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# Standing Committee on Veterans Affairs

EVIDENCE

**NUMBER 110**

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Chair: Mr. Emmanuel Dubourg





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• (1105)

[*English*]

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

Welcome to meeting number 110 of the House of Commons Standing Committee on Veterans Affairs.

[*Translation*]

Pursuant to Standing Order 108(2) and the motions adopted by the committee on March 9 and December 5, 2023, the committee is resuming its study of the recognition of Persian Gulf veterans and wartime service.

Today's meeting is taking place in a hybrid format. I invite witnesses and colleagues to address their questions through the chair.

[*English*]

For today, we have two full hours with two witnesses. I'd like to welcome them.

We have, as an individual, Mr. Sean Bruyca.

[*Translation*]

He's a regular at this committee.

[*English*]

He is a retired captain and air force intelligence officer. Welcome.

We also have retired Lieutenant (Navy) Louise Richard, who was a registered nurse.

Because we have two full hours, you can take more than five minutes for your opening statements. If you need to stop—this is especially for Ms. Richard—during the two full hours, just let me know. We can take a break and come back.

I'm going to start with you, Mr. Bruyca, for your opening statement. The floor is yours.

**Mr. Sean Bruyca (Retired Captain, Air Force Intelligence Officer, As an Individual):** I thank the committee members most sincerely for having me return, especially along with Louise Richard.

Louise raised our national awareness and paved the way for Canada's political and media landscape to learn that veterans of modern combat are treated to a lesser standard than war veterans. That is why I call her “the mother of modern veteran advocacy”. Together, we pushed and negotiated with various federal departments to permit the distribution of 5,000 Kuwait medals that were

remitted to replace the 2,000 that Ottawa misplaced. We personally distributed more than 2,000 of those medals over the subsequent two years.

Exactly 25 years and two days ago, in our first media coverage together, Louise and I called for Gulf War veterans to be designated veterans and our SDA be declared a war. On the tenth anniversary of the Gulf War, Louise Richard, Robert Clarke and I would, in the words of the media, “ambush” Minister Art Eggleton and Minister Ron Duhamel outside the Commons, demanding veteran status and recognition of the Gulf War as a war. On March 29, 2001, VAC declared that we had the right to be called veterans. Minister Duhamel told us in his office that this had happened because of our efforts.

Louise and I witnessed the CF undergo a barrage of changes. The Stowe and McLellan reports produced 93 recommendations. SCONDVA held hearings throughout Canada and Germany. Before the 1998 report was finalized with 89 recommendations, the CF started implementation. Meanwhile, Veterans Affairs dragged its feet.

In 2005, the regressive new veterans charter would pass in Parliament without one word of debate in the House. Regulations would be gazetted over the Christmas holidays and during an election, both prohibited by Treasury Board.

Our 2005 testimony to the Senate opposing the replacement of lifelong pensions and our call for due process for any legislation affecting veterans as well as creating an ombuds office resulted in two new advisory groups. The minister, during that testimony, reluctantly promised reviews of the legislation every three or four months while creation of a veterans ombuds office would be tightly controlled by VAC.

The first legislative change took place six years after this committee published its report, "A Timely Tune-Up". Fourteen years later, key recommendations that would dramatically improve the lives of the most disabled veterans and their families remain neglected, including income loss to be set at 100% of military salary, be tax-free and be adjusted not merely to inflation but also to reflect the increases in salary that would come with a typical CAF career progression. These latter recommendations were reinforced by the two advisory groups as well as the ombuds office in 2020.

What has been most disheartening and a stain upon our sacrifices is to see government outright ignore its own recommendations, which would provide a key component of recognition: fair compensation.

I wish to once again express my appreciation to VAC for providing additional statistics that will help fill the picture by comparing disability injuries in multiple special duty areas. I promise to provide the committee with an updated chart soon.

The table I submitted to committee for my October 10 testimony shows that up to 32% of veterans who served in the seven SDAs cannot perform suitable gainful employment. Up to 49% suffer psychological injuries due to their service, and up to 90% have a life-long disabling injury. These are casualties of military service, casualties of war, but they're often commemorated as an afterthought if at all.

For 70 years, we failed to grant them the transition benefits given to World War II veterans, who were covered under the insurance principle whether they served overseas or were domiciled here in Canada. How do we compensate for the tragic and consequentially painful and poor transition outcomes that continue to this day? How do we recognize the resulting suffering of family dysfunction, addictions, social isolation, lost career potential and suicide? How do we compensate the heartbreaking reality that almost half of our transitioning CAF veterans still feel that they don't belong to the communities or even the country for which they sacrificed?

I have provided committee with a proposal to help answer these difficult questions.

VAC policy has a long tradition of discriminating against the most disabled, replete with the irony that the department that is dedicating most of its resources to caring for the disabled is often inaccessible by the most disabled.

Government lawyers recently stated that "veterans have the responsibility to stay informed" and "veterans are encouraged to be proactive in the benefits and services available to them."

How callous that a veteran spiralling into the darkness of PTSD and suicidal thoughts, suffering a marriage breakdown, or the shame and pain of a severe physical disability is expected to stay informed.

Three days ago, I tearfully discovered that the Pension Act was amended in 1971 so that all those injured in an SDA could apply for and collect disability pensions while they still served. I reached out to Louise, but she was likewise shocked. How do we compensate for the lost years of disability pensions?

Recognition through compensation is not just about what government calls "the deliverables", but it's about the recognition of our limitations in accessing benefits—limitations that must be truthfully accommodated. The least we can do is legislate a duty to inform veterans in a meaningful way and in accordance with their disabilities.

I thank the committee, the wonderful staff attached to the committee and their gracious hospitality for hosting my son's school. My wife, Carolina, and my son, Wilfred, are the reasons that I'm still alive today.

Yet, after 25 years of calling for the independent identification of family members, my family cannot directly access Veterans Affairs' benefits. What is most disturbing is that the Veterans Well-being Act omits what the Pension Act clearly states, which is an obligation to my son.

The military is a very caring profession. We intensely care for the mission. We fiercely care for our comrades, our unit and the military. We profoundly care for our nation and its institutions, but we are strongly discouraged from caring for ourselves. We need all government to care for what so many of us cannot fight for: recognition and compensation. These are inseparable from a nation that truly commemorates our sacrifices.

Thank you.

• (1110)

**The Chair:** Thank you very much, Mr. Bruyea. We salute your wife, who is in the room.

Lieutenant Richard, the floor is yours for your pending statement. Please go ahead.

**Lt (N) Louise Richard:** Thank you, Mr. Chair.

Thank you to the committee for inviting me.

Thank you, Sean, for such an incredible opening statement.

I'm Louise Richard. I'm a retired medical officer and a lieutenant navy registered nurse. I served in the first Gulf War, the 1991 Persian Gulf War.

As Sean stated, I've been an advocate for way longer than I ever thought I would have to be, and the last place I thought I'd be today was here. This has taken a toll that no one here can understand.

Today, even with all the advocacy I've done through the years, my illnesses, my exhaustion with this country, National Defence and Veterans Affairs and every level of government we've had to deal with have exhausted me, and when I speak of me, I mean us.

I'm wearing red today, but not for any political affiliation or Canadian political party. I'm wearing the blood our Canadian men and women have shed on every Canadian's behalf—not just the blood, but the limbs, the wounds, the exposures, the invisible injuries and the trauma; it goes beyond the words that I can even express today.

I wasn't able to even write an opening statement for today because I've had COVID twice. The last time, I was positive for over two and a half months, and dealing with long COVID over and above everything else I'm dealing with was very difficult, so even being here today is a huge effort on my part, and I have Sean to thank for that.

You're incredible. Thank you.

When I went to the Persian Gulf War, I was 29 years old. I'm 63 now. I was a young officer and a keen triathlete. I had just completed postgraduate studies in mental health. I had just been posted here to Ottawa at the National Defence Medical Centre hospital we had at the time, and I was one of the few nurses chosen to go. I was very proud of that, but that pride soon dissipated to where I'm no longer proud. I'm proud of what I've done and of every person who is brave and courageous enough to join and wear the uniform. That has dwindled away for me.

I never chose to become an advocate. I became an advocate because I became ill very quickly, and in working at National Defence Medical Centre, I was witnessing directly the aftermath of our war, seeing casualties walk into that hospital and the abhorrent attitude that was offered to them.

I guess I'll leave it at that. Should I continue my little.... I don't know how much time I have for an opening.

• (1115)

**The Chair:** You have the time. You have five minutes.

**Lt (N) Louise Richard:** Briefly, being a nurse is being one of the first to go to combat in a war, leaving from Trenton on a Hercules plane—not Club Med, not going to a resort but going to war. When we arrived in Saudi Arabia a Scud missile had hit the tarmac, so right away we had to put on our NBCW suits—nuclear, biological, chemical warfare suits—and our gas masks. The stress level was maximum. We had to unload in 20 minutes.

Already...there, I wasn't feeling well. Why? Because, before we even left Canada, we were over-inoculated with over 16 injections of various types that were never properly documented. Protocols were not followed. Over and above, when we arrived there, we got more injections. I guess we'll go into this more later, but my health...never restored.

I got through the war, came back ill, was belittled by my peers—minimized, ridiculed and labelled as a malingerer—and I ended up in a hospital bed at NDMC, very depressed and ill. That's where I realized that the career I was so looking forward to had ended. There was no way I was going to be able to continue as a career officer, and that's where my advocacy work started, from a hospital bed at NDMC.

I'll leave it at that for now. I think I've taken more than enough of my time. I'm ready for questions, with Sean's help.

**The Chair:** Thank you so much, Lieutenant Richard. I know that you made an effort to come to testify today, and I can tell you we deeply appreciate your testimony.

I also welcome one of our colleagues, Mr. Gerald Soroka, who is here with us.

To start the first round of questions, I'm pleased to invite Mr. Fraser Tolmie to go ahead for six minutes, please.

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

Thank you to the witnesses for their testimony. I know that every time we start off we always say, "Thank you for your service." I truly want you to know that I mean that genuinely.

After hearing your testimony today and the struggles you had, Ms. Richards, I want to let you know that you turned the tables on those who may have mocked you, because you are fighting a different fight. Your advocacy means that you are fighting for those who were also mocked, ridiculed and, maybe, left out, and so you're breaking through. Your being here means something to a lot of other people, and so I'm grateful. Thank you—and I genuinely mean that.

Continually—and I'm sorry, I will get to a couple questions here—being in this chair is not always an easy thing because we hear of this disconnect between how our military, which I've been a part of, believes in a mission: the freedom of this country, and that they're serving for a purpose and a reason.... I believe in that. Everybody around this table, it doesn't matter what party they're from, believes that. The disconnect is in how we treat our veterans.

It seems to be that everybody comes to the table and we all agree, but there's this disconnect between how the government and politicians feel and how veterans are being served. There's something in the middle that seems to be lost—and it can't be a translation thing. If you've been advocating for so many years, there has to be a real, fundamental problem within the organization here, and I believe it starts from the beginning.

Mr. Bruyey, I remember leaving the military. There was a half-day seminar at which we got some sandwiches and a cup of coffee, and, "If you need our help, here's a business card," and that was it. No one knew what they were entitled to or what they could go through. In your experience, have you experienced that and, if so, how do we make this better for veterans to access services when they leave the military?

• (1120)

**Mr. Sean Bruyea:** That is such a profoundly important question. I'll talk about my experience, and then hopefully I can pull that together to give some recommendations of how to change that.

In addition to the fact that as a fundamental change in 1971, we officers, especially young, ambitious officers, tried to keep aware of these CANFORGENS. There were messages that came out regularly that told us what the news was that affected us.

I can tell you that I do not remember for the life of me, not only about the 1971 change that I could have applied for benefits when I returned from the Gulf War and started collecting them and be recognized for my sacrifice right away, but I also don't even remember them ever talking about Veterans Affairs. That's what veterans went through for 60 years. This is because the World War II veterans, for whatever reason, thought that every action that came after that was not the equivalent of what they sacrificed, even though the people domiciled in Canada were entitled to very similar benefits to those who served overseas.

For me, I can tell you that, for instance, when I got back.... I told you the story at the last committee that I was originally referred to a psychologist when I got back from war because I was diagnosed with combat stress reaction. In theatre, before I went back, I can tell you that the doctor treating me told me, I'm going to have to call your boss back in Canada. He was stationed at Bahrain at the time. The gist of the conversation they had was, yes, your young intelligence officer is suffering from combat stress reaction and this puts him in a position of compromising his security clearance. Okay. I was told that very plainly by the doctor.

I was already at the point of combat stress reaction. It's a nervous breakdown—acute. It doesn't have to become chronic if there's the right help available, but because I knew it wasn't safe to tell anyone what else I was suffering, I started closing up and I had to keep it secret. It manifested in all kinds of unhealthy ways. I didn't become an alcoholic, but I certainly went out on the weekends and drove home drunk very dangerously along Colonel By. I can tell you that not one relationship would last more than a month or so. I can tell you that I was very alone and my family didn't understand me. I would be offended by their lack of understanding and so I isolated from that. It was in an acute state. Had I been provided treatment and understanding...it became chronic.

On the availability of benefits when I was released five years later after the Gulf War, I still was never told about Veterans Affairs. I wasn't even told that I was entitled to SISIP. That's why SISIP retroactively awarded me, and five years later, not within the 120-day deadline but five years later, it retroactively awarded the benefits.

What about the cost in the meantime? Thank you for that money. What did I suffer in the meantime?

• (1125)

**Mr. Fraser Tolmie:** Yes. There is another thing that you've just briefly touched on, and I want to share this as an observation about the disconnect. We as Canadians have the second largest landmass in the world. We're isolated. We go and get involved in conflicts overseas, and the gratitude that we receive from those nations, like

the French, the Belgians, the Dutch and Kuwaitis, is completely different. It's different here because it never affects our shores, so there is something that's lost. I don't know how we change that culture for Canadians to recognize the sacrifice that we made.

Then when you come back and suffer those difficulties, people don't understand how to identify with them because they've not experienced them in their daily lives. They've not had to suffer or fight to protect their homes or streets.

I want to say thank you. I want to say thank you for your service.

I understand that there is a problem here. I don't know how we can fix that, but it has to start with saying thank you for what you've done.

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

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

**Ms. Lisa Hepfner (Hamilton Mountain, Lib.):** Thank you, Chair.

I really appreciate my colleague, Mr. Tolmie's, compassionate way of thanking you for your service. I hope it doesn't become rote when we do thank veterans at the start of every meeting. We truly do appreciate your being here, particularly you, Lieutenant Richard, with your medical challenges. The fact that you're here is a true testament to your strength. Your words are really important and we really truly appreciate that you're here.

Before I go further, I want to pick up on that further, that conversation you were having because you did, I think, substantially talk in your opening statement about the inability to know what services are available and to access the benefits that are due to you.

You talked about your experience, but I'm wondering if you have ideas about the ideal. Ideally, what would it look like? How do we best provide and let veterans know what services are available to them?

You can both respond.

Go ahead first, Sean, and then we'll pass it over to Lieutenant Richard.

**Mr. Sean Bruyea:** I just want to refer to the first minister of Veterans Affairs, Ian Mackenzie, who said very clearly in World War II, in much anticipation that there would be need to help these people transition, that if we have the money to fight a war, we'd darn well better have money to help them in peace. The central factor seems to be that there's not enough money.

Veterans Affairs workers, if you meet them on an individual level, are wonderful, aren't they? Most of the ones I've met have been very co-operative. They are so overwhelmed with Treasury Board requirements to fill out forms. ADMs are overwhelmed with the requirements of the Treasury Board. Really, it goes down to the money. If they don't have the money to do the job, they keep getting blamed for failing to do the job, when the blame really comes to Parliament.

Parliament has to authorize the money so that it can have people go out and educate. I can tell you that in World War II, the workers worked overtime and on weekends. They went out to the fields to help people with their new farms. They hung up their coats and helped them hammer the new house they were building under the transition benefits that should have been afforded to our active service veterans after World War II. They went out of their way to teach family members about what they were going to deal with. They went out of their way to teach the public about what the sacrifices were.

I provided you guys that table of statistics because it's so important. That's the education that has to get out there.

What is the cost of war? Let's involve people in debate.

As you guys will know from the report, in 1950, we were all placed on active service, and we've been on active service ever since, but denied the benefits of active service during the transition. From that standpoint and that point of history on, we should have been making it very clear about and involving the public in a debate on each and every mission we sent people on. We should have been making sure that the money was there, not just for the Leopard tanks and the shoulder-launched anti-aircraft missiles, but for the workers to be there to coach us, help us and inform us of our benefits while we were still there.

You guys also worked on a culture change in the military. Some of you members sat on that committee. How much do you think we're an organization that stigmatizes anyone who isn't masculine and white? How much do you think that organization is going to accept someone who's broken and cannot do the job? That is the ultimate discrimination.

I cannot tell you how even someone with a sore ankle was immediately ostracized. To admit that you're weak and that you need Veterans Affairs benefits...there isn't a safe environment in the military to learn about it. We have to create a safe environment where they can absorb that information and be encouraged to apply for benefits.

• (1130)

**Ms. Lisa Hepfner:** It's really important

Do you want to add anything, Lieutenant?

**Lt (N) Louise Richard:** I agree completely with what Sean said. You're right: We're not taught what happens if we're injured and what we may be entitled to. If we are released, what happens? At least, we weren't taught this back in the early nineties.

I was released in 1996, after nine and a half years of service. I was not granted a military pension. You need 10 years or more. I did not know that. Until I was released, I didn't even knock at Vet-

erans Affairs' door because I didn't think it was the right thing to do. No one told us. I and so many others of our time just assumed you had to be out of the uniform before you could go and knock at Veterans Affairs' door.

**Ms. Lisa Hepfner:** That's really important testimony. Thank you.

Part of this discussion, I'm finding, is about compensation for veterans, and part of it is about commemoration and honouring our veterans properly. Like many of my colleagues, I was in Normandy for the most recent commemoration of D-Day. Canadian flags were everywhere. We went to different ceremonies in different towns, and everywhere we went, crowds of French people came, brought their children and commemorated the Canadian veterans who were there 80 years before. It was truly important to them.

Do you think we do enough in Canada to commemorate our veterans? Should we invest more in the memory of what our soldiers have done?

**Mr. Sean Bruyey:** No. The interesting thing—

**Ms. Lisa Hepfner:** I think my question is whether we should we invest more.

**Mr. Sean Bruyey:** Yes.

**Ms. Lisa Hepfner:** Okay. I wanted to make sure....

**Mr. Sean Bruyey:** No, we don't do enough. Yes, we should invest more.

**Ms. Lisa Hepfner:** Thank you for clarifying that.

**Mr. Sean Bruyey:** I mean, after World War II, there were approximately one million veterans, right? We now have 500,000 serving members and veterans, so you would think that, proportionally, Veterans Affairs would be the same size—50% of the veteran population. There were 30,000 Veterans Affairs employees after World War II. That was diminished quickly as the re-establishment benefits started to take effect, but it went down to 20,000. We should have 10,000 Veterans Affairs employees taking care of our veterans, not 3,000 with—as Louise pointed out to me the other day—almost half of them based in Charlottetown, far away from not only veterans but politics, right? This is the wrong place to be.

In terms of education, yes, we have to educate. That table has to get out there, as well as those statistics about what it costs to send people to war. I mean, 90% of SDA veterans...and some, depending on the mission, suffer a lifelong war casualty. This is insane that this information is not getting out there. Instead, we like to focus on the one day per year and call everyone a hero.

I can tell you that “hero” is the most shaming thing I can hear because, when I get home and am struggling with my symptoms, then I'm not the hero. I'm not what people expect me to be. I just want to be a human being and a Canadian who reintegrates into the society and is appreciated. Just like it was for veterans after World War II, I just want to work and people to be there to help me. I've always wanted to work, but the incentives are perverse that prevent me from working.

• (1135)

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

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

[*Translation*]

Mr. Desilets, you have the floor for six minutes.

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

Good morning to all my colleagues.

I thank the witnesses for their service to the country. Their testimony is very moving.

Ms. Richard, how many years have you been fighting for this cause? You alluded to it indirectly a little earlier.

**Lt (N) Louise Richard:** I started when I was in my hospital room, back when I was still in uniform. That was in 1993, I believe.

**Mr. Luc Desilets:** In your opinion, have things progressed at all since 1993?

**Lt (N) Louise Richard:** From what I've observed over the years I've been involved in this cause, things have changed, but not for the better.

It's not the treatment, the help or the support provided that have changed; it's the fact that we have more laws, more policies, more procedures, more expectations. We now have less information.

Everyone just sends us to a website now. I don't know if you've been to the Veterans Affairs Canada website. It's appalling.

**Mr. Luc Desilets:** Can you elaborate on that?

**Lt (N) Louise Richard:** I'm a nurse. I have health issues. The Gulf War caused a lot of sickness, not just death on the front lines, on the battlefield. It also caused invisible diseases, the symptoms of which have evolved and now correspond to diseases that are better known today. In my day, people used to talk about symptoms. When the symptoms became chronic, an illness could then be diagnosed.

I didn't get the information that enabled me to understand what I was going through from Canada. I got it from the United States.

I believe Canada sent about 6,000 troops to the Gulf War. The United States sent 700,000, so I understand why the information is more available there. Nevertheless, my country is Canada, and it is Canada's responsibility to inform me and help me understand what's going on. There's no point in telling me that everything is in my head, that nobody knows what I'm suffering from and that I should pop some pills and go away.

I had to do the research myself. I had to find the information and put all the pieces together myself. Once I started connecting the dots and figuring out what caused my illness, I couldn't keep quiet. There were too many other people my age around me, young people. I'm not talking about officers like I was myself. I'm talking about people who aren't necessarily informed, who rely on us, on officers, to guide them and help them. However, when we ourselves are suffering and we don't have information or the support of our superiors, who may be the first to judge us, where does that leave us?

**Mr. Luc Desilets:** You were in the Gulf War. People have told this committee that, while Canada obviously participated in a war, Canada wasn't at war.

What are your thoughts on that?

**Lt (N) Louise Richard:** I must have gotten on the wrong plane in Trenton.

**Some hon. members:** Oh, oh! (laughter)

• (1140)

**Mr. Luc Desilets:** We can laugh at that, but it's not funny.

Mr. Bruyca, looking at the committee minutes of March 19, 2013, if I'm not mistaken, I see that our very dear Mr. Casey, of whom I'm very fond, said during Louise Richard's testimony that the Liberal Party put forward a minority report recommending that the burden of proof be lowered for veterans. He said that he had listened and that he was going to take action.

I should remind you that the Conservatives were in power at the time under former prime minister Stephen Harper.

Eleven years have passed since then. In your opinion, have things changed?

[*English*]

**Mr. Sean Bruyca:** Two days ago, my wife came in and I was downstairs in the work room where I store my files, and I couldn't stop crying, because I wanted to be true to you when I came back here to make sure I truly understood what was written in my medical reports. And the conditions were there. They're real. Then, as I was crying on the phone to Louise, she asked me about these presumptive conditions that I was mentioning. I looked them up. As we know, Australia and the United States both have these presumptive conditions, and this is what I believe Mr. Casey was talking about when he talked in 2013. A presumptive condition is to get a diagnosis—maybe the intensity of that diagnosis—so they can assess your disability level. That's all you need to get a disability pension, because that diagnosis is recognized as consequential to your service.

I have here a list of Gulf War presumptive conditions that have been in place for years. And we still can't get there.



On the first four—chronic fatigue syndrome, fibromyalgia, functional gastrointestinal disorders and medically unexplained multi-pain symptoms—I had them all, but I had to prove them. I had to prove them first to CPP in an 80-page testimony. Then I had to prove them to SISIP in another 80-page submission. Then I had to prove them to Veterans Affairs. Then I had to prove them again to Veterans Affairs in their departmental review, then I had to provide them evidence for that review, then I had to do another departmental review. A presumptive condition would have ignored all of that. In 1990, \$30,000 was a lot of money, but it's not the big problem. It's the suffering that comes with my having to prove that case like a lawyer and a police investigator, beyond any doubt. I mean, I've never experienced this benefit of the doubt that exists in Veterans Affairs, apparently. I can tell you that my having to prove that case was grossly debilitating and set me back years. I could have been working. I could have been putting those efforts into retraining.

[*Translation*]

**The Chair:** Mr. Desilets, you have the floor.

**Mr. Luc Desilets:** Mr. Bruyea, over the past few weeks, you've sent us a lot of very relevant documents, including a list of recommendations.

Could you briefly speak to recommendation 5, which is about reversing the onus of proof?

If I understand correctly, it's not a problem for someone who has lost a leg, but it can be more complicated in other cases.

**Mr. Sean Bruyea:** That's a good question.

[*English*]

I'm compulsive with the documents. I'm sorry about that.

I hope they're helpful. I really do. I think they're very important. I am so grateful that you guys are doing this study, because, as you've come to realize, this has opened up a box and a door and a lid that's been closed for far too long and that we have to address. It addresses 600,000 transitioned veterans over the last 75 to 80 years.

Those veterans, first of all, should have all been covered 24 hours a day when in Canada under the insurance principle. We did it for World War II veterans domiciled in Canada when they were in active service, and we should have been doing it, because what we do in the military every day is train for a special duty service.

The fact that the arbitrary date of September 11, 2001, was used to say, "When you're on training, then we're going to cover you 24 hours a day..." We're on training all the time. Why wasn't that made retroactive back to 1950? It's inexcusable in my mind.

First of all, what would help solve the problem is putting everyone under the insurance principle, but I think the reverse onus is very important. It would be up to Veterans Affairs to prove that what we're claiming is not true. They would have to provide evidence. They would have to do the work, and I wouldn't have to produce so many documents.

• (1145)

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

[*Translation*]

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

[*English*]

**The Chair:** For the next six minutes, I would like to invite Ms. Rachel Blaney to take the floor.

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

I want to thank you both so much for being here today and for sharing this reality that you're living.

I have to say that both of you have quite the stack of paperwork in front of you. I appreciate that hard work, but I also feel a great deal of sadness that that's been given to you as part of your service without any pre-emptive discussion with you that, when you were done your service, you would have to work so hard just to prove it. It makes me think of a lot of veterans my office has worked with who may not have that skill set and, when they don't have that skill set, how utterly silenced they are and how frustrated they are and how painful that is.

The longer I'm on this committee—and I've been on this committee for many years—the more that component of humanity is part of the system that I think is broken. Not that there aren't great people who work at Veterans Affairs—I think both of you have talked about that—but there's something in the system that is really broken and forgets humanity. That's how I'll start.

Sean, you and I have talked a lot, and I want to thank you for the duty to inform. Earlier this month, I put forward a motion in the House of Commons so that we could really start pushing that issue and ask the House to acknowledge that there should be a legislative duty for the government to meaningfully inform and assist serving members of the Canadian Armed Forces, as well as released members and their families, in understanding the various benefits and services to which they may be entitled, no matter how extreme their disabilities or their loss. I think that lack of support is part of the problem.

I've also heard, as has the committee, from service providers who feel they have to go and educate the Veterans Affairs staff about what services they provide so that they actually get the correct referrals. People are finding them, but until VAC refers them to that service, they can't access that service.

I'm going to start with you, Sean. Could you share a little with us about why the duty to inform is so important? One of the things that would be very helpful for me in your answer is to hear some of the ways that could be done. You talked about people showing up back in the day and hanging up their coats and sticking around to help. I know we have a different world right now. I know of veterans for whom it sometimes takes two months to open mail from Veterans Affairs, because they have challenges. At least that's in their house, so somebody can hopefully open it for them, but we have to figure out.... With all of the distrust that's been built, unfortunately—maybe not intentionally, but the impact is there—when we talk about the duty to inform, what could that look like?

**Mr. Sean Bruyca:** I want every member of the committee to hear that I reached out to Rachel. I'm an office of one. I would love to have the energy, time and health to reach out to every one of you about the duty to inform. I want to appeal to you all to hear what Rachel is saying, because this is a very non-partisan issue.

Before I get to the answer about how to do it, if we look at the scale of obligation and imagine the scale of military service in terms of obligation, we would have a scale ranging from, "Hey, I really want you to do this; it would be nice if you could do this" to, "By the way, there's a bylaw against that" to, "Oh, that's a civil charge" to, "That's a criminal charge", and we would go on that scale all the way to here. Military service is way past the criminal charge. If we don't do something right, the crimes are much more serious and the punishment is much more serious than if we're a civilian.

That's our obligation to the military. Everything we must do—enter harm's way, lose our life—we cannot question.

What's the obligation of government to veterans? It doesn't even reach, "It would be really nice if you helped me out with my benefit application". The reciprocal obligation is non-existent. All I'm asking for is just an obligation by government to start that step of showing they really recognize the sacrifices we make, the exigencies of service, the pain, the education levels and the psychological circumstances. They have an obligation to make sure that we get to know about the benefits to which we're entitled.

I'm sure you understand. You have all been here questioning what the department says when they're trying to explain benefits. It's mind-boggling. You guys are mostly healthy, I assume, and you're working full time. You're highly educated, and you see policy every day, and it's complex for you. What about the mostly grade-10-level-educated veterans who got out in the 1990s? What about them? They're not going to understand this policy. They're not going to understand a newsletter that comes from Veterans Affairs and says, "You may be entitled to this benefit, contact us". Then we call up, and we get a 1-800 number, and the referral doesn't transfer to a veteran service agent. It's a generic worker on the line who reads us out a sheet that still doesn't explain anything in great detail.

I needed help to fill out those applications, and I was still able to do what I did. There are people out there who can't even put pen to paper. They need someone to fill it out for them.

It would look like, first of all, building trust, and not the rhetoric of "We really care about your sacrifice" from Veterans Affairs, and

"We're really well-meaning, and we work so hard for you". They're overwhelmed. Let's give them staff to go out and personally brief, help and advocate. As the DND ombudsman once said in his report, everyone should be provided with a coach upon release.

I would say that, for all those veterans who also exist, those coaches should be available. We still need coaching every day—maybe not some weeks, but there are periods when we do—and we need to get coaches out there who help them. They could be occupational therapists or they could be case managers, but these have to be qualified people who know the programs and know how to deal with a person with a disability. We should meet them on their grounds, not on Veterans Affairs' grounds, because those district officers are scary with the bulletproof glass. They're very impersonal, so let's meet where people feel safe. Just like in the military, they can only listen if they feel safe.

● (1150)

**Ms. Rachel Blaney:** Thank you for that answer.

Of course, I want to make sure that my motion is on the record. For anybody in this place who might want to look at it, it is Motion No. 132. I hope that's right.

I really appreciate what you said about the reality, that it often feels very impersonal. Another concern—and this is a little side-track for me—is that we have multiple veterans who we work with—and I'm sure my colleagues do as well—who are extremely traumatized and have had very bad experiences with VAC, and we intercede. We are always working with them. One of the things I find very concerning is the lack of awareness of how to provide trauma-informed care. Of course, the most difficult people you're dealing with at any office are the ones with the greatest amount of trauma, and, in this particular sector, that would be a larger number.

I wonder if both of you could talk about what you think trauma-informed care and training from the Veterans Affairs would really add in terms of delivering services to veterans.

**Lt (N) Louise Richard:** Thank you. It's a very pertinent subject.

There's a saying amongst veterans that if you don't have PTSD while you're serving, Veterans Affairs will cause it, because it's very traumatizing. It's very intimidating.

Soldiers are proud. We follow what we're to do. We follow mission. We don't complain. We just march on, so when we are the ones reaching out for help, that's hard for us.

One thing that I've realized in dealing with Veterans Affairs personally is, number one, there's no continuity. There's no continuity on the phone, at a district office or an office. It's never the same person. You need to repeat your story every single time. You're hoping that the person you spoke to prior to this one now took notes and took them correctly.

I agree with Sean that we don't have enough local support. It was sad when the Conservatives closed all those offices. We're grateful for them reopening, but it's not enough.

I know Mr. Sean Casey is offended about Charlottetown, and I understand it's your area, but there are major issues when it comes to Charlottetown.

I was privileged to serve on the SNAG, the special needs advisory group that was created in 2005, prior to the new veterans charter coming in on April Fool's Day in 2006. We were very privileged to have spent time in Charlottetown and we went through the headquarters in Charlottetown. I was appalled at what I saw. Walking in there, the attitude of people, first of all, was.... They never see veterans, they never speak to veterans and they don't understand the needs. It's all just paper, files, policy, legislation, more legislation, changes and amendments.

In certain areas of the headquarters, it's like walking into a grocery store. It's aisle after aisle of files. It's not structured in a manner of, "This gentleman just lost a leg. He is critical and needs care and help yesterday." They don't have a system of prioritizing the care and the needs. If he applies for a job and his file arrived yesterday, he might wait eight months until they get to this file. A more minor situation—a leg injury, a knee problem or something—that's straightforward and cut and dried will be addressed quickly. It seems that the more complex the files, the longer the delay.

The other thing that I noticed in Charlottetown was that people did not have that sense of urgency. It was just a file. I got upset at a few of them. I said, "Do you realize these are people?"

These people have families and children. They're hurting and they need care. They need help. They need money. They need benefits. They need care, but the way the system is organized, you don't receive care until they have decided that actually, yes, you do have this disability, so they'll give you whatever. Then you're entitled to getting care.

That's fine, but they are very detached from the reality of the world of a veteran and of the needs. It is more policy and procedure versus anything else.

The other thing that I was just shocked about was.... My mother came with me to Charlottetown on this one trip. She was staying at the hotel one afternoon, and she was in the hot tub having a cocktail. Great. These three gentlemen came into the hot tub and joined her. She started chatting and asked them if they were there on a trip or just for fun. They replied that they worked for Veterans Affairs.

• (1155)

Here they were sitting in the hot tub enjoying a cocktail while we were in the headquarters looking at all these pending files, pending needs and pending decisions. These are lives on the line here where people are depressed or suicidal. They've lost their identity, their

career and their income. Many don't know what's going on. They don't have the medical knowledge. They're stuck in a paper warfare nightmare that they don't understand. Very few are there to help guide.

There again, it takes courage to even reach out to ask for help. Where would you go? Who would you turn to?

What I witnessed, not only in 2005 with SNAG, but with the new veterans charter—or as it's called now, the Veterans Well-being Act—a decision was made finally shortly after that an ombudsman's office would be created.

Thank you, Sean, for spearheading that. It's thanks to Sean that this gained momentum and came to fruition.

I was privileged to have been selected to be a sitting member with Pat Storgan on the ombudsman's committee. We were back again in Charlottetown this time. I didn't see any change at all.

Now, since COVID, what I've been approached about and what veterans are reaching out to me about is that, sadly, with COVID, a lot of people work from home. What happens to all these files? What happens then?

I, myself, have problems going on the Internet to deal with My VAC Account. I struggle with that.

There's also the trust factor of it. That was the other thing in Charlottetown: Where's the confidentiality?

We're forced to find doctors because Veterans Affairs does not have any VA hospital. We have nowhere to go, so we have to depend on civilian doctors who are, God forbid, hopefully willing to take us. As soon as they hear you're a Veterans Affairs client, they don't want to deal with you. There are the assessments, the paperwork, the denials, the appeals and, oh gosh, the Veterans Review and Appeal Board. It is endless.

Every time you go through these levels of administrative nightmares, you need more fresh documentation to justify what they've denied. Who's going to pay for that?

Because the veteran chooses to appeal the decision, it's up to that person now to find a new doctor and fresh documentation that they have to pay for. Doctors do not write reports freely. Some specialist reports can cost up to \$5,000. I've had to borrow money for my own fight with Veterans Affairs.

Here we are begging for help where policy, procedure and legislation all overrule the needs of the veteran. The veteran is left on their own to fight this. I apologize, but to me, Charlottetown can no longer be there. Veterans Affairs headquarters can no longer hide its head in sand and get away with too much, not being accountable and just no sense of urgency. It has to stop. Almost half of the Veterans Affairs staff across our nation are in Charlottetown.

• (1200)

We need areas speckled across our nation where we can go in physically, speak to someone, create a bond, a trust, have a sense of continuity, a sense of understanding. It doesn't do it to call 1-866-522-2122 and speak to whomever yet again, repeat your story again, hope to be heard again. How are they interpreting all this legislation and all these policies? They don't understand it themselves.

When I was with the special needs advisory group, we were thrown into these huge workshops, along with Veterans Affairs staff, with binders and binders of this is how the policy is, this is how it's to be applied. Well, if he misses one finger, this is there. If he's missing three, well, that's where that goes. We need to stop looking at a veteran's needs as a sliver of a pie. We are mind, body, soul. We are one.

For the young man who got his leg blown off, are we just going to look at him as missing a limb? Don't you think he's traumatized by that? What about his colleagues who witnessed this horror? What about the soldier who's firing this weapon all day long? What about the traumatic brain injuries happening here?

We were in the most toxic battlefield in modern history—the Gulf War. Many are dead now. They've died with weird cancers, tumours and lesions, and Veterans Affairs does not have an active research department. What is Veterans Affairs judging me upon to deny me a condition that the United States sure the heck recognizes? So many things have to change here, and the first thing is Charlottetown.

• (1205)

**The Chair:** Lieutenant Richards, thank you very much. It's been an hour now.

I think you would agree with me to take a pause for five minutes and come back. I think it's going to help our interpreters also.

The meeting is suspended.

• (1205)

(Pause)

• (1210)

[Translation]

**The Chair:** Ladies and gentlemen, I call this meeting back to order.

[English]

For five minutes I would like to invite Mrs. Cathay Wagantall to have the floor.

• (1215)

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

To both Sean and Louise, thank you so much for your testimony today.

I've been a member of Parliament since 2015 and had the opportunity to serve alongside John Brassard, whom I know you know, as shadow deputy minister at the time. It's been almost 10 years that I've sat on this committee. I think I'm even more of a matron of the committee than Rachel is. Yes.

I have to say, everything I'm hearing today, all of the concerns about being unaware of what was available to you, the sanctuary trauma—which if you don't get it in the field, in theatre, you get it when you come home—the challenges for families, every issue that you have mentioned today I have heard over this last decade. A lot of it is attributable to the work that you have done, but I can also say that this committee has done report after report with recommendations that come from folks like you, and yet there doesn't seem to be any change.

Of course, the reports from here go to the government. The government gives its feedback and then we wait.

When I was on the committee the first time, it took us until into 2017 to get everything and the government, working again. However, there had been a report that had been done on transition in 2014, before Stephen Harper's government was defeated, which everyone agreed to.

The first thing we decided to study here was transition. Being a newbie, at the time I just said, "But that was just done and there were recommendations, so why aren't we looking at whether they're implementing them, and how far it's gone, and this type of thing?" The response was, "No, we need to study it again". So, clearly, the machine is broken.

I just want to mention one more thing, and then I will pass it to you. I don't want to take up all my own time; I get upset when people do that.

I want to mention that in October 2017, John Brassard introduced Bill C-378, an act to amend the Department of Veterans Affairs Act, in an attempt to entrench principles of respect, dignity and fairness in an armed forces covenant. At that time, he said that we owe a duty of care to our veterans. Every veteran and their families must have timely access to the care and benefits that they need and deserve. That has been in front of the House again, and it was defeated when the Liberal government voted against it at second reading.

My question is, can you explain this to me further? This, to me, is the crux of the matter.

Also, on the role of the ombudsman, which you had a role in setting up, are they independent enough, from your perspective? That's also a question I would like an answer to.

**Mr. Sean Bruyca:** I don't want to be partisan here, but as Louise and I were answering about moving Veterans Affairs from Charlottetown, the member, Sean Casey, gave us a very reproving look, and I think it has to be called out because that sort of look is just the beginning of the stigmatization that prevented us from getting care. It's the sort of look that says, "You have no right to step on my territory." "There is no Gulf War syndrome," Colonel Ken Scott would say, but he set up a clinic that would refer patients, which I was referred to, and I was told, "We don't believe in Gulf War syndrome, but we set up a clinic for Gulf War syndrome. Then, when you get there, we'll tell you there's no Gulf War syndrome." Why do you think I didn't go to the clinic? It was so absurd. I want to say that I respect Sean Casey and I've worked with him in the past, but he has perverse incentives too.

What we really have to do, from a non-partisan basis, is look at priorities. The priority is that... Everyone, every Canadian we ask to put on that uniform exercises their right and choice to join the military, but once you're in the military the powers of influence are so strong that we're willing to do stuff that sane people don't do: That's the definition of indoctrination. Yes, the immediate affront taken from our suggestion that we should move Charlottetown...there are compromises. You're all politicians here—there's a compromise. Move Charlottetown's Veterans Affairs headquarters out, with the decision-makers out, and put in equivalent job replacements from call centres that big cities or centres don't need.

We also know, in Charlottetown, that there's competition for skilled medical staff. Skilled medical staff are being poached by the provincial agencies, and anyone will tell you—it's the worst-guarded secret in the world—that Veterans Affairs is struggling to staff because of this cross-poaching that occurs. Moving Veterans Affairs out of Charlottetown would be a solution—where the decision-makers are there—and replace it with some other federal program that allows the same employment in the same area, and then Sean Casey doesn't have to give us that look anymore.

In terms of answering your question of where the big problem is, it's there: It's politics. It's money. All sacrifices that occur—they're sitting at this table, and that you guys have listened to for years—are occurring to preserve this system. It's now the turn of government and of Canadians to sacrifice on behalf of veterans. We upheld our end of the bargain. We have to have some sacrifices.

In the military—you've heard this often, again—when we join and are ordered to do something, we can't say no. Why is it that the public service can keep saying no to you? I don't understand that. I don't understand why more force isn't put. I don't understand why Parliament would not unanimously endorse a duty to care or a duty to inform. It's beyond me, and I don't know why, under these circumstances and with that lack of reciprocity, people would join the military.

• (1220)

**The Chair:** Thank you. I'm sorry, but that was six minutes.

Now let's go to Sean Casey. You have five minutes, please.

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

I, of course, need to address your comments with respect to the people I'm honoured to represent. I don't want to, in any way, shape or form appear to be disrespectful of you or what you said. It appears that you've already taken it as such, but please don't. I don't intend that.

I am here in Ottawa as the voice of the people who elected me to speak for them, many of whom, with respect, you maligned here today. I'll start with this: Do I understand you correctly that the only national headquarters of a federal government department located outside the national capital region should be moved back to Ottawa because people who are outside the national capital region have the wrong priorities, no sense of urgency and are lazy and insensitive?

**Mr. Sean Bruyca:** I don't think you should refer to your constituents that way, because we certainly didn't.

**Mr. Sean Casey:** That's what I heard.

**Mr. Sean Bruyca:** The fact that you feel maligned means you've lost perspective on what it means to serve and what sacrifices are being made on your behalf. In fact, we sat here and complimented the employees. When they're one-on-one with us, they're great. They're overwhelmed with work. The files that Louise was talking about are overwhelming for them. The policies and procedures are overwhelming for them, and I would say that you represent the governing party, which has every possibility of authorizing more resources to help further staff Veterans Affairs and find a replacement for those jobs that could be lost.

There's no maligning on this end, but we are maligning the system, and the system may consist of people, and if people want to take offence at that, that's their choice.

We need to address this problem, because 25 years ago we made the same requests that are being made at this committee, and nothing's happened. Why hasn't anything happened? It's because the system's still the same. We can't keep defending our little tribal areas. We have to look at the big picture and start making sacrifices for veterans, because we made them for you.

**Mr. Sean Casey:** Ms. Richard, do you have anything to add?

**Lt (N) Louise Richard:** I said what I mean, and I mean what I said. I'm a veteran. I witnessed it. I've spoken to them. I met numerous times with Verna Bruce and Suzanne Tining, ministers and deputy ministers. I've been at this a long time.

It's very convenient that Charlottetown is.... I'm not saying they have to come to Ottawa. They could be in Sudbury. They could be somewhere else, but not hidden and tucked away on a little island so conveniently far away that it's too far for a veteran to know they're being served properly.

The other thing I wanted to mention before the break, sir, was about when I was there in 2006 and the ombudsman's office was being created under Pat Stogran. I stayed an extra day in Charlottetown to meet with our science department under Dr. Pedlar. I was shocked, because there is no science department.

Not only is there no science department, but when we look at all this beautiful science that's happening around the world on Gulf War illness, presumptive illness, diagnosis illness, cancers and treatments, not just for Gulf War vets but for depleted uranium, Kosovo, Somalia, Afghanistan, you name it, it's not just Gulf War veterans we're speaking about here. It's modern combat veterans as a whole, and I was appalled that here we were being judged and denied and ridiculed and minimized and delayed. You know, treatment delayed is treatment denied, and all they basically wanted us to do was go away and disappear.

I must say, the only thing that's fast-tracked in the system, sadly, is cannabis. You can have as much as you want, basically, because it doesn't have to go through Charlottetown.

Sometimes, when I speak with certain veterans.... Are we being asked to be silent and stoned in the basement of a place and just be basement rats tucked away conveniently? No, we want a life. We want at least a bit of quality of life. We want to be part of a society. We want to be members of our families. We want what you all have. We sacrificed. We understand that, but why does the true war happen, when one comes home, against the government and the country that sent us there in the first place? I don't get it.

To bring it back to you, sir, in Charlottetown, when I was there for that extra day with Dr. Pedlar and saw that we do not have a research department, the other thing I witnessed that must change was when I was alone at a local pub, minding my own little business. What was being chit-chatted about at the table beside me were different cases. Where's the confidentiality here? As a registered nurse, I understand the importance of my nursing notes and the legal aspect of medical documentation, and when it's chatted about at the local pub, I'm sorry, sir, but that is crossing the line.

I will just come back to this: Where's the accountability? I'm not disrespecting the people who work there. The problem is greater than the people who are there.

Thank you.

• (1225)

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

[*Translation*]

Mr. Desilets, you have the floor for two and a half minutes.

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

Madam, sir, we can see that you're struggling. We may all struggle in our own way, but when people share examples like the ones you've shared and open up to us like you've done, that helps us understand. I have a lot of respect for both of you.

I'm going to ask both of you the same question.

A year and a half ago, the government changed its practices. An external provider now delivers services for Veterans Affairs Canada.

Have things gotten better, or have they gotten worse?

• (1230)

[*English*]

**Mr. Sean Bruyca:** Thank you, Mr. Desilets.

Louise indicates that she's not aware of that. I think Louise has answered the first problem, which was that stakeholders, meaning veterans themselves, were never consulted on this. As well, advisory groups were never consulted on this and frontline employees were never consulted on this. That's the first problem.

The second problem is that I have a tough time validating my sacrifice and my worth to our nation when I'm being cared for by a for-profit company. It really strikes at the heart of what it means to be a veteran and to care for my nation that when I get back I'm farmed out to a for-profit company.

I can tell you from my personal experience that I have insisted that I don't be put on that model with Veterans Affairs, and so far that has come to pass, but what about those who are? I can tell you that the people who are being put on that model are being put through eight-hour interviews by this for-profit model, and you've heard about the suffering of dealing with paperwork and the procedures they clearly can't handle. I have veterans calling me in tears saying they had to walk out on the second day after 16 hours of questioning by a psychologist who didn't know them and whom they had never met. It's inexcusable that this is being allowed to occur. We don't even know the price or details of this program, as the contract has been kept confidential. How is that in any way a democratic value of transparency?

I can tell you that the practitioners whom I see have been aggressively pursued to sell their clinics to this company. They would be paid large moneys as owners, but they were clearly informed that their employees would take a cut in pay. Why am I not given the best value practitioner who gets paid what they're worth? I don't understand it.

For me, it's anathema to my service and it's really horrific that this is the way that government chooses to handle this problem.

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

We'll now go to Ms. Blaney for about 2.5 or three minutes.

**Ms. Rachel Blaney:** Sounds good.

Thank you, Mr. Chair.

Louise, I'm going to come to you and ask a question. I'm just giving you a little heads up here.

You spoke in your earlier testimony about the Gulf War illness being like a puzzle.

Could you talk a little bit about what that means and what that looks like for people who are having that experience in Canada?

**Lt (N) Louise Richard:** The puzzle starts with all of the experimental drugs and vaccines that we were ordered to take without our knowledge or consent. Protocols weren't followed starting from here, Canada, with mass inoculations that were not documented in one's yellow book—the vaccination book—to arriving on the battlefield and being ordered to take nerve agent pills, and ones for anthrax, botulism, toxoids and the plague. It was to counterattack nerve agents and biological warfare.

Then there are all of the environmental exposures one is exposed to regardless of where you are, in my case as a nurse dealing with casualties' contaminated uniforms, or where Sean was. He may have been far removed from where I was, but desert winds blow a lot of stuff around, so you don't necessarily have to be in the immediate vicinity to be exposed or contaminated by something like vehicles, ammunitions and depleted uranium.

When I speak candidly about my wards, imagine a big, giant sandbox, and instead of toys for the kids, there are tanks and soldiers, and you get the Scuds and other missiles, tanks, planes, bombs and then oil-well fires. You're getting exposed to all of that. You don't have the luxury of taking a bubble bath at the end of your day. You go days and days without water, without showering. You're wearing this toxic, contaminated clothing on you with no hope of getting clean. You survive this.

Canada—which was shocking—was one of the only countries that I witnessed packing up all our equipment and bringing it home with us. The Americans just left all their stuff there, and when they did choose to bring something back, they had decontamination teams take care of decontaminating either the vehicle, tent or whatever they felt was precious enough to bring home with them. But Canada...?

When the receiving end is here, the poor guys who are working in logistics have never been over there, but they're receiving all of these contaminated goods back, so they're getting secondary exposures, and the puzzle becomes huge.

With that, illnesses have happened. Some are defined and some are not quite so defined. Some are clear-cut and some aren't, and some are immediate. Some people got sick immediately. Other people may have delayed reactions. It's like, why can I not eat a shrimp because it might kill me or I may have an allergic reaction, but you can go to the seafood buffet, help yourself and you're fine? We're all different. Everybody is different, but with the military, it's one-size-fits-all.

I was inoculated for anthrax, which I reacted terribly to, and it was so bad that I had to have shoulder surgery because it destroyed all my muscle tissues and everything in my shoulder. Why me and not Sean? The thing is that it doesn't matter if I was injecting a 95 pound female or a 250 pound guy. It was the same dosage. Something's going to go wrong. You don't need to be a rocket scientist to understand this.

We're sent anywhere in the world, and trust me and Sean, we're sent to the worst hell-holes in the world. Someone has to do the dirty business of a nation, and we're the ones, and we do it.

● (1235)

All we want in return is when we come home, if we need help, please help us. Don't question us. Don't make us justify our needs. Don't make us beg for crumbs, and then have to justify and appeal all of this. Before we're even sent anywhere, we have a full medical and dental check, we see a psychologist. We're checked from head to toe. You can't have a cavity. You're checked everywhere to make sure that you're not going to become a problem on that mission. How dare our country, when we come home and we're in need, especially, when you've sent us basically as lab rats—experimental everything—and then we come home, and it might not be black and white.... Things might not be diagnosed, and then, yes, finally, thank God for the Americans and the British and Australians, where they do have medically unexplained illnesses, presumptive illnesses, because they've affected every single part of the body. It depends on what the toxicity is. It could have been from the injection, from the pyridostigmine bromide, the Norwegian pill. It could have been from depleted uranium. It could have been from the burn pits. It doesn't matter what mission you're on, the burn pits are everywhere.

We say one man, one kit. When you leave, you have one duffle bag. That's your life. When you're on mission somewhere, you have to burn your garbage. You have to take care of it. Well, that is toxic. We burn anything from amputated limbs from the operating room to waste in the latrines, to food. Whatever is of waste is burnt.

● (1240)

**The Chair:** Thank you, Lieutenant Richard. I know that you have a lot to say, but there are other MPs who would like to ask more questions.

Allow me to invite Mr. Dowdall for five minutes, please.

Mr. Dowdall.

**Mr. Terry Dowdall (Simcoe—Grey, CPC):** Thank you very much, Mr. Chair, and I want to thank our guests today for their testimony. It's certainly been emotional and touching to hear from each of you. Lots of the things that have been brought forward were consistently brought forward when we did our study of the transition of women from the military and just transition in general. I think this speaks to the earlier comments of my neighbour here, Cathay, about our lots of reports and not a whole lot of action in response to those reports. I think there's even another one coming forward for service dogs as well.

I hear the frustration when you say there are these outlets where you get to go and have meetings at any of the headquarters, whatever.... I have Base Borden in mine, and lots of veterans often wonder why they have to drive to Toronto, because most of the military, when they're done, can't afford a house in Toronto and to live there. It's certainly been raised many times with me in my riding.

We're really studying the Persian Gulf. I hope we can solve some of these problems, and we're trying to see exactly how that falls into place and why you're not recognized as having wartime service. There really is one individual who can probably do that and recognize it more so than the committee. Have you had meetings with the Minister of Defence to discuss these issues?

**Mr. Sean Bruyey:** No, I've offered to the Minister of Veterans Affairs to meet with them. A number of times we've met with her, and there's been no response.

As for the minister of defence, we gave up on that quest a long time ago, because we're veterans. Their priority is active, mission-serving members. Veterans are really an afterthought for them. We are very low on their priority pole. They're already struggling with their limited resources. You hear our frustration, our anger.

**Mr. Terry Dowdall:** I guess the follow-up question is this: In your mind, why has nothing been done thus far? Why has there been no action? Certainly it is a story now. The good news is that we're discussing it and there's been some pickup from the media. I know Global News picked it up as a story, as an example. Why do you think it is not recognized?

**Lt (N) Louise Richard:** I personally think it's a twofold answer. If you acknowledge and recognize our war, then you need to acknowledge and recognize our illnesses. That's not just for the serving members, but our families, partners, spouses and our children.

There are a lot of illnesses that have come home with us that are communicable. There are a lot of reproductive problems, such as burning semen with men and severe gynecological problems with women.

I personally had to have a full hysterectomy at the age of 34. I was bleeding out of control and needed transfusions. It was that serious. Even there, I was labelled a malingerer because I was cutting my veins, so my blood work would look bad.

A lot of soldiers are afraid of what we bring home with us. The toxic...the equipment, our stuff....

To me—

• (1245)

**Mr. Terry Dowdall:** Do you not think Veterans Affairs would want to know that?

**Lt (N) Louise Richard:** They do.

This is the first committee I've done since 2013. In 2013, we had met over 14 ministers and five prime ministers. How far do you go and repeat and beg and explain?

We're not healthy to start with. You don't realize the toll this takes on us every time we have to do this. We go home broken. We get discouraged after a while and it's like, what's the point?

Furthermore, why would I have to justify if I went to a war or not? The world recognized it.

**Mr. Terry Dowdall:** I agree.

**Lt (N) Louise Richard:** Kuwait recognized it. Why not Canada? What is wrong with Canada?

The Americans would like to know what's wrong with Canada. The British would like to know what's wrong with Canada. The Australians would like to know what's wrong with Canada because Canada's not contributing to international research. We are not carrying our weight. We are doing nothing.

**Mr. Terry Dowdall:** Do you think most of the veterans that you speak to are of the same mindset on why it hasn't happened as of yet, to have a consistent process?

Is that part of the frustration, that you shouldn't be having to fight for this still?

**Lt (N) Louise Richard:** Absolutely.

**Mr. Sean Bruyey:** Disillusionment is widespread in the veteran community, I think. Then after a while, they just give up and they don't interest themselves anymore in veterans' issues, which is sad because they could be real emissaries to educate the public about what's going on.

I think you asked why this is happening.

Number one is money. Number two is public awareness to justify spending that money.

Do you know what? Veterans shouldn't have to give up on their country. We certainly didn't give up on you guys when we were in uniform.

**Mr. Terry Dowdall:** Did you have meetings with the minister for Veterans Affairs as well to highlight that it should be considered wartime service?

**Mr. Sean Bruyey:** Yes. There was former minister Eggleton and former minister Duhamel.

**Mr. Terry Dowdall:** That's years ago. I'm talking in the last—

**Mr. Sean Bruyey:** Recently? No, they don't want to talk to us.

**Mr. Terry Dowdall:** You're getting no help at all from the...?

**Mr. Sean Bruyey:** No.

**Mr. Terry Dowdall:** Okay.

**Lt (N) Louise Richard:** Is a decision to be made at that level?

**Mr. Terry Dowdall:** It would certainly help, I would think, if you're in that position and if you're the governing party in that position, to—



**Lt (N) Louise Richard:** There has got to be political will now.

**Mr. Terry Dowdall:** —argue for the topic of wartime service to the Minister of National Defence.

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

I'd like to go to Mr. Brian May for five minutes, please.

**Mr. Bryan May (Cambridge, Lib.):** Thank you, Mr. Chair.

As everybody has said, thank you to the witnesses for being here, for your service and for your testimony here today.

Seeing that we are nearing the end of the meeting, sometimes one of the last questioners tries to summarize and give you an opportunity to bring recommendations.

Some of the notes I've jotted down reminded me of some of the great work that is being done by some of the non-profits and other organizations. You mentioned, sir, that when you can connect directly with Veterans Affairs, there is some great work being done and they do need more resources to deal with some of the complex issues. I would agree, as that has been my experience as well in working with veterans and different organizations.

One of them, if this committee will indulge me yet again, which I've mentioned here before, is the military veterans wellness program that was started by Toronto Police Service constables Aaron Dale and Jeremy Burns. They identified a very specific gap in being able to connect veterans with services. One of the challenges Veterans Affairs Canada has is they don't have people on the ground directly in touch, in frontline scenarios, with veterans in need, specifically those who are suffering from homelessness and, potentially, drug addiction and mental health issues. There is that detachment and gap there. These two gentlemen identified this and created this program, and it took off.

I'm very proud that the Region of Waterloo expanded the program to constables David Cassidy and Brian Serapiglia. Since they've taken on the program, they have directly connected over 80 veterans in the Waterloo region who were in need of services with Veterans Affairs Canada, and those folks are being served now.

I'm wondering if there are other examples you can bring forth as recommendations for how we here can facilitate. There is a role to play for those frontline services, and there is a role to play for non-profit organizations and other organizations like the Legion and No Soldier Left Behind.

I'm wondering, sir, if you can use the rest of my time to provide us with some very concrete recommendations that we could put forth in this report.

• (1250)

**Mr. Sean Bruyey:** Thank you, Mr. May.

It's always a fine line for veterans to recognize that, look, the public needs to be involved. At the same time, we don't want to see an abrogation of the government's responsibility to directly care for us. Yes, I think the outreach program that civilians and police officers can do.... Anything is good that they can...because they become part of the solution, right?

The education gets out there on the streets, and they become more approachable. Until Veterans Affairs builds up a better reputation within the veteran community and until Veterans Affairs gets more resources, we're going to need people like that to get veterans into the programs, so there's a recommendation. Let's hire a lot more staff. Let's increase the budget substantially for employees.

I think Veterans Affairs also has to look at what Louise has been talking about. It's just one step after what Louise says, which is that we really need, first of all, a true research department.

Veterans Affairs does do some research. A lot of it is paper research. A lot of it is done in conjunction with Statistics Canada, and they produced the last survey, which is a very valuable tool, but the information is being ignored.

The focus has always been on getting those veterans employed and getting them off the payroll. Let's get them out there and get them off case management because we have quotas to fill, right? Those are the perverse incentives that the employees are under. Instead, you know, we're not looking at the holistic part of the veteran, right? How do we make them feel like they belong to the country? How do we get communities to do outreach?

Another thing is how we care for the complex disabilities that many veterans are suffering from. The solution we've been recommending is called "shattering the stigma". In fact, I put it in a report to the committee on April 14, 2021. You guys all have a copy of it. It has multi-part recommendations to improve all aspects of Veterans Affairs. That includes, for instance, a collaborative care model, which is an interdisciplinary team, a real one. Veterans Affairs says that they have those. It's an administrative interdisciplinary team that they have, but we need a true team of practitioners who know the client, who know that if the client is suffering from symptom X and that if a specialist can't deal with that, they have another specialist in line. That model's been working in the United States Veterans Affairs for a number of years now. It's very successful.

That brings us back to Louise's point. If Canada's not going to be doing the active scientific research.... I think this was 10 years ago, but the U.S. Veterans Affairs research department had a annual budget of \$270 million U.S. We're not even spending 1% of that, to my knowledge, in Canada, so if we're not going to do our own research, then let's complete the next part of the puzzle, the other recommendation. Let's accept all presumptive conditions that the U.S. has recognized for all special duty areas. That's an easy one. Let's incorporate the research from Australia and the U.S. and have informed disability assessment decisions based on that research.

Let's have an independent team of specialists who tell Veterans Affairs about this scientific information and how to incorporate it into a disability assessment. Let's change the width. Let's hire more assessors. You guys have been railing against the backlog for years. That's an easy one, another recommendation.

If you go back to the report that I provided, you'll see that there are 53 recommendations in there. I think you'll find some very valuable ones that will address what we're talking about now.

What I would want to say is that all the thank yous are so appreciated by us here, and the words you have all said to us are very meaningful. I think the fear of every veteran is that it ends at thank you. There has to be some substantive compensation of some sort behind that, a substantive obligation to care for us. As I've said in private to some of you, some of the large focus is on just getting more money for this program that veterans have, and one reason is that it does replace a hole that's not been given by or returned by our country.

As for the reciprocity of, "We really care for you; we're going to show it to you; we're going to get you re-established; we're going to

have people there for you 24 hours a day when you're in crisis", I don't mean a 1-800 number. I'm talking about a true practitioner, a clinical care manager who's there and on call. Let's say the case manager has 30 people but can also reach out to the specialist right away to help that person, right? That's a true collaborative care model. That's what we're missing in terms of one-on-one care. The budget is the big thing we're missing overall.

• (1255)

**The Chair:** Thank you to the witnesses.

On behalf of members of the committee, interpreters, clerks, analysts, I'd like to thank you.

[*Translation*]

As individuals, we had Sean Bruyey, retired captain and air force intelligence officer; and Louise Richard, retired naval lieutenant and nurse.

Is it the pleasure of the committee to adjourn? I see that it is.

The meeting is adjourned.

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