefner:** That's debate; it's not a point of order.

Chair, he's talking over you. Where's the decorum?

**Mr. Blake Richards:** Therefore, based on Bosc and Gagnon in chapter 20, I would say that this portion of the motion should be inadmissible based on the principle—

**The Chair:** I understand your point, Mr. Richards. We—

**Mr. Blake Richards:** Let me read Bosc and Gagnon.

**The Chair:** We have witnesses today—

**Mr. Blake Richards:** Yes, but I have a point of order, Chair.

**The Chair:** I know.

**Mr. Blake Richards:** Let me make the point of order.

**The Chair:** I understand the basis of your point of order.

**Mr. Blake Richards:** You can't rule until you've heard it, Chair.

**The Chair:** That's why I'll give you one more minute to complete—

**Mr. Blake Richards:** I need 20 seconds, Chair.

**The Chair:** You have 20 seconds to conclude, please.

**Mr. Blake Richards:** Bosc and Gagnon, in chapter 20, indicates, “A motion that is the same in substance as one already decided in the same session is inadmissible”. A portion of this is from an amendment moved, and that should extend to an amendment, as previous chairs have in fact ruled.

Subparagraph (b)(iii) is exactly the same in content as an amendment that was previously defeated by this committee, and I would therefore rule that subparagraph (b)(iii) is inadmissible.

**The Chair:** Okay, thank you so much.

I have Ms. Blaney.

Please, if you could, be quick.

**Ms. Rachel Blaney:** Absolutely I can be.

**The Chair:** I will come back with my decision regarding that intervention.

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

Again, I just want to note to everybody that this was just a notice of motion. Mr. Richards has complained a lot about not being able to get this done. What I thought I would do is bring together all the motions and, hopefully having representation from every party, move it forward.

I'll leave it at that, Chair. I hope we can get to the witnesses.

Thank you again for allowing me this time.

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

Now we have two witnesses with us and we'll have three more in one hour.

Let me introduce the witnesses—

• (1115)

**Mr. Blake Richards:** Chair, I have a point of order.

I've made the point of order. I'd like a ruling on the point of order.

**The Chair:** Yes, but I just told you that I will come back with my decision on that—

**Mr. Blake Richards:** When will you come back?

**The Chair:** As soon as possible.

**Mr. Blake Richards:** Chair, it's important that we have a ruling on this point of order, because I would like to see these motions dealt with. Please, I would ask for a ruling.

**The Chair:** I've said that you're going to have a ruling, but Ms. Blaney just tabled a motion. We are not discussing this motion. I have plenty of time to come back to the committee and give my decision. You're not going to have my decision today.

**Mr. Blake Richards:** Chair, I would ask that you provide a decision today.

**The Chair:** I will provide one, but not today.

Members of the committee, we have witnesses who we have—

**Mr. Bryan May:** Who do you think you are?

**Mr. Blake Richards:** Bryan, a point of order is—

**The Chair:** Excuse me, guys. Come on.

**Mr. Blake Richards:** Stop it, Brian.

**Mr. Bryan May:** You first. Clearly your training didn't stick.

**The Chair:** Mr. May and Mr. Richards, this is the last time. We have three witnesses in front of us. They have made arrangements to be here with us, so please be responsible and let them talk, because they have a lot to say.

[*Translation*]

Now I will introduce our three witnesses for the first hour.

[*English*]

We have, as individuals, Ms. Vicky-Lynn Cox, an aircraft structural technician, and Mr. Steve Turpin, who is by video conference. We also have, from the True Patriot Love Foundation, Mr. Nick Booth, chief executive officer.

You will each have five minutes for your opening remarks. After that, members of the committee will ask you questions.

Ms. Cox, I'd like to start with you. You have five minutes for your opening statement.

**Ms. Vicky-Lynn Cox (Aircraft Structural Technician, As an Individual):** Mr. Chair, before I begin, I'd like to address the fact that Mr. Richards has done this a few times. He has taken witnesses' time to debate his own personal agenda.

Apart from that, hello everyone and thank you for having me.

Members of the committee, I appreciate the opportunity to present my recommendations regarding this parliamentary study on transition. As a veteran air force sergeant of the Canadian Armed Forces, a military spouse and a mother of three, I aim to draw from my personal experiences to assist others in navigating the challenges of transition.

In 1996, I enlisted as an aircraft structural technician in the Canadian Armed Forces. Shortly after commencing my recruit course in 1997, I endured a traumatic incident of sexual assault perpetrated by another recruit. Despite this and other similar adversities, I persevered, driven by a deep love for my job and a commitment to serving my country.

Throughout my years of service, I faced harassment, sexual assault and discrimination. Despite sustaining injuries from a runway aircraft incident in 2003 and being subsequently diagnosed with PTSD and fibromyalgia, I remained dedicated to my duties.

It was not until the announcement of Operation Honour in 2015 that I finally felt empowered to come forward and report the incidents I had endured. After reporting four cases, instead of receiving individual support for my recovery, I was abruptly pushed toward a transition out of the military, all while my perpetrators remained unpunished. Overall, the transition unit provided inadequate support, leaving me ill-prepared for civilian life and exacerbating the toll on my physical and mental health and that of my family.

Despite my efforts to raise awareness about the lack of support for victims of sexual misconduct, I encountered resistance from senior military officials, including General Jonathan Vance. His signature on my certificate symbolized the institutional failure to address the systemic issues within the military. It made me sick to look at, because he had already been fired and charged.

Following my release in 2020, I experienced a profound decline in both my physical and mental well-being, compounded by the financial burden of accessing private health care services. The absence of dedicated support services for veterans and their families further exacerbated our struggles.

In light of these challenges, I propose the following recommendations to enhance the reintegration of military personnel into civilian life.

One, establish dedicated sexual misconduct services and supports at transition centres, accessible to both members and their families.

Two, provide comprehensive legal and mental health supports, particularly for individuals navigating ongoing legal cases and mental health challenges.

Three, allocate funds for education and skills training programs tailored to the diverse needs of veterans, including non-traditional avenues such as acting and improv training.

Four, expand support services offered by Veterans Affairs and align them with those provided by comparable international agencies such as the U.S. Department of Veterans Affairs.

Five, implement long-term support programs addressing various aspects of post-military life, with medical oversight to ensure safety and effectiveness.

Six, enhance access to essential resources during transition, including DWAN computers, civilian lawyers, finance specialists and female veteran-specific job preparation resources.

Seven, establish mentorship programs to guide transitioning members and their families through the challenges of civilian life.

These recommendations aim to address the systemic gaps in support services for military personnel and their families, ensuring a smoother transition to civilian life and mitigating the adverse effects of military service. By prioritizing the well-being of veterans and acknowledging their contributions, we can honour their service and uphold the values of equity, dignity and respect within our armed forces.

• (1120)

I would like to underline the importance of programs geared toward supporting children and spouses through this transition.

The Couples Overcoming PTSD Everyday program, COPE, was extremely beneficial for my husband and me, as well as for our children. The post-program follow-through with six months of couples coaching laid down the foundation that my husband and I needed to start recovering.

Camp Maple Leaf for the kids of heroes is another great program. It has been extremely beneficial for my family.

Personally, I've participated in a program offered at Project Trauma Support run by Manuela Joannou, and the lifeshop at The Pepper Pod run by Sandra Perron, both of which are potentially dangerous and I would not recommend.

Apart from that, I would like to underline that I have been working with one of the previous witnesses, Marie-Ève Doucet. I remember us taking down engines and working together on the flight line.

I want to emphasize that there needs to be a study on hazardous material and the effects on our unborn children, especially on microparticles and how they affect our brains. Currently, I have a list of friends who are already dead, who are dying or who will die specifically because of this. Other countries have recognized the haz-mat risk. I'm just waiting for my number, and it pains me to think that after being sick this long, I will potentially not make it.

Thank you.

• (1125)

**The Chair:** Thank you, Ms. Cox, for sharing your story with us. We'll ask you some questions.

Mr. Booth, you have five minutes for your opening statement.

**Mr. Nick Booth (Chief Executive Officer, True Patriot Love Foundation):** Thank you, Mr. Chair, for the opportunity to contribute to your mandate through this study on transition to civilian life.

As Canada's national foundation for the military community, much of True Patriot Love's work contributes in a range of ways to support military and veteran transition. I am going to focus my brief remarks today on four of these: employment, recovery from injury, the maintenance of purpose and the provision of information.

First is employment. True Patriot Love welcomed the committee's recent report "National Strategy for Veterans Employment". Specifically, we were pleased to see recommendation 18 noting that the Government of Canada should implement the outcomes from the 2017 True Patriot Love veterans transition advisory council report.

We are proud of our strategic collaboration with the Canadian Armed Forces transition group, Veterans Affairs Canada, military family services and our relationship with the chief of reserves and employer support.

It is important that this ecosystem of agencies finds ways to work together collaboratively. We have been piloting this through our ongoing partnership with the Government of Ontario. This includes our recent event Ecosystem Connect, where agencies came together with private sector employers to look at how to improve best practices and promote veteran hiring across large organizations and small and medium-sized enterprises, with a specific focus on recruiting veteran talent into the health sector.

We would also flag the importance of considering the needs of veteran families, as we heard so powerfully this morning, as essential in every discussion about transition to civilian life. We all know that when someone signs up to serve, their families sign up too. This does not stop when the serving member takes their uniform off, and the ongoing health and transition impacts can affect the whole family.

Second is recovery from injury. While most of those who leave our armed forces do so healthy and well and are just in need of some assistance finding their direction post-service, there are, of course, a subset who are released for medical reasons and for whom issues linger into the future. For those who may be injured or become ill, opportunities for rehabilitation as part of a successful transition are vital, and the foundation contributes to this through funding programs using adaptive sport, expeditions and the creative arts, among others.

Just recently, along with some others in the room, I had the pleasure to attend the “one year to go” events for the 2025 winter Invictus Games in Vancouver and Whistler that True Patriot Love is leading. It was inspiring to see the impact of participation and international camaraderie shared among veterans from nearly 20 nations. The transition from military to civilian life plays an important role in the vision of Invictus by inspiring recovery from injury, celebrating the role of families and building a connection with community. I would like to thank the Government of Canada and the Province of British Columbia for their significant support of these unique games.

Third is maintaining purpose. We often hear that upon leaving the armed forces, veterans can feel disconnected from their civil community and separated from a previously well-defined sense of purpose. With support from Veterans Affairs, the foundation is working with seven program partners to do the first Canadian study to research the relationship between service and well-being. This links directly to recommendation 30 of the “National Strategy for Veteran Employment”. Once this research is complete, we intend to develop a national action plan that will offer tools and communication strategies to find, recruit, screen and harness veteran volunteers.

Finally, there's how we gather information and provide it to the veteran community. From our vantage point as a national funder, we know that many organizations across the sector are attempting to tackle the challenge of military to civilian transition, and there is a growing interest in the field. This creates a landscape with the potential for duplication and overlap.

The knowledge we have gained by listening to the community has led to the creation of our new veteran hub. This is a national online platform, launched in the fall of last year, that helps connect

veterans, serving members and their families with programs, volunteer opportunities and local events. Users can visit our interactive map and easily see what is available to them in their home communities.

We are thrilled that almost 400 organizations have joined the site, fostering a supportive ecosystem for veterans and their families. We hope that members of the committee will promote it within their own networks.

Relatedly, there are a number of organizations that provide support for homeless veterans through different models. However, there is an absence of concise data on the scale of the veteran homeless population or lack of measurable outcomes from the limited funding available. We strongly support a data-driven approach based on local needs and solutions drawn together into a national framework.

• (1130)

We were pleased to see the committee's recent recommendation recognizing the importance of providing veterans with control over their medical records, which allows them to be shared with family doctors, service providers and Veterans Affairs. We remain in discussion of this through our mental health technology initiative and believe it will be a significant contributor to easing the transition to civilian life.

In closing, Mr. Chair, thank you for the opportunity to be here today. I look forward to any questions or discussion with the committee.

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

Now we will go to Mr. Steve Turpin, who is here as an individual by video conference.

Please go ahead. You have five minutes.

[*Translation*]

**Mr. Steve Turpin (As an Individual):** Can you hear me?

[*English*]

**The Chair:** Hold on one minute, Mr. Turpin. The sound is not good at all. It could be really bad for our interpreters.

We're going to suspend for 30 seconds to give our technician time to connect Mr. Turpin. Remain seated, please, and in 30 seconds we will come back.

The meeting is suspended.

• (1130)

(Pause)

• (1135)

[*Translation*]

**The Chair:** We are back.

We are having technical difficulties with Mr. Turpin's connection, so he will join us for the second panel. We will carry on with the witnesses who are here. Given the time, we will have a six-minute round. Each party will have six minutes. After that, we will suspend to bring in the second panel.

Mr. Desilets, you have something to say. Go ahead.

**Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ):** I'll be quick.

Were the sound checks done before the meeting?

**The Chair:** Yes, the sound checks were done.

**Mr. Luc Desilets:** Great. It wasn't mentioned at the beginning of the meeting, so I was wondering.

Thank you.

**The Chair:** I want to welcome Mike Kelloway, who is filling in for Sean Casey.

[*English*]

We're going to start right now with the only round of questions. You get six minutes each and you can split your time.

We'll start with Mr. Tolmie.

Fraser Tolmie, you have six minutes for questions. Please go ahead.

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

I want to thank our witnesses for being here.

I want to thank Vicky for her service. We were stationed together in Bagotville, Quebec, for I think three years. She's someone I care about, and I'm glad to see her here. I want to thank her for her testimony.

Thank you, Mr. Booth, for being here too.

I'm going to start with Mr. Booth. Something that popped up when you were giving your presentation was that a recommendation from 2017 is finally being implemented. We've heard this before. We've done numerous studies with recommendations and it's taken years to implement them.

Could you elaborate a bit on that for me?

• (1140)

**Mr. Nick Booth:** Yes. The 2017 study was run by True Patriot Love, so it was an independent study. It made some recommendations on how the transition of serving members and, in particular, connections to private sector employment could be improved. I would say a number of those things have improved over the years. Certainly, the Canadian Armed Forces transition group—in my experience, in my five years of being here in Canada—has done a very good job.

I'm pleased to see that the subject hasn't gone away and that this committee and others across government continue to focus on it.

**Mr. Fraser Tolmie:** I think you will understand from our perspective that we are working diligently to help veterans. The length of time for a recommendation to come through is very frustrating,

and we keep hearing the same complaints and issues. This government hasn't acted on them.

It's very frustrating for us too. We feel like we're wasting our time, when we're supposed to be advocating for veterans to get them better service.

I thank you for your honesty.

Vicky, I'd like to ask you a question. I'd like some clarification on your comments on The Pepper Pod. We've had The Pepper Pod here before.

I wasn't sure if I completely got your comments accurately. Could you elaborate on what your comments were?

**Ms. Vicky-Lynn Cox:** There's a long list of stuff that I could elaborate on for The Pepper Pod.

As a disabled person, I wasn't allowed to bring my service dog. I stayed up until 2 a.m. There was no handrail for me to go downstairs and I had to walk on my bum to get to the basement. I was asked to cook my own supper at night and clean up afterwards, after sitting down for hours and hours. I stopped one of the meetings because the lady next to me had had a hysterectomy just two weeks prior. They wanted to continue with the program.

I don't think the goal was to create a women's centre, especially if I go on the Internet and see a whole bunch of Legion guys there. I don't feel safe there anymore. It's like if you bring some Taliban to a boys' club in Valcartier. Do you know what I mean?

There's some stuff that is not considered safe. There's a program, a 24-hour workshop, concerning sexual misconduct. I wouldn't do that workshop at all because that is such a complex PTSD trauma to even dare open. You leave the cohort, and what then? You're still in it. Memories are coming up.

It's extremely dangerous for the health of the veteran depending on where they are in their journey.

**Mr. Fraser Tolmie:** Thank you for elaborating on that. I know you're limited to five minutes and you're not always able to expand.

One of the things I'm concerned about, knowing you personally, is PTSD and the compounded impacts of your service. The incident in 2003 was, I believe, a jet blast. Is that correct? There was also the job you were doing with microparticles and paint.

These are compounding things. When you go to Veterans Affairs, are they recognized or do they get separated out as different events?

**Ms. Vicky-Lynn Cox:** They think “metal tech” is metal. They don't consider the whole scope of our work.



You can pull back the testimony from Marie-Ève Doucet. I have worked with her on the flight lines. I have changed engines with her. I have felt the jet fuel fall down and go into my lymph nodes and the hydraulic seep through my brain and seep through my skin. Our skin is the biggest organ. How can I even use gloves when the ketone melts the gloves? It's all of those things.

Also, those microparticles are from the aircraft being there, from the JP-8. If I'm doing a repair on a jet, I don't necessarily have the whole thing, so I have to sand. Once you sand down polyurethane paint, it releases very toxic microparticles of isocyanates. Isocyanates seep into the skin and the pores—everywhere.

I'm even worried about the janitors. The janitors should be covered. We have canteens in those buildings. Our food is made in those buildings, buildings that were created in the 1950s, not to save the technicians but just for the war. They were meant to be temporary.

● (1145)

**The Chair:** Thank you very much, Ms. Cox.

Thank you, Mr. Tolmie.

Now let's go to Ms. Hefner for six minutes, please.

**Ms. Lisa Hefner:** Thank you, Chair.

I want to thank our witnesses for being here today and for sharing, especially Vicky Cox.

Ms. Cox, thank you for your service and for sharing. I know that it's traumatic to keep sharing your story, but it's really important that we hear from you and that you put your story on the record so we can learn from it and move forward.

I'm sorry that you had to start today by listening to a bunch of political wrangling. You deserve to have respect when you're here and you deserve to be listened to.

I want to go back to the story you were just telling in the last segment. Just to make sure I understand it correctly, you worked with airplanes—CF-18s, I think—and you came into contact with a lot of hazardous materials with your work.

You've since found that all of the conditions that could be attributed to the substances you worked with might be affecting your health, and you're having difficulty getting recognition for that. Would you explain in a little more detail what that means and where you think the support should come from? How should we change the system to support people like you?

**Ms. Vicky-Lynn Cox:** I was in charge of WHMIS on most of the bases and I had easy access to the MSDSs that explain the health hazards, most of which include some sort of cancer. When I released from the military, I asked PMed for a list of toxic products that I had been exposed to in my service. They were unable to provide me that. I asked the doctor if he could provide me a list of toxic products that are associated with my trade. He couldn't. I asked Veterans Affairs if I could have a list of toxic products that are associated with my trade and I got nothing.

I'm just here, then, waiting to get cancer to try to prove it afterwards, while all the other countries have figured that out already

and we're 10 years behind. I fear that I won't be here long enough for my children. I'm losing friends by the minute, Marie-Ève being a very close one, and Steve being a very close one as well.

**Ms. Lisa Hefner:** You're saying you're having trouble even getting a diagnosis. Is that right?

**Ms. Vicky-Lynn Cox:** Yes. I asked my medical doctor, Dr. Jung, who is a retired admiral, to get me a scan for precancerous cells, and I was refused. I've asked Veterans Affairs to send me somewhere so I can at least prevent cancer—because I know they have scans now in Toronto so you can prevent cancer—and I was denied. Everything is out-of-pocket.

My suggestion is that you take the past 30 years of people who worked on F-18s and at least scan some of them. Get a percentage. Do a study of the past 30 years on these technicians and see who out of these technicians got pancreatic cancer and who got brain cancer and divide that up. Speaking of the F-18, we have the F-35s coming, and my first thought is, where's the list of toxic products? Are we ready to receive those jets and protect?

● (1150)

**Ms. Lisa Hefner:** In our last meeting, we were speaking about women's health in particular. Among veterans, there are fewer women, and there may be fewer supports for things that particularly affect women. We know there's less research in the medical field on conditions that affect women—for example, menopause. We hear that a lot of servicewomen, when they start going through those life changes, don't really have the supports to deal with them.

Do you have any recommendations? I think toxic substances would affect anybody. Maybe they affect women differently from men. Do you have anything particular to add?

**Ms. Vicky-Lynn Cox:** My recommendation is that female members have a broad idea of when they would like to start a family, and three months before they even start, they're removed from the floor.

I was at a fertility clinic with my husband...and I had to fight tooth and nail not to install PRC, which is the most damaging thing to the cell of the embryo as it's developing. By the time the stick turns blue, it's already done. I had to go to medical and fight with the doctor to get six months off the floor because I was going to be made to paint. I had to ask and sound like the squeaky wheel so I could potentially protect and do what was best for the baby. I wasn't joking; I was in fertility.

I have three children, one of whom I had before I got really exposed and two of whom had exposure. One has nothing. One has asthma and dyslexia with anxiety, and the other one has ADD with anxiety and anger.

I do not believe that I had different genetics apart from what changed in my environment. What changed in my environment was the work environment. I was put in an office, but I was still in the building. I couldn't be on the flight line. I needed to be away from possible explosions and paint jobs and away from exhaust fuel, which is carcinogenic. It was blowing toward the PMQs. Everything is going towards the children and towards the wives. It's a much bigger thing.

The Marie-Ève Doucet case should be brought to this study, and this committee should really hone in on that. There should be presumptive claims for haz-mat exposure, especially for women.

**The Chair:** Thank you, Ms. Cox and Ms. Hepfner.

[Translation]

We now go to Mr. Desilets for six minutes.

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

Good morning to my fellow members.

Thank you to the witnesses for being here.

Ms. Cox, your story was incredibly moving. No one can be indifferent to the things you told us. I want to ask you about something difficult, the sexual assault you endured. Did you feel listened to and respected while you were going through the various steps in the process?

[English]

**Ms. Vicky-Lynn Cox:** I was bullied.

[Translation]

I felt pushed around.

**Mr. Luc Desilets:** In what way?

**Ms. Vicky-Lynn Cox:** The situation came out after General Vance launched Operation Honour. I finally felt as though I could open up to someone in a fairly high-ranking position. Nothing was done, though. When I got to the transition unit, my situation wasn't even taken into account. I was assigned a male mentor.

**Mr. Luc Desilets:** What happened to the perpetrator?

• (1155)

**Ms. Vicky-Lynn Cox:** I reported four cases. I couldn't sleep because of them. I had to have a panic button installed beside my bed.

I fought to have the cases investigated. In one of the cases, the attacker was already incarcerated in Quebec City. In another case, the people at Bagotville wanted to protect the perpetrator. He was demoted to master corporal and was told that he couldn't move up any further in the armed forces. He left the forces but was hired back for the same L3 position.

**Mr. Luc Desilets:** I have a bit of an odd question. How many times did you have to tell the story about your sexual assault?

**Ms. Vicky-Lynn Cox:** I've told it so many times that I don't even cry anymore. I had to explain what happened to the military police, to the doctors, to my therapist and to my husband. I had to tell some of the story to my case manager. There were countless people. It was really awful.

**Mr. Luc Desilets:** I understand.

I'm going to switch topics. Marie-Ève Doucet appeared before the committee as a witness, and she attributed her situation directly to her exposure to toxic chemicals while in the military. You are saying the same thing in terms of the impact on your children.

Do you know of any studies that were done? Did you, yourself, do any research?

**Ms. Vicky-Lynn Cox:** I started looking into it, but a study is really needed on the effects of that exposure, especially before the arrival of the F-35s.

**Mr. Luc Desilets:** Are there any similarities between the issues your children, Ms. Doucet's children and other people's children are experiencing?

**Ms. Vicky-Lynn Cox:** Yes. There are similarities we hadn't thought of. We hadn't made the connection. If you look at all the children of people in the military, a large chunk of them have been diagnosed with all kinds of things. It would be helpful to know what they were diagnosed with and how they were affected.

I bring my work clothes home. They are full of toxic chemicals. I throw my uniform in the same washing machine I use to wash baby clothes. The chemicals get on everything. Our coveralls used to be laundered at the hangar to minimize the risks, but that's the old way.

**Mr. Luc Desilets:** Why don't they do it anymore?

**Ms. Vicky-Lynn Cox:** They don't do it anymore because we no longer wear coveralls. We keep our uniform on. We take off only our jacket. We work in a T-shirt and cap. At the end of the day, we put it back on.

My boots get dirty. My knees get dirty. If I had both my knees in the fuel, I'm covered in it.

**Mr. Luc Desilets:** To your knowledge, there isn't a list of toxic chemicals.

**Ms. Vicky-Lynn Cox:** There is a list. A study was done on that a while ago. I'm not sure exactly when. The preventive medicine people at the base are supposed to have the list of toxic chemicals, particularly for aircraft structures technician trades. It's no problem to ask CFB Bagotville or CFB Cold Lake for the toxic chemicals list.

**Mr. Luc Desilets:** Why don't you think they make the lists available?

**Ms. Vicky-Lynn Cox:** I'm not sure.

**Mr. Luc Desilets:** I'm naive.

**Ms. Vicky-Lynn Cox:** During my 24 years of service, I was supposed to undergo a haz-mat medical exam every two years, but I had just two that whole time. They don't do that exam anymore. It's quite the coincidence now that cases are showing up. We worked on F-18s for 30 years, so the cases are starting to come out.

**Mr. Luc Desilets:** You worked in the air force, on F-18s. In the U.S., do people in situations like yours have an easier time obtaining hazardous material and toxic chemical lists? Is Canada behind on that?

**Ms. Vicky-Lynn Cox:** Yes, we are. I believe everything is available electronically in the U.S. People can access the lists of chemicals, check the risks, see the health information. They can get the personal protective equipment they need, find out what they should and shouldn't wear.

It's like the drip tray situation Marie-Ève Doucet was describing when she was here. When the drip tray is full, you empty it into the drainage system. To mitigate the risks, it may be appropriate to have firefighters empty the trays into a reservoir at 5 a.m., before all the technicians, secretaries and personnel arrive at the building.

• (1200)

**Mr. Luc Desilets:** Thank you very much, Ms. Cox.

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

[English]

For the last intervention, I invite Ms. Rachel Blaney to take her six minutes, please.

**Ms. Rachel Blaney:** Thank you for your testimony, everyone.

If I could, I'll start with a quick question for you, Mr. Booth. You talked about the four categories of veterans you work with. One thing that has come up in terms of services to veterans and transition is that often single veterans are left out. Some of them are single with children and some of them are single with no children, and they really lack any support around them.

I'm just wondering if there's any program within the work you do that is aimed specifically at providing for people who are single.

**Mr. Nick Booth:** Thank you. It's a really important point.

Many of our veterans are either geographically or socially isolated, and we know that very often those are the at-risk ones. We've heard very powerfully today about the longer-term impacts on families.

True Patriot Love funds digital support programs. We fund COPE, as it happens. We fund a range that includes CAFKids, run by the children's helpline, and Camp Maple Leaf. A number of programs are available.

As I mentioned earlier in my testimony about the hub, it's very often hard for people to know what's available to them in their local area. One thing we're trying to strengthen is the provision of local information that's specific to someone's personal circumstances, language or culture, wherever they may be sited.

There are programs available. They tend to be localized and are probably hard for families to access, particularly those who may be struggling as a lone parent or who are socially isolated.

**Ms. Rachel Blaney:** Thank you very much. That is very helpful.

Ms. Cox, I want to thank you for your service, of course, and for your testimony today.

The question I have for you is around the time you were serving in the CAF. You've talked a lot today about the toxic exposure you had. I'm curious. Were you provided with appropriate PPE? How did they work with you when you were pregnant to protect you?

**Ms. Vicky-Lynn Cox:** They didn't. As I said before, I had to fight tooth and nail to get space away from PRC. The MSDS says the first thing it attacks is the brain. I had to go to a medical doctor and fight for that. Once I came back, I asked to be off the flight line. They said, no, an office was enough. I knew it wasn't enough. The airlines in Bagotville don't pass the air test. They empty the building so the painters paint at night, because the building is not adequate.

What was your other question?

**Ms. Rachel Blaney:** Did you get appropriate PPE?

**Ms. Vicky-Lynn Cox:** No. I remember fixing radomes. I fixed radomes a lot, and it's heat. You are grinding burnt fibres inside the radome produced by static electricity. It is fibreglass, so you're in that dome with the fibreglass. Zoom-zoom, you're doing that and you're having to clean with ketone, which actually melts gloves. That repair takes three or four days, and it's hot. My mask would go down. It was the smallest 3M I could find. As it went down, it would create pockets of air where I was breathing burnt carcinogenic fibres directly into my lungs.

**Ms. Rachel Blaney:** To follow up on that, in terms of transition, when you did your medical release, did they do anything to look at those realities? Did you get a haz-mat medical?

**Ms. Vicky-Lynn Cox:** No. I requested a haz-mat medical. I requested a list of haz-mat products that were carcinogenic. I was not provided with any of it.

**Ms. Rachel Blaney:** You were released without a haz-mat medical.

**Ms. Vicky-Lynn Cox:** Yes, without a haz-mat medical.

• (1205)

**Ms. Rachel Blaney:** I would assume, then, and please clarify if I'm wrong, that if you don't have that as part of your release, when you're accessing services at VAC.... Is there any recognition of that background or any medical that VAC provided?

**Ms. Vicky-Lynn Cox:** They'll recognize that you might have knee problems or you might have heel or back problems, but on no level do they acknowledge that a guy can get prostate cancer or you can get brain cancer or pancreatic cancer.

The thing is that all these toxic materials attack the organs. Once they attack the organs, you're....

**Ms. Rachel Blaney:** You talked about your three children, and I'm just curious: Do you feel that how the transition was performed impacted your children in any way? Does VAC provide any concrete support for them?

**Ms. Vicky-Lynn Cox:** No. At no point in my transition period was my family required to transition themselves.

In my opinion, the military member is transitioning but the family is also transitioning. The money is going to be a little insecure. It might have been a single military member getting in, but usually when we're getting out, we have a family—we have a husband and kids. They need to be involved in that to the extent they can understand why mom is so sick. They haven't been told.

My kids think I don't work; I'm a housewife, but I did work before. This was not explained. My husband was not explained what the process was exactly, and in my transition, he had to go to staff college. I'm transitioning now and he's at staff college.

The kids weren't doing well. My daughter ended up with self-mutilation marks from her thigh to her ankle. All of this chaos was part of that. I was unable to find her a therapist because Veterans Affairs would just tell me to phone this number and that number—just phone. I wasn't able to do that until I had a critical care nurse at home phoning and using the “RN” at the end of her name to get Sydney in. It was still so extremely hard to find help for the children.

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

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

Thanks to both of you for your participation, input and contribution to this study on the transition to civilian life.

[*Translation*]

Thank you, Ms. Cox. We wish you much strength going forward. I will remind everyone that you are an aircraft structures technician.

Thank you, as well, to Mr. Booth, CEO of the True Patriot Love Foundation.

We will suspend briefly to bring in our next four witnesses.

The meeting is suspended.

• (1205) \_\_\_\_\_ (Pause) \_\_\_\_\_

• (1215)

**The Chair:** I call the meeting back to order.

We are continuing our study on the transition to civilian life. For the second hour of our meeting, we are pleased to welcome four witnesses. In the room, we have Carolyn Hughes, director of veterans services at the Royal Canadian Legion, and John Senior, veteran, appearing as an individual. By video conference, we have Susan Pollard, and Steve Turpin, whom I welcome once again.

[*English*]

We will have five minutes for opening statements. After that, members of the committee will ask questions.

I will ask members of the committee to think about who is going to ask questions, and I will start with a six-minute round.

For now, let's go with Ms. Hughes.

[*Translation*]

You're a regular here.

[*English*]

You have five minutes for your opening statement.

**Ms. Carolyn Hughes (Director, Veterans Services, Royal Canadian Legion):** Thank you, Mr. Chair.

Honourable chair and members of the parliamentary Standing Committee on Veterans Affairs, on behalf of the dominion president, Comrade Bruce Julian, and over 256,000 members, thank you for inviting the Royal Canadian Legion to speak with you today on your study regarding transition.

The Legion has over 1,300 branches—I think we're up to 1,350 now—from coast to coast to coast, each with a volunteer service officer. These are our boots on the ground. We also have 35 provincial command service officers and assistant command service officers across the country, who assist veterans every day with disability applications to Veterans Affairs, appeals to the Veterans Review and Appeal Board, access to other VAC benefits and programs, and, of course, financial assistance through poppy trust funds. I mention that because we hear from veterans all across the country. That's going to be the premise of a lot of what I speak about.

I'm the Legion's director of veterans services at the national headquarters. I'm also a veteran and am honoured to help my comrades every day. My last position in the military, over 10 years ago, was helping the ill and injured as they transitioned out of the military at what was called the integrated personnel support centres at that time. This was prior to the standing up of the transition centres.

My words will reflect what I'm hearing across the country.

I would like to begin with a framework that we think is a crucial backdrop to understanding the adjustment period at enlistment and before and during transition.

Experiences of transition and release are different. They're unique for each veteran because some voluntarily leave after a short period of service. Maybe they paid back their education and want to move on to another job. Some have young families, some have served 30 years, some have illnesses and injuries—whether they're attributable to service or not—some are single and some are married. There is a lot of variety out there. In any case, it can be terrifying when you're taking the uniform off and moving on to a different way of life. A lot changes at that time.

When you first join the military, you're indoctrinated into a regimented system. You believe the system will always look after you and that you can rely on it. We accept the military culture of teamwork and rely heavily on that team support in all aspects of our career. There is no greater example of this than during times of conflict, but it exists in all aspects of military service.

Service personnel and their families grow with the military culture and have relatively comfortable lives. In essence, the military is part of their extended family, and that bond can be strong and unbreakable in many cases. It becomes part of their very fabric of being so that for some, leaving that lifestyle or culture is an extremely difficult period of time for them and their families.

During service, support was available to them. They knew where to go to ask questions and seek help. Professional development occurred throughout military training, deployments and postings. They were scheduled for them. They were told where and when to go, how to get there, what to wear, how to style their hair, etc.

After a career in a very structured environment, there are many unknowns for a member and their family during transition and their release from service. It is a unique experience for each and every one of them. As I've stated in many presentations in the past, one size does not fit all. In all aspects of the transition process, gender identity, ethnicity, religious background, age, length of service, rank, family status and much more must be considered for the individual. Other factors that can impede a smooth transition from military life to civilian life include housing, financial aspects, employment and education post-service, and a loss of sense of belonging and purpose.

Severe and complex disabilities will complicate the transition period and can cause greater instability once someone is released from service. Some medical conditions are not fully recognized by the member or their health care team while still in uniform, and some can take years to develop, such as cumulative joint trauma, wear-and-tear conditions in the back and knees and things like that. There are also those who do not report injury for fear of career impacts. They simply suck it up and carry on.

- (1220)

There are those who struggle with their mental health, whether from deployments, military sexual harassment or assault or any other stress factor in their life. A mental health condition is often not fully recognized by a member until somebody brings it forward or tells them to get help. Treatment is sought and a diagnosis is made, which can all take time. It may occur outside of uniform; it may not be diagnosed before they leave.

Stigma is still a major factor, although many great strides have been made to overcome this. Whether they're in treatment or not, mental illness creates a significant barrier to successful transition when supports are not available.

Given the severe shortage of health care providers across Canada, many are not receiving the necessary care post-service, as they wait for years to find a family doctor. Immediate and continuous treatment must be required before someone can achieve their new normal. Inadequate delays in health care, whether mental or physical, only serve to exacerbate symptoms and put the longer-term care of veterans and their families at risk.

As I'm almost at time, the main point that I want to bring up is that nobody who is severely injured or ill should be released from the military until their supports are in process. That includes doctors and other such supports.

Thank you, Mr. Chair.

**The Chair:** Thank you very much, Ms. Hughes.

I'd now like to invite Mr. John Senior to go ahead for five minutes, please.

**Mr. John Senior (Veteran, As an Individual):** Thank you very much for your time.

Unlike most in the general population, the military and the RCMP train a very tightly controlled group out of necessity. We are immediately segregated from the outside world. We learn to rely on others and then trust them with our lives. We learn to think as a community to overcome any and all problems. We are all very well trained and listen to orders and regulations so that we may protect our community and our country.

We are charged with responsibilities that the average person cannot comprehend. In the military, we might be charged with the care and control of a section and are responsible to provide all aspects of each soldier's needs and welfare. In return, they trust us with their lives.

**The Chair:** Excuse me, Mr. Senior. I'm sorry to interrupt you, but could you please go a bit slower for the interpreters? We will ask you questions after.

**Mr. John Senior:** I'll wind it back a bit. I'm sorry about that, sir.

**Mr. Blake Richards:** Mr. Chair, on a point of order, five minutes is a pretty short period of time. Perhaps you could indicate to our witness that you will allow a little leeway, so he doesn't feel the need to try to get it all in.

**The Chair:** Exactly.

Don't rush. Do not forget that you can also send a memorandum to the clerk. You have time.

**Mr. John Senior:** Okay. That's great.

We can also, as I was, be charged with the responsibility of getting aircraft onto the ramp for missions in Afghanistan, where the simple deciding factor was understanding if one aircraft had 15 more horsepower over another. This meant the success or failure of a mission, or life or death of a crew. As troops, we are trained to carry weapons and operate very complex equipment. We have extraordinary training and talent that are not comparable to anything in the civilian workplace.

In the course of our duties, most of us experienced trauma situations or heard about them. We even saw direct effects in combat, peacekeeping missions or other extreme situations. Some of these things exacted a very huge emotional or mental toll, causing significant operational stress injuries. We know that if we cannot get a grip on this, our lives will end abruptly within the military community.

Military and RCMP personnel develop identities that are beneficial during service. These identities allow us to disassociate for our own survival and to be effective in our jobs. We have to make very clear and defensible decisions that may undergo scrutiny for decades afterwards. Many people not in the service seem to forget that we are the ones you turn to for help, for national security, for emergency aid and for carrying out humanitarian aid in faraway lands. Sometimes we cannot just turn off our defensive identities.

During the transition to civilian life, veterans are faced with integrating into the civilian world. Those who can adapt will find a new identity and will be able to achieve very good well-being. However, for about one-third of veterans, this is not possible.

You, as a government, have already done the studies and gathered this information, so it's not like another study has to be done. The answers are already there, for the most part. For example, in a life after service survey from 2019, 39% of people reported difficulty adjusting to civilian life, medical releases were 49%, depression was 33% and not being employed in a civilian workforce was 43%. Compared to the 2016 life after service survey, there was a drastic increase in retirement, not working in civilian employment and chronic conditions such as PTSD. There is a much higher increase in participation in VAC programs. Compared to the non-military-related age and sex comparison, there are much higher chronic pain issues—which are twice as high—and PTSD is 26 times more likely. Depression is nearly twice as high, anxiety is three times as high and regular activity and limitations are three times more.

The struggle we have to deal with is being dismissed. Politicians, doctors and people on the other end of the phone at Veterans Affairs—nearly everyone we deal with—appear to be completely dismissing us, our level of professionalism, the training and how responsible we were in what we were charged with. Dismissal does a lot of harm for us. No longer being in service does not mean that we immediately forget our loyalty and our knowledge at the door, and then immediately forget who we were. Sanctuary trauma is real and is caused by the place that's supposed to be taking care of us, so the endeavour to save money and deny benefits actually causes more harm than good.

We, as veterans of the military and the RCMP, are tired of seeing our benefits decreased while we're being used for photo ops and being denigrated for asking for more than we can give. Let me remind you that many of us gave all. While we willingly stood on guard, we are later asked to just stand by.

• (1225)

**The Chair:** Thank you very much, Mr. Senior. That was exactly five minutes.

Now I invite Ms. Susan Pollard to go ahead for five minutes, please.

**Ms. Susan Pollard (As an Individual):** Hi, everyone. Thanks for having me come to the session today.

I'm here to talk about the ability to reach new veterans, old veterans and everyone in between. I'd like to tell you a bit about the work that I've done.

I have approximately nine years of experience working with veterans, RCMP veterans, Canadian Armed Forces members and the family members of all of them. I held the role of the veteran family program coordinator at the P.E.I. Military Family Resource Centre for approximately five years. Prior to that, I did a lot of work with the organization, and I currently work with the Veterans Review and Appeal Board.

I am here today to represent as an individual. I'm not here as part of the Veterans Review and Appeal Board.

There are a couple of key topics that I want to bring forward today from the experience I've had in working with these clients of mine. The biggest thing is who a veteran is. In my experience, the definition of a veteran in various organizations and community supports is very different. I think we're doing a great job of trying to simplify it within government agencies and agencies that are at arm's length from the government, but even in the general public, the definition of a veteran has changed and continues to be at the forefront. It's the hot topic of who we're providing support and service to.

The veteran has been changing over the years. We're seeing that veterans are getting younger. Yes, some whose service was many years ago are getting older, but we're also seeing that there are a lot of younger veterans who perhaps don't identify as veterans although they are equally entitled to the supports and services that exist for all veterans. I think a lot of the education and information sharing has to come from the community outreach and public awareness we do.

As a veteran family program coordinator, I focused solely on educating the general public and on educating veterans, their families and everyone that they are a part of our community.

The next key topic I'd like to talk about is reducing the barriers and stigma around accessing support. To echo some of the comments that have been made, I'll use Prince Edward Island as the example. On the island, we have a large number of veterans and currently serving members within the regular force and the reserves, primarily reservists. We have RCMP members and we also have RCMP veterans.

Oftentimes, to access the support they need, specifically the medical support, they have to leave the island. They're often sent to the bases, the two biggest bases closest to Prince Edward Island, which are Gaagetown and Halifax. In my experience of hearing from veterans, that is absolutely triggering. To return to somewhere they feel impacted negatively by is wrong. They also have the time commitment of having to travel off the island to access that service. There's financial strain that goes with that because the travel may not be covered. Some trips are covered through various supports, but not all of them are. It also adds to the impact on family dynamics. Sometimes the veteran can't take a loved one. Sometimes they wish they had or could. Sometimes they have to do that on their own, and that can absolutely be retraumatizing.

Release dates, medical conditions and the types of releases are all factors that impact the support and services that veterans receive in their post-service lives. It's crucial that there be up-to-date information on medical records and release records. I think we're doing a better job on the whole in having proper documentation, but I think there is still room for improvement. It's okay to not be okay. I strive to say that because I think we need to champion it and say that it's okay to step up and say, "I need help." As the government and the general public, within that, we just need to advocate more for veterans accessing the support they truly need.

It's important to include families in this. With my experience in the veteran family program coordinator role with the P.E.I. Military Family Resource Centre, I feel that it's vital to include families in the release process. In my experience, oftentimes families are separated from the release process. They absolutely need to be included. It's critical that they are aware of the transition and the support they can access.

• (1230)

One example is counselling through the military family resource centre. Not many people know that it's a free service. Oftentimes, there is very little wait time. The counsellors are typically social workers, but they are a barrier-free resource that our families, the RCMP and veterans need to access.

I'll touch on the last point, access to information. This is a huge part of it. In my experience, veterans have been struggling to access the resources they're entitled to. Oftentimes, the veterans I've worked with have had, perhaps, barriers in accessing online resources. It becomes a cumbersome topic. It's triggering for them to log on to a computer, try to find information, interpret and comprehend it and then validate that it applies to them.

I worked really hard to help those veterans, but in my positions and roles, a lot of the time I was not allowed to because of the access to information. It's the ability to access, for instance, the My VAC account. That's something I was never allowed to access. As somebody who's well versed in technology and accessing online re-

sources, I feel that I could have been a really great resource in helping them reduce the stress of simply logging on to a computer and trying to access that.

The other key point I want to mention is the impact of service records. It is absolutely crucial that service records are documented prior to release. I also want to mention that RCMP members should not be forgotten. As the daughter of an RCMP officer, I will say that oftentimes there are no resources for them and there needs to be.

Thank you for your time.

• (1235)

**The Chair:** Thank you very much, Ms. Susan Pollard.

Now let's go to Mr. Steve Turpin. I'm pretty sure it's going to go well.

You have five minutes for your opening statement, please.

[*Translation*]

**Mr. Steve Turpin (As an Individual):** I hope everyone can hear me this time.

**The Chair:** Absolutely.

**Mr. Steve Turpin:** Thank you all for being here and for inviting me to this committee.

My name is Steve Turpin, and I was a member of the Canadian Forces for almost 25 years. I started my career in the reserve force in Quebec. I was among those who were deployed. At the time, there was no support for those returning from a mission who would have needed that help. That support didn't exist. They thanked us for serving for six months, told us it was over and sent us home.

I was fortunate to be able to join the regular force a year later and continue the rest of my career in aviation. At that time, the six months that I had served in the reserve force were not recognized. I never received the support or treatment I needed. Even today, I have problems with some odours. No one recognizes that. Even in the regular force, they didn't recognize it when I asked for it to be done.

Before I was released from the regular force for a different medical reason, which is still difficult for me to talk about, I was fairly well prepared by the case managers. I have no complaints about that. The problem is that we are then left alone. Once you're out of the system, you're on your own. I called Veterans Affairs Canada to ask for help, to meet with psychologists, in order to avoid problems in my family. Fortunately, I have a strong family, which has been with me throughout my career. It has supported me and continues to support me today.

When we need to see a mental health specialist and they send us to see just about anyone because they don't have the necessary resources in the region where we live, that doesn't help. I really needed to see a psychologist, but I was sent to see a sexologist because the services I needed were not available in my region. Health care workers want to do things properly in the regions, but they are not trained to treat veterans. They do not know or understand our situation—what we have been going through for all these years.

In addition, I come from the Trois-Rivières region of Quebec, and there is no military base nearby where I can get support. Right now, it's a daily struggle to keep going. As the English saying goes,

[*English*]

“Suck it up, buttercup.”

[*Translation*]

I have to move on, and I have to do it with the support of my friends and family.

It would be good if Veterans Affairs Canada could do an audit. I know that the department has a list of health professionals by region. However, the department must make sure that these professionals are really able to meet our needs. The two specialists I went to see could not answer my questions. They couldn't do anything for me, even after I asked them three, four or five questions. They asked me instead what they could do for me. I could have asked them to declare me disabled; they would have done so. But that's not what I want, and it wouldn't have helped me. So Veterans Affairs Canada has to find a way to help people, especially those who, in some cities, don't have access to resources. The department must find adequate resources for them.

Training is a very difficult area. You have a very big task in front of you. Thank you again for working on that. Every individual is different. Everyone has their own reasons for wanting to leave the Canadian Forces. I think it's important to look at the fact that our situation prevents us from pursuing a career that we would like to pursue in civilian life. There are a number of fields where I would have liked to be able to flourish.

• (1240)

I know that working in those fields would have helped me, but given my situation, I was prevented from doing so. They didn't want to pay for my training. I was directed to training I was not interested in. That doesn't help us as veterans.

In that sense, I absolutely want to help all veterans who have served in the armed forces or the Royal Canadian Mounted Police. That is really my desire and the reason I am here today.

**The Chair:** Thank you very much for your testimony, Mr. Turpin. Thank you for agreeing to stay with us for the second hour of this meeting.

I thank all the witnesses. Whether as an individual or as an organization, you all said that it was important to help veterans. That's what we're seeing. So thank you for what you're doing.

We're going to move right into the first round of questions. I invite Blake Richards to take the floor for six minutes.

[*English*]

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

Thank you to all of our witnesses. Thank you to those of you who served our country for your service to our country.

I'm going to start with you, Mr. Senior.

I thought you put it really well when you wrapped up your opening statement talking about how veterans were willing to put everything on the line when they served and now they're being told to just hang out, wait a bit and maybe eventually we'll get to dealing with your claims. I think that really strikes at the very bottom line of the problem here. Veterans were willing to serve this country, and their country should be there for them. Right now, we're not seeing that.

I wonder if you could start by talking briefly, for maybe 60 seconds or so, to your service. Tell us a bit about your service and why it makes you well qualified to be here as a witness on our transition study.

**Mr. John Senior:** Thank you very much for that.

I started off in Gagetown, New Brunswick, as armoured corps. My very first introduction to being active was during my training when we stood up to be on standby for the Oka crisis and essentially everything after that.

Then I went into Germany for Cold War stuff. We were always on duty—24-7, 365—in theatre. It was very different back then. We knew we were sacrificial. In the tanks, we had to take out 36 of them to one of ours. We knew we were a speed bump. We literally had a 15-second lifespan.

From there I came back to Canada, and I went to Bosnia in 1994 with the United Nations. I saw a lot of stuff going on there. My first deployment under NATO was in 1997. We rolled into Bosnia. Then again in 2000 I was with the air force.

Then I did the G8 summit and the Quebec ice storm. Then I did a bunch of time in the States to train for the Chinook helicopters. I did Afghanistan. I did a lot of international stuff there. I did a lot of international work.

I'm sorry I'm taking a little more time here.

When we work with a lot of other nations, you get to see the differences in the way their soldiers are treated and stuff like that. In a lot of ways we are left behind.

• (1245)

**Mr. Blake Richards:** You mentioned some service in Afghanistan. I know you follow this committee. You mentioned that to me at the beginning before you came up to the witness stand.



How do you feel about all of the delays we're seeing in trying to get a monument constructed for the Afghanistan mission, and all of the delays we're seeing in getting to the motion that's trying to get to the bottom of it in this committee?

**Mr. John Senior:** The whole thing here is that the monument is important to the veterans. The delay of this is turning into a sore point.

When we see this stuff happening now, we really can't take pride in it because there were a lot of things that didn't happen when we returned from Afghanistan. It was just like, "Okay, it's over. It's all done." With other places, there was some recognition for that. We weren't asking for a ticker tape parade kind of thing. That never happened. It was literally, "Okay, we're quietly leaving."

Then, to rub salt into the wounds, they abandoned all the interpreters who were there as well. That really left a sore point. This monument is now being tainted and that delay is going further than that.

I did some homework before coming here. I put this out to 18,000 vets on 12 different pages, and there's a lot of anger out there with this whole thing. It shouldn't be a political thing. That's what I'm trying to get at. It should represent Canada as a nation and it's not.

When you go to other nations, you don't see this happening. I go down to the States a lot and do work with Veterans Affairs down there. They don't have those particular problems because it's a national recognition.

When you look at the Gulf War vets, they got nothing. They're ignored. We're really starting to feel the same way with this. I really hope you understand what I'm trying to say, which is that this should not be a political football. That's all I'm trying to get at.

**Mr. Blake Richards:** Absolutely. I can't even imagine what it must feel like for veterans like you who served and for the families of those who fell in Afghanistan. Not only can you not get the services you need from the government, but you can't even get a simple monument to recognize your service. We've tried seven times now to pass a motion to get to the bottom of that situation.

I'm going to ask for unanimous consent to adopt the motion I put on notice on November 24. I don't know if you need it read into the record, but I'd ask for unanimous consent to adopt that motion so we can get to the bottom of this and let these veterans feel the honour they deserve.

Can we get unanimous consent for that motion to be adopted, please?

**The Chair:** Thank you, Mr. Richards. You have one more minute to go.

I'd like to ask this of members of the committee, but first of all I'd like to make sure which motion you're talking about, because we have a new one from—

**Mr. Blake Richards:** I'm asking for unanimous consent to adopt the motion that I have moved several times for the production of documents related to the national monument for the mission in Afghanistan.

**The Chair:** All members understand what they're going to reply to. I'd like to know if there is unanimous consent to adopt the motion.

**Mr. Randeep Sarai (Surrey Centre, Lib.):** No.

**The Chair:** We don't have unanimous consent.

Mr. Richards, you have one more minute to go.

**Mr. Blake Richards:** It's incredibly frustrating. I'm sorry it wasn't possible for us to do that. I had hoped that your plea would be enough, but apparently even that is not enough, Mr. Senior.

Can I ask you about the current state that we see? We're seeing more and more veterans who are out on the street and homeless because of the cost of living crisis. We're seeing more veterans having to go to food banks. We're seeing veteran suicide at rates that are way too high.

When you see your fellow veterans suffering like that, how does it make you feel? Can you tell us how you feel about the state of things in Canada right now with our veterans suffering?

**Mr. John Senior:** Thank you for asking that question. I'm really glad you asked it.

We are on a fixed income when we're on disability. The cost of living is going up and we're watching our brothers and sisters in uniform actively struggle right now. We are feeling the exact same pain because as the cost of living index goes up, the money coming in doesn't change. We are getting a pay cut every day. That's what's happening right now. Again, there's a bit of an abandonment issue from not being supported.

The only reason I'm saying this is that we do go through and ask. It is organizations like the Legion and food banks and other organizations that pick up the slack. Currently, I am doing work with the Veterans Association Food Bank in Calgary and conducting programs with it.

Military sexual trauma, again, is not being covered. MST in Afghanistan is different than it was back in Canada. All of it is very heinous. There are issues with a lot of those things that are not being recognized.

Veterans Affairs is behind the ball on a lot of things. The cost is hurting and Canadians are leaving. What has not been talked about is that veterans are leaving and going to Mexico, Thailand and the Philippines because they cannot afford the cost here. This has not been discussed.

• (1250)

**The Chair:** Thank you.

**Mr. John Senior:** I'm sorry about that.

**The Chair:** It's just because we have only six minutes.

Thank you, Mr. Richards.

You will have more questions coming from members of the committee.

I will invite Mr. Mike Kelloway to go ahead for six minutes, please.

**Mr. Mike Kelloway (Cape Breton—Canso, Lib.):** Thank you, Mr. Chair.

I'm not normally on this committee, but it's a privilege to be here at the moment to speak to each of you.

My questions will be for Director Hughes.

Back home in Cape Breton, we have quite a few Legions that do amazing work for veterans. In many cases, they will do some work for the RCMP and regional police. People forget that there's a large contingent of regional police officers who have gone overseas, whether it be to Afghanistan or Kosovo. One thing I've heard from those who are working in the Legions on behalf of other veterans, as I believe has been heard in this committee, is the red tape at Veterans Affairs Canada.

I'm looking to see if you can unpack quickly an example of how we can lessen red tape on a particular issue that's important to you and veterans, because we want to create better efficiency and effectiveness, as opposed to closing Veterans Affairs offices like the previous Conservative government did in Sydney. We had to open them up. I want to see where we can create better effectiveness and efficiencies, from your perspective.

**Ms. Carolyn Hughes:** I think automatically approving some disabilities would greatly help. There are certain conditions that are associated with certain trades, as the previous speaker was mentioning, and some of those should be automatically presumed to be related to service. That would greatly help. It would alleviate the backlog, because more would be going through on an easier basis, for lack of a better word. That enables treatment to be paid for.

For example, if somebody has a bad knee and needs a brace or needs injections, that is not paid for until you have a successful disability claim. It can take a while. It's gotten a little better—I must give Veterans Affairs that—but when the worst backlog was happening, it was two years before somebody would get a disability claim approved for a knee. There were a lot of people whose conditions worsened during the time when VAC could have approved claims, and it would have been much better for the individual, their family and their quality of life also.

**Mr. Mike Kelloway:** Thank you for that.

I'll pass my time off to my colleague.

**Mr. Randeep Sarai:** Thank you, Chair.

I want to thank all the witnesses for your testimony and for helping us help veterans transition.

My question is going to Ms. Pollard.

Ms. Pollard, you said that young veterans had a tougher time dealing with transition and that technology can help them with simple things like My VAC account and logging in. Is there anything else you can tell us about how we can help younger veterans like you transition into the workforce?

**Ms. Susan Pollard:** To clarify that, I think what I meant was that all veterans experience the burden of technology support, not just the young ones.

In my experience in working with younger veterans, I know that it comes back to identity. Some of the younger veterans I have worked with have served for five or six years, for instance, and they've released and then gone on to other careers. They've gone on to become a teacher or an electrician, for instance. Oftentimes that service gets forgotten, but the impacts of that service still exist. I think it's important to bring light to that.

I go back to the core of this, and service records are vital. The release screenings are vital. Those conditions perhaps didn't exist the day they released, but they can exist in a year or two years, and it's important to do proper follow-up.

It's important to recognize that no matter the stint of time they spent in the RCMP or the Canadian Armed Forces, it was time served to our country, and the impacts of that still exist even if they've left.

● (1255)

**Mr. Randeep Sarai:** Thank you.

My next question will go to Mr. Senior.

We've heard a lot about the importance of ensuring that the transition to life after service is as smooth as possible. An article from November 2023 about your work for veterans with PTSD and trauma said that “many veterans and first responders have ‘white coat syndrome’”, which you say is “a hesitancy to seek medical help”, and they're “more likely to seek support from someone with a shared experience.”

That sense of community is obviously important to veterans. Ms. Hughes sees that, and that's why the Legion is there. It's a continuation from what they know from the military, in a sense. We also know that PTSD can often show signs many years later after they leave the forces.

How can Veterans Affairs better support organizations such as yours and others to identify those things and treat those syndromes?

**Mr. John Senior:** Thank you for the question. It's a brilliant question, actually.

I was talking with the Veterans Affairs ombudsman, and one of the things I recommended was putting veterans who are able to work the front lines and the phones in place first. This would allow them to work alongside the caseworkers and CSTMs.

When I left the military, fortunately enough, I worked with OSISS through the national joint council of Veterans Affairs and DND, and I got to work within Veterans Affairs for three years on national defence. It was a very unique position, and I got to see a lot of things happening.

Putting in the recommendation of having veterans answer the phones and talk to the people on the other end of the phone—because we get it—and working closer with the Legion have been very successful for me. The people coming in do not understand the needs of some of the veterans. If a veteran is yelling and screaming on the other end of the phone, you don't hang up on them. There is a need and we must answer that need.

The reason I've been successful in doing peer support and have a good pulse on the veteran community is that I'm listening. People do get angry and I deal with people talking about suicide on a regular basis. Rather than calling 911 immediately, I try to find out what's going on with the guy first. I ask, "Are you thinking about it, feeling it or just talking about it?"

Bringing MAID into the whole thing was a very bad thing as well. It sent a lot of bad messages to the whole veteran community. Again, we're essentially a pariah or we're too expensive.

Does that answer your question, sir?

**Mr. Randeep Sarai:** Yes.

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

[*Translation*]

I now give the floor to Luc Desilets for the next six minutes.

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

Mr. Senior, my questions are mainly for you. You referred to all the trust, the respect you had when you were in the armed forces. In light of your latest comments, am I to understand that you do not have that same trust in the Department of Veterans Affairs?

[*English*]

**Mr. John Senior:** Can you clarify the trust part, please?

[*Translation*]

**Mr. Luc Desilets:** Do you trust the work that the Department of Veterans Affairs is doing?

[*English*]

**Mr. John Senior:** I do, yes. I do trust that the intent is good and I trust that they want to help. However, because there is a gap of understanding, we feel dismissed.

I used to be, as I said, in charge of aircraft in Afghanistan, so a lot of things I would do would be mission critical. When I talk to someone on the phone and tell them what I really need and they say they're going to question me on that, it's kind of demeaning and disrespectful.

Obviously, there are veterans out there who are going to take advantage of the system, but to Mr. Sarai's question, that kind of stuff can be alleviated as a first roadblock to determining whether someone is genuine or not. Somebody who has no experience dealing with certain veterans will not know what is genuine. This young lady here would completely understand what I'm talking about with certain people who are trying to get services, and they shouldn't be questioned too much.

• (1300)

[*Translation*]

**Mr. Luc Desilets:** That's clear.

I thank you for your service in Afghanistan, and I want to stay on that topic.

You said something very sensible, that a monument should not be a political issue, but rather a national recognition. We all agree that the Department of Veterans Affairs has done a good thing in setting up a competition for the design of the future national monument to Canada's mission in Afghanistan.

Given that you went to Afghanistan and know about the monument, do you respect the decision of the jury of experts regarding that competition?

[*English*]

**Mr. John Senior:** I honestly can't answer that question because it is too convoluted and I don't have enough information to deal with it. I tried doing some research online by reading about and looking at this, but it's too tainted, to be quite honest.

When I look at the National War Memorial outside the gate here, it brings a sense of pride to me. I don't think that could happen anymore at this particular step in the process with the national monument to Canada's mission in Afghanistan because it represents too many other things that are going on. It's not there for national pride. It is a political football, which it should not have been in the first place.

[*Translation*]

**Mr. Luc Desilets:** I completely agree with what you are saying. Many of us agree with you. We want to pay tribute to the military commitment in Afghanistan, but at this point, that monument has become a monument of shame. There's too much controversy around it. Solutions are being considered, and we very much hope that the Liberals will be able to accommodate our requests and give the Daoust team back the responsibility for the monument the expert jury assigned it.

Ms. Hughes, your testimony was excellent. I would like you to explain to me whether there are connections between the 27 transition centres that will soon be set up in Canada and the Legion branches.

[*English*]

**Ms. Carolyn Hughes:** When I was working at the integrated personnel support centres, before I released from the military and got the job at the Legion, I used to go back every Wednesday morning, and I would help veterans there. We had a memorandum of understanding with the joint personnel support unit at that time.

I would love to see us going back in there. I'm working with them on that, just to have some presence in there. We do second career assistance network presentations. We have presented to transition centres. I would like to see that expanded.

[Translation]

**Mr. Luc Desilets:** Okay, but I was referring to the 27 Canadian Armed Forces transition centres that the government will be setting up in the next two months, I believe. Is there a connection between the Legion and these centres? Were you consulted about their implementation, among other things?

[English]

**Ms. Carolyn Hughes:** Yes, absolutely. We work very closely with them. They refer people to us; we refer people to them. It would be nice to have a person from the Legion in a lot of them. Unfortunately, like a lot of organizations, we're a little short-staffed. Hopefully that will change in the future, because we are very busy. I would love to have somebody from the Legion in each transition centre to help.

As my colleagues have said, sometimes they don't want to see another uniform. They don't want to go into a place where there are uniforms. We can meet in other places. We can tell them to come to our offices at our commands. We can meet for a coffee. We can do different things. It takes a team to help them.

[Translation]

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

Mr. Senior, I will continue my questions in relation to what Ms. Hughes just said. Do you get the impression that veterans are more likely to turn to community organizations than to government services?

[English]

**The Chair:** Mr. Senior, you have about 30 seconds, please.

**Mr. John Senior:** It depends. It's on a case-by-case basis, to be quite honest. It depends on the injury. Somebody who has experienced military sexual trauma, for example, may not want to have any dealings with uniforms at all; therefore, this might be a better idea. I think it's on a case-by-case basis, sir.

• (1305)

[Translation]

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

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

We will now begin the last round of questions.

[English]

Madam Rachel Blaney, you have six minutes, please.

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

I want to thank all those who have been here to testify.

For those who have served, I want to thank you so much for your service.

To start off, what I'm going to do is ask everybody about my first point, because I think you all spoke to it. I'm going to start with Mr. Turpin because he hasn't spoken yet.

What I have heard from many veterans is that services are not veteran-centric. They're not focused on the needs of the veterans. I

understand that that's very complex because veterans have had many different experiences.

One thing that really concerns me is that services at VAC don't seem to be trauma-informed. What I mean by that is I've heard and read a lot of things come out of VAC where the tone very much says, "You're not behaving, and if you don't do what we are asking you to do by this date, you will face consequences and we will remove everything." That worries me. Obviously, if people are in that kind of need for care, they often do call yelling. They often do have to process that in a way that can be very hard. I would love to see people better trained to respond in that way.

Mr. Turpin, perhaps I will ask for your opinion on workers at VAC having a deeper understanding of trauma-informed services, hopefully with a lot more veterans working there to provide services to veterans.

[Translation]

**Mr. Steve Turpin:** I completely agree with what you are saying and with your approach, but the problem is not really only related to Veterans Affairs Canada. I think it is also related to the services specialists provide to us after our release. People who are not in the forces, civilians, don't know the trauma of veterans. So they don't know how to help us directly, as they have no experience. They have no idea what veterans have gone through. I think veterans are doing the best they can. That said, I think teams of specialists in various fields should be established with at least a basic knowledge of what a veteran is. That way, they could help us.

Not to be pessimistic, but it is unfortunately a lost battle in my case. Nothing serious is going to happen. I tried to get help, but it was very difficult to get because they don't understand my situation.

The benefits are still there because improvements are made every year. As I was saying, when I was part of the militia, I had no support. Now, when militia members and reservists come back from missions, they have access to the same services as a regular force member. The system has been heading in the right direction for a number of years, but there is still work to be done. There will always be work to be done, as every person is different.

[English]

**Ms. Rachel Blaney:** Go ahead, Ms. Pollard.

**Ms. Susan Pollard:** I am the daughter of an RCMP veteran. I take that with pride. I'm proud to be part of this community. I didn't realize that my experiences within my own family would be so impactful in my work with the veterans I have worked with and currently work with.

In my roles, I have been trained in the assist program. That is key for my ability to support someone who is in a suicidal state of mind or instance. The other major course I've taken is a mental health first aid course. I've had the opportunity to co-facilitate it. It is absolutely important. I believe strongly that these types of courses—and those two in particular—are extremely beneficial for anybody working with these clients, co-workers or comrades, however you identify them.

Recently, I spoke with a veteran on the phone who was very upset with his experience, with his release and with what was happening regarding our conversation. I used my personal experience as a way of helping him understand that I can understand. I'm not a veteran. I don't have that experience. However, as the daughter of an RCMP officer who perhaps never identified that he had challenges, I recognize now that he does. Diagnosed or not, he is having challenges and has to navigate those with limited support. It has been challenging.

As I said, I take a lot of pride in the work I've done...and the access to the supports I've been able to work with.

● (1310)

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

I only have a couple of seconds, so it's to Mr. Senior. Then if we can close with Ms. Hughes, I'd appreciate it.

**Mr. John Senior:** There's no continuity of services for the same injuries, which is a bit of a problem. Veterans talk even after we leave the service. Our cellphones don't get hung up. We still talk to a lot of people. As I said, I connected with 18,000 veterans about the war monument. Our injuries don't go on pause while a decision is being made. Our life still has to go on.

There's no continuity whatsoever. It is a mixed deck of cards, and it's very frustrating because we don't know what we're going to get.

Some of the services we're getting are very good, but they don't last. When they're good and the vets are getting happier, they get cut. Then we get something we don't like.

**Ms. Carolyn Hughes:** What I can say is that it is convoluted. Services are different for everybody, so it depends on what service you're talking about. Our Legion service officers deal with that every day—the command ones. Whether it's somebody who was denied the IRB, the critical injury benefit or a disability claim, we help with all of that.

I see the discrepancies across the board in a lot of benefits.

**The Chair:** Thank you to all of you for your input and your participation in the study on the transition to a civilian life.

For this hour, we had with us, as an individual by video conference, Ms. Susan Pollard. We also had with us Mr. John Senior, a veteran, and, from the Royal Canadian Legion, Carolyn Hughes, director of veterans service.

Thank you to all three of you.

[*Translation*]

Finally, Mr. Turpin, thank you. We've heard your message. In your testimony, you said that you are well supported, among others by members of your family. We encourage you to hold on, and we wish you courage as you seek solutions.

Is it the pleasure of the committee to adjourn the meeting?

**Some hon. members:** Agreed.

● (1315)

**The Chair:** Thank you.

The meeting is adjourned.

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