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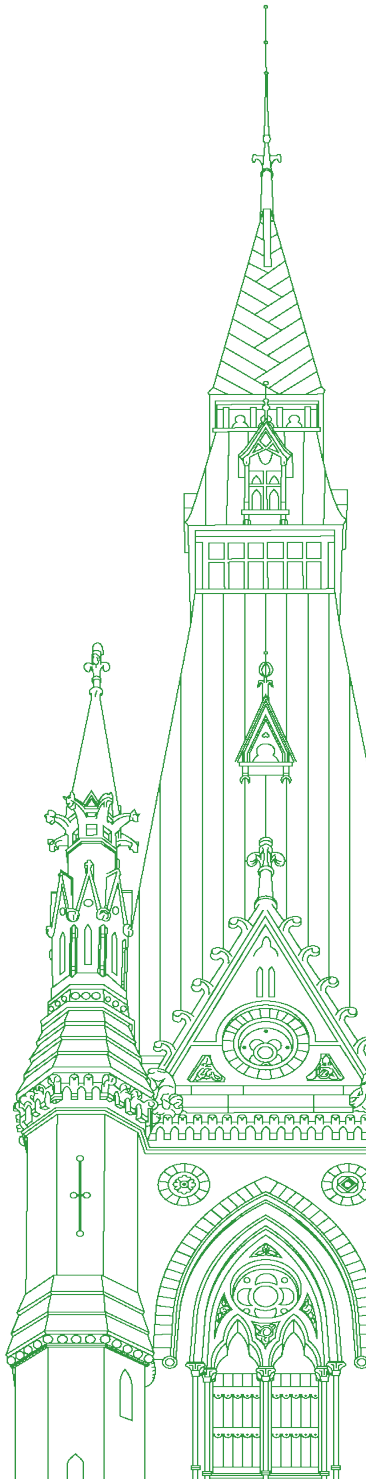

Chair: Mr. Emmanuel Dubourg

Standing Committee on Veterans Affairs

Monday, May 8, 2023

● (1545)

[*Translation*]

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

Welcome to meeting No. 51 of the Standing Committee on Veterans Affairs.

[*English*]

Pursuant to Standing Order 108(2) and the motion adopted on Monday, October 3, 2022, the committee is resuming its study on the experience of women veterans.

[*Translation*]

Today's meeting is taking place in a hybrid format. Some of the MPs are attending the meeting via the Zoom application.

To keep the meeting running smoothly, all comments should be addressed through the chair. I am also informing the witnesses and members of the committee that in accordance with our routine motion all witnesses have completed the required connection tests.

As the study we are conducting is on the experience of women veterans, before we welcome our witnesses, I would like to provide this trigger warning. We may be discussing experiences related to general health and mental health. This may be triggering to viewers, members, or staff with similar experiences. If you feel distressed or need help, please advise the clerk.

[*English*]

Now I would like to welcome our witnesses. As an individual, we have Dawn McIlmoyle, sailor 3rd class and registered nurse. From The Pepper Pod, we have Lieutenant-Colonel Sandra Perron, chief executive officer. From the Royal Canadian Legion, we have Carolyn Hughes, director of veterans services, national headquarters. Finally, from Women Warriors' Healing Garden, we have Dr. Elaine Waddington Lamont, mental health director.

[*Translation*]

Before giving the floor to the witnesses, I'd like to remind the committee members that we decided we would move our study to somewhere other than Parliament Hill so that we could meet with women veterans from elsewhere. In order to do so, we need to prepare a detailed budget. It should be adopted in time for May 19.

Are the committee members in agreement to authorize a team consisting of the analyst, the clerk, and the chair of the committee to prepare the travel budget and to submit it to you with several options, on Monday, May 15? Are there any objections?

Mr. Richards, you have the floor.

[*English*]

Mr. Blake Richards (Banff—Airdrie, CPC): Mr. Chair, I understood that we would be doing this near the end of the meeting. I would suggest that we do that.

I have a few questions, and I think with votes coming, we should be hearing from the witnesses. Let's do it at the end, please.

The Chair: That's no problem. I know that we have votes at 4:30, so I will manage that.

If there are no other interventions, I would like to invite Ms. McIlmoyle to speak.

The floor is yours for five minutes or less for your opening statement. Please go ahead.

Ms. Dawn McIlmoyle (Sailor 3rd Class, Registered Nurse, As an Individual): Thank you.

I want to say, before I read this, that it is not intended to bash any organizations. It is just my personal experience. Thank you for the opportunity.

I first applied for a pension in 1996, only to be denied. My first appeal was also denied. Shortly before I appeared on the cover of Maclean's, 25 years ago this month, I was awarded a small partial pension and told it was because my sexual assault was not service-related, nor was I on duty. It was, apparently, service-related enough for the military to charge me. The issue was rectified after the class action lawsuit, and I was finally given a full pension. However, the onus was on me to write a letter requesting that my file be reopened due to the new guidelines.

I struggled to raise two children alone while working full time, and I obtained my Bachelor of Science in nursing from Trent University before Veterans Affairs ever had a rehab program. For six years, I was kept on the rehab program despite mental breakdown after mental breakdown and suicide attempts. Treatment was hard because, as much as I wanted to get better, as a mother, my children were my priority, not me. My two sons got to witness the constant instability of me, their mom. They were always worried about whether I was going to have a good day or bad day.

I'm doing my best to heal for my granddaughter and to be the example. However, I am getting to an age where she and I like to joke that I don't bounce anymore; I break. Recently, I broke my wrist while roller skating with her, and I was left with the realization that I needed more assistance than usual.

My youngest son lives in another province and my oldest son is an addict. I have been working through my own guilt and blame surrounding the situation, and I'm left with a feeling of helplessness. Even if he wanted help, I could not afford to send him to a treatment centre. I'm not sure how many are equipped for the intergenerational trauma handed down to veterans' children.

Throughout my dealings with Veterans Affairs, I have had good case managers and bad. For 20 years, I lived in a town with a VAC office yet never knew that another veteran lived there, other than the elderly ones I encountered during my nursing career. When I finally met another veteran my age and like-minded veterans, I started to come out of the shell I had put myself in after the trauma of the military, the backlash and the lack of action taken after the 1998 Maclean's articles.

I have had a case manager tell me I was mentally unstable and belonged in an institution while I was in the process of leaving my abusive ex-husband. I have been told I was asking for too much when needing assistance with my nutrition grant. I have had doctors refuse to fill out pension paperwork because Veterans Affairs sent them my whole 492-page file. I used my one-time assistance rule for emergency funding to get my oldest son assistance with his difficulties as a child. While seeking safety and running for my life from my ex-husband, I was hit with the Legion's one-time-only policy and told by a lady from provincial command that I'd made my own choices so I had to learn to live with them.

At the Legion where I lived in 2018, the bartender told me they only help veterans there, so what did I expect? I was asking for the service officer. The service officer then proceeded to tell me to shop around and find another Legion; I was too much.

I have seen many double standards, absurd denials and blaming of other situations, so there is no accountability. I have seen good people give up in defeat because they can't go another round with Veterans Affairs, an institution in charge of veterans that veterans are afraid of or just can't be bothered to deal with anymore.

If I were to, perhaps, lose my sight or a limb, I would no longer be able to attend appointments or get-togethers to obtain the social stimulation a person needs and often finds many barriers to. I have thought of many ideas and solutions for barriers present for women veterans that I couldn't possibly articulate in these five minutes. If the military is serious about recruiting more women, Veterans Affairs has to start understanding that there are different needs for women, especially if a woman was abused and has isolated herself for any period of time.

In closing, healing is found in many different forms, not just in conventional ways. Veterans Affairs needs to realize this is an individual process and that some people don't fit the boxes they have created for them. Sometimes, VAC rigidness and insurance-like attitudes are not what is required. Being accepting and having a listening ear go a long way.

Thank you.

● (1550)

The Chair: Thank you very much.

[*Translation*]

Lieutenant-Colonel Perron, you have the floor for no more than five minutes.

LCol Sandra Perron ((H), Chief Executive Officer, The Pepper Pod): Good afternoon, Mr. Chair and members of the committee.

I am honorary Lieutenant-Colonel Sandra Perron, the founder and CEO of Pepper Pod, a healing centre for women veterans in the territory of the Anishinabe Algonquin people in Chelsea, Quebec. I too am a veteran, having served my country for 19 years in the Canadian Armed Forces, first as a logistics officer and then in the infantry with the Royal 22e Régiment.

[*English*]

I am also the best-selling author of *Out Standing in the Field*, a memoir about my time in the service.

“Pepper potting” is a military manoeuvre designed to cover one's buddy as the fire team advances on the enemy. That's what we do at The Pepper Pod, a retreat centre for women veterans. We cover each other in the advances of our lives. More than 260 women veterans and soon-to-be veterans from across the country—from Comox to Halifax and everywhere in between—have now completed a retreat with our organization. This is made possible because of the incredible support we have received from VAC. We have a 99.8% satisfaction rate, and we currently have 189 women on a waiting list to do our retreats.

I would like to share four recurring themes we hear on our retreats without compromising the confidentiality of our participants.

First of all, there is exponentially more sexual abuse than you know about. On average, more than 50% of the women we graduate have been raped at some point in their life, some of them by fathers, grandfathers, brothers, uncles or partners. Often, as youths, they want to escape the family abuse, and the military is a great option for them to leave an abusive family. Then they suffer a similar fate, and fewer than 5% of the women we see at our lifeshops report it. The consequences of their reporting it are too high.

Now, it may be too early to tell, but in my opinion, outsourcing the criminal investigation and prosecution of sexual misconduct to civilian authorities is adding another layer of mistrust. This is a very complex issue, so I'll leave it for now.

I also hear that more and more women are saying they've had champions, that men go up to them during their careers to say, “I'm a safe space for you. If you ever need my help, you knock on my door.”

The second theme is women's bodies. How is it that I have had 33 cohorts sit around a table and consistently be surprised that some of the changes their bodies are going through, mostly because of menopause, are normal? Apart from the hot flashes and lack of sleep, women lack knowledge about their own bodies. These veteran women are being diagnosed with complex anxiety and panic disorders and PTSD when some of them—not all of them but some of them—are simply having very normal reactions to changes in hormones. As an organization that was built by men for men, we need to learn more about women's bodies so that our young, 25-year-old platoon commanders can be better leaders to the young mother who needs a fridge to store her breast milk or the perimenopausal warrant officer who isn't getting enough sleep.

The third theme is that some women are being physically and mentally abused by husbands with PTSD, and they are being told that their responsibility as spouses is to stick it out because their husbands served their country.

Finally, women in the CAF are still trying to do it all—to be mothers, employees, soldiers, sailors, aviators and caregivers. Every single father needs to take more than two weeks of parental leave. New legislation should be considered to have that parental leave be more flexible to allow that time to be broken up so they can navigate operations, deployments and exercises.

● (1555)

On March 27, The Pepper Pod invited the CDS, the VCDS and the top 20 leaders of the CAF to discuss what we've learned from the 260-plus women going through our programs. Every single one of them showed up. Commanders of the army, the air force and the navy; the chief military personnel; the Canadian Forces intelligence general; and all their chiefs engaged and committed to taking actions upstream so that the next generation of women won't have to endure some of the challenges faced by our generation.

[*Translation*]

I'll end with a final comment. We are, in French, “vétéranes”, and not “femmes vétérans” or “femmes vétéranes”. We are “anciennes combattantes”, and not “femmes anciens combattants” or “femmes anciennes combattantes”. It's the same as the female version for nurses, policemen or firemen, who are in French called “infirmières, policières, pompières”. The fact that we still don't know how to refer to ourselves in 2023 shows that we still have a long way to go.

Thank you very much for the important work you are doing.

[*English*]

Thank you for the important work you do.

The Chair: Thank you so much, Mrs. Perron.

Now I'd like to invite Mrs. Carolyn Hughes from the Legion to speak for five minutes or less, please.

Ms. Carolyn Hughes (Director, Veterans Services, National Headquarters, The Royal Canadian Legion): Honourable Chair and members of the parliamentary Standing Committee on Veterans Affairs, it is a pleasure to appear before you in person on behalf of our 250,000 members and their families. I thank you for this opportunity to speak with you again.

The Legion is the largest veterans organization. I'm the director of veterans services at the national headquarters. I've been assisting many veterans—including serving members and those who have retired—and their families for about 16 years in my role with the Legion and prior to leaving service.

Since 1926, our professional government security-cleared command service officers have provided free assistance with disability claims to Veterans Affairs and appeals to the Veterans Review and Appeal Board for thousands of veterans, their families and survivors each year.

I began working at the Legion in January 2011. Since that time, I have seen an increase in the number of women veterans of the Canadian Armed Forces and the RCMP applying for disability benefits. In recent years, there has been a dramatic rise in claims and appeals for those who have experienced sexual trauma, but we are also seeing more women veterans come forward with other conditions, such as musculoskeletal and mental health injuries, sexual dysfunction and many others.

Women have been serving in all military occupations with the exception of submarines since 1989. They wanted to be treated equally and to demonstrate that they could perform all the required occupational tasks of their trade and physical fitness activities of their male comrades-in-arms. They have done so proudly and with honour. However, in a largely male-dominant institution, there has been very little consideration of the physical, mental or other effects on women and their overall short- and long-term health care. Military health care, based on the average male soldier, has allowed and produced research gaps and systemic biases for many years. Physical and mental health injuries are still being caused today by equipment designed for men, and have resulted in a lower quality of life for women.

One previous witness asked, “Where is the feedback loop inside VAC for decisions that have been overturned by the VRAB?” Our command service officers help with many entitlement reviews and appeals to the board each year and are extremely successful in having VAC decisions overturned for both men and women. Why is VAC denying disability benefits that will only be later approved by the board? Why are they not on the same page, especially with the policies and procedures that are in place? The backlog of disability decisions is one gross injustice. The other part to this is the additional wait time, as they now have to fight for benefits at the next level.

We see that many favourable claims for the average male are being denied for women simply because they may not have served in a combat arms occupation, as one example. No consideration is being provided by VAC for the equipment that does not fit, or for the fact that women may weigh less, have a smaller stature and have perhaps served their entire career posted to physically active bases and units, no matter what the occupation is. One size fits all may be equal, but is it equitable? We ask VAC to adjudicate more fairly in consideration of what happened in their service, the equipment they used, where they served and how the armed forces and the RCMP take or took care of the occupational health and well-being of their women members.

VAC must also better collaborate with the CAF for the benefits and services that women veterans will require as they transition from service and as they age. Policies and research, such as the entitlement eligibility guidelines and the table of disabilities, must be reviewed and updated without delay to better identify the damages to women's physical and mental health. Benefits and programs must be funded appropriately to achieve the desired equitable outcomes.

Finally, although more research is necessary, let's not allow for any further delay. The Canadian government, the CAF and VAC have an opportunity right now to demonstrate leadership by strategically planning on how best to enable and optimize the well-being of women veterans. For those who serve and who have served honourably and proudly, this is the least we can do.

Chairman, thank you for the opportunity to make this presentation. I'm happy to take any questions at a later time.

Thank you.

● (1600)

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

[*Translation*]

Dr. Waddington Lamont, you have the floor for five minutes.

[*English*]

Dr. Elaine Waddington Lamont (Mental Health Director, Women Warriors' Healing Garden): Thank you, honourable Chair and committee members. It's a pleasure to speak to you today.

The theme of this is differences in the experiences of women soldiers and veterans. I thought I would begin with a story that can illustrate one of the differences, perhaps more on the trivial side rather than the profound side, as we've already heard some of those differences today.

I am the mental health director of the Women Warriors' Healing Garden. We were founded in about 2017 by me and my partner. I am a civilian, so I cannot speak to experiences first-hand. I can only relay the experiences that have been shared with me and that have been my privilege to listen to. I feel comfortable sharing the experiences of my co-founder, Erin Kinsey.

In about 2017, it was becoming clear that Erin was no longer okay. She had served with the United States Air Force in the late eighties, early nineties, and was injured as a result of her service there. However, it was not immediately apparent to her that this was the case. When she released from the military, she was still in her twenties and she felt fine. They checked her teeth and checked her general health and said, "You're fine." Then off she went and she came to Canada, went to university, got a Ph.D., got married and got divorced. She did all of those things.

However, when she came to Ottawa in about 2012, it was becoming clear that maybe something was not quite right. By maybe 2015 or so, it was really clear that not everything was okay. Eventually, she was diagnosed with PTSD, and we began the journey of trying to have that injury recognized by Veterans Affairs in the United States. Because she was here in Canada, I think it's fair to say she slipped through every crack that existed. Fortunately, she was eventually connected with a pension and was declared 100% disabled by Veterans Affairs in the U.S.

While she was looking for treatment, she looked around at some of the services that might be available to her. One of the things she found through a friend was an amazing organization that I'll brag about just for a moment—it's not my own—called Project Healing Waters. Their mandate is to get veterans into places where they can do fly fishing. It is an amazing organization where no matter a person's ability or disability, they're able to be transported to a place where they can engage in that activity. This was so profoundly healing for Erin's friend. He described the stream as his church.

However, Erin didn't want to be up to her waist in freezing cold water watching little flies go around while praying that someday a fish might actually strike her line. That was not her jam, so we decided together that we would start a garden because a garden was a place she felt healed. Being with animals was a place she felt healed. There were, even just as recently as 2017, very few services available for women veterans.

We started with a few tools and a small garden plot, and over the past five years we've grown into a couple of acres. We have animals we're able to use for equine-assisted therapy, we have horticulture therapy, we have beekeeping and we have art therapy, both in person and virtually. Of course, we've had to adapt with the pandemic, as everyone has. However, I think the difference in what was available, which was really aimed at the interests of men, was partly about being under-represented, so we like to say that we serve those who are under-represented—women and members of the 2SLGBTQ community.

This is only a small difference. You've heard some of the larger ones with some of the statistics around sexual trauma. Stats Canada estimates that about 25% of women were sexually assaulted as a result of their military service. As Sandra has attested to, that number is probably a vast underestimate. We've heard about some of the physical differences due to things like ill-fitting uniforms, rucksacks and boots.

● (1605)

Perhaps what we have not yet heard about is the difference in rates of PTSD. Women are much more likely to become disabled with PTSD as a result of their service. There's a lot of disagreement in the literature about why exactly this is. It's complex, but it's fair to say that it is probably related to physiological differences, differences in the brain and differences in hormones, but also differences in experiences, including sexual trauma related to combat, sociological differences, harassment and structural differences.

We know that women are more likely to get PTSD. Unfortunately, we are not yet helping them heal as well as we should be. In a study that was done a few years ago, in 1998, the rate of recovery from PTSD for men after two years was about 50%. After five years, essentially 100% of men in this particular study had recovered. In contrast, after five years, only 50% of women had recovered, and after 10 years, when the study ended, only about 55% of women had recovered.

I don't think we know yet why this is exactly, but it is clear that women are different and they are being ill-served by the services and treatments we currently have available. For this reason, we try to offer an environment where people can offer each other peer support and therapeutic activities, in the hope that this may help in a way that is a bit different from what is being done in other places.

We sincerely hope we are able to make a difference in the lives of women. Thank you.

● (1610)

[*Translation*]

The Chair: I'd like to thank the witnesses for their testimony.

I'd also like to thank the three among you who served their country.

[*English*]

At around a quarter to five, if you need to stop for five minutes, do not hesitate to let me know.

[*Translation*]

A few moments ago in her address, Lieutenant-Colonel Perron alluded to the French title for the study we are conducting, “Expériences vécues par les femmes vétérans”. I must advise you that we held discussions at this committee to find the most accurate possible title for this study. We did not want women and men to be grouped together. Often, when we speak of veterans, it's about men. As we were told that we had to make the distinction in French, even though the problem did not occur in English, we decided to use the expression “femmes vétérans” to make it clear whom we were talking about. It's also one of the first times that we have been conducting such a study to investigate the experiences of women. That's why the committee chose the title “Expériences vécues par les femmes vétérans”.

Ms. Perron, you look like you want to say something. I will therefore give you the floor before we move on to the questions.

LCol Sandra Perron: I told you in my comments how I felt about this. It's time for us to move into 2023 and for us as women to have our own titles in French, just as it's the case for ranks in the Canadian Armed Forces, which were changed to reflect our gender, whether for sergeants, adjutants or lieutenant colonels. We need to do the same thing for the word “vétérane”. I know that there is no entry for it in the Petit Robert dictionary, but there should be. We have to start somewhere.

The Chair: You're absolutely right. Besides which, here, we no longer say “ombudsman” but just “ombuds”.

On that note, we'll move on to the round of questions. The members will each have six minutes to ask the witnesses questions.

[*English*]

I would ask members to tell us to whom they are addressing their questions.

In the first round, I'm going to start with Mrs. Cathay Wagantall for six minutes, please.

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

Thank you all for being here and for presenting such a myriad of perspectives on how to care successfully for women in the military.

I would like to start, first of all, with Dawn. Can I call you Dawn?

● (1615)

Ms. Dawn McIlmoyle: Yes.

Mrs. Cathay Wagantall: That's wonderful.

Hearing your story has just proved again the impact on veterans of sanctuary trauma. It's the impact of being mistreated and misrepresented by those who should be giving you the greatest care upon returning from service, or, in your case, in the midst of military service with your sexual trauma and domestic violence circumstances. You are a woman of great strength. It's an honour to have you here today.

Could you speak to us a bit more about the dynamics of the term “sanctuary trauma” and what it has done to impact your life?

Ms. Dawn McIlmoyle: Not only have I been diagnosed with post-traumatic stress disorder, but I have agoraphobia. I go through periods where I'm at home and want to leave so badly, but I'm afraid of what's going to happen as soon as I walk out that door. There are times when for weeks the only interaction I have is with the lady at the drive-through window. That's not in person. I love my dog to death, but she doesn't talk back. Sometimes it's just nice to have a person, but when you don't have anyone, it gets really difficult. I isolate myself because I can't—

Mrs. Cathay Wagantall: Is it a lack of trust?

Ms. Dawn McIlmoyle: Yes, and I can't predict other people's behaviour. I don't want to get hurt again. I say that bad decisions made me smart, so I know what I don't want now.

It's easier to just stay at home alone and not go out, but then I miss so many opportunities. I could meet people. I could do things, but sometimes the fear is too much. I do my best, but....

Mrs. Cathay Wagantall: Thank you.

You commented that with your PTSD you find it very difficult to work. However, you're advocating on behalf of survivors of abuse. You talk especially about abuse of power. You're working.

When you talk about abuse of power, do you see that just within the military, or is it the abuse of power that happens when VAC does the same type of thing and does not meet your needs? Is that part of that same perspective?

Ms. Dawn McIlmoyle: I have experienced abuse of power in almost every system I have encountered since I got out of the military: police systems, health care systems, you name it. There's abuse of power everywhere.

Mrs. Cathay Wagantall: You talked about intergenerational trauma. There's nothing worse than seeing.... Well, our kids have our genes, first of all. On top of that, to end up with mental and physical health issues because of the circumstances raises another level of a sense of guilt, especially for moms, quite honestly.

Can you talk about the dynamics of VAC? Is intergenerational trauma a priority to them, or is that also impacted by sanctuary trauma?

Ms. Dawn McIlmoyle: I think they're impacted by it greatly. It's hard. My youngest son, even though he's doing really well, still has anger issues and stuff like that. It's hard to be honest about what's going on because he doesn't want to be honest about what went on at home. He had a sick mom. He was 15 years old and had to drive me to the hospital because I tried to kill myself. He knew what he was doing was illegal, but he had to get me there. No 15-year-old should ever have to deal with that.

If he ever heard this, he'd probably be very mad, but it's the truth. They're things he's had to deal with. It would be very hard for him to be honest about them in a group with just regular people.

Mrs. Cathay Wagantall: They lost the opportunity to just be kids, be children.

Ms. Dawn McIlmoyle: Yes.

Mrs. Cathay Wagantall: I'd like to talk to you about the fact that a lot of veterans take issue with the critical injury benefit criteria. That was set up a while back. It has not been used with regard to psychological injuries because it doesn't explicitly mention psychological injuries. I know it has been awarded recently, but since then it's become impossible to get the information or to see others receive that support as well.

Are you familiar with the critical injury benefit and the limitations on it?

Ms. Dawn McIlmoyle: Yes. I've been corresponding with the minister about it, and I did receive a letter. He said they're sending it back to committee to review and research the language to make sure that it's available for people with physical and/or psychological issues. I really hope that's not smoke and mirrors.

Mrs. Cathay Wagantall: I'm so sorry that government and its methods of doing the right thing quite honestly can add to sanctuary trauma with the whole process that we sometimes have to go through.

Do I have some time, sir?

The Chair: You have 30 seconds.

Mrs. Cathay Wagantall: I will wait and hopefully have more time afterwards. I would like to speak to the others as well.

Thank you.

The Chair: Thank you, MP Wagantall.

Now I'd like to invite Mr. Wilson Miao to take his six minutes, please.

● (1620)

Mr. Wilson Miao (Richmond Centre, Lib.): Thank you, Mr. Chair.

Thank you to all of you for appearing today at our committee.

I'd like to direct my first question to Ms. Hughes.

You mentioned in your opening remarks that there are about 250,000 members right now in the Legion. Of those 250,000, how many of them are woman veterans?

Ms. Carolyn Hughes: It's not my area of expertise, but I will get that answer and bring it back to you.

Mr. Wilson Miao: Thank you.

On your website, it's stated, “The Legion is committed to supporting Veterans’ research.” As all of you know, this is the first time we are studying the experience of women veterans. Is there similar research done through the Royal Canadian Legion on this topic?

Ms. Carolyn Hughes: Not at the moment, no. What we do is support research, especially through CIMVHR and the various universities. We don't do research ourselves. We support a lot of research that's out there.

We also provide a scholarship for a student who is going through a master's program in research to do with military health and research for veterans. This year, I believe it's on cannabis use and interactions with other medications. Hopefully, very shortly in the future, we'll be sponsoring a Ph.D. student. We also support the forum that goes on each year with CIMVHR.

We're very active in the research area, but we're not doing research ourselves.

Mr. Wilson Miao: Thank you for sharing that.

If you could provide any recommendation to our committee for this study, what would it be?

Ms. Carolyn Hughes: I wasn't expecting that one.

Voices: Oh, oh!

Ms. Carolyn Hughes: I would say that for any area of the military or veterans, start looking at it with a gender-based analysis. There are so many policies out there that were traditionally established for males. Whether it's research or a program, it all needs to be looked at. It all needs to be opened up and researched for how it affects women, because sometimes it affects them in a negative way—often, it does.

Mr. Wilson Miao: Thank you.

I'd like to direct my next question to Lieutenant-Colonel Perron.

As Canada's first female infantry officer, what program or training was helpful to you as a woman veteran?

LCol Sandra Perron: What program was helpful to me as an infantry officer? It was probably infantry training, but other than that, I had no separate training for being a woman in combat arms. There were no programs.

Now, I can tell you this, and I write about it in my book: There were supporters. There were men who championed what I represented. They were ostracized, and often it was to the detriment of their own careers. I referred to them as “the pepperoni lovers”. Because my name is “Perron”, they were called “the pepperoni lovers”.

Voices: Oh, oh!

LCol Sandra Perron: There are men like that today. Women are telling me that when they sit around the table, men are more and more present and are supporting or standing up for women. The proof is that we had the top 20 leaders at The Pepper Pod for a fireside chat. That speaks volumes, but there were no programs in my time.

Mr. Wilson Miao: Thank you.

If you were to provide any recommendation to enhance our study on this topic, what would it be? I'd also like to open that up to the other two witnesses where.

LCol Sandra Perron: I entirely agree with Carolyn's perspective about looking at all our programs with a gendered lens to see what we're doing today that we're going to be ashamed of in five or 10 years.

I've spoken at these committees four times now. Every time, I mention the Silver Cross Mother as an example. Every year, we have a Silver Cross Mother who represents the mothers out there who have lost their children in service to this country, but why, in 2023, do we not have a Silver Cross family or parent?

We have soldiers now who have two fathers or two mothers or who were raised by guardians and grandparents. It's time to change words like those that work to our detriment, because the answer is that they're telling us, “Oh, but women have a special bond with their children.” Yes, it suits you to think that, because then we are the ones responsible for caring for children. We need to change biases like that.

● (1625)

Mr. Wilson Miao: Thank you very much.

I understand The Pepper Pod received approximately $914,000 over five years through VAC's veteran and family well-being fund for the transition lifeshops, where women can support each other.

When women walk into your organization, what are the main questions you hear from them?

LCol Sandra Perron: What are the main questions we hear from them?

Mr. Wilson Miao: Yes.

LCol Sandra Perron: Women come. Our signature program is called the lifeshop. They come for a weekend. They get there on a Friday. They don't know each other, for the most part. They're nervous, they're scared and they're anxious because they don't know what the weekend is about.

By the time they leave on Sunday, they have a new tribe. They have friendships that are deep and profound that they've developed over the weekend through commonalities, by sharing their stories, like we've just heard, and by connecting with women. Many of them don't have women friends due to military service and being uprooted every two to three years and changing provinces. Also, some of them are in fields where there aren't a whole lot of them. They can share some of their health challenges and their experiences.

This is what we provide to them, plus a whole slew of other activities, so they continue their journey together.

Mr. Wilson Miao: Thank you for that.

The Chair: Thank you, Mr. Miao.

[*Translation*]

Mr. Desilets, the floor is yours for six minutes.

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

Greetings to my colleagues, and I'd like to thank the witnesses for being here.

Ms. Perron, I have a string of brief questions for you. I know that your organization receives $1 million in funding from Veterans Affairs Canada. Do you have any other sources of funding?

LCol Sandra Perron: Yes. We have partners, like the Quebec Veterans Foundation, that support some of our initiatives. We have also received funds from the Commissionnaires. I'm on the Commissionnaires du Québec's board of directors. At the outset, when they wanted to support us, I told them that they couldn't because there was a conflict of interest owing to the fact that I was on their board of directors. They surreptitiously met a lawyer in order to be able to provide us with funds to help our women veterans. It was heartwarming. They paid for the beds and everything.

Mr. Luc Desilets: What's your annual operating budget?

LCol Sandra Perron: It's about $225,000 a year. Some of these funds come from Veterans Affairs Canada and the rest from our partners, including the Quebec Veterans Foundation.

Mr. Luc Desilets: Is this amount enough to meet your needs?

LCol Sandra Perron: We just adjust to whatever money we receive. As I mentioned, there is a waiting list of 189 women veterans. We could double our programs.

Mr. Luc Desilets: If you had more money, would you be able, with the staff you have, to provide services to these 189 women veterans?

LCol Sandra Perron: We want to grow intelligently. We don't want to try to do too much too soon. I'm the facilitator on healing weekends and can only handle a certain number each year. Of course, we'd be able to do more with more funds.

The problem is that funds are assigned to programs. When we receive funds, we receive them for our work, but we also need funds for the building, maintenance, the wells that run dry occasionally, to mention only a few items.

Mr. Luc Desilets: In my riding office, my staff members and I were told that this program is highly valued. It would be useful for the committee to have an opportunity to visit your centre. If that's not possible, then of course I will go there personally.

LCol Sandra Perron: I'd really like that.

Mr. Luc Desilets: There is a number floating around, and it's that approximately 25% of women in the armed forces are assaulted. Do you agree with this percentage? You've said that 50% of your clients had been victims of sexual assault.

LCol Sandra Perron: The 50% figure also includes victims of assault from parents, fathers, grandfathers, and brothers, among others. I believe it's much higher than 25%.

Mr. Luc Desilets: Could the figure be biased owing to the kinds of clients you have?

LCol Sandra Perron: I couldn't say, but it's definitely possible. We have been working with the Atlas Institute for Veterans and Families to determine whether there is a link, or if it's because I work with women. However, I can tell you that these women report a lot of assaults, even though they have sometimes never told their husband, best friend or anyone else.

● (1630)

Mr. Luc Desilets: How do you obtain this information? Is there a questionnaire for them to answer? Are these things they willingly report during the weekend?

LCol Sandra Perron: Yes, these are things they bring up themselves, in confidence, during the weekend.

Mr. Luc Desilets: You said something earlier that I'm not sure I understood properly. In fact, I don't understand it. You said that outsourcing investigations was not necessarily something positive. What did you mean by that?

LCol Sandra Perron: I meant that our participants' mistrust of the organization is amplified by the fact that their claims are now being dealt with outside of the organization.

Mr. Luc Desilets: Are you saying that they would prefer them to be handled within the organization?

LCol Sandra Perron: There are two points of view. Generally speaking, women think that the problem was internal, but that staff were not trained well enough to deal with their issues. The women felt that all they had done was shift responsibility outside the organization, which they feel after all is the right thing to do until the personnel are capable of handling these claims internally.

Mr. Luc Desilets: Ms. Perron, would you agree with me if I were to say that there weren't enough research reports or studies to establish a cause and effect relationship for women veterans?

LCol Sandra Perron: Yes, definitely. To cite just one example, how can you establish a link between post-traumatic stress and the illnesses reported by women to Veterans Affairs Canada, including fibromyalgia? We need studies like that to be able to help them in terms of both mental and physical health.

Mr. Luc Desilets: Why do you think this is not being done? At several committee meetings, we've heard a lot of organizations mentioned, such as research chairs and people who are investigating certain problems, or at least reporting them. However, it's another matter when it's a question of causes. To date, we have not heard about anyone who is attempting, on the basis of data, to investigate them further. Would you agree on that?

LCol Sandra Perron: I fully agree.

Mr. Luc Desilets: It looks like you're in agreement with everything I've said.

LCol Sandra Perron: I agree on the absence of studies. As for the issue of finding causes, I wouldn't dare to comment. The reasons are probably the same as the reasons why no one talks about women's bodies. Why, in health training at the moment, is it mainly focused on men? Why don't we have obstetricians and gynecologists for women when they are pregnant? We're only just beginning to see a few.

Mr. Luc Desilets: Thank you, Ms. Perron.

The Chair: Thank you, Mr. Desilets.

[*English*]

I would now like to invite Ms. Rachel Blaney to speak for six minutes, please.

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

I thank all of you for being here to testify, and thank you, to those of you who served, for your service. It is deeply appreciated.

I'm going to come to you, first, Dawn.

May I call you Dawn?

Ms. Dawn McIlmoyle: Yes.

Ms. Rachel Blaney: First of all, Dawn, I would like to say that in listening to women veterans and to the people who support them through this study, what I've heard again and again is how often they feel invisible. Their reality is not reflected back to them either in the CAF or in VAC.

I would like to thank you for working so hard to make yourself seen. It's a hard thing to do, and I really appreciate your doing that.

One of the challenges we have heard from women again and again is the lack of communication between the CAF and VAC. One thing you talked about when you were testifying, which really impacted me, was having to open up your files again and again so you could respond to changes to guidelines and get the benefits you were entitled to. Could you talk to us a bit about what that looked like, if that's okay with you? Do you have any suggestions about how that could be a lot more effectively done in the future?

● (1635)

Ms. Dawn McIlmoyle: I'm having a problem with the military trying to get my charges dropped. I have to pay the Department of Justice and say how I was wronged. It's the exact same thing with Veterans Affairs.

There are so many things they could do. I've had I don't know how many case managers. I have had to retell my story so many times since 1996—and there are other people.

There have to be streamlined methods so that you're not reopening these wounds. The onus should be on them sometimes. There's a lawsuit that came in. Maybe they should open some cases and not make the person have to go through it all again.

Someone could have helped me, but they said that no one could help me—even the Bureau of Pensions Advocates—until I wrote a letter. Well, I was sitting there writing it and shaking because I had already been through so many denials that I didn't want to subject myself to that again and set myself up for disappointment. It was extremely difficult to have to reopen those wounds just to get something I should have gotten way back in 1997, when it was awarded.

Ms. Rachel Blaney: Thank you for that.

It's hard to hear this, but I'm also relieved in a way that patterns are starting to be seen in testimony, because it's the patterns we see that we need to address in this report so that hopefully we can see meaningful change in the future.

This is the last question I have for you, Dawn. You talked about how, with services, it often feels like you're going to get your insurance, and you're fighting with them to get services. I know Cathay talked to you about sanctuary trauma, but one of the things I hear you saying—and I've heard it from lots of veterans—is there isn't very good outreach when things change. Veterans are not notified about the change and the next step they need to take. Then it's on you to figure that out, but at least they've given you the change.

Could you explain a bit about what you mean when you say talking to them is like talking to somebody who's giving you insurance?

Ms. Dawn McIlmoyle: It's very difficult sometimes. There are feelings involved. When I had my very first pension, it was 20%. I have had to fight I don't know how many times. You're talking to someone about the most difficult things in your life, and they're talking to you like VAC.

Even when I was trying to get my cannabis, the doctor from VAC was saying that they noticed I was suicidal back whenever, so they were stopping my prescription. I said, “Dude, I was suicidal because I almost lost my arm. I was so depressed.” It had nothing to do with the cannabis use. The doctor I saw prescribed it. How can somebody who doesn't even know me overrule a decision? Then it took months to get it all fixed, because some guy in VAC knew better than the doctor I had actually seen in person a couple of times.

Ms. Rachel Blaney: Thank you.

I'm going to come to you, honorary Lieutenant-Colonel Perron. Thank you for being here today.

Your organization places women veterans and serving women in the military along with civilian female spouses, I think.

LCol Sandra Perron: Yes.

Ms. Rachel Blaney: We've heard that a lot of serving women and veteran women feel very invisible because they're often compared to civilian female spouses. Their realities are very different. I'm just curious about how that works. How do you deal with them differently?

LCol Sandra Perron: You're absolutely right. They are very different. When they come to The Pepper Pod for a lifeshop, their stories are different. Their career or their culture is very similar, though, in that they've uprooted their family every two or three years. They've made sacrifices. However, the spouses don't have the medals to show it. They haven't had the glory of a deployment.

There is a discovery when I do lifeshops, through that, where they get to share and understand each other. That is the power and benefit of having them in the same group. They have different experiences. Women have had deployment issues and some trauma. Some of them have PTSD. At the same time, the women spouses who have not served in the military have other contributing stories that make the lifeshops so powerful. They love understanding each other.

● (1640)

The Chair: Thank you, Ms. Blaney.

Before I go to the next round of 25 minutes, I'd like to know if witnesses are okay to go on with that.

That's great. Perfect. Thank you.

I invite Mr. Fraser Tolmie for five minutes, please.

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

I'd like to thank our witnesses for joining us today. Sometimes it's not easy for us to hear some of the testimonies, but to make changes, we need to. I'd like to thank you for your service.

Ms. McIlmoyle, I want to let you know that we have been hearing testimonies from mostly senior officers, so we're grateful for your participation in this testimony today.

The question I'd like to start off with is for Ms. Hughes from the Legion.

Over the last little while, whether it's been through a focus on studies of women in the military and of Veterans Affairs or just from men and women, we've heard several testimonies about the record-keeping at Veterans Affairs. Often their medical records are hard to find and difficult to transfer to health care providers, who might require them to look after the vets. We've heard testimonies from organizations that have done independent audits, such as the ombudsperson, the PBO, the Auditor General and our own committee, that say sometimes the records even within VAC are lost. They're very, very difficult to keep track of, which is very disappointing, because your medical file is so important for your care.

What do you think about creating a system that would give veterans more control over their medical records, especially when they release and they move to a different community? What are your thoughts on that?

Ms. Carolyn Hughes: There is a process, when you release, to obtain your records, but it is a very, very slow, long process right now. If it's for help with a disability claim or an appeal, it's usually much faster for us to get the records than it is for a veteran, because we have an MOU with Veterans Affairs. We can't release those records to the veteran because we're the third party involved in this, but we can write letters to the doctor. If, say, a medical opinion is needed, we can write a letter saying, “During service, this happened and this happened. This record is missing. Can you, given your opinion, formulate something?” We can advise on what we find; we just can't give copies.

That's often beneficial for veterans when they come to us. We get those records only with their written consent, so that's not for every veteran who's out there. We're more than happy to do what we can to speed up the process a bit that way.

I think now with electronic records.... I believe in the future, it's going to be a lot easier for a veteran to get a copy of their own records. All it's going to involve is downloading them to a memory stick, CD, DVD—something like that—and they'll be able to get them more quickly. Right now, unfortunately, they're still dealing with some paper.

I didn't disclose this, but I was a health care administrator in the military. I worked with some of those records, so I'm very familiar with them.

Mr. Fraser Tolmie: Thank you for your answer.

You know, one of the things I noticed in the media a couple years back was that Legion numbers were going down. Has that changed? Has that trend changed and are they starting to increase?

Ms. Carolyn Hughes: Absolutely. In the last two or three years at least, we have gone up about 7% per year. What has been surprising is the age of the people who are joining. It is the younger veterans, the 20- to 30- to 50-year-olds. It's not so much the older veterans joining, but a lot of our younger ones. As I say to them, if you want to make changes in our organization, you have to become part of it and work from the inside.

Mr. Fraser Tolmie: With respect to the number of women, would you say that—

Ms. Carolyn Hughes: I don't have stats on the number of women. We have a separate membership director. I will go back and ask him and then provide those.

● (1645)

Mr. Fraser Tolmie: Okay. That's great.

In my questions in the previous meeting, I noted we're seeing a lot of veterans released from the military who are too disabled to serve. When they're released, they're not able to acquire the benefits they should be entitled to. Would you agree that the Canadian Armed Forces and Veterans Affairs should be using a single standard for injury assessment and that they should get the same care? We were told it was too costly and too expensive, and I'd like to get your opinion on that.

Ms. Carolyn Hughes: I'm not sure. I know the major problem that I hear about from veterans who are releasing is the inability to find a doctor, which is essential to continuing any kind of treatment they need. Whether it's psychological, it's osteoarthritis in various body parts or it's a gynecological problem, that's the main thing. The services they get after service are not necessarily the same as what they get during service.

Mr. Fraser Tolmie: We see that a lot of military, when they leave.... They've been in a community. Maybe they've been in Petawawa and then they decide, “You know what? I like Trenton better. I want to release there.” Would you say that's because of accessing doctors there?

Ms. Carolyn Hughes: No, it's just because accessing doctors anywhere in Canada right now is a problem.

Mr. Fraser Tolmie: Okay. Thank you for your answer.

Thank you, Mr. Chair.

The Chair: Thank you, Mr. Tolmie.

Now I'd like to invite Mr. Churence Rogers for five minutes, please.

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

Welcome to all of our witnesses today. As always, there's some very interesting testimony and some very difficult testimony.

Lieutenant-Colonel Perron, first of all, I see you have a specific two-day retreat or workshop that you're saying is helping women transition to civilian life. Can you tell us a bit more about the retreat type and why you keep the enrolment as it is, at eight to 10 people? Could you maybe even elaborate on some of the successes of these events?

LCol Sandra Perron: I will limit my comments to what happens during the retreat because most of that is under a cone of silence and we don't share what happens there.

I can tell you that the essential philosophy of the weekend is that we create such a safe environment that women feel free to share their stories. When they do that, they leave themselves open to judgment. They feel very vulnerable. They take down their masks. They share secrets that they've shared with very few people. When they do that, they are really easy to love because they are defenceless. That's what happens during the weekend. They go through a series of exercises. We end at noon on Sunday. On Sunday, we do mind mapping, which is really just a way for them to plan their next steps as they leave their transition. They get this new tool that they can use to plan their next adventure, trip, transition, challenge or problem. That's what they do.

They come back between four to six weeks after the lifeshop. They come back for a reunion with their tribe. Often they don't even wait that long. They're already going to activities with their new tribe. They go out for coffee, blueberry picking, etc. Then they hold on to each other at different levels.

I myself did the lifeshop 30 years ago. The women I did the lifeshop with are still in my life today—one of them sits on my board—and they're my best friends. This is what transpires at The Pepper Pod. We do a whole bunch of other activities as well. We have a dragon boat racing team. We're doing stand-up paddleboarding, "snow-SHE-ing"—whatever the women want to do.

Mr. Churence Rogers: Thank you very much. That's exactly the kind of thing I was hoping you would get into: the way you conduct these sessions and workshops and so on.

There must be some very inspiring and positive outcomes. Are there any in particular you want to share with us?

LCol Sandra Perron: Beyond a shadow of a doubt we are saving lives. Five women have told us that they had put either their insurance or their will and testament up to date before leaving and that they had sold some of their stuff. They're still here today. They are loved by their tribe. They are supported. When they have a knee down, when they have a weak moment, they call on their sisters in arms, and they get the support they need.

● (1650)

Mr. Churence Rogers: Thank you very much.

Dr. Waddington Lamont, how do women hear about your services? What's your outreach? How do you advertise or let them know you're there?

Dr. Elaine Waddington Lamont: I think that, often, the way people find out about us is through word of mouth. Occasionally, we have some media outreach that happens to be very successful. A few months ago—I think it was actually on Christmas Day—CTV gave us a story of one of the veterans who visit us. It was called "A friend named Bert", and this particular veteran came and talked about her relationship with our donkey. They have a very special relationship, and I think it's fair to say that they love each other. I don't know if I should share this, but she has said that she sometimes likes him better than her husband.

Those kinds of stories, when they're in the media, can really allow us to be seen and heard, but I think the thing I hear most often is, "My friend told me she participated in one of your programs and that I should try it." I've also heard of tribe members who have participated together at The Pepper Pod and said, "My tribe members did this and they suggested that I come and try this."

I think word of mouth is the most powerful.

Mr. Churence Rogers: Thank you very much.

If any of you have particular recommendations—and I've said this to all of our previous witnesses—please pass them along to the committee through the clerk in either written form or some other form. We'd love to have your expertise, knowledge and experience put to good use by your giving us good, solid recommendations that will make this a much stronger study.

Mr. Chair, do I have more time?

The Chair: No, you have no more time. I'm sorry.

Thank you, Mr. Rogers.

[*Translation*]

Mr. Desilets, you only have two and a half minutes.

Mr. Luc Desilets: I know.

Ms. Perron, do you think it would be a good idea for the Canadian Armed Forces or Veterans Affairs Canada, when they are entering an injury or trauma in a medical record, to add the probable or known cause?

LCol Sandra Perron: If the victim has suffered trauma in the same way as she might have suffered an injury, then I fully agree. It would be important to enter that in her medical file.

Mr. Luc Desilets: All right.

Earlier, I was pleased to hear Ms. Hughes say that the records were going to be digitized. I attended a number of court hearings and it was appalling to see photocopies that were no longer legible, requiring people to go and see another specialist. It's ridiculous and unacceptable.

Ms. Perron, do you believe that sexual assault or harassment is decreasing in the Canadian Armed Forces?

LCol Sandra Perron: It's hard to answer that question, because I'm no longer in the armed forces.

Mr. Luc Desilets: Do you still have friends there?

LCol Sandra Perron: Yes. Most of my women veteran friends are about my age. Nevertheless, we still see a lot of women veterans in their 30s who have just left the forces for medical reasons owing to trauma resulting from sexual misconduct. So I don't have percentages, but I can say that while it may be lower than before, it's not dropping fast enough.

And it's not only in the combat units, despite what you often hear. It's also on ships, and in squadrons and military colleges. I've heard about it from people of all ages, and my view is that the numbers are not dropping nearly fast enough.

Mr. Luc Desilets: Ms. Hughes, you said earlier that many claims were being refused because the women hadn't been in a combat role as such. Is that what you said?

[*English*]

Ms. Carolyn Hughes: Sometimes claims are denied because a veteran served as an admin clerk, for example, and they may say, well, an admin clerk types, takes notes, sits at their desk and processes paperwork, basically. However, when you're posted to a base like Petawawa or Gagetown or any of the active bases, you do the same PT that any other soldier does on that base. When you're serving with a unit as a clerk—for example with the infantry unit—you do the same PT that they do every morning.

● (1655)

[*Translation*]

Mr. Luc Desilets: So it's shockingly unfair.

[*English*]

Ms. Carolyn Hughes: Yes, it is. I agree.

[*Translation*]

Mr. Luc Desilets: Okay. Thank you.

The Chair: Thank you, Mr. Desilets.

Ms. Blaney, you have the floor for two and a half minutes.

[*English*]

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

Ms. Hughes, I'll come to you. What I'm curious about is whether you have an idea of how many women veterans ask the Legion to help with VAC claims, and, when you get that information...if it's the application. Also, do you denote what is an application and what is an appeal? That's something I'm really curious about.

Ms. Carolyn Hughes: An application is the first time a veteran comes forward and wants to put a disability claim in. If that's denied, the next level is sometimes a departmental review, but that is also with Veterans Affairs Canada.

Ms. Rachel Blaney: That's not what I'm asking. I apologize. I didn't ask you correctly.

First of all, do you know how many women veterans the Legion helps support with their applications or their appeals?

Ms. Carolyn Hughes: In the last couple of years, I've probably seen almost half come forward with claims.

Ms. Rachel Blaney: Wow. Okay.

Ms. Carolyn Hughes: With the military sexual trauma lawsuit, a lot of them came forward at all levels of appeal. Two of us at the Legion do reconsideration levels. We saw a dramatic increase of claims that had been denied because there wasn't enough evidence, or perhaps the police found it unfounded or the chain of command said to just keep quiet about it, so there was no documentation on what happened.

The policies have gotten better recently for military sexual trauma, and claims are more favourable, but they didn't go back and look at all claims that were denied in the past. The women had to come forward to us to identify so that we knew. At our national command, we proactively went through all our files. We looked for claims that may have been turned down because there was no medical information of it happening or there was no successful harassment claim. We were able to get those overturned at the higher levels.

Ms. Rachel Blaney: Just to make sure I get this correct, when more information became available to you, you actually went back and looked at files.

Ms. Carolyn Hughes: Yes.

Ms. Rachel Blaney: Did you do any outreach directly to the veterans to say, “By the way, something has changed”?

Ms. Carolyn Hughes: Absolutely. We did the same thing with the hearing loss policy when it changed, and also with all the partial entitlements.

Ms. Rachel Blaney: I'm wondering whether you notice that women, when their physical ailments are perhaps tied to things like mental health or PTSD, are often put in a position where they have to appeal decisions again and again. I hear that a lot.

Ms. Carolyn Hughes: Yes.

Ms. Rachel Blaney: You're seeing that a lot.

Ms. Carolyn Hughes: Yes.

Ms. Rachel Blaney: You also talked about sexual dysfunction. I've had a lot of women veterans say they experience it, but they don't want to talk about it here. I'm just wondering whether, from your perspective, you've seen those claims. Is there any information you could share about that?

Ms. Carolyn Hughes: Sure. I've had probably about five or six claims. There's another woman in our office now who helps with disability claims and appeals, but for the longest time I was the only one. I've dealt with a lot of women who did not want to deal with a male counterpart.

So far, I've had about four or five claims go in, whether for sexual dysfunction or anorgasmia. Two came back favourable. We're starting to see a change. It took over a year to get those decisions back, so it is a very slow process. The other three I'm still waiting on.

It's starting to increase, but it's slow. It's very slow.

Ms. Rachel Blaney: Thank you so much.

Thank you, Chair.

The Chair: Thank you very much.

I'd like to invite our first vice-chair of the committee, Mr. Blake Richards, to go ahead for five minutes, please.

Mr. Blake Richards: Thank you.

I have a couple of things I want to touch on, but first I'll go to Ms. Hughes.

It's good to have you here again. It's good to see you. One thing we hear about quite frequently—this would apply to all veterans, but without question it would apply to women veterans equally, if not more so—is wait times. I often hear about the atrocious length of time that veterans will wait for claims to be adjudicated. You hear these horror stories of a year or two, and sometimes even much longer than that. Those aren't exceptions. Those are quite common.

I wonder if this is something you hear in your role with the Legion and if this is something you see and are dealing with as well. Do you have any suggestions on what can be done to better serve our veterans?

● (1700)

Ms. Carolyn Hughes: I hear that complaint several times a day, whether it's in an email or a phone call.

The biggest problem we're having right now is with the wait time tool. Veterans will go on there and it will say it's going to take 23 weeks for a common condition. Now they're sitting at 40-some weeks and wondering why it's double the time. “How come I don't have it?” It could be a simple claim, such as osteoarthritis of the knees.

We've asked VAC multiple times to take that down or at least make it accurate, because it's not accurate. It's causing a lot of grief, frustration and nervousness out there. They say, “Why is my claim taking so long? It's going to be denied, obviously.” It's that kind of attitude. That would be one thing Veterans Affairs could do—either make it accurate or take it down completely.

They were making some progress in the disability claim turnaround time. With the strike, I know it may be a little longer—by a couple of weeks. We're monitoring it very closely and we're not going to let up until they're meeting their mandate of 80% within 16 weeks.

Mr. Blake Richards: Thank you.

I would like to come back to you if there's time, but I want to go over to Ms. McIlmoyle first—Dawn, if I can call you Dawn. If we get some time after that, I'll ask you a couple more questions in regard to wait times. I noticed some nodding of the heads. It seems as if there is pretty general agreement on the panel here that wait times are a problem, so maybe others will have suggestions too.

Before I go to that, I'd like to go to you, Dawn. I hope you're okay with me drawing attention to this. I note you have a service dog. Is it okay if I draw some attention to that? I hope you don't mind.

What's your service dog's name?

Ms. Dawn McIlmoyle: Her name is Duchess.

Mr. Blake Richards: It's Duchess. Okay.

Can I get you to tell us a bit about Duchess and how you ended up with her? How and when did that occur? Was VAC involved in that at all? What does your service dog do for you?

Ms. Dawn McIlmoyle: After I left my abusive husband, I was all alone. I knew I could not be completely alone, so I went and got a three-month-old German shepherd puppy. I had a couple of veteran friends who said they were going to help me go here and there, but those things didn't come to fruition. I went to Wounded Warriors. They said they only give out dogs; they don't help train them.

I couldn't wait three to five years for a dog. I couldn't make it that long, sitting there by myself. She helps me go into stores. She helps me go out with my friends. She helps me have conversations with people. If someone says, “Can I pet your dog?” and I say no, they'll say, “I'm so sorry.” But I'm like, “Don't be. You are actually helping me say no.” That's something I have a hard time with too—saying no. I'm a people-pleaser.

She's still in training. I still have lots to do with her, but I've done it completely on my own so I could leave the house.

Mr. Blake Richards: This is not something Veterans Affairs has been involved in at all.

Ms. Dawn McIlmoyle: No, not at all.

Mr. Blake Richards: Did you go to them to seek assistance in getting a service dog?

Ms. Dawn McIlmoyle: You wouldn't be able to. It's only with the organizations they have out there.

Mr. Blake Richards: In your opinion, is that something Veterans Affairs should be more involved in—providing service dogs or even standards for service dogs for veterans?

Ms. Dawn McIlmoyle: I feel as if I know people whose service dogs saved their life. If they didn't have a dog, they would not be here. I have lots of friends who are like that. It's so simple, yet it seems so complicated.

Mr. Blake Richards: Thank you. I appreciate that. I think it's a great thing for us as a committee to be looking at for recommendations.

I'll go back to where I was previously with regard to wait times.

I'll start with you, Ms. Hughes, but I noticed others were nodding their heads and probably have something they want to add to this, so I'll open it up to all of you, if you like.

In order to get those wait times down, what would the number...? I've often heard about the idea of using a presumptive injury list as a way of eliminating some of the claims from the system and, obviously, serving those veterans more quickly and all veterans more quickly as a result. I'll open it up to other suggestions as well.

What would you say is the number one thing that could be done to bring those wait times down? If you were made the Minister of Veterans Affairs tomorrow, what would you do? What's the first thing you would do to help bring those wait times down?

● (1705)

Ms. Carolyn Hughes: The most common conditions should be granted almost on a presumptive basis, with just a few checks, at least on service and maybe on length of time and a few other things. However, it shouldn't take a year and a half to two years to hear back about whether your lower back is related to your infantry service, for example, where you're carrying a rucksack a lot of the time.

They could do something like what they did with COVID benefits when people were off work. Do a check after the fact. Give veterans the heads-up and say that if they're lying about things—I'm not saying they would—they may have to pay their benefit back.

I think they should start doing more regarding treatment benefits too. It's been great that they're doing that for mental health benefits, but when you're talking with somebody who has bad knees or a bad back, and they have to wait two years before they can find out if a brace or some physiotherapy is going to be approved, you hear two years is a long time to wait.

Mr. Blake Richards: It sure is. It's unacceptable, I would say.

Does anyone else have thoughts on this they'd like to share?

The Chair: Do so in 15 seconds, please, because time is running out.

Please go ahead.

LCol Sandra Perron: How many agents do we have working on appeals to claims who could be working on improving claims instead of veterans fighting for these claims? That's the first thing.

[*Translation*]

Secondly, in French, the wait time is much longer.

[*English*]

I have many friends, and they all say, "Don't do it in French, because you're going to be waiting double the time for the agents."

Mr. Blake Richards: I apologize. I would like to hear from the others, but it sounds like I won't be able to, apparently, because the chair is telling me I have to stop.

The Chair: We'll come back to that. We have a last round. Thank you.

Now I'd like to invite Mrs. Rechie Valdez to ask questions for five minutes, please.

Mrs. Rechie Valdez (Mississauga—Streetsville, Lib.): Thank you, Chair, and thank you to the witnesses for joining us for this important study. I do want to express my gratitude for those who serve our country.

I'll direct my questions to Lieutenant-Colonel Perron.

Based on your testimony, I want to come back to the stats you mentioned for those who have experienced sexual misconduct or trauma. What type of support or education should we be providing or considering for this study to better assist those impacted by traumas?

LCol Sandra Perron: One thing I would be a proponent of is to have scenarios developed by the military. All soldiers would then be put through scenarios where they get a chance to be champions of diversity and of any actions they deem sexual misconduct. Right now we have fake scenarios. We're in a classroom and soldiers get to practise them: "What would you do in this type of situation?"

This is a discussion I've had with the chief of the defence staff on down. Why don't you create real scenarios in training so that soldiers get put in a situation where they have a chance to speak up and defend their colleagues, who are acting as actors? However, they're doing a scenario and then they talk about it in a safe place.

I've had this discussion about the scenarios with those in my own regiment, where I'm an honorary colonel, the Régiment de Hull. They didn't get all the answers correct, but the discussion was respectful and mature. They grew and they learned. We need to allow our soldiers to make mistakes in scenarios so they can grow and learn.

Mrs. Rechie Valdez: Thank you for those ideas. We haven't quite heard that type of testimony before, so I appreciate it.

You also mentioned in your opening statement that we need to learn more about women's bodies. At the last committee meeting, we heard testimony from the Department of Veterans Affairs that work had started to make accommodations for women veterans, which is promising.

I'd like to hear your recommendations for this committee on how to help make more proper accommodations for women veterans.

LCol Sandra Perron: This is so important. Women are having babies. They're going back to work. Within a certain time, they're being asked to pass a physical training test, a battle fitness test. Sometimes that time is too fast and they're having pelvic health issues. We don't know about that in the military because we don't have OB/GYNs and medical doctors who are used to dealing with women going back after pregnancies.

Women are tied to the military medical system, so let's get educated about women's bodies, about what they go through after pregnancies, about menopause and about the tools out there to help women go through menopause, instead of having them leave because they're too tired, they're burnt out, they're not sleeping or they're not getting, perhaps, the proper hormone replacement therapy. We don't talk about it and they don't know what to ask.

● (1710)

Mrs. Rechie Valdez: Thank you very much.

I'll direct my next questions to Ms. Hughes.

I appreciate the work of the Royal Canadian Legion, especially Streetsville Branch 139 in my riding. In your experience, what are some of the most effective ways to ensure that the unique needs of women veterans are being met?

Ms. Carolyn Hughes: They are education, more research and gender-based analysis on everything. It has to start from the military from the time somebody enrols, with education concerning their own health and with doctors who understand that research. They must go through every stage of their life considering their unique needs.

Some of the equipment doesn't account for breasts. Something as simple as that could be changed. There's a lot that can be done, and it has to start at the beginning when they first enrol.

Mrs. Rechie Valdez: Thank you.

My last question is for Dr. Waddington Lamont.

What are some of the challenges you've been hearing about regarding indigenous identity for women veterans in the military that you could share?

Dr. Elaine Waddington Lamont: Some of the things we have heard are that people would appreciate having opportunities to participate in their culture and to perhaps have access to elders in situations where they might be facing discipline of some kind. Being able to have that kind of support would allow them to be enriched by their culture rather than be disconnected from it.

Mrs. Rechie Valdez: Thank you, everybody.

The Chair: Thank you, Mrs. Valdez.

[*Translation*]

We will start our third round which will last 15 minutes in total. There will be four interventions.

[*English*]

I would like to invite Mr. Terry Dowdall to go ahead for five minutes.

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

At this time, I want to thank all the witnesses for their statements today. I know it's quite the testimony for you to go through, so thank you for being here.

First of all, I would like to follow up on my colleague's comments that we didn't get to finish about wait times and the issues around help. I will now afford time for answers.

LCol Sandra Perron: I'm sorry. Who did you want to respond?

Mr. Terry Dowdall: It sounded like a few of you wanted to comment a bit more about wait times and perhaps about ways we could improve them.

LCol Sandra Perron: I snuck my points in there, so I think I'm good.

Mr. Terry Dowdall: Does anybody else have a comment that might help?

Dr. Elaine Waddington Lamont: I'd be happy to comment.

Something that I've heard from people is not directly about wait times but more about how people might address wait times and other inadequacies.

One suggestion is to listen to people. Sometimes people will describe what they need. They will say, “I need this kind of treatment” or “I'm experiencing these symptoms”. The path by which those symptoms might have emerged is not clearly stated in their record, yet it is clear that they are suffering. If there was some way of documenting suffering and figuring out what percentage might be relevant to that afterward, then there is suffering that needs to be addressed. It is being exacerbated by wait times, but it is also being exacerbated by thinking, “That doesn't fit into the protocol that I have in front of me; therefore, I cannot address it”.

● (1715)

Mr. Terry Dowdall: We're on Veterans Affairs, so we're here trying to find ways to improve the organization. We're mostly dealing with people who have left the military. Basically, they see them and they're gone quickly and move on. Really, we're actually the ones doing the exit strategy here, it seems like. We deal with what happened or transpired before this moment in time.

I'm just wondering about that. When you look at some of the situations here and see how many women in the military have been assaulted or abused, the numbers are astonishing. Really, in order to improve Veterans Affairs, we need to look at the time of service and the issues that come up there. Is there no input during the period of time when these issues are coming up?

Almost half the people are having problems, it sounds like, or issues. Are the other half speaking up for them? Why is that number so high and nobody is saying anything? Why is this not being improved upon?

The numbers are astronomical, as you're telling me, and I would think there would be other women in the military who would speak up who haven't had that extent.... I'm wondering why that might be.

Maybe Dawn might have a better idea, because you would think they'd be as frustrated as I am.

Ms. Dawn McIlmoyle: I know a lot of women who don't even acknowledge they're veterans because they don't want to have to say that the reason they got out was they were sexually assaulted. They would rather hide their veteran identity and just leave that part of their life in the past.

They don't even want to deal with Veterans Affairs because then they have to open those wounds too. A lot of women can actually hold their stuff together while they're raising their children, if they happen to have children, but as soon as those children are gone and they start to be alone, their issues start popping up because they're not keeping busy with their children. Sometimes they don't realize they're sick until they are 45 or 50. They've been so preoccupied with taking the kids here or taking the kids there and school this and school that. As soon as there is that empty nest syndrome, a whole new can of worms gets opened.

Mr. Terry Dowdall: Do I have any more time?

The Chair: Yes, a bit.

Mr. Terry Dowdall: Okay.

Earlier it was stated that if there were any injuries or things that happened during your career with the CAF, it's really difficult to put those back into Veterans Affairs. Is that not something we should have to do? Shouldn't recognizing those symptoms or things that were happening just be mandatory?

LCol Sandra Perron: I'm sorry, but I don't know who your question is for.

Mr. Terry Dowdall: I guess it's for all of you, because everyone deals with different people coming out of the military who have issues, whether they are with mental health or whatever they may be. There are different criteria. They should just be recognized from one to the next to make it simpler, I would think. Whatever the injury is, it should fall into the next category of Veterans Affairs.

LCol Sandra Perron: If an injury follows you to Veterans Affairs, then absolutely that's where it should be dealt with. As Dawn said, sometimes you don't know that you've been injured. Sometimes you don't speak up when you have been raped or abused because the consequences are often worse than the act itself, believe it or not. I can't tell you the number of women who say they tried to report it and the backlash was strong, or they were removed from their unit as if they were the problem. They are not reporting it. It's not seen. It's covert.

Mr. Terry Dowdall: Is that current too? Do you know?

LCol Sandra Perron: Yes, absolutely it's current. It's happening now.

Mr. Terry Dowdall: That's terrible.

The Chair: Thank you, Mr. Dowdall.

Now let's go to Mr. Sean Casey for five minutes, please.

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

I'm going to start with Dr. Waddington Lamont.

I'd like to hear a bit more about the Women Warriors' Healing Garden. I understand that you have been a recipient of funding from Veterans Affairs under the veteran and family well-being fund. Could you tell us a bit about what that money will go toward and its relevance in terms of your overall operation, please?

● (1720)

Dr. Elaine Waddington Lamont: Yes, we have been the recipient of a grant, as you said. We received $50,000 per year over five years. To break down how that is spent, we have one part-time employee, which takes roughly half the budget, and then the rest goes towards programming.

Our programming includes things like beekeeping. It's perhaps a little-known fact, but beekeeping has been a form of occupational therapy since World War I. In fact, Canadian veterans after the First World War were doing beekeeping as a second career after the military. It has been widely used in the United States as a form of occupational therapy. That's one program we've done. We find that the people who participate in that program find it very rewarding.

In terms of other programs we have, I've mentioned that we have equines. We are moving into equine-assisted therapy. I think a comment was made earlier about service dogs and the power of animals in healing. I think sometimes it is underappreciated how programs like animal-assisted therapy can be useful, because it's a difficult type of program to document efficacy beyond saying, “This helped me” and “I filled out this survey that shows I feel less isolated now.”

Unfortunately, a lot of research follows the model of pharmaceutical research, with a sort of double-blind, placebo-controlled study. That works very well in pharmaceutical studies where you have a placebo that is identical to the drug being given and people don't really know what group they're in. It's much harder to have an appropriate placebo for someone who is in an equine-assisted therapy program because you know if you are in an equine-assisted therapy program.

Going back to some of the questions around research that have been asked, I think it would be extremely valuable to do research and to bring in statistical tools that allow for understanding what's going on, in spite of some of the messiness of the research, in spite of the fact that women and 2SLGBTQ veterans are in the minority and therefore their numbers might be low and in spite of the fact that some of the things people find to be rewarding and healing are difficult to measure and especially difficult to measure in comparison to some kind of control.

We are involved in that kind of research as much as we are able to be, and I think we would very much like to see more of that kind of work being done. We would love to be able to document what we think are effective programs, like gardening and working with animals.

Mr. Sean Casey: I want to stay on the research theme because you gave some pretty troubling statistics about the difference in PTSD between men and women, if I understood you correctly. The incidence of PTSD is about the same in male and female veterans, but males tend to heal and females don't.

Dr. Elaine Waddington Lamont: It's a little higher in women, so—

Mr. Sean Casey: Okay. Maybe you could repeat it. I would be interested in what research is available or where the opportunities are to do a deeper dive on the reasons for this.

Dr. Elaine Waddington Lamont: The rate of PTSD in women is higher. I don't have the numbers as to how much higher in front of me, but I've seen estimates ranging from about 50% higher to 10% higher, so there's some difference in the literature. However, it's fairly consistent that women are more likely to get PTSD.

There's a lot of debate in the literature as to why that might be and whether it is due to different traumatic experiences. One of the theories I've seen is that women are more likely to be exposed to both combat-related trauma and trauma related to sexual harassment or sexual misconduct, and perhaps that explains it, but I think it's fair to say that it may be more complicated than that and we just don't have the information.

What research I have seen is mainly coming from Veterans Affairs in the United States. There is some excellent research being done there. We have smaller numbers, but I think we would benefit from doing the same kind of research being done in the United States.

● (1725)

The Chair: Thank you, Mr. Casey.

[*Translation*]

Mr. Luc Desilets has the floor now for two and a half minutes.

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

Ms. Perron, you alluded to the difference in the amount of time it takes for women and men to receive a response. For example, on December 31 last year, a woman had to wait two weeks longer than a man to get a reply. For francophones, it took three weeks more than for anglophones. So I think it's clear that the circumstances are less than ideal for a francophone woman.

The situation now is not quite as bad as it was in the past, when it could take 20 to 30 weeks. Do you have any suggestions to make about why it takes longer for francophones?

LCol Sandra Perron: To begin with, I'm surprised to hear that it doesn't take even longer. Where I am, I've been told that it takes much longer to get a response for francophones than for anglophones.

To return to claims reported by women to Veterans Affairs Canada, because that's what we're here to talk about today, agents are not as familiar with pelvis and back problems and it's more complicated for women to substantiate them.

I'm interested in knowing whether women have more trouble than men in having their claims accepted and receiving positive responses.

Mr. Luc Desilets: Similarly, are there more obstetricians and gynecologists in the Canadian Armed Forces now than there used to be five, six or seven years ago?

LCol Sandra Perron: I've been told that two have just been hired.

Mr. Luc Desilets: Does that mean there are more?

LCol Sandra Perron: I didn't think there were any before. I believe that once pregnant, women had permission to receive care outside the forces medical system. Now, we're beginning to get some within the armed forces.

You'd have to ask Major-General Lise Bourgon. She could tell you.

Mr. Luc Desilets: To what extent did your life in the military lead you to launch this organization?

LCol Sandra Perron: When I was in the armed forces, there were no other women in my unit. So I had no women friends who could understand what I was going through.

When you leave the armed forces, you think you've left military life behind, putting all your equipment aside and becoming a civilian. But a career in the military gives you a sort of second skin for the rest of your days.

What I needed was the understanding of women, and that's what I found at a healing weekend. I want to provide other women who are leaving the armed forces with the same kind of experience.

Mr. Luc Desilets: Thank you.

The Chair: Thank you, Mr. Desilets.

It's now over to Ms. Blaney for two and a half minutes.

[*English*]

Ms. Rachel Blaney: Thank you.

First of all, I want to come back to Dawn, because I believe you wanted to say something about wait times. Did I get that right?

Ms. Dawn McIlmoyle: I just wanted to say that a lot of times I've seen it where they approve you automatically at 10%, but then you wait about a year and a half to get the 10%. You have to go to a doctor and get reassessed, and then you wait another year and a half to get it to something like 32%. If you could cut out that middle process and get it all done at once, perhaps there wouldn't be some redundancy.

Ms. Rachel Blaney: Thank you.

I think that's interesting. I've heard a lot of testimony about the idea that issues for women often take a while to become realities. I think you gave some very good examples across the table today about why that might be. It also continues to show how important it is for us to do research on how women are impacted and what the outcomes are, because women are just a bit unique.

Ms. Hughes, if I could come to you, I know you have gone through your own transition process and I know you've been providing services for a lot of veterans who are going through that process. I wonder if you have any thoughts or feedback, when it comes specifically to women veterans, on what could happen to help the transition be a bit more holistic and helpful in the future.

● (1730)

Ms. Carolyn Hughes: DND and VAC have now created transition groups, which are for everybody leaving the military. It's not just the ill and injured anymore. I haven't become familiar with them yet. I'm just starting to develop something with them for our organization.

However, they have to look at the unique needs of every veteran, whether they're women, men or LGBTQ2. Everybody's transition is different. Mine went fairly smoothly. I had a supportive spouse at the time and older children, but not everybody has that.

There are single women who leave and have no support system once they leave. It's the same with single men. There may be addiction issues and their transition is different. They need to be taken care of before they can even move on to any kind of normalized life in the future.

That is the main thing. It has to be recognized that it's individual. It's not one size fits all.

[*Translation*]

The Chair: Thank you, Ms. Blaney.

We're going to stop now.

[*English*]

I'd like to thank all of you for your input and participation in the study.

Let me finish with the witnesses, and then I'll go to the committee.

[*Translation*]

I would like to remind the committee that as part of our study on the experience of women veterans, we had several witnesses with us this afternoon: as an individual, Ms. Dawn McIlmoyle, Sailor 3rd Class, Registered Nurse; from the Pepper Pod, LCol Sandra Perron, (H), Chief Executive Officer; from the Royal Canadian Legion, Ms. Carolyn Hughes, Director, Veterans Services, National Headquarters; and from the Women Warriors' Healing Garden, Dr. Elaine Waddington Lamont, Mental Health Director.

Thank you once again. You can stay, but I'm going to take a few minutes to speak to the committee members.

Our colleague Mr. Richards has to leave. We had planned to set aside a few minutes at the beginning of the meeting to discuss the trip we would like to make. We think it's important to meet women veterans in their own surroundings so that we can better familiarize ourselves with them for the purposes of this study.

You have the floor, Mr. Richards.

[*English*]

Mr. Blake Richards: Well, Mr. Chair, I think the issue is that we are now almost five minutes past the expected end time of the meeting. I think there was an understanding that we have a discussion at the meeting at 5:15.

I have a standing meeting every week that follows this meeting. It has been moved to enable me to be there on time and it starts at 5:45. It's in another building. I know that at least two other Conservative members of the committee have other meetings they have to get to.

I'm happy to have this discussion, but I think it needs to wait until Thursday now, unfortunately. We can't have this discussion properly at this point.

The Chair: Okay, I understand that, with your agenda. We started 15 minutes late because we had votes. In my schedule, I thought we would do it at the end of the meeting, after 5:30. That's why I pushed on with the question rounds.

Would any other member like to say something?

We're going to have a discussion at the end of the meeting next week.

Go ahead, Mr. Darrell Samson.

Ms. Rachel Blaney: He has no headset on, so he can't talk until then.

The Chair: Yes, sorry.

Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.): I have my headset.

Ms. Rachel Blaney: There you go. Excellent.

The Chair: Okay, but we have to make sure that the sound is good with our technicians and interpreters.

[*Translation*]

Okay.

[*English*]

Please go ahead.

● (1735)

[*Translation*]

Mr. Darrell Samson: For the next meeting, I'd like to do that at the beginning. We should have done it at the beginning of today's meeting, but it was delayed. The deadline is Friday, May 19. To prevent any problems, I'd like us to begin with that at the next meeting. Thank you.

The Chair: Good. We have taken note of that. That will give the team enough time to prepare a detailed budget for the itinerary, for submission to the committee for approval on May 19.

Do I have the consent of the members to adjourn the meeting?

Some members: Agreed.

The Chair: I'll take this opportunity to thank our interpreters, the technical team, the analyst and the clerk, as well as our witnesses.

The meeting is adjourned.