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## **Standing Committee on Veterans Affairs**

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**EVIDENCE**

**Monday, October 30, 2006**

**Chair**

**Mr. Rob Anders**

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## Standing Committee on Veterans Affairs

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• (1535)

[English]

**The Chair (Mr. Rob Anders (Calgary West, CPC)):** Good afternoon.

Yet again, we have our meeting of the veterans affairs committee. Today, pursuant to Standing Order 108(2), we have our study of the veterans affairs ombudsman.

We have witnesses before us today from the Korea Veterans Association of Canada: Mr. Les Peate, national president; and Gord Strathy, national secretary.

The way we generally work it, gentlemen, is that we open it up to allow about 20 minutes of commentary, or 10 minutes each if you like. After that, we rotate questions among us on a pre-determined seven-minute and five-minute rotation. That's for them to ask questions and see if you have anything else to add to your comments.

You gentlemen may begin if you like.

**Mr. Les Peate (National President, Korea Veterans Association of Canada):** First, I'd like to thank you very much indeed for giving us this opportunity to state our case before you. It's most appreciated, and we thank you.

I'm Les Peate, national president of the Korea Veterans Association of Canada. With me is our national secretary, Gord Strathy.

Korean War veterans have three major concerns. One concern is political; I realize this is not really the object of this committee. We hope that our sacrifices have not been in vain. Despite the recent sabre-rattling in North Korea, we hope that Canadian troops won't have to return to the land of the morning calm once again to repel an aggressor. Many people don't realize—I'm sure you all do—that there really is no peace in Korea. A war technically exists between north and south. This is actually a state of armed truce. In fact, over 1,000 U.S. soldiers have died since the ceasefire in 1953, plus many Canadians—mainly in accidents, I might add, rather than by enemy action. As I said, I realize that we're stepping out of veterans' concerns into the field of international politics, so I'll leave this right there.

Our second concern is remembrance. For 40 years, the Korean War was not recognized as a war. It was a conflict. It was a police action. And it was a United Nations operation. With three years of shooting and being shot at, and over 2,000 Canadians killed or wounded, we know that it was indeed a war. Many of our veterans

are disappointed by the refusal of the Government House chancellery to permit the wearing of the Korean War medal. This medal was awarded by the President of South Korea, Sigmund Ree, to all troops who participated on the United Nations side in the Korean War. It was kept dark. When we did find out about it, about 30 years after the event, we tried to obtain the medal from Korea. They gave us approval to get them. We had to purchase them ourselves, because they stopped minting them. Then we went to Government House chancellery for permission to wear this medal as an approved foreign award. As you probably know, the wearing of a foreign decoration or award must be approved by the chancellery. This wasn't given.

The other concern we have are the battle honours. Any of you who have had much to do with an infantry battalion know that the battalion takes the most pride in their battle honours. They celebrate the day; they wear the battle honours on the colours. And for some reason—well, I know what the reason was—we fared badly. We would take part in battles with the British and Australians. The British and Australians would get a battle honour that they would carry proudly on their colours. For some reason, the Canadians were turned down. They were turned down by our own senior officers.

However, to get back to our primary concern, which is recognition of the health hazards encountered by our service personnel in Korea, I think it's safe to say that in this respect we were unique. On the one hand, a whole range of chemical defoliants and insecticides had been developed during the war, and we used them. On the dark side side of the coin, we were not yet aware of the lasting effects of these chemicals. We were young in those days. When you're a 19-year-old or a 20-year-old, as most of our people were, you don't really think of the future; you live for today. We felt that if anything happened to us, it wouldn't be because of our environment, and it wouldn't be because of what our friends were doing; it would be because of the enemy.

It wasn't until later years that we started finding that many of our comrades were dying early. Some of them had all sorts of ailments, ranging from arthritis to tuberculosis to cancer. You name it, they had it.

• (1540)

There seemed to be more of our people suffering. I was secretary at the time, and I carried out a survey. It was an informal survey, although I felt that we had a large enough sample. We found out that we did indeed have a higher rate of many illnesses than the corresponding age group of the general population. Some of them were significant.

Gord's going to tell you of one case of a veteran who was exposed to DDT. While he may have been susceptible to it, perhaps exceptionally so, nevertheless he is virtually a basket case. Nobody in Canada would have attributed it to the DDT he suffered in Korea. He finally had to go down to Texas and spend \$10,000 of his own money—he had to mortgage his house—to go to a clinic because nobody in Canada could diagnose this. The ironic thing is that the doctor who diagnosed it as DDT-related was working in Texas but actually came from Nova Scotia.

This got us going. We tried corresponding with colleagues in the United Kingdom, Australia, and the U.S. We picked these countries because they have a similar lifestyle. We couldn't compare the after-war experience of a Canadian with an Ethiopian, a Colombian, or a Thai. We looked at people whose lifestyle was like ours, and the closest ones we found were the United States, Australia, and the United Kingdom.

We met with Veterans Affairs and asked if they would conduct a survey. Although I was quite happy with ours, I felt that we should have an approved survey conducted by survey specialists. We discussed it in several meetings. But then you'd have a change of government, or we'd have a change of deputy minister, or you'd have people moving around. It never really got anywhere.

In the meantime I was talking to an Australian researcher, a Colonel Limburg, who had been working on this for many years. One of the things he produced was a list of approximately 125 toxic chemicals that the Australian troops were exposed to in Korea. In Korea, we were in the Commonwealth Division. We shared the same accommodations, the same conditions. Sometimes the Canadian rations were a bit better than the British rations, but apart from that everything was the same. What is true about Australians in Korea would basically be true for Canadians, British, and the rest of the Commonwealth troops.

We found 100 toxic chemicals and 20 endemic diseases. One of the diseases is particularly virulent—we call it the Manchurian bug. It was a hemorrhagic fever with a 41% fatality rate. Besides the chemical threat, we had other things to contend with such as extremes of climate, excessive rainfall, rats, and lice. One of the most important factors is that we lived in holes in the ground, which we dug. This ground in Korea had been fertilized for centuries with human waste. All in all, it was not a healthy situation.

I have appended the list of this report. I'm sure you don't want me to read out a list of 125 chemicals and 20 diseases. But they will be available—I have passed them to be reproduced. I'll be glad to answer any questions on them later.

Then we had a breakthrough. The Australian Department of Veterans' Affairs did three studies, and they produced three excellent reports. One of them was a mortality study. They compared the mortality rate of their Korean veterans from various causes with the mortality rate of males of the same age in the general population. The second one was a cancer incidence study. The third one was a health study, in which they compared the ailments and disabilities of Korean veterans with those of the general public. The differences were very significant. I can give you those on request. I have the Australian study here. I won't take up your time right now by reading them, but I'll answer specific questions.

●(1545)

To give our Department of Veterans Affairs credit, many of their findings were accepted right away. They said fine, they didn't waste any time on further studies, they accepted what the Australians had done.

Gord and I worked very closely with a Dr. David Pedlar, who did the research for Veterans Affairs in Charlottetown, and thanks to their work, they accepted Korea as a *prima facie* cause of eight conditions of cancer. Maybe that's not a lot, but in round figures that means 500 Korean War veterans who are suffering from cancer are now receiving pensions. Without the necessity to prove it was caused by the Korean service, the onus would be on Veterans Affairs to prove that it wasn't. If you served in Korea and have any of these eight forms of cancer, this would be pensionable. This, we felt, was a great step forward. However, cancer is only one of the problems we have.

Dr. Pedlar's team is continuing to examine the other reports, and they will be following them up, possibly with studies of our Canadian Korea veterans. Many ailments, such as respiratory and nervous system ailments, heart ailments, dermatological ailments, and many other disorders, can be attributed to DDT and the many other chemicals we had.

One of the surprising things that came up was that we didn't have very many claims, or not as many claims as we expected, for post-traumatic stress disorder. We explain this as a generational thing. Now the tendency is to say, "Oh gee, I've got a headache, I'm going to apply for a pension". In our day you were almost ashamed to admit you were suffering from the effects of the horrifying experience you'd had, so our people have not been as forward in applying for this as they should be. There is probably quite a lot of entitlement out there. We have to educate our people to not be ashamed of it. It's nothing to be ashamed of; it's just another injury. But there is this generational thing, as I said. Many people are concerned.

I wrote an article that was published in *Esprit de Corps* magazine. A few copies have been distributed—

**The Chair:** Mr. Peate, bear with me for one second. I just wanted to let you know you just passed half time. I don't know if you gentlemen are splitting time, or if Mr. Peate will be doing the entire presentation—

**Mr. Les Peate:** I'm sorry...?

**The Chair:** You've just past half time. You're at about 11 minutes, so you have another nine. I'm just letting you know in case you want to split time. Carry on.

**Mr. Les Peate:** Okay. I have this much left, so I'll be short.

I happened to do an article on this particular problem, which is in *Esprit de Corps* magazine, and I was able to grab about a dozen copies, which I've circulated. I'm not plugging the mag, although I write for it, but it is perhaps a more readable and faster way of getting the story.

Finally, I'd like to mention that I wear another hat, and I'll be very brief with this. I'm vice-chairman of the National Council of Veteran Associations in Canada. I understand that Cliff Chadderton was here a few weeks ago, and he expressed most of our concerns. My mother had a saying, "Don't boil your cabbages twice." In other words, I think he probably stated our case very well.

I would say, though, that we do very much support the initiatives of NCVAC, of which we are one of the 55 member units. We endorse most of them, in particular the need for a veterans affairs ombudsman, the concern over marriages after age 60, and also the extension of the veterans independence program to widows. This was supposed to be happening. It hasn't.

I would like to thank you for this opportunity to express our concerns, and I'll now hand you over to our national secretary, if I may.

**The Chair:** Of course. I just wanted to let you know you're up at about 13 minutes, so you have seven or so, Mr. Strathy.

There weren't many comments directly attributed to the debate we're having on the ombudsman, but I'm allowing you gentlemen some latitude with regard to that, so carry on.

• (1550)

**Mr. Gord Strathy (National Secretary, Korea Veterans Association of Canada):** All right.

I spent my time in Korea with the Royal Canadian Engineers. I suppose because of my age, being 18, I was just another gung-ho young soldier. Much of what I know now never crossed my mind. It probably should have, but.... Shortly after my return to Canada I re-mustered to the Royal Canadian Medical Corps, and I became a preventive medicine technician. I must admit I did start to wonder about some of the things that happened to me and my buddies.

Safety precautions as we know them today were non-existent. There wasn't much in the way of protective clothing, respirators, or ear defenders. In my fifteen-plus years in the medical corps, I soon learned about many things that we should have had, and many things that we should have avoided. That was over 50 years ago. We sprayed or dusted our clothing with what we know now to be very toxic substances, DDT and Lindane. Needless to say, both of these items are carcinogenic, but we just sprayed our clothing in good faith because it was going to help us.

Nowadays the environmentalists would say to us that we shouldn't even be touching that stuff without protective clothing. And if you look at what it did to the bird population in North America, and you translate that to humans, it was quite bad. It got so bad that stringent rules of the environmentalists have pretty well done away with the use of DDT and Lindane in North America, and in a lot of other countries as well. I'd be very remiss if I were not to say that there were lots of other chemicals that were in use. Much of the petroleum, oil, and lubricants—and these were simply the things that you used to keep your vehicles on the road—were used rather indiscriminately

as well. The full list of toxic chemicals that one might come into contact with in Korea was indeed long.

If you've heard of a dangerous chemical, quite likely it was in Korea back in the fifties. Even some of the medications used have been found to be harmful. Paludrine was an antimalarial drug of the era. The side effects are wide-ranging. Today it is considered to be about 60% effective. Most people had a daily dose. What harm did it do? Really only a very well-trained physician dealing with numerous malarial patients can adequately answer that question. Canada has very few such physicians. Even the lowly salt pill was found to be dangerous to some.

For many years we've been trying to get some real answers about the effects of these chemicals, but generally to no avail. One of our members suggested for years that he suffered from the adverse effects of chemical poisoning. He had numerous conditions, and he felt they were directly linked to the chemicals. As Les pointed out a moment ago, eventually he took his \$10,000, went to Texas, and had a bank of tests performed on him. The tests verified that what he thought was really the truth. I personally feel this was not just an isolated incident. This was one person, but there probably were others. A lot of people have died. Did they die from these chemical poisonings? A lot of people die and no one ever finds out the real reason why. It could be said that above all else, Korea was not a terribly healthy place to serve as a serviceman.

• (1555)

I've been actively involved in this file for eight years. I have listened to a lot of stories and heard of many conditions. When people know that you are meeting with VAC or have met with VAC, they often want their case reviewed. I believe we have a good working relationship with VAC. Progress is being made, but sometimes it's a bit too slow.

The adoption of the Australian studies has been a giant step forward. For years we tried to have a similar Canadian study conducted, but to no avail. These three studies present many of the same facts that would likely have been brought forth in a Canadian study. If we accept the studies at face value, we must surely conclude that veterans of the Korean war were much more likely to have contracted many diseases than the average Canadian civilian, or even servicemen in other theatres. Cancer rates are very high; the overall death rate is too high.

In the Australian studies it was found that soldiers represented the greatest proportion of the deadly conditions, the navy a slightly lower proportion, and the air force lower still. It is felt that Canadians likely parallel the Australians, since most of our troops served in the same areas and ate the same sort of food under basically the same conditions.

Many Canadian servicemen feel frustrated by the whole pension process. In the area of appeals, the Veterans Review and Appeal Board is an ongoing concern. Many feel that the board members are not knowledgeable enough about the diseases and Korea, as it was 50 years ago.

Once again, on behalf of my fellow Korean War comrades, I would like to thank you for the opportunity to address you this afternoon.

**The Chair:** Thank you very much, gentlemen. You were only 22 seconds over. That was well done.

I hope that our colleagues in their questions will be able to glean more from you on your views on the ombudsman and how that should be structured. I appreciated your presentation, filling us in on your experience in Korea and the fallout from that. I hope we will find out more about what Mr. Chadderton had to say about the ombudsman.

Mr. Cuzner.

**Mr. Rodger Cuzner (Cape Breton—Canso, Lib.):** I'd like to thank both of you for being here at committee, and for your presentations.

I just want to take a minute to thank the researcher for the work that has been done in preparation for these meetings. I think he's been doing an excellent job putting packages together and referencing past meetings. Just a little tip of the hat—and I know the entire committee would share in that as well.

Mr. Strathy, you were referring to Mr. Cotter, the gentleman who took his case to the United States. That was gleaned from past testimony, as he appeared here in 2004. Could you give us the *Reader's Digest* version of his story and your perspective on how you feel the development of an ombudsman office would have helped his particular case?

**Mr. Gord Strathy:** I met Mr. Cotter half a dozen years ago in North Bay. He had about three different kinds of cancer at that time. They'd just removed all his lymph nodes. They'd done this, that, and the next thing and he still had two or three other.... He was sitting in a wheelchair and was pretty much out of it. He also had a lot of respiratory problems. So you just took a look at a human being who used to be a whole person, and he was in about as poor shape as you could be and still be alive.

If we'd had someone like an ombudsman to put forth his case—definitely, because he just seemed to be up against a brick wall. No matter how many medically proven problems he had, nobody said, "You can attribute those to the use of DDT in Korea."

I mentioned Lindane, and for those of you who don't know, it is far more toxic than DDT. He would have been subjected to both of those chemicals in his daily life.

• (1600)

**Mr. Rodger Cuzner:** At the end, when he was finally refused, did your association put forward a position to Veterans Affairs with regard to Mr. Cotter's case and the fact that you believe his case didn't go through due process or didn't get a fair hearing? Has your association made a representation on behalf of one of your members?

**Mr. Gord Strathy:** I think, in truth, his case was handled like a lot of other cases at that particular time. We had lots of cases that were not adequately handled.

**Mr. Rodger Cuzner:** His case would have gone on...from what period of time to what period of time?

**Mr. Gord Strathy:** It had gone for 10 to 12 years prior to anything being resolved. If you look for other people who've gone 10 and 12 years, I could find you numerous ones, so he would not be unique in that respect. But I think the unique part with him was the fact that any one of you looking at a man with that many ailments might be saying that surely, one of them must have come from Korea.

**Mr. Les Peate:** I'd like to mention this, because at the time Mr. Cotter first brought his case, I was secretary and I dealt with it personally. I might add that it wasn't just the KVA. We got the National Council of Veterans Associations involved, for instance, Brian Forbes, who I'm sure you've met with. The Legion was involved. We brought him down for a meeting with Veterans Affairs in Ottawa. One of the problems was that they simply didn't recognize it, they couldn't recognize it, and they found out that we had no one in Canada who could recognize it. This is why he was forced to go down to Texas. Then, they didn't want to believe it.

I might add that Mr. Cotter's son was very active in pushing this too, and as you may have known if you're from North Bay, it frequently occurred in the media. I think it was just a matter of pressure and pressure and pressure that did it.

If we'd had an ombudsman who could have nipped that in the bud before he even had to go down to Texas, I'm sure that.... He's receiving satisfaction. I believe he's getting 100% pension now. But on the other hand, I'm sure he would have got it many years earlier if it wasn't for the fact that it was simply, unfortunately, "We can't prove it; therefore, we won't pay it."

This is why I'm so pleased with this cancer decision they made, which is almost the reverse. If you were in Korea and you have cancer, they will assume that's where you got it. This is what they should have done years ago.

**Mr. Rodger Cuzner:** Okay, with regard to the actual function of the office, what I've got from your testimony is that for the most part you are in concert with the legion and with the other veterans' associations with how this ombudsman position should roll out and the responsibilities that they should be—

**Mr. Gord Strathy:** One thing I would say in relation to the Veterans Review and Appeal Board is it would be an ideal opportunity for an ombudsman to work there. Because perception is reality. If you believe that the people who are there listening to your case are not qualified remotely, then that's probably the case.

• (1605)

**The Chair:** You have to understand, we carefully splice exactly how many minutes everybody gets in this committee, because if you don't, it turns into a zoo. Mr. Cuzner is already over seven minutes, so you're going to finish your response, and then it's going to pass over to Mr. Perron.

That's what I'm doing. That why I get paid the bucks around here.

All right, Monsieur Perron.

[Translation]

**Mr. Gilles-A. Perron (Rivière-des-Mille-Îles, BQ):** Gentlemen, I am quite happy to meet you and I want to thank you for being here. Unfortunately, I think that we have missed the boat.

I may seem heartless, but I am aware of the problems that the people who took part in the Korean War have suffered. I think of Agent Orange or Agent Purple in Gagetown, I think of our youth who are struck with PTSS, or post-traumatic stress syndrome. I think also of the lack of recognition for our young men and women who were in the Golf War.

We are here to discuss an ombudsman. Let me give you my definition of what an ombudsman should be. Tell me whether you believe that the holder of such an office could have done or could do something to help you and support you in your claims. For me, an ombudsman is a man who is independent, who is appointed, who reports to the House and whose mandate is to protect people, to redress mistakes or unfair decisions made toward persons, at the individual or collective level. He contributes to strengthening democracy and the rule of law, as well as improving the services delivered to citizens.

Would such a person be useful to you?

**Mr. Les Peate:** I am sorry, but my knowledge of the French language is limited. I followed a French course at the Citadelle, 40 years ago, but I have forgotten almost all that I had learned.

[English]

To go back to English, yes, there is no doubt about it. The case you've just heard is an example where an ombudsman, somebody who isn't strictly bound by rules and regulations—and more importantly, is completely independent—is absolutely essential.

Independence is most important. Also, my friend has mentioned the matter of perception. Yes, there's an old saying that justice must not only be done, but must be seen to be imparted, and it's the same thing. The ombudsman's impartiality must be shown.

With the defence department ombudsman, it's a pity his term was short-lived, and I don't know how his successor is doing, but yes, this is one of the cases where it would happen. Sometimes we have laws and we have also what is right and what isn't right. Sometimes the regulations.... I believe it was Charles Dickens who said "the law is an ass". I wouldn't say that, but nevertheless, there are some things

in the regulations where perhaps some discerning person should say this is not right; this is not fair to this person. Therefore, an independent ombudsman, yes, we're for it 100%.

Thank you, sir.

[Translation]

**Mr. Gilles-A. Perron:** I gave you my definition. Now let us give him something to do. He can make inquiries. I completely agree with you: he must be loyal, impartial and neutral. He must report to Parliament. We had a problem with the Canadian Forces ombudsman because he reported to the Minister responsible for the Canadian Forces. You do not bite the hand that feeds you. That detracts from his impartiality. If he were to report directly to the House of Commons, I believe that it would change a lot of things. Anyway, Mr. Marin lost his job because he was being too harsh with the department.

As I was saying, it gives him the right to make inquiries, to request people to appear before him as witnesses, etc. Did you anticipate giving all these rights or even more rights to the ombudsman?

• (1610)

[English]

**Mr. Les Peate:** No, I think you've stated the case very well. Yes, the ombudsman should definitely be able to conduct investigations. I think they should report to Parliament and not to any particular department. If they report to a department, there may be the understanding....

We're supposed to have a Veterans Review and Appeal Board, which is supposed to be independent. You ask any veteran, especially if his appeal has been turned down, and he'll say, "All these guys work for Veterans Affairs, and they don't want to pay us—that's it". So the independence is important. They should be seen as independent. They should have the right to call witnesses and, if necessary, do inquiries and make changes. That's the only way you're going to get confidence.

I would like to mention the Veterans Review and Appeal Board, because this is the same sort of thing. At one time an appointment to the Veterans Review and Appeal Board was a political reward, a Privy Council position. If you were a good party worker, it made no difference whether you knew anything about veterans, whether you knew the difference between a bunker and a Bren gun.

I understand these positions are now being filled by competition. But I would say that I'm still disappointed. The new appointees, I still haven't seen one of them with any military service. This is part of the problem. They do not understand our language. Our veterans' world is different. If I told you I lived in a hoochie, it probably wouldn't mean anything to you. To a veteran it would mean that I lived in one of those holes in the ground.

**Mr. Gilles-A. Perron:** Thank you for your honesty in saying what you think.

**The Chair:** Mr. Stoffer.

**Mr. Peter Stoffer (Sackville—Eastern Shore, NDP):** Gentlemen, thank you very much for coming before us today.

Just out of curiosity, how many Korean War veterans are still alive?

**Mr. Les Peate:** At last count we had about 15,000. Many of them have passed away. Of the 27,000 Canadians who served in Korea, I would say 13,000 or 14,000 are still alive.

Gord, perhaps you can answer that one.

**Mr. Gord Strathy:** Yes, that's pretty close—about 13,000.

**Mr. Peter Stoffer:** That Australian report you referred to, when did our DVA accept it?

**Mr. Les Peate:** Two years ago. It's a very interesting report. There's too much in it for me to bring in here, but I have a copy with me, which I would be pleased to show you afterwards. It's a fairly exhaustive report. To give Veterans Affairs their credit, once we brought this to their attention, they got in touch with the Australians, got more copies, and started working on it right away.

**Mr. Peter Stoffer:** It is quite similar how you've addressed this concern about the various agents you've worked with—DDT and others. Years later people develop serious forms of cancer. This report indicates that the onus of proof is now on DVA and not necessarily on the individual.

A few years ago at a committee we talked to people who were affected by depleted uranium. The government's position was that depleted uranium was not cancerous. Yet European studies have indicated that it may cause cancer. Some of our veterans from the first Gulf War were coming back with the same arguments that Mr. Cotter made.

It's also quite ironic that the folks in Gagetown with Agent Orange are making the same types of arguments. Of course, we hear "Most of you guys in Korea were smokers, so if you smoked for 40 years, was the lung cancer caused by your smoking or was it caused by the chemicals you interacted with?" I like the DVA's willingness to accept the report and put the onus on the government. That's very important.

You mentioned the law on marriage after 60. An ombudsman doesn't have legislative authority over government. He can't tell the government it must do something. He can only make recommendations to the government. I am playing the devil's advocate. Do you not feel that the ombudsman may be another level of bureaucracy, not unlike the Veterans Review and Appeal Board?

• (1615)

**Mr. Les Peate:** I would hope it wouldn't be. Rather than go into generalities, I would like to suggest that if there had been an ombudsman for James Cotter, he would have received his pension and the necessary treatment many years before he did.

I'm a former federal servant myself. Bureaucracies sometimes tend to be slow, and if they're not sure what to do, they delay and delay. I think in this case an ombudsman should have the authority, if necessary and within reason, to say, "Fine, these are the regulations, but this is an exceptional case, and this is my recommendation." This has happened, if I remember correctly, with an air force person.

With regard to people in the other wars you mentioned, and the Agent Orange in the gulf, one of my very good friends is a lady by

the name of Louise Richards. If you haven't met her, I'm sure you will. She will tell you about depleted uranium, believe you me.

**Mr. Peter Stoffer:** Thank you, sir.

As my last question, you indicated that it took a long time for this to be recognized as a war. For years it was called a "police action", I believe, through the United Nations. I notice our government now has yet to declare the Afghan situation a war, and yet I believe the soldiers who are over there—we met some of them the other day—are in some pretty serious conflicts over there. They are in some serious battles. The media and some of us call it a war, but they don't.

In your own opinion, looking at the Afghan situation as you know it now, and at what our troops are going through, our men and women, would you consider their actions just as obviously notable as yours—of course, these are different times—and consider this to be, in your view, a war?

**Mr. Gord Strathy:** One thing you have to think about is the fact that 40 people have been killed there, while in Korea, almost that many people were lost by 3 Battalion RCR in one evening. This is not a declared war. That one was.

You can call it a police action. You can call it a United Nations operation. You can call it anything you want, but it was a war, and it was declared a war by the government. Afghanistan, to the best of my knowledge, has not been declared a war by the government.

**Mr. Peter Stoffer:** But at the time, Korea was not.

**Mr. Gord Strathy:** Well, it was called—

**The Chair:** Mr. Stoffer, your time is up.

Mr. Shipley, seven minutes.

**Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC):** Thank you, Mr. Peate and Mr. Strathy, for coming out. It's great to have representatives come from the Korean War to talk to us, particularly about the ombudsman, a scenario we're pursuing. Actually, we're just talking to people and wanting to know, as much as anything, not if, but what is the best way.

I listened with some interest to some of the comments made earlier about Mr. Cotter not being able to get it verified. Was it an issue that it could have been verified here, was it that the expertise wasn't here, or was it that we didn't want to admit it? Secondly, if that expertise wasn't here to determine these types of diagnosis, are they here now, to the best of your knowledge?

• (1620)

**Mr. Gord Strathy:** The truth of the matter is that it probably still could not be verified in Canada. I think we have only one medical specialist who is qualified, to the best of my knowledge, out of Toronto to deal with that kind of thing.

So the answer would be no. At the time, somebody had to pay for him to go to the States.

**Mr. Bev Shipley:** Okay.



I have another question on the ombudsman position. Could you tell us what you think that position should be? Could you help us with some clarification of what the ombudsman should do?

**Mr. Les Peate:** First of all, the Department of Veterans Affairs does have an appeal process. If a veteran has exhausted the appeal process, right now all he can do is go to the Supreme Court. This is the sort of thing that a veteran is not willing to do. There is the expense, the trouble, and that sort of thing. I think this is one case, for instance, where an ombudsman can step in. I realize we can't change the law, but we can change regulations. From my days as a bureaucrat, I believe that a minister or a department does have the authority to change regulations. I know, for instance, mine were constantly being changed when I was with the Department of Employment and Immigration.

This is one thing that the ombudsman probably could do. There are changing situations. For instance, let's talk about chemicals, if I may, briefly. Back in the 1950s, we didn't realize what DDT was like. I now have some stuff from DuPont, amongst other things, and now we know what DDT is like. We can change our regulations; we can change our instructions to our adjudication officers in the Department of Veterans Affairs, to allow for this. We're constantly discovering new perils and all that sort of thing. Depleted uranium and Agent Orange are other examples. All these things can be taken into consideration. This may be where the ombudsman comes in. If there is something that is obviously a threat and that is not yet being covered or compensated for or treated, perhaps one of his jobs could be to ensure that this is done.

**Mr. Bev Shipley:** A large concern is the backlog of appeals to the Department of Veterans Affairs. One of you, I believe it was Mr. Strathy, brought up the issue of the Veterans Review and Appeal Board and that it's not neutral. In fact, I think you got to the point that a few of them, those not having military or medical expertise, had not necessarily qualified because it became a bit of a patronage appointment.

If that board was structured differently so those issues could be better addressed.... Obviously there would likely be some link then to the ombudsman. The idea is not to have an ombudsman and make that person busier; the idea is to have an ombudsman who would come alongside when things really fall off the rails—not that they fall off the rails on a regular basis. Do you have any comments to that? I'm interested to hear.

• (1625)

**Mr. Les Peate:** I realize the ombudsman would only be one person, although he or she would obviously have an office, and they could handle anything. But if, for instance, there is a case where the VRAB is unable to come to a consensus, that is one example. The other thing, too, I would point out as far as the appeals are concerned is this. There are two or maybe three reasons why a person can get a pension. One, communication is a two-way street. Unfortunately, the veteran describes some military terms. I mentioned I lived in a hoochie. He thinks the VRAB people know what he's talking about; they don't. There's a bit of it on both sides. In some cases, the veteran doesn't go into enough detail, assuming that the person who's listening to his appeal knows what he's talking about.

I used to work for the Department of Employment and Immigration. I had a number of immigrants who would come to

me. They wondered why they weren't getting their benefits. Somebody would respond in an official language, and they were still no wiser afterwards. This is a two-way street. These are the things, hopefully, that the ombudsman could pick up.

**Mr. Bev Shipley:** Do you see the ombudsman as the person being able to deal with groups that would come together with an issue, or represent individuals going to appeal boards in those types of situations?

**Mr. Les Peate:** I'd love to represent KVA before an ombudsman.

**Mr. Bev Shipley:** Okay, thank you.

**The Chair:** Thank you.

All right, now back to Mr. Valley for five minutes.

**Mr. Roger Valley (Kenora, Lib.):** Thank you, Mr. Chairman.

Thank you, gentlemen, for coming today.

I was amazed, although I had known and had forgotten about the Korean War, that they refused to call it a war and it's kept that recognition. It's amazing we can do that and be so short-sighted sometimes.

Mr. Peate, you mentioned the Australian studies and the three studies they did, all quality work. We accepted part of it. You mentioned that we now recognize eight cancers. If a Korean vet has it, it's automatically assumed he got it in Korea. What happened as a result of the other studies? And why did we just pick one instead of using all their information? We found value in what they were doing in providing service to the vets, so why didn't we take it further?

**Mr. Gord Strathy:** We are going to take it further.

The three studies came out at different times. First there was the cancer study, then a mortality study, and then a general health study. Each of these dovetails into the other one.

We've accepted the cancers and we now have eight cancers being taken care of. We get into the mortality study: it's taking a lot of things, respiratory diseases and so forth, and lumping them together. So you'll be able to put a handle on them, yes, that likely happened in Korea. But that will be from the next study.

The cancer study dealt primarily with cancer, the mortality study deals with mortality in general, and the last study deals with the Australian population and us in relation to it.

**Mr. Roger Valley:** You mentioned the decision was made by Veterans Affairs two years ago to honour the cancer part.

**Mr. Gord Strathy:** That's correct.

**Mr. Roger Valley:** So the work has been ongoing for the last two years. When can we expect the mortality one? Do we have a timeline to know when we can start placing value?

**Mr. Gord Strathy:** No. We're about to meet with them again on it. We had Dr. David Pedlar come to speak to the convention in Quebec City in September. He gave us the wish list they have to go further with the study. He just had to tighten up a few details, then the next part of the study would be in effect.

**Mr. Roger Valley:** I remember Mr. Peate gave some credit to Veterans Affairs. But you're talking to the right group, if we're not moving fast enough. If you need more resources, this is the right group to be saying that to. As long as it's moving along to your satisfaction, that's our concern. There are no roadblocks being put in your way?

**Mr. Les Peate:** No.

I would add that one of the problems has been a matter of identification. In other words, if you look at respiratory ailments you've got everything from.... One of the things that affected our seamen was asbestosis because they used to line the gun turrets with asbestos, and every time the gun fired.... We've got tuberculosis, which could, by the limitations.... We've got emphysema. We've got a number of different respiratory diseases.

The Australians lumped them. Right now, Veterans Affairs is trying to find which of these particular ailments can be directly attributed to Korea. And this is where we're at now. They've recognized them. It's a matter of sorting out which of these will be automatically attributed *prima facie*. They're working on that right now, and I understand they are making progress.

• (1630)

**Mr. Roger Valley:** And that's the way to go, to do it exactly as the cancer one whereby you're automatically assumed to have it, and it's up to the department to prove differently? That's what you want to say?

**Mr. Les Peate:** Yes, that's what we're looking for.

**Mr. Roger Valley:** Next, I have a strictly political question for you. Since we're talking about the ombudsman, I'd like to know, since both of you have some political background—and I don't mean that as an insult, because we all live in that realm—who should the veterans ombudsman report to? Should it be the minister, or should it be Parliament? If it's Parliament, it won't be as partisan. Where would you think this ombudsman has to report?

**Mr. Gord Strathy:** I think he should go to Parliament. Because if you pass through an intermediary, things always get changed. If he goes right to the horse's mouth, as they would say, he'll be right up there talking to you people.

**Mr. Roger Valley:** Mr. Peate.

**Mr. Les Peate:** I would say the same thing.

If you remember, the Department of National Defence ombudsman was reporting to the Chief of the Defence Staff, I believe, or the Minister of Veterans Affairs, or both, and these people were stakeholders. I think they should report to a completely independent body. Actually, I hate to give you guys more work, but I would suggest that this committee would be the ideal body to report to.

**Mr. Roger Valley:** Mr. Anders, do I have some more time?

**The Chair:** You're seven seconds over, so no.

Now we'll go over to Monsieur Gaudet of the Bloc.

[Translation]

**Mr. Roger Gaudet (Montcalm, BQ):** Thank you, Mr. Chair.

I have been fortunate. In 2003, I went to South Korea together with some 100 veterans and officials from the department. I travelled with Vic Toews, who is now Minister of Justice. There were other MPs, but they are no longer here. I am learning. In 2003, I was new to this House and I was not very aware of all this. I found it quite moving to see these veterans who went to visit cemeteries and had tears in their eyes when reading on tombs the name of people that they still remembered after more than 50 years.

I have been listening to you from the start. Two months later, after coming back from South Korea, I tried to give blood to Héma-Québec and my blood was rejected because I had not been back from Korea for a long enough period. I was told that you have to wait one year, because I had been in the militarized zone where the war was waged. We were the first civilians to go there. I believe that it is located between the 25th and the 35th parallels. It could have been the Red Cross or whatever. Héma-Québec refused to take my blood because there was something. If there had been an ombudsman, you could have had more rights.

What do you think?

[English]

**Mr. Les Peate:** I was very interested that you mentioned the refusal of your blood, because as you know, the blood bank will not take you if you've been exposed to malaria, and malaria is one of the 20-plus ailments that were very prevalent in Korea. I think Gord was telling you that we used to take tablets for it. In fact, the preventative tablets, Paludrine, turned out in many cases to have adverse effects themselves.

We trust that you enjoyed your trip in Korea. You mentioned the fact that you were on the parallel. I don't know whether this is going to be considered a commercial or not, but there is a TV program coming out on the seventh and the eleventh, in which Norm Christie is visiting Korea, and he will in fact be going to these places you visited. I would strongly recommend it if you get a chance to see it.

Do you have anything, Gord?

• (1635)

[Translation]

**Mr. Roger Gaudet:** I just thought of a question. Do you have an agreement with the Royal Canadian Legion? Are there scheduled meetings so that you can be even more recognized by your country? If I understand correctly, your association is independent from the Royal Canadian Legion. If not, is it the same association divided in two?

[English]

**Mr. Gord Strathy:** We do have some representation from the Legion, because we have the people, the service bureau officers, for example, who take cases to Veterans Affairs. We're very fortunate, in that the patron of the Royal Canadian Legion is retired General Charles Belzile. He is also a Korea veteran, and surprisingly enough, he takes some of our problems to the Legion. So the Legion, in general, works that way with us, and we do cooperate with them.

**Mr. Les Peate:** I would like to mention, too, that we are one of the 55 associations that belong to the National Council of Veteran Associations in Canada. This is, of course, the group that is headed by Cliff Chadderton, and we have the facilities of their expertise, should we need them. So between the NCVAC and the Legion, we do fairly well. Most of our members are Legion members. Many of our units meet in the legions.

One of the things that concerns me a little is that there is sometimes what appears to be an attempt to start turf battles between the Legion, the army, navy, and air force, and the other organizations. For instance, we put a move forward, in some cases, and the answer we get back from the appropriate department is that the Legion doesn't quite want it this way; the Legion wants the same thing but they want it done differently. This gives them an opportunity to stall and delay things.

[Translation]

**Mr. Roger Gaudet:** Is that all?

Thank you.

[English]

**The Chair:** Now we are over to Mr. Colin Mayes.

**Mr. Colin Mayes (Okanagan—Shuswap, CPC):** Thank you.

I just wanted to understand some things here. I think we're talking about a couple of different things. I see an ombudsman as an advocate for the veterans, looking at disability and benefit issues. But when it comes to the issues we discussed earlier, about long-term health problems related to combat environmental conditions, do you see the ombudsman as being the champion on behalf of the veterans and doing the research to find out whether the disability was directly related to the conditions in the field?

**Mr. Gord Strathy:** Well, I suppose his department would really have to do the research, because, after all, what would his function be if he didn't have any facts or figures to work with? He would need someone to do that research.

**Mr. Colin Mayes:** And just to follow up that question, currently the Department of Veterans Affairs does not do any of that research. Is that a correct statement?

**Mr. Gord Strathy:** No, that's really not true as such. The department does research into all these conditions, etc., except, as I said, with the chemical poisoning, because we don't have anyone in Canada to.... Where can they go? They've gone to Australia and they could probably go to the States, but other than that, there is nothing locally.

**Mr. Colin Mayes:** I have a question then, which is obvious to me. Would it not then be a benefit to have the ombudsman's department take care of that research, because it would then maybe be untainted by any bias of the department? Would you say that's a correct statement?

**Mr. Gord Strathy:** I'd agree with that.

**Mr. Les Peate:** There is one organization. It seemed to be fairly short-lived, but at one time there was an organization called The Centre. I'm not even sure how effectively it's running now, but it was a joint National Defence and Veterans Affairs group. This was the place where you would go if you were, as I say, falling between the

cracks; these people would handle it. From what we saw, they were doing it quite well.

Another thing that was happening was that when we were discovering chemical sensitivity, DND was supposed to be setting up five centres across Canada where they could test for chemical sensitivity. I have a feeling that fell by the wayside because nobody seemed to have known much about it. So chemical sensitivity obviously was being recognized, but perhaps it was not recognized enough.

Not only for ourselves, but also for our successors from the Gulf War and Afghanistan—because I'm sure they're going to be exposed to all sorts of horrible things we hadn't even thought of in Korea—there is definitely a need for some sort of ombudsman or centre, be it run by Veterans Affairs or National Defence, to test for chemical sensitivity. I know a number of people from the Gulf War, for instance, who are suffering from chemical sensitivity and have a heck of a job getting it recognized. It's simply something they didn't know about.

● (1640)

**Mr. Colin Mayes:** In the example you used of Australia, who did the research to come up with the conclusions you cited?

**Mr. Les Peate:** These are the reports, incidentally. As you can see, quite a bit of work went into them. I believe they were done by Monash University on behalf of the Australian Department of Veterans Affairs, but there was a university study team.

I must admit, the study was very thorough, much more so than.... We tried to get one done here, and one of the problems that came up was the difficulty of contacting all the Korean veterans. As I said, there are about 13,000 of them, and unless you're getting a pension, Veterans Affairs doesn't have any record of you. It's been an almost impossible job to go through DND records. The Australians managed to locate almost all of their surviving Korean War veterans and get this done. It's a fantastic study.

**Mr. Colin Mayes:** In Australia they do have an ombudsman, so obviously that report was not done through the ombudsman's office.

**Mr. Les Peate:** No, this was done strictly by the Australians. We like the way the Australians treat their veterans. They probably don't need an ombudsman.

**Mr. Colin Mayes:** That's why we're here today—to do better.

**Mr. Les Peate:** Possibly we do.

**The Chair:** Thank you.

Mr. St. Denis.

**Mr. Brent St. Denis (Algoma—Manitoulin—Kapuskasing, Lib.):** Thank you, Mr. Chair, and thank you, gentlemen, for being here.

All of us have expressed it in our own way, so I'd like to add my own thanks for what you do on behalf of the Korean vets. Thanks to Mr. Strathy for coming to the Elliott Lake unit's special celebration in mid-October. Thank you for making that effort.

If one could sort of categorize—and this may be an oversimplification—battle injuries, there are the very physical injuries that come from bomb blasts, grenades, and rifle fire. There's the trauma that comes from the kind of warfare that affects the mind. Then there's the whole range of chemical-related injuries that you talked about quite a bit today, which appear to have been the worst legacy of the war in Korea.

However an ombudsman is ultimately defined and whatever the role is played by such a person, is there a need for a general war-chemical strategy? Whether it was in Korea or Gagetown, or whether it was a small incident in a peacekeeping mission, many chemicals have been used over the years and they have changed with time.

Does the Australian study talk about a chemical strategy to deal with veterans afflicted by one or several types of exposures? We know that these things can manifest months, years, or decades after the first exposure. So can you comment on whether an ombudsman could help with the development of a strategy or framework to make it easier for veterans, whether they are Korean War veterans or otherwise, to access and have a more sympathetic hearing?

• (1645)

**Mr. Gord Strathy:** Mr. Peate spoke of the centre that was supposedly being set up between DND and Veterans Affairs. It was going to have five locations across the country where you could go if you had a chemical problem. You would be tested and they would come up with some sort of finding on you.

If that had been initiated it would have been a great step forward, because what do you do with a person in British Columbia? Do you bring them to Ottawa if that's the only place where there's someone skilled enough to take care of them; or do you have someone in B.C., someone in the prairie provinces, someone in Ontario, and someone in the Atlantic?

If you had all those people, in effect you would be taking care of the problems. You wouldn't think of having an ombudsman, because you need to have more than one location. If you had an ombudsman he would either be constantly on the road or there wouldn't be people at those locations. So I think the original premise was that DND was going to have five places across the country.

The problem was, surprisingly enough, that there weren't five qualified people in all of Canada to man those centres. Maybe we haven't trained enough people in preventive medicine. You can't very well have a preventive medicine portfolio without having someone who is qualified.

**Mr. Brent St. Denis:** Using the Australians as maybe our best example for this discussion, do they have a series of centres across the country? I presume it's much easier for a Korean vet to access supports in the Australian system than in what we have here in Canada.

**Mr. Les Peate:** Unfortunately, this is something I don't know about. We do a lot of correspondence with our counterparts in the Australian association, and all I can say is they're extremely satisfied generally with the service they're getting from their department for the problems. I can't go into specifics. I simply don't know the answer to that one.

**Mr. Brent St. Denis:** Thank you.

Thank you, Mr. Chairman. I hope my friend and colleague from Sydney, who has been a great spokesman for his constituents in this regard, will have a chance later to ask about his constituent Joyce Carter and the VIP.

**The Chair:** I'm sure he'll have a chance. We'll let him get that question in. Yes, we'll have the spot, I'm sure.

Mr. Epp, for five minutes.

**Mr. Ken Epp (Edmonton—Sherwood Park, CPC):** Thank you very much.

The discussion today has focused a great deal on health issues and pension related to that. Are there any other issues that you think the ombudsman should be addressing?

**Mr. Gord Strathy:** Mr. Peate mentioned the Korean War medal, which was given by the President of Korea to anyone who served in that theatre. I think probably the ombudsman could be someone who would go to Government House and say, "Don't you think this facade has gone on long enough?" This was a recognized medal, given by a recognized leader of the country at the time. Should it not be given now? The longer we wait to do that, the less value it will have, because we'll have fewer and fewer people to get it. I think we've been fighting for it, Les in particular, for years.

Each year I could superimpose the letter we get back from Government House, one on the other, and I'll bet there probably aren't two sentences different in the one we received twelve years ago and the one we received two months ago. They're the same letter. They just say no, we don't give foreign awards. I think you would make a lot of Korean veterans happy. New Zealand has the medal. Australia now has the medal. The United States has the medal. Canada doesn't have the medal. So that would be something that would make a lot of people very happy.

• (1650)

**Mr. Ken Epp:** Do any other issues come to mind?

**Mr. Les Peate:** Recognition, as I mentioned, is a problem. I don't think we can really complain too much. Certainly there's probably more appreciation of the Korean War now, particularly among the younger people, than there was 10 or 20 years ago. We had our fiftieth anniversary. We've been recognized by Veterans Affairs.

One little thing that irks me is the fact that although I spent 18 months in Korea getting shot at, I am not a veteran. The reason I'm not a veteran is this. If I had served in World War I or World War II, I would have been a veteran; however, because I served in the British army I'm not—at least, theoretically. I'm actually a veteran by virtue of my service with the Canadian army in later years, when I saw how much you were getting paid. I think recognition and our medical problems have been our biggest concerns.

Again, the international situation is really beyond the concern of this committee. We are of course committed to support South Korea in maintaining its independence, but we can hardly interfere in international affairs.

Thank you, sir.

**Mr. Ken Epp:** On another follow-up question, perhaps I've missed it, but are you proposing that there be an ombudsman to deal with Korean veterans exclusively, or that this be an ombudsman who deals with the entire military, of which the Korean veterans would be a part?

**Mr. Les Peate:** I would say definitely the entire military needs one, and we would be a part. Obviously, he would have a much bigger job if he deals with all the military, but it wouldn't be fair if we had one and the Gulf War people didn't, the Afghanistan veterans didn't, and even the World War II veterans didn't—and as far as that goes, if even the peacetime veterans didn't.

You may recall that you're just as dead if a truck rolls over you in Wainwright, Alberta, as if somebody shoots you in Kabul. I think an ombudsman should definitely serve all veterans. It would mean that he would require, of course, a much bigger staff, but nevertheless I think there should be an ombudsman for all veterans, not forgetting the fact that there are overlapping cases in some instances.

**The Chair:** Now to Mr. Stoffer, who I think was chomping at the bit earlier.

**Mr. Peter Stoffer:** These fine gentlemen mentioned super-imposing letters. Would it be possible to get copies of those letters sent to our committee at your earliest convenience?

**Mr. Les Peate:** The letters that we received from Government House chancery?

**Mr. Peter Stoffer:** Yes.

**Mr. Les Peate:** We'd be glad to do that.

**Mr. Peter Stoffer:** You said earlier there was one person in Canada you were aware of who could do this chemical test. The gentleman you referred to in Texas, who was from Nova Scotia, is Dr. Fox. He has an environmental clinic in Nova Scotia, so there are actually a couple who can do this work.

Another Nova Scotian connection—and my colleagues Mr. Casey and Mr. Cuzner would know this—is the president of the Royal Canadian Legion, Nova Scotia-Nunavut Command. He is a Korean veteran named George Aucoin. He's a very decent man and a great promoter of all of you.

• (1655)

**Mr. Gord Strathy:** Not only did we not get the Syngman Rhee medal, but the government refused to let us know that all our navy people were entitled to a presidential citation from the Republic of Korea. I was able to get one for the president of the Royal Canadian Legion, Nova Scotia-Nunavut Command. I was aware that he was a navy veteran.

**Mr. Peter Stoffer:** You said an ombudsman should serve the needs of all veterans from all ranks and forces within the military. Sometimes, though, because of age they pass on and widows and children are left behind. If you were setting up an ombudsman's office, should the ombudsman also have the capability of dealing with the spouses and children of veterans who succumb to injuries or diseases?

**Mr. Gord Strathy:** We know now that the government recognizes spouses and children to some extent. If that's the case, then why would the ombudsman not have access to those people?

**Mr. Peter Stoffer:** I asked because earlier you talked about the VIP program and extending it to all widows and widowers of the veterans. I assume you have a fair number of married Korean veterans around. When they pass away, one of their concerns will be whether their spouses will be looked after. If the veteran passes on, who will the spouse turn to for assistance, except their MP? Now you're advocating the ombudsman should also be able to speak on behalf of veterans' spouses, and I think that would be a very good thing to do.

**Mr. Gord Strathy:** I think right now the VIP is extended to some spouses upon the death of the husband. They get groundskeeping and so forth. But one of the big things is this bugbear about marriages after 60. That's a problem.

**Mr. Peter Stoffer:** That's a different thing. That's what they call a gold-digger fund, and it's a separate issue.

Mr. Chair, I would like to give my remaining time to my colleague Mr. Cuzner to talk about Joyce Carter in Cape Breton.

**The Chair:** Mr. Cuzner.

**Mr. Rodger Cuzner:** Thank you, Mr. Stoffer.

[Translation]

**Mr. Gilles-A. Perron:** I am sorry, but I believe that the Conservative Party and the NDP should now have the floor.

[English]

**The Chair:** Mr. Stoffer, it appears that this scenario cannot happen.

**Mr. Peter Stoffer:** I had two minutes left and I wanted to give my time to Mr. Cuzner.

**The Chair:** It's now less than a minute, so we'll move to Mr. Casey. Mr. Cuzner will have his chance.

**Mr. Bill Casey (Cumberland—Colchester—Musquodoboit Valley, CPC):** Thanks for being here. As a member of Parliament we deal with veterans issues all the time, maybe even more in Atlantic Canada and Nova Scotia than in other areas.

How do you see the ombudsman intervening in cases in which somebody has a small pension, applies to increase it, and is turned down? Where does the ombudsman fit in? What does he do in a case like that? How does he help prevent it?

**Mr. Gord Strathy:** I guess one of the things you have to think about is whether everyone who applies for a larger pension necessarily deserves one.

**Mr. Bill Casey:** That's a good point.

**Mr. Gord Strathy:** That's an honest observation. So if, in the case of the ombudsman, he feels, "This is rather trivial. I don't think he deserves any more, based on the statistics, the facts of the matter", then I think he would simply say, "No, we're not going to go any further with this."

**Mr. Bill Casey:** And if he felt there was justification?

●(1700)

**Mr. Gord Strathy:** Then I think this would be an ideal opportunity for someone in that position to put forward a better case. As Les said a minute ago, often the soldier doesn't present his case well.

Let's be honest, a lot of the people who went to Korea had grade six education. Now, if we were to come into this room and there were this many people, someone with grade six education might feel very intimidated. He wouldn't put forth a very good case, because first of all, he's scared to death—too many people. Even when you go into the room and they're just the three in the Veterans Review and Appeal Board, that's a daunting thing. You have these three people up front, and you look up there and you say something and you want to make sure that he smiles occasionally or maybe nods his head. Then you look at the next one, and the next one. You're pretty shook up by this whole process.

**Mr. Bill Casey:** So you see the ombudsman advocating and actually preparing a case for a veteran and helping him in that way?

**Mr. Gord Strathy:** Yes.

**Mr. Bill Casey:** The rule of thumb is that the veteran is supposed to get the benefit of the doubt. Do you see that happen?

**Mr. Gord Strathy:** The act says if there is any doubt, you shall rule in favour of the veteran. But who decides the doubt?

**Mr. Les Peate:** As Gord so aptly put it, in the case of doubt, fine. But who decides if it is, in fact, an element of doubt? What is a doubtful item of information to you may be considered gospel truth to me. It's a judgment call.

I would say that perhaps we should, as far as possible, use our regular appeal procedure; otherwise we'll have people going to the ombudsman at the first level, and he'll be absolutely swamped. I would think that the ombudsman should probably be a last resort. In other words, you don't have to go to the Supreme Court now if you're turned down at the third level.

In some cases it's a matter of trust. For instance, a lot of people don't trust the Bureau of Pensions Advocates. These are people who are supposed to present your case. But let's face it, they come from Charlottetown; they're paid by Veterans Affairs. A lot of veterans quite understandably don't have that much confidence in them.

**Mr. Bill Casey:** Yes, there seems to be a conflict of interest. That's an interesting point, and we run into that all the time. You have to wonder if the veteran was actually represented as well as he or she could have been.

**Mr. Les Peate:** As I mentioned, part of the fault lies with the veteran. One of the things I tell our people and drum into them continually is not to assume that people know what you're talking about, particularly if you're using technical terms. Be specific. Don't say "I lived in a hoochie"; say "I lived in a hole in the ground that was six feet deep, flooded in summer, frozen in winter, infested with rats and lice, and dug in ground that was fertilized with human waste and sprayed every day with DDT." I think that would probably make a difference when he presents his case.

**Mr. Bill Casey:** Another big issue I've run into is that their medical records aren't complete. There's often no reference to an injury or something that happened while the veteran was in the

service, and now they can't go back and re-establish those records, and some of the people who were there have already passed on.

**Mr. Les Peate:** We've had that too. One of the things we're telling our people is if there are no records, for heaven's sake, get a witness. This is one of the things that the centre was doing before they folded—helping to find witnesses.

Gord was a medic. He could probably tell you more about that one.

**Mr. Gord Strathy:** You ask me to provide a witness, somebody who remembers what happened on October 23, 1951.

I misplaced my car keys last week. This guy no longer drives a car because he lost his keys. So you're asking the blind to assist the blind. You're asking someone to recall, 50 years later, exactly what happened on a particular day. I can't remember. Why should he?

**The Chair:** Go ahead, Monsieur Perron.

[Translation]

**Mr. Gilles-A. Perron:** I would like you to clarify the answer that you have given to Ken and Peter.

If I understood correctly, the people who should be able to access the ombudsman are the military people, the veterans from the First World War and the Second World War, as well as those from the Korean War. That includes all those who took part in peacekeeping missions.

What about the member of the armed forces who retired or has been released by the department? Is he still linked to National Defence? Is he among those who should benefit from the ombudsman's services?

●(1705)

[English]

**Mr. Les Peate:** I would say yes, definitely, if his medical problem results from his military service, whether he is serving or has just been released, or whether it's something such as some of the chemical things, for instance, that crop up 20 or 30 years later. If it results from his military service, then definitely, I would say that he should be able to avail himself of the services of the ombudsman.

[Translation]

**Mr. Gilles-A. Perron:** I suppose that he must have been part of the Canadian Armed Forces during some part of his career.

[English]

**Mr. Les Peate:** Yes, or as was mentioned earlier, perhaps it would be a dependant. I'm dealing with a case right now. This lady is the widow of a career veteran who died of cancer two years ago. When he died of cancer, they didn't have this study, and his pension was turned down. We're fighting this battle again now, in light of the new policy. I don't know how lucky we'll be, but this is one of the cases where even a dependant, a widow, should be able to avail herself or—as in many cases now, of course, with so many ladies in the service—himself of the services of the ombudsman.

[Translation]

**Mr. Gilles-A. Perron:** Thank you, Mr. Peate, for this excellent clarification.

Mr. Chair, back to you.

[English]

**The Chair:** Thank you, Monsieur Perron.

Now, finally, Mr. Cuzner will be able to talk about his constituent.

**Mr. Rodger Cuzner:** Mr. Chairman, I was prepared to negotiate with the former used car salesman to get that two minutes.

My question will be quick. It is with reference to your opening comments. You said at the time that one of the priorities of your organization was to have the VIP program extended to all veterans of the Korean War. I'll make reference, as did my colleague Mr. Stoffer, to correspondence that was received by Joyce Carter. I'm sure that you know Mrs. Carter, a constituent of mine. Had your organization been given any assurance that in fact this might take place, or were you in any way encouraged over the last number of months, prior to the last election, that this in fact would take place?

**Mr. Les Peate:** As a matter of fact, I've just returned from the annual general meeting of the National Council of Veteran Associations. As I mentioned, this is the umbrella group. Cliff Chadderton and Brian Forbes speak for us, and basically we're going to go on with them.

I understood that this was supposed to be happening, but I'm not sure whether it has yet. I haven't received any reports of any widow receiving VIP, and I don't know if Gord has.

**Mr. Gord Strathy:** No, I haven't had any yet.

**Mr. Rodger Cuzner:** So that's where it would have come from? That would qualify your initial comments in your opening remarks. It would have arisen from the last general meeting?

**Mr. Les Peate:** Yes. These major issues, quite frankly, we have them in unity, strength, or whatever, and these issues affect all veterans. And when we're talking about VIP, we're not just talking career veterans, by any means. On the issues that refer to all veterans, normally we support and go along with the NCVAC's position.

**Mr. Roger Valley:** Thank you.

Very quickly, we're talking about the ombudsman, we're talking about the power and the ability and what scope he could investigate. Some of the issues you've identified with the Korea vets. Is that what you see the ombudsman having the power to do? If a group of people are involved, if there's a particular circumstance in the conflict they were in, like Korea, like the gulf, can the ombudsman just say we're going to deal with them all as a class—we don't need individual cases coming forward, as we should be able to look at this as a group? Is that something you see the ombudsman having the power to do?

• (1710)

**Mr. Les Peate:** I would like to see that happen. Of course we're talking theory now, but in a case like that, a good example is the gold-digging widows. They're a group.

If you remember, another case was brought up, and I don't want to go into the details, because I have my own views: the people who were suing Veterans Affairs for billions of dollars that were supposedly misspent in the case of people who were in hospital. Now, this was a group thing. On the other hand, we've got the case of

Squadron Leader Wenzel. You remember this. This was one of the cases I believe the ombudsman brought out. This was the case of one individual who'd fallen through the cracks. This was an individual case.

In the case of the others, a good example.... Let's say somebody realized Korean War veterans weren't getting a gratuity—in fact, we did, after a fashion—and we decided we should have one, we deserved one, everybody had one and we didn't. This is the sort of thing we would go to the ombudsman with, state our case, and ask him to put it forward on behalf of the group. That's just an example. We're quite happy with him when we get it.

**Mr. Gord Strathy:** The ombudsman would have to deal with individual cases, as well as group, but that would be up to the individual to decide whether it would be more expedient to work with the group, or would he zero in on John's problem.

**Mr. Roger Valley:** Okay.

Thank you, Mr. Chair.

**The Chair:** Okay. I think at this stage we're going to wrap up our meeting. We do have some other committee business we need to get to today.

I'd like to thank our witnesses for appearing. I tremendously enjoyed your presentation on your experiences in Korea and the aftermath, and we had a number of good questions and solid answers with regard to how you envision the ombudsman. I appreciate that.

Thank you very much.

Does the committee want to take a couple of minutes here? Okay, that's what we'll do.

• (1713)

(Pause)

• (1716)

**The Chair:** We did have the business still carrying over from the last meeting with regard to the motion put forward by Mrs. Hinton concerning the committee's potential travel to Australia. We were waiting to hear word back from our Liberal colleagues on their thoughts on the matter.

**Mr. Rodger Cuzner:** There are a number of points of concern. Obviously we all want to take into consideration the cost of such an endeavour, and that's paramount. So I think we should look at some hard figures before we make a decision. The timing of travel is another thing. I think we all get quite busy in December. There are a couple of other things that we have on the agenda, from our party's perspective, early in December. We'll be trying to come together after that. But as well, things are busy here in December. So as far as the timing goes, January or February may be more appropriate. It was even mentioned by my colleague that the committee might consider going in April, when they celebrate ANZAC Day in Australia.

Those would have been the main points of concern. The third one was that there was a gentleman from Australia who was being invited to appear. We might want to meet with him and see if there are questions or concerns, if we can get our points addressed by him, and if we're comfortable with his testimony. We might want to reflect on it as well. Those are just some of the things we had talked about that we wanted to discuss and that we thought were worthy of discussion here at the committee table.

**The Chair:** I'll be very frank when I say that I would not recommend that the committee travel unless you and aspects of your party are happy with that. There's no way we're going to force the committee to travel without your go-ahead on this. I think it would be unwise on all of our parts.

Yes, Mr. St. Denis?

**Mr. Brent St. Denis:** To concur with my colleague, there's no institutional resistance to a reasonably sized delegation pursuing, first, permission from the budget liaison committee and House leaders as appropriate. It would certainly, in our view, involve at a maximum, as I had mentioned to you in my note, a seven-member delegation, which would be two, two, one, one, plus the chair, or a five-member one—one for each party plus the chair—which I think deals with the comment of the colleague on the budget costs. So I'm sure there would be no great resistance to that. And the timing is an important issue. But I wouldn't say there's any institutional resistance to an effort to understand better what the Australians have done, on the assumption that there is something to be learned from the experience.

I think even listening to the Korea vets today shows us another aspect of the whole idea.

**The Chair:** Okay.

My sense, as it stands right now, is that you do have some questions about this. You're not willing to endorse this holus-bolus.

**Mr. Brent St. Denis:** I think we would be prepared to give an approval, without prejudice, to a reasonably sized trip in order that some homework could be done. The problem is I can't assure you there'd be any Liberals available in December. I don't know. I don't have anything signed in blood by colleagues. I know I can't go in December.

• (1720)

**The Chair:** I appreciate your party's time commitments. I understand; we've gone through some of those things ourselves over the last few years.

That being the case, I think it would be reasonable to say that you're looking at some time in January or later. I would suggest that for a lot of us January is probably out of the question. We've got other business on the go, back in the ridings. February or the end of January is probably more reasonable. Then you've got some questions with regard to the number of people travelling.

Yes, Monsieur Perron?

[Translation]

**Mr. Gilles-A. Perron:** It is impossible for me in December. On December 10, I must take part in two events that I just simply cannot miss. First of all, it is my birthday and I must be with my family.

Moreover, it is also the day I get to be nominated as Bloc Québécois candidate in my riding, in view of the election that is likely to be held in February, March, etc. It is not possible for me in December. I believe that the Bloc Québécois does not really support the idea.

Without going into a debate, why don't we request the appearance of the ombudsman? That might be just as well. We do not need to discuss this tonight, but we could think about it.

[English]

**The Chair:** There are all sorts of ways to approach this.

Anyhow, I sense we don't have enough nailed down at this point to really pursue the motion, so I think we're just going to leave it be. Fair enough? Okay.

Now, we do have one we've previously dealt with, securing the mighty \$2,000-plus budget to go to Ste. Anne's.

Monsieur Gaudet, is this on a previous question?

[Translation]

**Mr. Roger Gaudet:** No.

[English]

**The Chair:** This is on Ste. Anne's? Okay, let me just get it on the table, then.

As the date has already been set as November 20, what we're really deciding is how long the trip will take, and also—because we've had some people who've done some investigating into this for us—whether or not we should link the Ottawa and Ste. Anne's trips all in the same thing. I think the understanding is that the Ottawa trip is going to take two hours, at least. The trip to Montreal is going to take probably four hours, at least—and I'm not even sure if that includes travel time. That being the case, we may actually have to split it, as opposed to just going with a single trip.

Does the clerk have something to add?

**The Clerk of the Committee (Mr. Alexandre Roger):** It doesn't include travel time.

**The Chair:** Mr. Epp is right that it does not include travel time. So we're looking at six hours minimum in terms of both of them, four hours plus two, and then travel time.

Monsieur Gaudet.

[Translation]

**Mr. Roger Gaudet:** Mr. Chair, my question is simple. The Sainte-Anne Hospital is not far from my home. In the morning, I will stop by in Sainte-Anne-de-Bellevue and then I will follow you to Ottawa. I believe that my colleague will do the same. I go near that place on Monday mornings. If we know the schedule, we will go straight to the hospital and we will wait for you while having coffee or breakfast.

[English]

**The Chair:** Sure, I don't think anybody around here would have trouble with that.



All right, so given the fact we've had a little bit of research into this and found that it's probably easier to split these things than to have both occur on one day—unless it's the will of the committee to forge ahead with that and do Ottawa and Montreal in one fell swoop....

Okay, well, if that seems to be the will of the committee, then it just means we're going to make a long day of it. If that's the will of the committee, that's the will of the committee.

Mr. Stoffer.

**Mr. Peter Stoffer:** I just want to give the committee the.... I noticed that on November 20 I won't be able to travel with the committee because it's my daughter's sixteenth birthday; I won't be there for that trip, but I wish you all a good trip. I've been to Ste. Anne's and on the Perley one as well. You're going to have a great visit: it's very, very worth while.

**The Chair:** Thank you.

Congratulations, Mr. Stoffer.

Monsieur Perron.

[Translation]

**Mr. Gilles-A. Perron:** Mr. Chair, I think that you misunderstood me. I believe that we should go to Saint-Anne Hospital on one day and to Ottawa another day. Otherwise, if we add up six hours to the time needed for travel, we will end up having a 12-hour day. That does not make any sense. I suggest that we meet at Sainte-Anne Hospital at 9:30 a.m. or 10:00 a.m. and then we will stay for the time necessary. We will then come back.

• (1725)

[English]

**The Chair:** Okay. All right, let's deal with Ste. Anne's and Montreal then. Let's look at the four hours, which are going to require travel on either side, which I'm guessing is going to be at least an hour and a half.

Two hours, you think? All right, so that's going to make it an eight-hour day. Fair enough.

When do we want to begin that and when do we want to end that? If we begin at eight, that would wrap us up around four. We'll have to toss a lunch in there someplace probably. For our Quebec colleagues, that would probably mean we would be leaving here at eight and meeting in Montreal around ten.

Does that sound fairly appropriate? Sounds good enough? Okay.

Mr. Shipley.

**Mr. Bev Shipley:** I have a question. I don't know if I missed it when the 20th got set, but I won't be.... We're on two committees, and obviously we've set a tour for the 20th, but I didn't realize when the 20th got set.

**The Chair:** It's one of those things.

**Mr. Bev Shipley:** Anyway, you will enjoy it and will give us a great report, I'm sure.

**The Chair:** It's one of those things: we have to set a date, and some dates not everybody can make.

**Mr. Bev Shipley:** I mentioned it just so you would know ahead of time. I just wanted to be open.

**The Chair:** I appreciate that, Mr. Shipley. Mr. Stoffer expressed that as well.

Unless there is anything else to talk about on that issue, I think we're set for the 20th, and will be leaving here at 8 a.m.

Monsieur Gaudet.

[Translation]

**Mr. Roger Gaudet:** Will we receive the schedule for the day? That's good.

[English]

**The Chair:** We're just giving some instructions here.

[Translation]

**The Clerk:** The people from Veterans Affairs are organizing the visit. They will probably send us a schedule and instructions for us to know exactly where to go and I have already contacted people at the hospital. It will not be difficult to get the information to you. We still have a lot of time; we will be able to establish a good schedule.

[English]

**The Chair:** All right. I think the business is pretty much dealt with, then.

Thank you very much.

The meeting is adjourned.

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