



HOUSE OF COMMONS  
CHAMBRE DES COMMUNES  
CANADA

43rd PARLIAMENT, 2nd SESSION

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# Standing Committee on Veterans Affairs

EVIDENCE

**NUMBER 019**

Wednesday, April 14, 2021

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Chair: Mr. Bryan May





## Standing Committee on Veterans Affairs

Wednesday, April 14, 2021

• (1600)

[English]

**The Chair (Mr. Bryan May (Cambridge, Lib.)):** I call this meeting to order.

Welcome to meeting number 19 of the House of Commons Standing Committee on Veterans Affairs. Today's meeting is taking place in a hybrid format pursuant to the House order of January 25, 2021. The proceedings will be made available via the House of Commons website.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on March 24, 2021, the committee is undertaking a study of mental health care programs at Veterans Affairs Canada.

Welcome to all the witnesses who have taken the time to join us today. I will introduce all of you before you have the opportunity to give opening remarks.

Today we have Captain Sean Bruyca, retired, who is a columnist and advocate. As an individual, we have Tina Fitzpatrick. From the Army, Navy and Air Force Veterans in Canada and the Veterans Association Food Bank, we have Allan Hunter, national service officer at ANAVETS and director of the food bank.

Each witness will have five minutes for opening remarks, and after that we will proceed with rounds of questions. I will signal when there is one minute left in your time, so please keep an eye on me on your screen. Don't panic. A minute is quite a long time, and I may allow you to go slightly over. When you see the one-minute signal, try to wrap up.

First up is Mr. Bruyca.

You have five minutes.

**Mr. Sean Bruyca (Captain (Retired), Columnist and Advocate, As an Individual):** Good afternoon, Chair and ladies and gentlemen. I sincerely thank you for inviting me back.

It is well documented that Minister Seamus O'Regan spread falsehoods about me in retaliation for my writing about the government's flagship election promise for veterans, the pension for life. The day after the minister published his defamatory words, VAC, without warning, consultation, client notes or justification, sent a letter cancelling care for our six-year-old son.

The toll upon my body and mind from my military injuries meant that having my family was nearly impossible. I was 47 when we were blessed with our son. Living with a chronically ill father, he is profoundly sensitive to my physical and mental health. He

isn't just worried about his father—he is terrified. Each symptom is an inevitable path to my death. He agonizes that I will be ordered to war again soon.

There was no public program to adequately address his safety and health needs. We plan on home-schooling him once I complete my rehabilitation. Meanwhile, we found a caring school that accommodates his empathic burdens. Also, I was allowed to be with him in his classroom, walk him through the hallways and carry out a morning ritual of anywhere from 10 to 30 hugs until he felt safe leaving his father.

When my heart went into a dangerous arrhythmia and I collapsed, my normally clear-thinking wife became paralyzed. My endless barrage of symptoms is too much for her. It was my son who saved me. He found my medicine and brought it to me. He tried to open the childproof container. He kept his cool and handed it to me. He sat by me, eyes watering. The contents spilled out. He looked at my chest, covered in pills, heaving up and down at 240 beats per minute. After I had taken my medication, he spoke in a shaky voice and said, "Dada, can I please clean up the pills for you?"

When Veterans Affairs cancelled our son's care, which had been in place for five years, I sought help from assistant deputy minister Bernard Butler. He was appointed as my VAC contact following the 2010 privacy scandal. I am my case manager's only client, and she dealt directly with him. Mr. Butler went to director general Faith McIntyre, whose division spearheaded the pension for life program. Without substantiation, both Bernard Butler and Faith McIntyre decided that my son's care did not meet the intent of the program. Bernard Butler never revealed to me that he was also representing VAC in my defamation lawsuit against Seamus O'Regan.

I proposed solutions to reinstate our son's care. Even though my case manager and others agreed to appoint an inquiries resolution officer, Bernard Butler and, later, assistant deputy minister Michel Doiron both intervened to stop the appointment.

I regularly asked deputy minister Walter Natynczyk, as well as Mr. Doiron and Mr. Butler, to provide evidence that school-aged children should be denied private care not provided by the public system. They ignored my questions. Instead, they repeatedly sent me to my case manager, deflecting VAC's failures and portraying them as pathological manifestations of my mental health.

My health deteriorated. Allan Hunter offered to be my advocate. Allan, Perry Gray and I wrote more than 50 emails and letters to Bernard Butler, Michel Doiron, Steven Harris and Walter Natynczyk. We proposed solutions, reported my deteriorating condition and asked for evidence supporting VAC's inexplicable interpretation of policy. Meanwhile, I was forced into emergency wards once per month. My five to eight weekly medical appointments focused on addressing VAC's harm.

Not once did these senior officials answer any questions. Neither did they or my case manager acknowledge my health spiralling downwards, let alone express concern. The minister and the department also ignored an ombudsman's investigation and recommendations in terms of our son's care.

To date, it has cost VAC more than \$75,000 to treat the consequences of denying less than \$75 a day for our son's care. The provincial health care system has paid a similar bill.

Why would VAC seek retaliation? The culture is embedded with an animus towards any veteran who dares criticize the department. When the minister published his article, VAC official Tim Brown wrote, "a minister who will counter and go on the offensive, I've been waiting for this for years".

Meanwhile, in response to the more than 50 emails and letters requiring decisions to be made by Walter Natynczyk, Bernard Butler, Michel Doiron and Steven Harris, access to information disclosures reveal there was no document trail. These individuals snub their noses at Canada's requirement to have an accountable government with transparent decisions. They carry out their work in the murky and highly unethical world of recordless or verbal government.

There are others who see nothing wrong with intruding upon my privacy. Christian Lachance, an official in no way connected with VAC's appeals division, was notified before me of the appeal outcome. He immediately informed director general of field operations Maryse Savoie as well as Graham Williams, writing that the appeal decision would be unfavourable, and as a result of the decision, "this may escalate". Maryse Savoie responded quickly that she would inform Michel Doiron's office. The Privacy Commissioner has an open investigation into this matter.

VAC has a long history of enmity towards me. The 2010 privacy scandal demonstrated that 20,000 pages about me, including falsified portrayals of my finances, character and mental health, circulated among more than 850 bureaucrats.

• (1605)

However, a subsequent request of 230 bureaucrats, who monitored my media activities, took seven years to resolve. The result was 2.1 million pages.

I'm also a veteran who struggles on a daily basis with psychological and physical adversity resulting from my military service. I'm a

husband to a wonderful woman who gave up much in her country of origin to be with me. Our son's keen awareness to the suffering of others weighs heavily on him.

When will public servants see the difference between my personal life and my volunteer work? When will they debate facts rather than obsess, scrutinize and attack me? When will they stop hiding behind secretive government practices, showing scorn for oversight agencies, while targeting a six-year-old child? We must wonder whether retaliation against other veterans and their families is standard procedure—or are we the unfortunate ones?

What is clear is that VAC senior managers show the hallmarks of cultivating a toxic culture. While they have little concern for front-line workers, they show disdain for veterans. Senior VAC officials hide behind inflexible rules with groundless interpretations divorced from the lives of veterans and their families. They prioritize evasive communication, fear, condescension, neglect, secrecy, bullying, gaslighting and shaming.

Should veterans question the culture and its policies, these toxic tools are coordinated in a comprehensive attack upon the messenger, and sometimes the messenger's children. These are not the government actions worthy of the hundreds of thousands of sacrifices made in Canada's name.

Thank you, Chair.

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

Up next we have Ms. Fitzpatrick for five minutes.

• (1610)

**Ms. Tina Fitzpatrick (As an Individual):** Hi, my name is Tina Fitzpatrick. My husband is Rod, and he's an 18-year combat veteran with two tours overseas. We've been together for 30 years, and we'll be married for 25 years in July.

Rod was always a very hands-on daddy to our girls. We have two wonderful daughters, 23 and 19. Our 23-year-old daughter was a competitive swimmer all over Newfoundland for seven years, and our 19-year-old daughter is a second-degree black belt in tae kwon do and has competed at the national level. However, their dad has never seen them compete. He was suicidal in our basement for the majority of their very young lives.

In 1992, Rod deployed to Croatia, where I believe he was exposed to the worst trauma. At the time, I did not know my husband would return a different man. Flash forward to 2002, and now my husband's mental state is slowly degrading to the point where he's having suicidal thoughts daily. Canadian Forces were no help in his ongoing mental health crisis. Their answer was to go to a civilian hospital. Canadian Forces sent my husband home with nothing, not even his own personal things from the locker on base. In his words, "Such service no longer requires".

After a year of being home with zero guidance, they medically discharged him. Then we returned to Newfoundland so we could be close to family. The next 17 years would be an absolute battle with Veterans Affairs, starting with the complete lack of professional help through psychologists and psychiatrists. We had no idea about mental illness on a personal or cultural level. Medical intervention was critical at this point, as his downward spiral continued in front of my eyes.

Here's just a glimpse into my daily battle for 10 years. I call Veterans Affairs almost daily, always speaking to someone different, each time having to start my story from scratch. These calls were for prescriptions, doctors' visits, assessment after assessment and being summoned to Veterans Affairs to sit around a large table full of doctors in white coats asking the most absurd questions. Each of these appointments ended, and this was extremely tough on Rod.... Each time the psychologist said he needed in-hospital treatment, this would result in a several-month-long approval process, and he was hospitalized three times for up to six months at a time, always out-of-province, away from our family.

In trying to navigate programs and benefits, first of all, you had to figure out yourself what was available and what he qualified for. It was like pulling teeth, There was no access to what was available, and we had to rely on rumour mills to figure out any programs that could help. This reality was extremely frustrating to deal with, everything was a fight. "No" was the final answer, even though I was crying and pleading for help while my husband was suicidal in our basement and our two little ones were running around my feet. I'm begging and pleading with them to help, but no, they don't.

Now, it's July 2018. I made a call to Veterans Affairs to see if there were any bursaries available, as our daughter was heading to nationals. The girl who answered the phone asked me why Rod had not applied for his ELB—earnings loss benefit—and I told her he did not qualify because Rod had already done rehab. Then she informed me that was not how it works, so she helped me apply. I really didn't think much about it, but about six weeks later, I get a letter saying that Rod did qualify and it was an extra \$1,000 a month. What? This benefit came out in 2006. We could have used that money in 2006.

Next, I'm on Signal Hill, it's September 2018 and it's an event where the then minister of veterans affairs, Seamus O'Regan, and the head of Veterans Affairs danced across the stage stating that retroactivity was back on the table. This is a "yes" Veterans Affairs. Then I met with Seamus O'Regan in his office, where I proceeded to tell him about my treatment by Veterans Affairs, and he said someone would be on Rod's file right away.

That was in 2018, I just heard back from his office February 2021 after hundreds of phone calls. They informed me the ELB is not retroactive, but they wanted to try to get some kind of compensation. In April 2021, they are now saying that it's a he said, she said, so my best option is to sue the government, the very government Rod served and protected.

● (1615)

The bureaucracy that has been put in place by the empire builders within the Canadian government has created an atmosphere where Veterans Affairs might as well speak a foreign language. The ability to navigate the multiple levels within the bureaucracy has made it almost impossible to avail of services and benefits.

All of these battles to get my husband, who was medically released, from 30% of his pension to 100% of his pension took six years. In my humble opinion, the very institution put in place to take care of our veterans is eating them alive.

Thank you for your time.

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

Up next we have Mr. Hunter for five minutes, please.

**Mr. Allan Hunter (National Service Officer, Army, Navy and Air Force Veterans in Canada, and Director, Veterans Association Food Bank):** Good afternoon to all the participants and all Canadians who will be able to watch these proceedings across our nation.

Welcome to my brothers and sisters who have decided to dial in as best they can across this country—because this is about you. You have served our nation.

At the going down of the sun and in the morning  
We will remember them.

We remember Andrew, Corporal Cathy; Carr, Sergeant Brian; Chan, Kenneth; Desmond, Lionel; Gunn, Robbie; Hutchison, Kenneth; Mogus, Mike; Oliver, Jason; Ouellet, Jérémie; Tabor, Richard. These 10 Canadians have fallen, not in distant battles in faraway lands, save one, but here at home with family, friends and loved ones, who perhaps could not have seen the invisible wounds, or if they did, were not equipped with the mental health first aid skill sets to deal with the most tragic of outcomes—suicide.

As a service officer, I am dealing with our veterans and families on a regular basis, and as a director of the Veterans Association Food Bank in the Calgary region, I'm dealing with yet another mental health issue that results in our veterans losing families and friends as they spiral into homelessness. Perhaps the feelings of hopelessness have led to substance abuse and attempts in vain to shut off the video and audio images of war, combat, conflict and the loss of battle buddies, brothers and sisters who have paid the ultimate price for their service to our nation.

My mission today is to speak to the actions, abilities, programs and services, and perhaps shortcomings of Veterans Affairs and the Canadian Armed Forces, and to help offer constructive suggestions to save the lives of our veterans and families. Being an advocate for one of the participants today, Captain Sean Bruyey, retired, I would also like to share some of the journeys I've been part of with him and his family, and the mental health challenges and battles they've had to endure from a system that is supposed to be compassionate, caring and servant-hearted. In many cases, it becomes the biggest detriment to the mental and physical well-being of our veterans.

Lionel Desmond was the tragic consequence of a magnitude of failures on many fronts, as evidenced in the Desmond inquiry. Jérémie Ouellet took his own life in Afghanistan. I'm currently working with a battle buddy of his who has been severely impacted by his death.

Jason Oliver was perhaps the one who most personally impacted me in my more than 10 years of advocacy, as I attended the funeral and watched six of his seven children carry his casket out to the waiting hearse as his widow held the hand of the youngest with unrelenting sobs and tears.... My apologies, Mr. Chairman. That, in January of this year, stopped me in my tracks. I can tell you I was an emotional wreckage for quite some time. We are, with the veterans association in Calgary, supporting the widow and her kids as they try to move on without a husband, father and hero.

It is my duty to share and answer any questions as the committee deems pertinent to the hearings.

In a recent development from today, women veterans who have served our nation from coast to coast have reached out to me regarding the recent decision to shut down the committee on sexual assault. These women believed that #MeToo had finally come to Canada, but now they've seen, by the actions of the government, that the #MeToo movement is dead. I'm absolutely flabbergasted by the outreach I've had across the country from women. I've been told that 99% of women who serve in the military have faced some form of sexual harassment, and this piece is going to set us back substantially in treating mental health.

I challenge all of us. Put your parties aside, and let's look after the people, the men and women, who've put their lives on the line. Let's quit losing them to suicide.

Thank you, Mr. Chairman.

• (1620)

**The Chair:** Thank you, Mr. Hunter. No apologies are necessary.

Up first for questions is MP Brassard for six minutes.

**Mr. John Brassard (Barrie—Innisfil, CPC):** Thank you, Mr. Chair.

Thank you to all the witnesses for coming forward today.

There is no way over the course of the hour and 10 minutes or more that we're going to be able to get through all the questions that any member of this committee might have, so I encourage all of you to submit to the committee any afterthoughts you may have in improving the system. That's really why we're here.

Sean, you provided us with testimony as we were discussing the caregiver benefit. You talked about some of the many challenges that exist in dealing with veterans. At that time you also offered to provide solutions. That's why the committee invited you back. I know what you've gone through is well documented in your CBC article that highlighted that. It was written by Murray Brewster, so I don't want to focus on that. I want to focus on how the situation can be fixed.

As a member of this committee I can tell you we're all interested in resolving this issue. I've often started any discussions I've had with veterans, their families, advocates like you, Sean, suggesting that this has existed as a generational problem. It was a problem for the Conservative government when we were in power as well, and I'll acknowledge that. It's not just the current Liberal government. The whole intent of what we're trying to do is to fix this.

Sean, Tina and Allan as well, give us some suggestions on what you think is a solution to resolving many of the issues you've highlighted.

**Mr. Sean Bruyey:** Thank you very much, Mr. Brassard.

To that end, I submitted a 40-page report with 53 very substantive recommendations. Why? We've been looking at this problem.... For me as an advocate, not much has changed in 20 years in the way the department deals with veterans with psychological injuries. Yes, they've advanced vocational rehabilitation. Yes, they've helped veterans with minor injuries and minor disabilities, but they still cannot bend their heads around the lifelong commitment of care that is necessary for veterans with psychological disabilities who inherently have complex needs.

A perfect example of that is what's called the POC 12 mental health care policy. It says all veterans with complex needs, with mental health problems, will receive case management. Only a quarter of veterans with mental health disabilities are actually receiving case management.

It goes beyond that. Veterans Affairs starts with a paradigm. The veteran comes to them and the veteran's asking, "How can we as a family deal with this?" Veterans Affairs' answer to that is "How can we as a department deal with this?" That is a fundamental paradigm distance that is miles wide that Veterans Affairs doesn't know how to meet. We have to start from the top down and the bottom up, and we have to have a fundamental rethink about how this department works.

Right now the department is structured so that the organizational tools of the department are co-opted by selfish career progressions of the most senior managers. They may be well meaning, but they are 20 degrees removed from the actual reality of what veterans and their families live. We really need to completely rethink this department.

First of all, it has to be taken out of Charlottetown. It's the only federal department that exists outside of Ottawa. It is far from oversight agencies, far from the culture of veterans and their families, and it's been allowed to have a 40-year culture of basically disconnecting itself from not just veterans and their families but Canadians in general. This department is hypersensitive to criticism.

We have to start. I would suggest some number one things that can be done. We have to have an oversight agency that can check in on the department, an ombudsman who is legislated, who has the power to decide their own agenda of investigation.

On top of that, we have to have appointment bodies of advisory groups that are completely independent, not stacked with Veterans Affairs bureaucrats. The board of directors could report to committee, to Parliament, and that board of directors would be a wide swath of Canadians who would independently review the actions of senior leadership.

At the level of working with veterans, we need a collaborative care management program that has independent practitioners, so that every veteran who has a mental health injury is assigned an independent, contracted primary care doctor. The team would consist of a doctor, independent case manager and an occupational therapist.

Veterans Affairs would exist to merely implement all the care and treatment that is recommended by this team. Veterans Affairs would not exist to scrutinize these requests, but would exist to train the senior bureaucrats to learn what veterans need.

To that end, senior bureaucrats should be manning the front lines at least one week a year. They did this with Service Canada back in 2000, and it worked amazingly. Unfortunately the rest of the bureaucracy didn't like the idea of directly serving Canadians as senior bureaucrats at the front line, but we can reinstate that with Veterans Affairs.

• (1625)

**Mr. John Brassard:** Sean, the chair put up the one-minute hand about 30 seconds ago.

**Mr. Sean Bruyey:** I'm sorry, John.

**Mr. John Brassard:** That's okay. No worries. I really want to hear what you have to say.

There are some very good people who work for Veterans Affairs Canada as well. I hear your side of it, but I also hear of some good case work that's being done as well.

**Mr. Sean Bruyey:** Let me emphasize that the culture at VAC has nothing to do with the people themselves. The people are all well intentioned. They're all working very hard, but they're working hard on the wrong paradigm.

At Veterans Affairs, we have a frontline staff that is completely ignored by the senior leadership. Continuous improvements or what they call improvements, policy changes, are inundating the frontline workers. They don't have the time. We know that. More than 50% of the case managers' time is taken up. They want to care for veterans, but they don't have the tools. The senior leadership is not supporting the front line in providing that care.

**The Chair:** Thank you, sir.

Next we have MP Samson for six minutes.

Go ahead, please.

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

I want to thank all three of you for your presentations. It's very difficult to listen to some particulars, and I thank you for helping us to better understand some of the situations that you have faced and that others have faced. I very much appreciate the focus, as Mr. Brassard said, on finding solutions that can help us improve the lives of and the support for veterans and their families.

I'd like to look at some of the programs that exist today and get some feedback from you on those programs to see how we can improve those more.

I will start off with the VAC assistance program, which is a 24-hour line that allows you to connect with professionals and gives you access to these professionals. My question is for any one of the three of you. When you call these people, what kinds of questions are being asked? Are they asking you questions? Are they asking you what some of the challenges are before they assess you?

Also, are you talking to the same individuals every time you call? Can you tell us a little bit about your experience with that system?

**The Chair:** Who is the question to?

**Mr. Darrell Samson:** It was to any of the three. If they use that service, can they give us feedback on the service?

**The Chair:** Mr. Hunter had his hand up there.

**Mr. Allan Hunter:** Thank you, Mr. Chair.

Part of the challenge for the people who answer the phones and get the questions is having a lack of understanding of who's on the other end. Typically the advocates end up making those calls and answering some of those questions.

One of the biggest challenges facing veterans across the country that I have seen is that, if the veteran is in crisis and is having mental and physical impairment difficulties, and they are trying to navigate the myriad questions and check boxes, if you will, that have to be filled out in order to get to the next level—"Are you entitled to it? What have you been given so far? Did it work?", all of those different questions—in many, many cases, veterans just hang up the phone because they decide in their own minds that VAC is not going to help them. It's been said across the country that the system is set up to delay and deny until you die.

I want to pay homage to all of the people in VAC departments across this nation who have helped me personally save the lives of veterans from coast to coast. We can't deny that fact, but these people are faced with a system that is as complex to them as it is to the end-users, who are the veterans who are on the other end of it.

If the veteran's family is stepping in, as Tina alluded to, trying to get help, when they have to sue the government, quite obviously the program is designed for the bureaucracy to succeed and not the end-users. That's the challenge. The mental health piece of that is that we are losing veterans all the time to suicide because they give up. We're a nation that doesn't give up on our people. We are not a nation that should be giving up on our soldiers and our veterans, and whether they're in service or they're out of service, these are the challenges.

The first question is on where the veteran served, and all those different pieces, and someone's opinion might be "I'm sorry, but you don't qualify." Then they call the next worker, who says, "You qualify, but we're going to need a telephone book-sized amount of paperwork filled out before we can get you to the next stage." If you're living in your car, that's not going to get you to a very good place.

Thank you, Mr. Chair.

• (1630)

**Mr. Darrell Samson:** Do we have anyone else who would like to answer? If not, I'll go on to another question.

**The Chair:** Ms. Fitzpatrick has her hand up as well.

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

**Ms. Tina Fitzpatrick:** I've called VAC's number, the 1-866 number, thousands of times starting in 2003, right to my last phone call, which was in 2018. I'm going to tell you, it's such a flawed system from beginning to end.

You get on there. You have to give your husband's number, which is not a big deal, but you have to go over your story every single time. There are no case managers. There's never been a case manager. My husband has been out now 18 years, and he's never had a case manager. When people talk about case managers, I don't know anything about that. Every time I've ever called, I've had to start from scratch and tell my whole story, depending on what the fight was that time.

There have been multiple, different things from prescriptions to appointments to everything, even like.... This is one example. Veterans, if they go to their psychologist or their psychiatrist, every couple of months they'd put in and get money for fuel, that type of

thing. My husband hasn't done that in probably 12 years because they made it so difficult. They keep changing it, and the last time I checked, which has been a long time now, they had to bring the paper with them. They had to make sure that the psychiatrist filled it out, and then the front desk had to sign it. Then my husband had to fill it out. He wasn't going at it, so we haven't availed of that in probably 12 years, for sure.

**The Chair:** Thank you.

Mr. Bruyeca, you have your hand up. Unfortunately, we're out of time for this particular question.

Up next we have MP Desilets for six minutes, please.

[*Translation*]

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

I am still shaken by the heart-wrenching and troubling testimony I have heard.

Mr. Hunter, you said that the system was sort of becoming an enemy of veterans. I have written that sentence down and will keep it in mind, as I think it is a good reflection of what we have been hearing.

I want all the witnesses to know that we are seeking solutions and ways to improve this system, which has many flaws.

In this committee, we have had an opportunity to discuss issues related to the homelessness many veterans are experiencing. We have talked about it a lot, but not enough in my opinion. Based on the assumption that the primary cause of homelessness among veterans is often related to a mental health issue, it seems to me that we can rightly wonder whether the government is addressing the root of this problem.

Do you think the various mental health programs the government provides are effective in preventing homelessness?

• (1635)

[*English*]

**Mr. Allan Hunter:** Let me first say that the Veterans Affairs staff across the country are doing miracles with the system that is designed, which is very complex but really doesn't get to the heart of the matter. Do I think the government's programs are effective? I think from a percentage standpoint, the percentage is very low that it is effective, because we're starting to.... Now with COVID being thrown in the mix, the homelessness of veterans is increasing dramatically.

What's very hard to do is to find female homeless veterans, because they face a number of battles. We talked just briefly about the sexual assault traumas that a lot of female veterans went through, but to go out there and expose yourself once again to a system that was supposed to protect you.... We're ending up with women living in cars and homeless shelters. When we ask them, "Are you a veteran?", a lot of them don't want to tell us because our veterans are supposed to be our heroes who don't have weaknesses, who can leap tall buildings in a single bound and all the things that go with it.



The reality is that these are people who we need.... When we go out looking for veterans on the streets out here in western Canada, they're not easy to find like your typical—and it's a sad thing to say—homeless person because we train them to not be seen. Unless you have a military background, unless you have the ability to see where someone is going to conceal themselves.... We've had veterans freezing to death in the winter because they concealed themselves and nobody knew they were there.

If we were doing a good job, that would mean the suicide statistics would be getting down to a point where we could trumpet it across the nation. That is not happening, and there are lots of ways we can fix it, but the ways we're doing it, are, once again, designed so that the bureaucracy succeeds but not so much the end-users.

[Translation]

**Mr. Luc Desilets:** I get the impression that it is easier for our bureaucratic system to spend money to try to alleviate hardships than to spend it to prevent those same hardships.

Am I right in saying that, Mr. Hunter?

[English]

**Mr. Allan Hunter:** Yes, sir. We spend vast amounts of money. We send it out, and then what I see as an advocate and a service officer is that the money, those sums of money, are put out there to the public across Canada to say, “See, we're addressing and fixing the problem. Look how much money we spent.” If you don't look at the end use of how that money was spent....

Again, the Veterans Association Food Bank in Calgary applied to the veteran and family well-being fund for a housing project, because Homes for Heroes can get them off the street and stabilized, but now the rents are so high that, when they move out of there, they end up in a system they can't afford. They end up back on the streets again because they cannot move to the next level.

We say, “Here's how much money we've spent”, but we don't track the results. We don't look at the successes. The 10 people who I talked about who took their lives, to me, 10 are just the ones I could put out there with a few days' notice. I can tell you there are hundreds of them. Remember, when each veteran takes their life, they're leaving a family behind to deal with the aftermath. How do we track that? Do we look at the family and what's happened to that family?

I have my own family, generations of family, serving our nation. I have friends who have gotten out and who are struggling with their own PTSD and mental health, whose kids are now in the service. They're all saying, “What's going to happen to me when I get out?”

In answer to your question, we spend a lot of money, but we're not accomplishing what we should be accomplishing, which is making sure that we put them back on track and give them the right to a good, solid life.

Mr. Bruyey was a good example. Why would anybody think it was okay to take away funding from a six-year-old boy? It's absolutely unheard of, when they gave money to a convicted police killer because his father was a veteran. It's absolutely absurd that we would allow that in a nation like ours.

[Translation]

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

[English]

**The Chair:** I'm afraid that's time, sir. Thank you.

[Translation]

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

[English]

**The Chair:** Up next we have MP Blaney for six minutes.

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

I want to thank all of you for your testimony today. It's hard to listen to, so I can only imagine the reality of living it day in and day out. I just want to express my appreciation for your coming here and sharing that with us. I imagine that is also exhausting.

I'll go to you first, Mr. Bruyey. I really appreciated your testimony. I've briefly seen the recommendations, and I'm going through them. I'm just wondering if you could talk a little bit about how the minister and the department handled the other ombudsman's investigation sent to the minister. I think it's really important that we capture that on the record today.

• (1640)

**Mr. Sean Bruyey:** Thank you very much, Ms. Blaney.

What happened was that Craig Dalton—unlike the previous ombudsman, Guy Parent—thought it would be, and I agree, an excellent plan to have a more expeditious process of having recommendations acted upon.

What was happening under Guy Parent previously was that they were permitting the department to delay for years addressing recommendations from the ombudsman's office. He submitted recommendations to the minister on four files in April and May 2020. Previous to that, he gave the department three months to address those concerns. In all four files the department completely dismissed the ombudsman's concern. This really speaks to a fundamental problem in the culture of the senior leadership who think they can snub their noses at an oversight body like the ombudsman.

The ombudsman then decided, after three months, that he would send those four files off to the minister. If the department won't deal with it, then it's the minister's job to deal with it. Those four files went to the minister. They sat on the minister's desk until Allan Hunter wrote to the minister and to Walter Natynczyk and said that Sean Bruyeya was going in for a heart procedure in the beginning of December 2020. Then, all of a sudden, all panic occurred in the minister's office, and three files were quickly addressed over the next four weeks. All three files ignored almost completely the ombudsman's recommendations. The fourth file was just released, almost a year after the minister had it, and it was a favourable decision.

It also begs the question. We have a department that is just burdened by these delays because of overbureaucratic processes, and the minister sat on those files when he could have personally had those addressed with the signing of a pen within a few weeks. He didn't do that. That's very disappointing and disillusioning for veterans in general and their families.

**Ms. Rachel Blaney:** Thank you for that. That's very helpful.

I agree, and I appreciate that so many of you are talking about how hard the workers are doing their work in VAC. I've heard again and again that it's not that they don't care; the bigger problem is the system they're put into.

What I've heard from multiple veterans is that it's starting to feel like they're going to an insurance place where they have to prove everything, instead of going to a place that's supposed to be there to support them.

One of the things that both you and Ms. Fitzpatrick talked about was the culture and how preventative it was for you to actually get your needs met. I know there are many recommendations, but I'm just wondering if you could talk a little about one specific thing you think would be pivotal in making a change for the services and the supports that should be there for veterans.

**Mr. Sean Bruyeya:** I think fundamentally that we have to take away this interdisciplinary care team they have at Veterans Affairs. It is a policy interdisciplinary committee that rules on files of veterans they've never treated. It provides a sort of fake front that Veterans Affairs really is using a collaborative interdisciplinary care model. What we have to do is take that out of Veterans Affairs' hands and put it into those of actual practitioners who treat veterans.

This interdisciplinary team within Veterans Affairs is truly an insurance model. It is a group of policy experts who sit around and decide how to deny care. We need a care team that knows the veterans, that sits outside of the department and that asks how they can provide care for this veteran.

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

I'm going to come to you, Ms. Fitzpatrick, with this. You talked about never having a case manager. I've heard of lot of veterans talk about how good it would be to make that call and have somebody on the other end who knows you, knows your family and knows the file so that when you're sharing what's happening in your family there is somebody there who has actually built up that relationship with you over time.

You articulated really well what it felt like to continually have to retell your story, but could you maybe talk about the impact that it had, both on you and your family?

● (1645)

**Ms. Tina Fitzpatrick:** It was huge, actually. My husband was very, very.... His percentage for PTSD was very high, and he was suicidal for six years in our basement. Every time I reached out for anything, I never got any support. It was a fight. I had to fight for everything, and there was never a case manager. I would call and talk to whoever it was. I would be sent to somebody else, or I would be put on hold for hours at a time. I would just sit there waiting.

I'm talking about all of his prescriptions and all of his different assessments, because there was assessment after assessment—all of that. There was no person I could call at one time. If we had one, it would have been awesome, because then she would know our story and she could have helped us more clearly, and helped my husband when he needed it, not to be passing the buck to this one or that one.

My husband's file was also on the minister's desk. It's been a roller coaster ride. I have two daughters, and guess what. "Veterans Affairs" are bad words to them. They think those are bad words in our house. That's how bad it's been.

**The Chair:** Next, for five minutes, we have MP Doherty.

**Mr. Todd Doherty (Cariboo—Prince George, CPC):** Thank you, Chair.

I want to thank Mr. Bruyeya, Ms. Fitzpatrick and Mr. Hunter for your testimony today. I also want to thank you for your strength, your commitment and your fight.

As you know, since being elected, I have been a passionate champion for our veterans and first responders. I have sat with many families left behind to pick up the pieces. I have sat with many veterans who are shattered, who feel they served their country and that our country has forgotten them. I truly appreciate your testimony today.

Mr. Hunter, you mentioned the committee shutting down the investigation into military sexual trauma. What message does that send to our female veterans and military?

**Mr. Allan Hunter:** Let me read to you the response I got from an organization that is specifically designed to deal with women in the military: “I can honestly say that 99% of women who have served have been sexually harassed or assaulted. We have proven ourselves in service and do not deserve to be treated as second-class citizens. If what happened to us happened in the civilian world, many high-ranking enlisted and officers would be discharged with a less-than-honourable discharge. The good old boys' club is not tolerated in civilian life, nor should it be in the military. Shutting down the committee is giving the message that what happens to females in the service is not important and that we are second-class civilians. The committee has not even gotten around to dealing with males being raped while serving.”

This woman was in tears when she sent this to me. That is the message coming from women who have served our nation—not from Allan Hunter. This is from the women who have faced this and can't come forward, because guess what will happen to them with their spouses and careers.

Thank you for the question. I appreciate it.

**Mr. Todd Doherty:** In your opinion, has this put females in our military further at risk?

**Mr. Allan Hunter:** I can say that, since that happened, I have been getting contacted by females who have been assaulted, raped and abused in the military. Some are still serving. They're absolutely terrified to come forward. In their words, this has said that women are second-class citizens in the military, and we're shutting down this committee because there's much worse there than we're prepared to allow Canadians to hear. That's unacceptable in any nation.

**Mr. Todd Doherty:** This next question is for the three of you.

When our Prime Minister and our ministers stand before microphones and say they'll always stand with our veterans and our military, how does that make you feel?

• (1650)

**Mr. Sean Bruyey:** Mr. Doherty, I've long written about the huge gap between the rhetoric and the actions.

What happens, especially with veterans with mental health illnesses, is that when they hear government say these words but the actions show something different.... When they show up at Veterans Affairs and they meet this debilitating bureaucracy, when the letters come in those brown envelopes that say no, when they have to wait on the phones, these are all messages that say, “Hey, wait a minute, the Prime Minister said something very meaningful. I believe in that. I was willing to die for that. If the government is not going to treat me the way the government promises, then the fault's with me. I must be at fault. I must be the one.” The shaming is so intense.

I have spoken with countless veterans and I can tell you, including for me, the suicidal reaction is immediate. The shame is immediate. There needs to be widespread sensitivity training in mental health illness, especially for veterans, throughout Veterans Affairs, and I would say, in Parliament.

**Mr. Todd Doherty:** I agree.

Ms. Fitzpatrick, how are you, and how is your family?

**Ms. Tina Fitzpatrick:** We're good. It's been a long road, but it's okay.

**Mr. Todd Doherty:** I want to thank you for your strength—

**Ms. Tina Fitzpatrick:** Thank you.

**Mr. Todd Doherty:** —and thank you for what you're doing for your family.

I have sat with countless veterans and families who are just shattered. Listening to your testimony absolutely heaps it on there. For me, it seems like we're not going forward. We're going three steps backward.

**Ms. Tina Fitzpatrick:** Absolutely.

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

Up next, we have MP Amos, for five minutes, please.

**Mr. William Amos (Pontiac, Lib.):** Thank you, Chair.

I'd like to extend a particular thanks to our witnesses today. These are difficult stories to tell. They're emotion riddled, and I think all of us feel the burden you bear in telling your stories. It's important for Canadians to understand the plight of many veterans' families.

I was particularly struck by the commentary around the negativity towards the bureaucracy—that oppositional feeling. I'm trying to explore this in a different way with you. Oftentimes large institutions, which aren't represented by any one individual but are a collection of individuals and rules and processes, work better if they're given positive feedback on where it is working, because that helps to identify where it's also not working.

I want to go through a list of some of the mental health services that Veterans Affairs provides, at least in this fiscal year and the fiscal year of 2019-20, where \$84 million was invested in the following way. If our three witnesses could advise what areas are functioning well, that would be helpful I think.

I see here that there's funding for 11 operational stress injury clinics across the country, 10 of which are outpatient and one of which is in-patient. There is the operational stress injuries social support services. There's the Veterans Affairs Canada assistance service's toll-free telephone line. There's the veteran-specific mental health first aid. There are two mobile apps: the OSI Connect mobile and PTSD Coach Canada. There's the mental health directorate within the department. We've heard some commentary around that already. There's the operational stress injury resource for caregivers. There's the veterans and mental health online tutorial. There's access for medically released veterans and their families to 32 family resource centre sites across the country, as well as the family helpline and familyforce.ca website.

Could each of you comment as briefly or as long as you'd like on what is working?

**Mr. Sean Bruyca:** Mr. Amos, I really appreciate your question.

I just wanted to speak to the paradigm by which we have to compliment the bureaucracy so that they let their guard down and do the right thing. It has been my experience over 20 years that when you compliment them, the bureaucrats immediately say, "Hey, we're doing a good job. We don't have to do anything differently."

The problem is that with the funding for mental health, we have to understand the users first. Let's not understand the bureaucracy. Let's understand the users, the families and veterans first. When someone suffers a mental health illness, it is 24 hours a day. It is seven days a week. It is all year long. It affects everyone around them.

What we need is a comprehensive system that will address that. Veterans need to know that they can get that care. Like Tina said, they can call a case manager, but that's only a half measure. All of the mental health programs at Veterans Affairs are half measures. They only work for those who are persevering, those who are articulate and those who can fight. Veterans who are suffering with a mental health illness need someone—or a team—who will be there all the time, every day. Only with that security can they take the steps to better their lives.

• (1655)

**Mr. Allan Hunter:** If I may, "continuum of care" is a term that's used in the medical profession. It's critical, from inception to completion, to make sure that continuum of care happens. All of these programs you mentioned, and we've spent \$84 million on these, that's great because at the initial contact, wow, here's a person who leaves with the feeling that "There are some things in place that I might be able to access, and I might not be in this place again." Then the next piece comes in. "Okay, let's look at your account. Have you filled out this form? Have you filled out that form? No, sir, we didn't find your advocate's consent notice", even though, in fact, it was in place, and all those things.

As Mr. Bruyca alluded, the programs don't recognize that the person on the receiving end of that continuum of care might not be articulate and might not understand how the systems work. The mark of any great organization, especially the military, is the leadership. The leadership has to say, "We recognize that we're dealing with multicultural issues, educational issues." A lot of people join the military because life isn't so good in the family. They go in and

they get trained in a trade. They come out without a good academic education, and they're thrust out there with "here's a whole pile of money". They spend it all but they haven't addressed all their problems so they end up coming back. It's very cyclical.

Again, I can tell you from my own experience as a service officer that, indeed, some of the programs have in some of those cases saved lives. However, in other cases, as I've mentioned, people didn't make it. They're no longer with us and their families are left behind to bear the burden of asking themselves, "What could we have done differently?"

I would like to say to everybody in this committee, if you believe that women are not second-class citizens in this system, especially female veterans, do something about it. Don't just talk at committee. Go out there and say, "We are not going to accept our government telling us to continue to put nice platitudes out there, but not to do things to deliver these veterans from the battles they face at home."

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

Up next is MP Desilets, for two and a half minutes, please.

[*Translation*]

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

Ms. Fitzpatrick, I am repeating myself, but I think you are very brave and I have a great deal of respect for you. You have been interacting with the Department of Veterans Affairs for 15 or 17 years, according to what you said earlier. You said that you have made thousands of telephone calls to the department. Last Monday, in the same committee, the deputy minister of Veterans Affairs, Mr. Natynczyk, said he has reduced the response time to two minutes.

I heard that answer two days ago, and I still don't understand it. I even asked Mr. Natynczyk to repeat it. I don't know whether he was referring to one or several sectors. I am sure the department has nevertheless evolved.

Have you received responses in less than two minutes in recent years?

[*English*]

**Ms. Tina Fitzpatrick:** Absolutely not—never. In two minutes...? No. The last time I dealt with the OSI clinic was in 2011. My husband was called and was asked to go to the OSI clinic. There is none in Newfoundland, so he had to go to New Brunswick. He didn't want to go, because he said that he didn't want to go over his trauma. He has seen a psychologist for 17 years now, the same psychologist. He didn't want to go. They insisted that he go to this OSI clinic in New Brunswick.

We both went. We went for five days and we came back. We had no rental car and we stayed in a hotel with no restaurant, so we were told to take cabs everywhere and keep all of our receipts. I came home and did exactly what the girl told me. I kept all the receipts and sent them in. I got a letter back saying that the only receipt that would be paid back was our receipt from the airport to the hotel. That was in 2011.

At that point, I said, “Okay, we’re done with you guys.” I hadn’t contacted them, maybe for prescription renewals and that kind of thing, but I was done. Then in 2018 I did contact them about the earnings loss benefit, and I was told by Seamus O’Regan in 2018 that I would get an answer. I got an answer two weeks ago—literally two weeks ago.

• (1700)

[*Translation*]

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

Mr. Bruyea, I believe that you would like to comment.

[*English*]

**The Chair:** Monsieur Desilets, I’m sorry, but we’re well past your time. I let the witness finish, but two and half minutes goes by real quick. Possibly that question will come up again in the coming rounds.

Up next we have MP Blaney for two and a half minutes.

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

I’m going to come back to you, Mr. Bruyea, because I keep thinking about the startling story you told us about your son having to help you with your pills when you were having that incident. One of the things that concerns me greatly is that we’re sending veterans home to families, and they have severe challenges. We’re sending them home without providing any support to those caregivers and those children. We’re not providing any training to say to them that these are some of the things you may expect, here’s who to call when those things happen and we’re going to support the whole family staying together. I can imagine that when there’s that kind of stress it’s very hard for the family to stay together.

I’m wondering if you can speak to that, because you talked about your son losing the care and all of these other factors. I really want to make sure that this committee understands the impact on the family and the specific needs of the family of the veteran.

**Mr. Sean Bruyea:** Thank you, Ms. Blaney.

I’ll quickly give another anecdote of what happened with my son when I went in for the heart procedure in the hospital. My son can’t be away from me. At 4:30 a.m., as I’m lying in the hospital bed, I get a call. It’s my son and he’s crying. He can’t sleep. He hadn’t slept all night, until 4:30. He needed to hear my voice before he went to bed. That is a burden on a six-, seven- or eight-year-old that is just too much to bear.

When I suggest what can change at Veterans Affairs in terms of this collaborative care, the continuum of care program that’s independent, that care team has to include the family members and the veterans, and the family members and veterans get to decide how to deal with the problem. It’s not Veterans Affairs saying how they’ll

deal with the problem. It’s the family who gets to say that, and the family gets empowered. Even the children get empowered.

That’s what I try to do with my son—empower him—but I would really like some extra assistance to know that he’s going to be safe when I’m not with him. That’s why we had the care in place, and that’s why it was so devastating when it was taken away.

**The Chair:** You have about 15 seconds, Ms. Blaney.

**Ms. Rachel Blaney:** Yes, I thought so.

Thank you for that. I will say that what I hope to have happen later on today in this meeting is to add to the motion that we get a response from VAC on this testimony. I will be bringing that forward soon.

**Mr. Sean Bruyea:** Thank you, Ms. Blaney.

**The Chair:** Thank you.

Next we have MP Davidson for five minutes, please.

**Mr. Scot Davidson (York—Simcoe, CPC):** Thank you.

Thanks, Allan, Tina and Sean.

I’m new to this committee. Thanks for allowing me to take the time today.

Tina, the good news is that I pulled the Auditor General’s report on call centres, and it is a damning report. It says, “In addition”—including Veterans Affairs—“none of the call centres had [any] service standards on the likelihood that callers would reach an agent or on the accuracy of the information they would receive.” As well, there were absolutely no service standards. In 2019, there were 208,000 calls to Veterans Affairs, and 43,000 were hung up on or unanswered. That is supposed to be there to serve Canadians, and it’s clearly not. That is according to the Auditor General’s report.

It’s frustrating to me as a new MP to have you here as witness—and I often wonder, as a new MP, what building all these reports go to because absolutely nothing happens. She’s got to be chock full of reports and nothing happens.

Anyway, I’ll get to my questions.

I had veterans reach out to me. Actually, I reached out to a couple of veterans. Just so you know, I have a Silver Cross mother who works for me. Her son, Brian Collier, was killed by an IED in Afghanistan in 2010; he made the ultimate sacrifice. I'll say this to Sean, Allan and Tina: We go through monthly—weekly, even—moments, her and I in the office, where there's a breakdown, and there are absolutely no services for her. I would ask one of you to talk about that because I know time is critical here.

I also have a question about how veterans who receive disability benefits from Veterans Affairs Canada are now able to earn up to \$25,000 without its impacting their diminished earning capacity. However, veterans who receive disability benefits from Manulife are apparently not allowed to make anything. I'm looking at whether you have any input on that, because I have some veterans in York—Simcoe, my riding, who are very curious about that.

As well, if one of you could speak to.... Veterans are responsible for paying upfront costs for medication to treat injuries they received while in service. They're waiting over a year, I've been told, to be reimbursed, which is having implications on their health and their finances. To me, this is also shameful.

Unfortunately, I only have five minutes. I have many more questions, but I will start there.

• (1705)

**Mr. Sean Bruyca:** Can I go first, Allan?

Mr. Davidson, those are excellent questions, excellent points.

First, with regard to the call centres, that is a perfect example. It seems like such a minor thing, but it's a perfect example of how the bureaucracy prioritizes statistics instead of results. The only concern in Veterans Affairs is how quickly they answer the phone. The concern is not whether it's been resolved, whether there's been follow-up, whether there's been help offered, whether there's going to be a practitioner assigned. That's not the concern. The bureaucracy, just like the case management ratio.... Let's get that case management ratio down, but are we asking whether that veteran actually received true case management? Did they really get help? Did they move on with their life? Did they progress?

In terms of the medication and the upfront costs, I've gone through a number of practitioners who will not deal with Veterans Affairs. It is too burdensome on them. I have to do the paperwork for them. It's absolutely inexcusable. Other practitioners say, "No, I won't see you because I don't want you to have the burden of dealing with it, or me. I just don't want anything to do with Veterans Affairs." That's a truly sad situation, in my mind.

**Mr. Scot Davidson:** It is truly sad, and I thank you for those comments. Again, I'm on your side on this. This is something that I know we're all going to work together on as a committee. Hopefully another report doesn't go to some building and collect dust, and then everyone's back here in five years talking about the same stuff again.

Allan or Tina...?

**Mr. Allan Hunter:** Yes, I can tell you that, many years ago at a stakeholder summit, I was told by Deputy Minister Natynczyk and also the minister for the moment, Seamus O'Regan, that they were

going to make sure that they looked into intergovernmental—so, the CRA, Health Canada, all these things—to make sure that anything we're putting out there for our veterans isn't going to be a detriment to their care and continuum of care.

None of that has happened, and that stakeholder summit was in 2016. Here we are, as you alluded to, five years later. We heard a lot of good words and a lot of good promises, but nothing has emerged from that.

• (1710)

**The Chair:** Thank you, sir.

Tina, I see you have your hand up. However, we're out of time on this question. Maybe we'll be able to circle back.

Up next we have MP Casey for five minutes.

**Mr. Sean Casey (Charlottetown, Lib.):** Thank you very much, Mr. Chair, and thank you to all of our witnesses. There has been very compelling and sobering testimony today indeed. I think I want to start with something that's fairly simple.

Mr. Hunter, you indicated that one of the roles that you undertake is that of a service officer.

Can you explain to us just what that entails?

**Mr. Allan Hunter:** Yes, sir. Thank you for the question.

Many organizations have a service office. This is the second organization in which I'm working as a service officer. What happens typically is that a veteran who is having a difficult time navigating the system reaches out to a service officer and, hopefully, gets the program started. I'm a volunteer, so I do this in my spare time.

Depending on the caseload and the people coming to me—I expect it's going to escalate given the latest we have heard about our female veterans—I typically get the cases of people who have almost given up. Sean mentioned—and he's been an advocate for a long, long time—that he had to reach out to me. I typically get the cases in which people have almost given up. They have said, "Look, I fought with VAC. I asked VAC questions"—as Tina has alluded to—"and I have spent years and years trying to get answers."

I can tell you from my own personal experience that VAC does a good job of answering many phone calls and many questions in two minutes, but more often than not, the answer is “no” or “start again”. Once again, the service officer's role is to try to keep that veteran on this side of the cliff, if you will, and to make sure that they don't do something to cause self-harm.

You have to remember that the next step for a veteran who's being told “no, no, no” could be substance abuse and all the things that go with that. In my opening statement, I alluded to suicide. When a person takes their life, that's the ultimate failure of a nation and of the organization built for them. Again, I can't stress enough that I absolutely have to thank the countless people across VAC who have helped me to keep these people alive, to keep these people going for one more day, one more phone call. As Tina said, some people just don't have that.

When a 47-year-old man takes his life and leaves seven kids behind, we have a system that needs some things that have not been tried before. We've been talking about this. Sean's been a service officer for decades. I have more than a decade. We're talking about the same things now that we were talking about in my first trip to Ottawa. A service officer is the one who is trying to hold on to that individual, male or female, to say, “Let's try one more thing. Let's try one more day.”

**Mr. Sean Casey:** Mr. Hunter, thank you for that.

When I asked that question, I already knew what the answer was, but as I heard Ms. Fitzpatrick tell her story and as I heard you introduce yourself as a service officer, it struck me that this is something she could have used.

Is there an availability, is there an option, is there a possibility of her connecting with a service officer in her neck of the woods? How would she go about it?

**Mr. Allan Hunter:** There are lots of service officers out there, I can tell you. I'm not sure. I'm going to hook up with Tina later to make sure that we do have.... A service officer and an effective service are two different things. There are lots of organizations that have service officers out there. Typically what they do is take the answer from VAC, give it to the veteran and say, “I'm sorry, but I've looked into it and you don't qualify” or “That only applies on days that end in a y” and different things like that.

If the service officer is committed, the service officer is going to make sure—and I've said this to VAC for a long time.... I'm the guy who is going to help you get to “yes”. Mr. Natynczyk said to me many, many years ago, “I'm the guy who's going to help you get to yes.” I said, “Good. I'm going to hold you to that. I'm going to be the guy who, when I come to you, is not going to waste your time. I'm not going to ask for silly things that people aren't entitled to. I'm going to put facts before you that will allow you and your organization to get to a very easy yes.”

In Mr. Bruyca's case, I put it before them. I got an unsolicited letter from the minister saying that they had examined all of the things, and the answer was still going to be no, even though it wasn't supported in policy. It wasn't supported in any of the case management notes or records, which, unfortunately weren't kept very well.

The service officer has to be able to have compassion and has to understand the system enough to say to, for example, to Ms. Fitzpatrick, “We're going to make sure we get you some resolution. We're going to put a timeline on it. Eight years is not acceptable. For you to have to come forward and testify now to say that the system is just...”. The system is working for the bureaucracy. As Mr. Bruyca said, statistics are being kept, but are we keeping our veterans alive? Are we keeping them in a state where it's okay for them to be at home?

I have a veteran right now who said to me that they couldn't go home right now because they just got an answer from Veterans Affairs and they were terrified that they were going to go home and take it out on their family.

• (1715)

**The Chair:** Thank you.

Just for everybody's benefit, let me say that we have enough time here to get at least part of round three completed. I'm going to be a little bit more strict about cutting people off. I apologize in advance for interrupting, if I have to.

Up next we have MP Brassard for five minutes.

**Mr. John Brassard:** Thank you, Mr. Chair.

First I have a question of clarification for Mr. Bruyca.

Sean, you've submitted a document—to the committee, I presume. Every member of the committee has that document. Is that correct?

**The Chair:** The committee does not have that document, I'm being told. It has not been translated.

**Mr. John Brassard:** Okay. I'm sorry about that. I'm going to suggest that Mr. Bruyca table that document and that we have it translated, Mr. Chair. I don't know what the process is for this, whether he just submits it or....

There are several recommendations he's made that may benefit the committee in its deliberation. It may in fact benefit Veterans Affairs Canada; I suspect that's the case.

**The Chair:** Yes, that would be the right course of action. If he submits it to the clerk, he can have it translated and submitted.

**Mr. Sean Bruyca:** I did submit it to the committee and the clerk.

**Mr. John Brassard:** Okay. Thank you.

Mr. Hunter, what a burden you bear. I know why you do it and I appreciate the fact that you do it.

One thing that frustrates me as a member of Parliament is that often, as is the case with Tina, it gets elevated to a member of Parliament's office. I can recall one situation, just after Chris Garnier received his benefits, in which I had a veteran come into my office threatening to commit suicide. I sent an expletive-filled email to Minister O'Regan at the time and within 15 minutes got a phone call and an email back from his chief of staff.

How often do you see a situation in which people are so frustrated in dealing with the process that they have to reach out?

I happen to think that no one should ever have to reach out to a member of Parliament to get benefits that they've earned in representing their country. I'm curious to know why Mr. Bruyca would have to reach out to you, given his high-profile status as an advocate for veterans in this country.

**Mr. Allan Hunter:** There are a couple of things to say.

Does it happen often? I can tell you right now that female veterans across this country reached out as recently as 15 minutes before this began. They reached out to me and said please.

I'm reaching out right now to every one of you members of Parliament, regardless of party, to stand up and say it is not tolerable that we've rejected the women in the military and their request to be heard. It needs to be "me too", not the "not you".

Why did Mr. Bruyca have to reach out to me? I can tell you why. It's because in spite of all of our efforts of going through policy and saying the decisions made by the department were not supported in policy, were not supported by any of the evidence before them.... They'll deny this, but the day after Mr. Bruyca filed his lawsuit, the funding was cut for a six-year-old boy. You alluded to Mr. Garnier, who was a criminal, in his thirties, and who was given funding from the very same fund. How can you have a system that says no to a six-year-old boy and yes to a cop killer?

If we can't fix those things, this is all for naught. It's a disgrace that we would put a little boy who fears for his dad's life, let alone his own safety, in that position, and we say yes to a cop killer. It's absolutely absurd that we would do that.

**Mr. John Brassard:** All right.

Tina, one thing that really struck me about your testimony is the seeming disconnect between family members and veterans. Oftentimes, we hear that Veterans Affairs will want to deal with the veteran directly. Oftentimes, that's not possible.

You've spent an inordinate amount of time reaching out not just to Veterans Affairs but to your member of Parliament as well. In your opinion, how do we help family members deal with the situations that are going on within their households?

• (1720)

**Ms. Tina Fitzpatrick:** Honestly, in 2003, 2004, 2005, 2006, when my husband was really sick, I had to get MHA services involved. Every time he went to a hospital, I had to get an MHA person involved. When the doctor tried to take him off some kind of medication and put him on medical marijuana, I had to get the MHA involved.

I really don't have any answers for that, because the truth of it is that I had to use them for everything.

**Mr. John Brassard:** I guess...a dedicated family line to deal specifically with your situation or others as well, not necessarily reaching out to the veteran's case manager. However, if there isn't something already, maybe something needs to be done to have a dedicated family unit, so that family members can feel comfortable.

I see my time's up, Mr. Chair.

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

Up next we have MP Fillmore, please.

**Mr. Andy Fillmore (Halifax, Lib.):** Thank you, Mr. Chair.

I offer tremendous thanks to the witnesses today for coming and giving your time the way you have and for all of your advocacy before today. I know it's gone on for a very long time. I'm very grateful for it.

Mr. Hunter, you brought the important voice of women into our committee today. They had contacted you with regard to the study of women experiencing sexual assault in the military. It's really important that we all understand, and that the women you've been in contact with understand, that the government has not shut down that study. It's moved it to a much more appropriate venue—the status of women committee—where these women are sure, in that venue, to have a safe and effective hearing of the trouble they've encountered, which they never should have encountered. The last thing we want to be doing is taking hope away from people who need hope, when it's not necessary that this hope be taken away. This study is going to continue, but at the right committee. I just wanted to make sure we all understood that.

There was one other point about the wait times. I'm not sure who raised it. Of course, this committee doesn't study successes. It studies what we need to do better. That's why we're all here and that's why you're here. However, it's important to understand that from 2020 to 2021, VAC took 390,000 calls and 84% of those calls met the two-minute service standard. We're not here studying the 84% that were met. We're studying the 16% that weren't met. Thank you, then, for raising those points.

In fact, there was a 93% approval rate of people making those calls. We're here to study the 7% who were not satisfied. Again, thank you for that.

It's important, though, that it does show a record of improvement year over year.

That's not what I really wanted to ask you about, though. Mr. Hunter, I want to shift gears. You are involved with the Veterans Association Food Bank in Alberta. Obviously, access to nutritious food has a clear impact on our physical and mental health. When any of us aren't sure where our next meal is coming or what its quality will be, it's a very difficult situation.

I was just wondering if you would be able to share a little bit about your experience of how the food bank has made a difference to the physical, mental and emotional well-being of veterans in your community.

**Mr. Allan Hunter:** Absolutely.



As a point of clarification, sir, the status of women committee that it got moved to doesn't apply to the military women. If you're still serving, you are not allowed to speak outside of the military. That venue might work for women, but it's not going to work for women who are still serving.

In my experience with the Veterans Association Food Bank, the most fundamental thing that Canadians take for granted is the fact that they have the ability to feed themselves at least once a day, and maybe more times. For some people, it's more than three times a day.

Again, when a person does not have the ability to feed themselves on a daily basis, that begets another problem: How did you get there? What are we going to do to make sure you don't end up back there?

Typically, the homelessness and the food part comes because of mental health challenges that were not being addressed in the societal realm that they live in. Veterans are the last to reach out for help, the last to say, "I need help," because they've been trained their whole lives to go out and help others, to put their lives on the line for others. It's very difficult for a veteran not only to say that they need help but also to actually recognize that as their life is spiralling out of control and starts to fall down those steps of life that most of us take for granted. By the time they hit that bottom step, a lot of them aren't even aware of their journey to get to the bottom of that pile. When they get there, we're typically dealing with substance abuse.

I'm dealing with a number of veterans who were injured in combat in Afghanistan who have permanent brain injuries. They're dealing with brain injuries. They're dealing with not being able to be employed because their brain is not functioning in the fashion that it could. Their families couldn't deal with it anymore, so families have split up. They no longer have family support. They can go into fits of rage or seclusion, where nobody sees them. For a lot of our guys and gals, we don't know if they're alive or dead until they reach out to us.

The fact that we have a Veterans Association Food Bank is a detriment and a disgrace to the nation. I've never heard of a politicians food bank. I've never heard of a bureaucrats food bank. When you put a food bank out there for veterans and first responders, because we do represent first responders, police....

We lost a veteran and a police officer in Calgary—Andy Harnett. God rest his soul. His life was taken by some criminals. Again, now we have a family left behind. His wife was pregnant at the time. Now we have a veteran's wife with a brand new baby who wasn't even born then and who has now been added to the mix.

We are trying to make sure that we're the ones who are catching the people who fall out of the safety net that VAC is supposed to provide—and they do. They do a lot of good work, but there are many out there. We wouldn't exist....

It's in the Calgary region, but we're reaching from coast to coast. We have members from coast to coast who want to see our organization.... We have one in Edmonton. They've asked us to do one in Saskatoon, and on and on.

Hopefully, I've answered some of that. I'm happy to talk with you later about it.

• (1725)

**Mr. Andy Fillmore:** Thank you very much, Mr. Hunter. I appreciate it.

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

Up next, for two and a half minutes, is MP Desilets.

[*Translation*]

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

Since the meeting is drawing to its end, I want to thank all the witnesses for the nice constructive meeting we have had. They have all been asked a lot of questions.

Mr. Bruyey, we are hearing in the media and in the meetings of a few committees, especially the Standing Committee on National Defence, about many sexual misconduct cases. They are resurfacing and getting attention in the news. Many women are leaving the Canadian Armed Forces after having experienced sexual harassment or assault.

The Office of Women and LGBTQ2 Veterans was created in 2019. Do you think that initiative is sufficient? Are there any improvements to be made? I would like to get a brief answer, as I have other questions to ask.

[*English*]

**Mr. Sean Bruyey:** Yes, super.

Just to clarify, Monsieur Desilets—and thank you for the question—are you talking about parliamentary committees?

[*Translation*]

**Mr. Luc Desilets:** The interpretation is not working in French.

[*English*]

**The Chair:** I'm not getting the interpretation either at this point. Can the clerk check to see if there's a...?

Is it back? Okay.

Sean, perhaps you can start your answer again.

[*Translation*]

**Mr. Luc Desilets:** I hope that the clock was stopped.

**Mr. Sean Bruyey:** I apologize, Mr. Desilets.

[*English*]

I'm just wondering if you're talking about the parliamentary committees or the advisory groups.

[*Translation*]

**Mr. Luc Desilets:** No. I am talking about the Office of Women and LGBTQ2 Veterans, which was created in 2019. If you are not familiar with it, that's okay.

Do you think that initiative is sufficient and relevant?

[*English*]

**Mr. Sean Bruyey:** It's an excellent question, Monsieur Desilets. Thank you.

I think what happens is that we have a lot of committees, studies and voluntary organizations being established that are set up to try to address the problems. I think those are all reflections that the system is not working. If we're dealing with, for instance, the neglect and abuse of serving members, as Ms. Blaney talked about, we have to also start talking about those who are males and those who are females. We have to talk about the discrimination.

Military culture itself, which I have written about—my thesis was about this—is inherently abusive if it's not kept in check. With senior leadership we've seen that. Once you get promoted, you become untouchable. We see the same behaviour in our bureaucracy. Unfortunately, a lot of these decisions and recommendations will go back to this very same bureaucracy and these very same institutions. The ones who are being abusive or not acting responsibly will then, of course, not act meaningfully on those recommendations—

• (1730)

**The Chair:** Thank you.

**Mr. Sean Bruyca:** I'm sorry, Mr. May.

**The Chair:** That's okay. I have to get in there because we're getting really close to time, and I promised that everyone would get an opportunity.

MP Blaney, you have two and a half minutes, please.

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

I want to close and say thank you so much to all of the witnesses today. What they shared with us was very profound.

With your leave, I would like to go to the motion. I think what we're hearing is so important. I think it's only reasonable and fair that the Department of Veterans Affairs has the ability to respond to this. I think a lot of us are looking for some of those responses.

I move the following:

That the Committee request, in writing, a response from the Minister of Veterans Affairs Canada to the testimony that was received on April 14 2021, including the brief sent by Sean Bruyca containing his recommendations, within 30 days of the date of this meeting.

If you need me to read that out again, Mr. Chair, please let me know.

**The Chair:** We will.

I will remind all members that we did not recommend a report to be done, so I think some clarification in terms of what you want them to respond specifically to....

**Ms. Rachel Blaney:** Mr. Chair, thank you for that.

The reason I'm proposing this motion is that we did not have that clarity. It would have been great if we'd had a report coming. We don't. I'm asking for Veterans Affairs to respond directly to this testimony and to the recommendations Mr. Bruyca has presented to us. How Veterans Affairs chooses to respond is up to them, I guess, but I'm hoping they will give us a response to what they heard and any feedback on actions they're taking to address some of these very important concerns.

**The Chair:** Excellent.

For the sake of translation, would you mind repeating it at least one more time, please?

**Ms. Rachel Blaney:** Absolutely. I move:

That the Committee request, in writing, a response from the Minister of Veterans Affairs Canada to the testimony that was received on April 14 2021, including the brief sent by Sean Bruyca containing his recommendations, within 30 days of the date of this meeting.

I'll have someone from my team send it to the clerk, if that's helpful.

**The Chair:** Yes, please.

Is there a need for anyone to get clarification on the motion that's before us?

Is there any discussion on the motion?

Seeing none, all those in favour of the motion....

I beg your pardon. I'm sorry, guys. I'm jumping the gun here. MP Casey had his hand up. I lost it in the decor of his background.

**Mr. Sean Casey:** I am fine to support the motion.

The concern that I have—I'm not sure if it requires an amendment to the motion—is that in the course of testimony today, we heard testimony with respect to individual cases. Clearly, the department is not going to be able to respond to that testimony without some sort of a privacy waiver from the people who have given that testimony.

As I say, I think that the minister should be given an opportunity to respond to what has been heard today, but to a certain extent they will be limited without such a waiver. As long as we know that they will be subject to that limitation, then we go into this with our eyes open.

With that said, I will be supporting the motion.

• (1735)

**The Chair:** Is there any other discussion?

Seeing none, in this virtual format, I think it's just a matter of whether we have unanimous consent for the motion.

(Motion agreed to)

**The Chair:** I want to thank all of the witnesses for being with us today. I appreciate the overwhelming sensitivity of each of your cases and the work that you're doing.

I can at least speak on behalf of the members of this committee that we are in agreement that improvement is needed and we need to continue to move on it.

The one issue I will comment on is Mr. Hunter's mention of the military not being able to go to the study that is currently being conducted. I can assure him that is in fact happening. Members of CAF have attended and will continue to attend those hearings on that incredibly important issue.

Again, thank you to all members of this committee. Thank you to the technical—

**Mr. John Brassard:** Mr. Chair, on a point of order, if you don't mind, if the committee clerk can send the wording of the motion around to all of the committee members so that we have record of it, I would appreciate that.

**The Chair:** Once it's been translated, we'll distribute it.

**Mr. John Brassard:** Perfect. Thank you, Mr. Chair.

I see that Mr. Hunter has his hand up.

**Mr. Allan Hunter:** I would ask the indulgence of the committee to make sure that the witnesses get that as well.

Mr. May, on a point of clarification, I understand that the ability of women in the military to come forward is out there, from a theoretical sense. However, based on past history and what I've heard, it's one more time that they're being told to hurry up and wait, and here's another committee. The willingness of those victims who are traumatized is the biggest point that I would like to make.

**The Chair:** I can't agree with you more.

Prior to this Parliament, I was the chair of the human resources committee, and we oversaw Bill C-65, which was on violence and harassment in the workforce. I can assure you, I'm very aware of the trepidation and challenges of coming forward, so are all of the

members of this committee. A big thank you, sir, for the work that you do.

I will wrap up here by simply reminding everyone that on the 19th, we will not be having a meeting. Our next meeting will be April 21, which will be hearing from witnesses on the study of support services and veteran caregivers and families. It's our last meeting on that study.

Scot.

**Mr. Scot Davidson:** Thanks, Mr. Chair.

I may be out of order, but I want to thank Allan, Tina and Sean.

Tina, I'm going to follow up to see if the Auditor General's report for Veterans Affairs has been implemented. Somehow I doubt that they've done so.

Thanks so much.

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

Thank you to all the folks in Ottawa who make it possible to be heard and to be seen.

I adjourn this meeting.

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