

RESOURCE 2025

Canadian Women Veterans Testify:

***“The Experience of Women Veterans”
Study by the Standing Committee on
Veterans Affairs (ACVA)***



This resource was compiled by the team of the “Invisible No More: Canadian Women Veterans Moving the ACVA Report Recommendations to Full Implementation” project at the Centre for Social Innovation and Community Engagement in Military Affairs (SICEMA), located at Mount Saint Vincent University, Halifax, Canada.

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Preamble

This resource contains the opening statements and written briefs provided by women Veterans during the study on “The Experience of Women Veterans” by the House of Commons Standing Committee on Veterans Affairs (ACVA), held from March 30, 2023 to May 6, 2024. It was compiled by collating all opening statements and written briefs by women Veterans found on the website of ACVA at <https://www.ourcommons.ca/Committees/en/ACVA>.

For the purposes of the study and this resource, a Veteran is defined as:

- Former Canadian Armed Forces members who successfully completed basic training and were honourably released, and/or
- Serving Canadian Armed Forces members who successfully completed basic training, and/or
- Former and serving members of the Royal Canadian Mounted Police.

The rank designations and organizational affiliations listed in this resource are based on the information Veterans presented to the parliamentary records, where available. A total of 64 women Veterans participated in the study in various capacities, with 49 providing verbal testimony and 17 providing written testimony, both of which are included in this resource. Veterans are listed in the order of their presentation to ACVA.

Video recordings for each opening statement are linked to the date listed below witnesses' names, and [a complete playlist with all 44 opening statements](#) is available on the YouTube channel of the Centre for Social Innovation and Community Engagement in Military Affairs (SICEMA) at Mount Saint Vincent University. Parliamentary video recordings of the full ACVA study meetings, including committee Q&A and further witness testimony following opening statements, are publicly available on [the ACVA Experience of Women Veterans website](#). For further reading, the Transforming Military Cultures Network's [“Highlights from the Testimonies for the Parliamentary Study on the Experience of Women Veterans”](#) provides summaries of all ACVA meetings for the study, including specific witnesses' testimonies. Readers can reference this complementary resource to further explore testimony specific to their interests.

This compilation of opening statements and briefs is offered here because they form the foundation for the project, “Invisible No More: Canadian Women Veterans Moving the ACVA Report Recommendations to Full Implementation.” These opening statements and briefs also greatly contribute to visibility and positive change for women Veterans.

These testimonies may be difficult or unexpected for some readers to engage with. Content includes the lived experiences of women Veterans and may reference topics such as suicidality, homelessness, addiction, sexual violence, pregnancy complications, moral injury, operational stress injuries, institutional betrayal, and sanctuary trauma. Should you require support, please contact any one of the resources listed on the [Invisible No More website](#).

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Opening Statements

1. Nishika Jardine, Colonel (Ret'd), Office of the Veterans Ombudsman

Meeting 44, Thursday, March 30, 2023

[translated from French/English original]

Good evening Mr. Chair and members of the committee.

Thank you for inviting me to address you on the subject of the experience of women Veterans. I understand this is the first time that the Committee has dedicated a series of meetings solely focused on women Veterans. As a woman Veteran myself, I am honoured that you have chosen me to lead off this historic undertaking.

In Canada, women have had access to every occupation and trade of the Canadian Armed Forces since 1989, when the Canadian Human Rights Tribunal in *Brown v. Canadian Armed Forces* disagreed with the argument that women would negatively affect the operational effectiveness of its combat arms.

However, since its inception, the CAF is and has been a predominantly male institution. Its approach to implementing gender integration and equal opportunity was to simply absorb women into its ranks by ignoring their differences as much as possible. It seemed to make sense, and for the most part we servicewomen wanted only to be treated the same as everyone else.

In the Canadian Armed Forces, the policies on pay, benefits, promotion criteria, and performance requirements are applied equally to everyone. Even the physical fitness requirements evolved to a single common standard for all. However, women and men are different, and the effects of military service on women differ from the effects of service on men.

In October 2021, my office published in the *Journal of Military, Veteran and Family Health* a scoping literature review on women veterans of the Canadian Armed Forces and Royal Canadian Mounted Police. In this review of academic literature and government documents, we focused on the experiences of Canadian women veterans as a whole rather than on a single issue. I would strongly recommend the scoping review to the committee, as it provides a comprehensive summary of the current research findings on the experience of Canadian women veterans.

There is evidence that military service impacts women differently in terms of their physical health, their mental health, their financial security and their transition from military to veteran and from service life to civilian life. While much less is known about women members and veterans of the RCMP, there is no doubt in my mind that this group of women, with unique service to Canada, deserves equal attention.

What is missing from the research is the reason why there are such significant differences between the experiences of women and men veterans.

I would encourage researchers to look not only at these differences, but also to compare women veterans with women in the Canadian general population in order to more clearly identify the problems that are unique to them.

Most importantly, women veterans must be understood as a distinct group. While some female veterans are also spouses or widows or identify with other equity-deserving groups, just like some male veterans, they are a unique population with unique needs because of their sex or gender.

For example, the Veterans Affairs Canada, or VAC, Client Survey provides the Department with a way to gauge satisfaction with their programs and services. However, their reports don't distinguish among the female or women respondents: rather, spouses, widows and women veterans are simply lumped together. I would suggest that this is unacceptable today. VAC must do a better job of understanding the needs of women veterans and this must be apparent.

During the course of our systemic reviews, my office has consistently recommended that VAC publish the GBA+ analyses required to inform all departmental activities. GBA+, when done correctly, will allow VAC to better understand how its policies may have differential impacts not only on women veterans but on all equity-deserving groups that seek access to the benefits and programs that Parliament has created for all of Canada's veterans.

I would also recommend proactive investment in the research questions that still remain all these many years since women have been serving in our Canadian Armed Forces and the Royal Canadian Mounted Police. We will not see equitable outcomes for women veterans and all equity-deserving veterans until this is prioritized in terms of both resources and data collection.

In summary, I would say this. While we just wanted to be one of the guys when I first started my military career in 1982, today we know that the differences and the many intersectional factors of our individual identities are key to understanding and meeting the unique needs of Canada's women veterans.

I cannot thank you enough for making this study a priority, and I look forward to your recommendations.

Thank you.

2. Donna Van Leusden Riguidel, Major (Ret'd), as an Individual

Meeting 45, Monday, April 17, 2023

Thank you.

I wrestled with what to say here today, given this rare opportunity. I know that many of you, either through other testimony or through the media, have heard stories about assault, abuse and other mistreatment at the hands of a system that was not ready for women in 1988, but still is not ready today, in 2023. Do I talk about my first few years—I joined at 17—assaulted and harassed, culminating in one of my instructors, who eventually rose to the rank of colonel, trying to order me to give him a blow job; how the men broke the lights in the hotel room where we had our course party after basic training, so we wouldn't know who was touching us and were trapped in the dark; my first night at my unit, unsure and anxious, when I was pulled aside and handed a love letter from my course officer from basic training; or how I tried to gut it out because the military would pay for my future even after I was first diagnosed with PTSD, on meds to help me sleep, and raped by my then boyfriend, a higher-ranked unit member?

I will tell a story that until a few months ago was under a publication ban.

When I was 21, I went on the last course I would ever take as an NCM. It was in Kingston, and Kingston had just introduced co-ed barracks. From day one, I did not feel good about this course. The first morning, at PT, my sergeant, who was in the position of course warrant, ordered me to run up front with him.

Linemen were scaling the outside of the building to get into our room when we were sleeping at night. I had to buy new underwear about halfway through the first week, because somebody had stolen all of mine out of the dryer.

I was struggling. The previous year, I had been in a car accident. A friend of mine died in my arms. The first time my new boyfriend at that point and I had sex, I was so drunk I couldn't stand, let alone consent.

I went to the MIR and requested to be RTU'd. They gave me a day of bedrest and told me to come back the next day. My sergeant came to my room to talk to me about going home. I told him everything: all my struggles, my PTSD, the meds that I hated taking—all of it. He was kind and compassionate and encouraged me to finish the training. He said that it was important to my career. I was comforted to know he cared.

My roommates came in after dismissal that day, all excited, and said that the sergeant had ordered them to take me out that night to help me relax. I thought, what's the harm? The whole course came out. We all drank a lot. It was a good time. My sergeant even showed up at the end of the night and told everybody that he would see me back safely. I don't remember the reason he gave for having to go to his room first; I just remember wanting to sleep as he took off some of my clothes. I was so tired, and I kept closing my eyes. I said I wanted to leave and he just held me down.

Again, this was somebody who not only had my career in his hands, but many times, my life. I was so tired and I said I wanted to leave. I was half naked when I told him that I couldn't do this anyway; I was on my period. He said he didn't believe me but he would check, and if I was, he would let me go. I squeezed my eyes shut so that he could put his fingers inside of me—tampon and blood. He let me go.

The next day I realized that I couldn't claim to be too stressed to leave. I was trapped. I had to explain that I was staying, to that very sergeant. He smiled at me and said that I looked under the weather, reminded me to eat a well-balanced breakfast, and then he winked at me. I had another three weeks on course with that person.

When I got home, I asked for a leave of absence. I needed to process.... I knew that I couldn't come in to work anymore and see everybody in uniform; it was just too hard. I was told by my chief clerk to come in to sign the paperwork. My chief clerk was a female. She took me aside and told me that I was a slut, a whore and an administrative burden, and I needed to get out before they threw me out. I quit the CAF that January, in 1997.

I came back in April 2006. I had a few great years, and then more assaults, harassment and abuse. Not a day passes when I haven't seen the faces of men and women who used my kindness, my compassion and often my own pain to abuse and harm me.

What can we change about that? Since 2014, I've changed my focus to training and education around supporting survivors of sexual assault

The single biggest indicator that somebody will suffer long-term effects is the support they receive at first disclosure of the incident. It's not who did it, and it's not the injuries they receive. It's the first time they have the courage to say that something terrible happened to them. How they are responded to will set the stage for how they recover.

In 2014, there was no mandatory training on how to support somebody disclosing military sexual trauma. There still isn't. Being raped should not cost you your career.

My daughter and I left her abusive dad, finally, in 2017. She carries scars on her soul that I would have been able to prevent if I wasn't so hobbled by my own pain. One of the last times I saw him, he said I should have told him I had been raped, because he never would have married me if he'd known I was broken.

In spring 2021, four female survivors got together and created a group. We call ourselves the Survivor Perspectives Consulting Group. In my final year in uniform, I trained almost 2,000

members of the CAF on how to support those who are victimized and how to recognize the earlier roots of that behaviour.

We've taught brand new recruits up to three-star generals. In our post-training survey, 83% of those trained say that they now know how to support someone. So far, 98% have said that this should be CAF-wide.

In my last year in uniform, I received a CDS commendation for creating this program, and I got a letter from Lieutenant-General Carignan, saying that the CAF leadership sees no value in institutionalizing this training. None of the leadership from CPCC or the CDS's office has taken this training.

I was medically released due to PTSD from MST on March 30, 2022.

Our group has grown and continues to bring this training package to everyone we can, using our education, our skills and, yes, our pain to hopefully bring change to the CAF. We have met obstacle after obstacle. We don't understand why the leadership would not be interested in a solution that is obviously resonating. To date we have trained over 3,000 members, and we continue to grow. Looking ahead, we have applied for the veterans wellness grant and are hopeful.

What is the ask? We need more women-centred programming. OSISS, Soldier On and Wounded Warriors are not yet made for us. They occasionally try to host bolt-on programs and pop-ups, but they don't have retreats or treatment dedicated to women veterans. Even small things like a benefit to join a facility that offers female-only areas for working out would be a huge stride. Leadership in all areas also must stop working with service providers with no qualifications or expertise to work in these areas, because people are being hurt.

As a service provider, I'd also say that the RFP process should prioritize veteran-owned enterprises. Right now, when you're medically released from the CAF, there are two avenues that you are encouraged to take. One is to be employed as soon as possible. I was told flat out when I was released that I was heavily employable. I have 16 years as a public affairs officer in the CAF, but I don't want to go back to the career in which I was assaulted and abused. My only other option, really, is to go for education and training for about two years and hopefully go into something else.

I would like to see some of that money that's earmarked for training to also be allowed to be accessed by people who have started their own businesses as entrepreneurs. The money is already there. It's just a matter of changing the way we can access it. In the U.S. a certain percentage of contracts each year are required to go to veteran-owned businesses.

Our group is trying very hard to have an empowering and validating career after the uniform. We have built a powerful tool. Our training changes minds. We've seen it over 3,000 times. We're determined to make the CAF, the RCMP, the government and Canada stronger and more inclusive places. We don't understand why the CAF seems so intent on quashing our efforts, but we persist, because standing up to them is not new to us. We have looked into the eyes of men and women who have raped us, harassed us and beat us down. We're bent but not broken, and we're not going anywhere. Thank you.

3. Michelle Douglas, LGBT Purge Fund

Meeting 45, Monday, April 17, 2023

Good afternoon, Chair and members of the committee. Thank you very much for inviting me to be here today.

I'd like to start by giving you a bit of background.

I'm a veteran. I'm also a survivor of Canada's LGBT purge.

The LGBT purge is described by the Canadian Museum for Human Rights as one of “the longest-running and largest-scale violation[s] of the human rights of any workforce in Canadian history”. I would also add, “And hardly anyone knows about it.”

We estimate that between the 1950s and the 1990s, about 9,000 people—2SLGBTQ people in the Canadian military, the RCMP and the federal public service—saw their careers stymied or terminated because their sexual orientation or gender identity was considered a threat to the country they had chosen to serve. During the Cold War and well beyond, this discriminatory process was often justified on the grounds of national security risk, given their—our, my—purported character weakness and susceptibility to blackmail by foreign agents, despite lack of any evidence that such coercion had ever occurred.

The shattered lives and careers caused by the purge resulted in psychological trauma, material hardships, financial ruin, self-harm and suicide. I understand a lot about this shameful period in Canadian history, because I was purged from the military in 1989.

I joined the Canadian Armed Forces in 1986. I was so honoured and proud to serve. I wanted to be a police officer within the military, and I did just that, graduating at the top of my class within the military police branch. I had my sworn badge and also my commission as a young second lieutenant, but one day I was posted to the special investigations unit, the very unit within the military police where I was posted on my first posting because I had graduated at the top of the class, and they wanted this as an honour. This unit was devoted to conducting the most serious criminal investigations, including sabotage, subversion, espionage and allegations of homosexuality.

Shortly after I joined this special investigation unit, my boss called me into his office. He told me we were going for an investigative trip up to Ottawa from CFB Toronto. I followed him in an undercover K-car. I was dressed in civilian clothes. Just as we got out to the Toronto airport, he pulled into a hotel along the airport strip, and I was interrogated there about my sexual orientation for the next two days. This was just the start of my interrogation about my sexual orientation.

Later, I was flown by the police to Ottawa to be polygraphed about my sexual orientation. While I was seated, strapped to the polygraph chair, I admitted that I had fallen in love with a woman. I later found out that the questions they intended to ask me had I proceeded with that included this very offensive opening question: “Had I ever licked the private parts of another woman?” I'm so grateful today that they didn't ask me that question. My experience left me humiliated and shamed. Others experienced similar questions, deeply sexualized in their nature.

I was also forced to come out to my family. I was given 24 hours to do so or the police would be sent to do it for me. Ultimately, despite graduating at the top of every military course I ever took, I was fired.

These experiences have had a lifelong effect on me and the thousands of others who went through them. On my release records are these words: “not advantageously employable due to homosexuality”. I sued the military for this treatment, and in 1992 it was my legal challenge that

formally ended the policy of discrimination against 2SLGBTQI people serving their country in the Canadian Armed Forces.

Well, I served for only about three years, but I am now a veteran, and it's been my life's work for 30 years to try, along with many others, to bring some justice to these forgotten survivors and veterans. A class action lawsuit in 2018 led to a settlement for more than 700 people who were found and located and could get some justice. Even justice delayed sometimes is still justice.

Today I work full time to pursue reconciliation and memorialization efforts arising from this period of history. I work closely with and see the impact, particularly on women who are purge survivors. They are veterans, and they are hurting. In fact, most of the people we see have very unique and special needs as veterans.

The trust was shattered by their employer and their country. Many experienced sexualized violence. We also know that many who are part of the purge class action were also part of the military sexual trauma class action lawsuit.

Think about the shame and the deep traumatization at the hands of the government. We owe these special veterans a duty of care, and that goes beyond legal settlements. The establishment of the Office of Women and LGBTQ2 Veterans at Veterans Affairs has been a really good start.

We need some help in finding these veterans. Sometimes the shame drove them back into the closet. We know people took their own lives. We know the shame was so deep that many just have never surfaced again, but we want to try to find them because we think we can help them. Needs that cannot be met by other social service agencies—because they simply don't know what happened—can be met by organizations that are tailored, including this Office of Women and LGBTQ2 Veterans.

Education is a huge part of this. We can't have someone calling in for the first time to finally reach out and get some help from VAC and then be told it's impossible to imagine a story like that would ever happen in Canada. Then they get rejected again, and that's the last we ever see of these people.

Transwomen veterans are especially vulnerable. We have to be there for them. They can't be ignored, and we must—as we do with all veterans—honour, support and respect them. We're seeing an aging group of survivors. Some are angry. They are just so unsure of whom they can trust.

We're also seeing rising levels of addiction, senior squalor, homelessness, and precarious home lives. This, of course, is recognizable as the impact of trauma, pain and the betrayal of the government.

I'm here to talk, hopefully, about the elimination of hurdles and barriers to enable these veterans to access the services they need, because we owe them nothing less. I would be happy to speak further with you about these incredible Canadian women and all purge survivors, and about how the committee might address their needs.

My final words will be to these incredible survivors, women who have served their country so heroically, and to my colleague, Lieutenant-Colonel Cathy Potts, who has also joined me here today.

Mr. Chair, thank you.

4. Rosemary Park, Lieutenant-Commander (Ret'd), Servicewomen's Salute Canada

Meeting 45, Monday, April 17, 2023

Good afternoon, Mr. Chair, members of the committee and colleagues.

Thank you for this opportunity to appear as a witness for this committee's study on the experience of women veterans. I understand this is the first study of women veterans by a House of Commons Standing Committee on Veterans Affairs. If so, I say congratulations and thank you.

I applaud your undertaking this large assignment. I don't think you can cast the net any wider in the scope of issues and experiences this study seeks to understand about what it means for women to choose to serve Canada.

In my presentation today, in the section entitled "recruitment and life in the Forces", I'd like to respectfully ask and add a parallel question. What does it mean for Canada for women to choose to serve Canada?

What extraordinary talent base do servicewomen represent and offer as a unique cohort for Canada's democracy, defence and security, civil society and economic development, and now environmental adaptation strategic requirements?

Conversely, what happens as a result of the Canadian Armed Forces failing to assess and seize this opportunity for the past 55 years, and repeatedly choosing to not have a dedicated strategic plan valuing and optimizing the inclusion of servicewomen for the past 55 years?

This speaks volumes. In my opinion, it is being represented in witness testimony before you.

On December 13, 2021, the official apologies by the Minister of National Defence, the deputy minister and the chief of the defence staff following the \$850-million DND and CAF sexual misconduct class action lawsuit did not include the words "servicewomen", "servicewoman", "male" or "female" once. "LGBTQ" was there, yes, but "women" was not there once.

What are they spending \$850 million on? I'm sorry. It's minus \$50 million for men.

We are an invisible force. What a waste. What a loss to Canada.

The four PowerPoint slide views I provided to the clerk of the committee for you are my very brief representation of key challenges and outcomes I have reported over the past 51 years, understanding and acting on servicewomen's inclusion in the Canadian Armed Forces and the inclusion of women veterans in Canada's larger society.

The one-page bio I submitted to the committee clerk describes some of this involvement as a military researcher in my national, provincial and local community service as founder of Servicewomen's Salute-Hommage aux Femmes Militaires—which now operates as a proxy military association to know, honour, care for and strengthen the contribution of servicewomen to Canada, because there is nothing else—and as project manager for the past five years at the centre for international and defence policy at Queen's University on the servicewomen's salute portal project.

A second document I provided to the clerk describes the 34 specific problem-solving projects undertaken by Servicewomen's Salute and Queen's University since 2017. Generally speaking, the projects describe the gaps we have identified and the corrective action we have implemented in research knowledge, CAF's lack of record-keeping, the inclusion and valuing of servicewomen, the lack of commemoration and celebration of servicewomen's military service, and the lack of responsive local community services.

I won't be surprised if the four thematic areas chosen by the committee, from women's physical and mental health to initiatives developed in allied countries, focus on and produce recommendations “to implement the best possible support measures for women Veterans”. My expectation is that the recommendations will seek to support women veterans as individuals, as well as their individual well-being. They are laudable. I can only urge the committee, as elected representatives, to think how your recommendations can take on larger strategic value and impact as well.

This is a Canadian problem. This is for Canada. What a waste. Thank you.

5. Christine Wood, as an Individual

Meeting 45, Monday, April 17, 2023

Thank you, Mr. Chair, and good day to everyone here.

I'll begin by expressing gratitude to the committee for acknowledging and exploring the sex- and gender-specific differences that can result in inequitable health outcomes for servicewomen and women veterans as a specific and unique group. It's been said already that this study has been a long time coming, and I am thrilled to be here with you today.

Mr. Chair, I joined the CAF when I was 31 years old. I was in the best shape of my life, physically and mentally. As the shortest and smallest person in my platoon, I wore the same size rucksack carrying the same equipment a large man would wear. After 15 gruelling weeks, I left St. Jean with my commission as an officer, along with stress fractures and plantar fasciitis in both feet. It took five months of physiotherapy to get myself back up and running. I think most Canadians—and perhaps you—would be shocked to learn that, so far, my two feet alone have cost VAC almost \$50,000 for treatment and compensation. I think that's a ridiculous amount of money for a problem that is preventable.

More serious than feet, ill-fitting equipment also at best aggravated and at worst caused pelvic floor weakness. It's led to serious reproductive complications for me. I've had high-risk pregnancies, one miscarriage, one pre-term birth, a prolapsed bladder, and ongoing stress and bowel incontinence. I am 44 years old, and I often have to wear a disposable piece of adult underwear, because a panic attack or nightmare can lead to an accident.

I can be extremely humiliated about sharing that. It's difficult, but I believe it's important for everybody to understand what the real costs are to people like me when our system keeps making women-specific issues invisible. “Invisible” is a word that I think rings true for a lot of us. I feel my experience with VAC has been invisible. My injuries are invisible.

We know servicewomen are disproportionately targeted with sexual misconduct, sexual harassment, sexual violence, gender-based discrimination and abuse of power. I experienced the full gamut of sexual misconduct in the first 18 months of my service. By far, the most damaging was a sexual assault 18 months in, which resulted in my developing post-traumatic stress disorder.

Post-traumatic stress disorder presents physically for me. It comes out somatically. I think this is something especially true for women, as opposed to men. This is something the VAC table of disabilities—that all-important document—does not recognize. Mental pain leads to physical pain. For instance, take someone who has arthritis in their back. They're inactive. They may become isolated; then they may become depressed or anxious. That makes sense to all

of us. The reverse is also true. If someone who is depressed or anxious becomes inactive and isolated, their body falls apart. That's exactly what's happened to me.

The bottom line is that I have been diagnosed with 10, more than 10, distinct physical health illnesses since being assaulted, which will require lifelong monitoring and treatment. That includes restless leg syndrome; type 1 diabetes, which came out of nowhere at age 36; chronic migraines; fibromyalgia; sexually transmitted infection; pelvic floor and reproductive issues; sexual dysfunction; lower back pain; arthritis in my neck; extreme sensitivity to sound and light; sleep apnea; and tinnitus. That's just the physical, and it's all directly related and interconnected with the fact that I have been in a state of hypervigilance for 12 years.

I haven't submitted claims with VAC for all of these conditions, because, as I said, I feel like VAC cannot see me and my disabilities. It does not recognize them as being related to my service. It's a waste of my time and energy, but my health keeps worsening as my conditions go untreated. Every application for benefits that I've put in for a physical condition—aside from the feet, which was clear—has been denied outright, and I have had to appeal.

I'm aware of the time, Mr. Chair. I'd like to speak to this committee about ways forward. I'd like to speak about the creation of external advisory committees. I want to add my voice to the growing chorus of calls for VAC to release its gender-based analysis report, which we have yet to see. I'd like to see VAC make its Canadian-funded research available publicly. I would like to see this committee recommend the creation of a comprehensive system of medical care that will meet women's needs. I'm talking about in-patient care and outpatient care. I have been talking about this for seven years, but I am happy to keep talking, because one day we will make this happen.

There's so much more I could say, but I will end here. I am open to answering your questions, even if they feel uncomfortable for you to ask. We cannot change what we can't name. We can't be shy about this, so I urge you to make strong recommendations to VAC based on our testimony, and those which will follow, so that VAC becomes transparent, open and able to meet the sex- and gender-specific needs of servicewomen and women veterans like me, because I don't want anyone else to struggle the way I have.

Thank you for having me.

6. Dr. Karen Breeck, Major (Ret'd), Women Veterans Research and Engagement Network

Meeting 46, Thursday, April 20, 2023

As a physician who served in uniform for over 20 years, I will begin by thanking, through the chair, all the members of the standing committee for agreeing to this first-ever study on women veterans. Thank you.

I have followed the health of hundreds of military and veteran women over the last three decades and look forward to discussing specific recommendations during the question period. I want to first share with the committee three things that I find helpful to frame my thinking around women veteran issues.

Number one is the problem definition. What is the problem we are trying to solve? It's important that we start by situating the need for this study on women veterans. I'd like to remind the committee and all Canadians listening in today that not all women veterans are seriously injured, suffering from military sexual trauma or having transition problems after leaving the

military; however, I hope we all can agree that we want all veterans to be doing well, not just some.

One problem this study could look at is how to best ensure that government is optimizing the well-being of all women veterans. The question then becomes how we will know when we've solved that problem. How do we best measure quality of life or well-being? Furthermore, what exactly is the present-day social contract between Canadians and the post-Second World War generation veteran? Without a very clear understanding of what it is that's too much for veterans to be asking for, how can a new military recruit make an informed decision about what they are signing up for?

Problem number two is terminology. Are all the terms we're using being defined? Words matter. Biological sex, gender identity and sexual orientation are all related and overlapping, but they are not interchangeable terms. Words must be defined contextually and used precisely. When this is not done, especially around women's well-being issues, it tends to stall the forward progress on all the problems trying to be solved.

Number three is the ability to fix. Who is best placed to address this specific problem? There's no shortage of important, often heartbreaking problems that are experienced by women veterans. However, it must first be remembered that, just because you're a woman veteran with a problem, that doesn't automatically mean that your problem is because you're a woman veteran.

When we look at women veterans' specific problems, they need focused political will with dedicated funding to allow the legacy systems that were designed by men, for men to equitably accommodate women. In retrospect, it was government's decision to enforce a gender-blind approach to integration for women into the military that has forced the invisibility of most of the military women-specific issues.

Military women, especially of the 1980s and 1990s, have worked long and hard, often at great personal expense, to not only live with the inequities of a gender-blind approach but to name them and fix them for the sake of the next generation of women coming up behind them.

Although many of the inequities have now been addressed from the bottom up, there remain problems that can be fixed only at the government level or top down. This is the level I encourage the committee to focus its efforts on, because only you can fix those problems.

Canada was a world leader in the integration of women into the military 30 years ago. The Canadian government has an opportunity right now to regain its leadership status by strategically planning on how best to mainstream, normalize, enable and optimize the well-being of women who wish to serve their country in uniform.

I close my remarks with a call to action. I ask, if not plead, both as a physician and as a veteran myself, for every member here today to commit to working together without politics on finding the best solutions for the health and well-being of military members, serving and retired.

I, and many others, are willing to work together with all parliamentarians to secure a stronger, more resilient military.

Women make up half the Canadian population. It's rapidly becoming an issue of national security importance to develop a strategic, whole-of-government plan on how to do better on including and caring for the women of this nation when they join the military and thereafter.

Thank you.

7. Elena Vazquez, Master Warrant Officer (Retired), Coding for Veterans

Meeting 47, Monday, April 24, 2023

Good day, Mr. Chair and members of the committee. I was invited here today by Coding for Veterans to address the committee as a woman veteran who has just transitioned from the service to civilian life.

I am currently a student with Coding for Veterans in the cybersecurity program. After a full career in the Canadian Armed Forces in the administration and human resources field, I decided to go in a totally different direction. I would say that the CAF played a role in helping me find a new purpose.

My military experience as a soldier was gained through my time in the reserve force and the regular force in Canada and abroad. I proudly wore the army uniform for 35 years, and I had an exciting and fulfilling career during those years. I believe that the military has impacted me positively, and it helped me to transition with the confidence and tools to succeed in my post-military life.

Two years prior to retiring, I knew I was going to be released medically as I was no longer physically fit. In those last two years I attended a second career assistance network seminar, which is commonly known as a SCAN seminar. There is so much valuable information provided at these seminars that I actually did it twice in those two years. The SCAN seminar does a good job of preparing CAF members and providing all the resources necessary for retirement.

Attending those seminars really made me reflect on what I had accomplished and think about what could be next. I needed a new purpose, something that would be as exciting and challenging as the CAF.

I knew one thing: I didn't want to go back to administration or to manage personnel. From what I learned during the SCAN seminar, I carefully considered my passions and interests, and from that information technology seemed to be a good fit. Within the IT field, cybersecurity looked to be the right choice for me as it is a field that can be rewarding as well as challenging, and it's a field where there's a need to protect and defend the information and systems upon which everyone relies. It is not very different from one of the core responsibilities that CAF has in defending Canada and its interests, something with which I am very familiar.

I cannot speak for everyone, but my transition out of the military went very smoothly. The only thing that caused me some degree of anxiety was finding a family doctor. For the duration of your career you know that the CAF has you completely covered medically, but once you become a civilian, you are on your own. It's an eye-opener.

I was fortunate to have found a doctor 19 months after my release. I know many who have not been so lucky and I also know it is a national problem. This is, for me, the one area in which I would recommend a change. For many, leaving the military is difficult enough without the additional stress of finding a family doctor.

I am now well on the way to becoming a cybersecurity specialist. I have been studying for the last two years and I'm enjoying this new chapter. Although at times it's difficult, I keep soldiering on at my own pace.

Thank you.

8. Cora Saunders, Helmets to Hardhats

Meeting 47, Monday, April 24, 2023

Thank you, Mr. Chairman, and thank you to Veterans Affairs Canada for having us here to discuss the important topic of the experiences of women veterans.

As Joe said, I was hired just over a year ago, along with Jamie McMillan, to act as an outreach specialist for women and members of the LGBTQ2+ community within the military. May I say that it has been an honour this past year to work with Joe and the H2H team.

For background, I am a veteran with 32 years of combined service with the regular force and the reserve force, both of which I found very rewarding. Joe has already given you a snapshot of what H2H does to help veterans and their family members transition into civilian careers in the building trades, but I wanted to share a couple of success stories with you, including my son's.

My son's father was also a veteran and did at least three peacekeeping tours during his 28 years of service. Not very long after his last tour—a year or so maybe—he was killed in a traffic accident. We were divorced at the time. My son was 11 years old. My son experienced a lot of trials and tribulations throughout his teenage years and wasn't able to find steady employment, but with H2H, my son—who would be considered a military dependent—is now a member of the millwright union in Calgary, Alberta and is doing amazing. He is an advocate of H2H and tells as many people as he can about us.

Joe mentioned that we have partnered with organizations such as the Office to Advance Women Apprentices. Through that office, one of our clients, Diana Scott, a woman veteran, found our organization. She's an advocate for H2H and all women veterans as she encourages others that it's never too late in life to learn new things such as joining the skilled trades. We are currently assisting Diana in finding a rewarding career as a millwright in the unionized construction industry.

In my personal experiences, there were times when I wondered what my military experience would have been had I identified as a man or if I was married to someone of a much higher rank than me. One moment where I felt let down by my country was when I had completed five years of a posting and my son was struggling with no family around. I requested for us to be posted back to his home town of St. John's, Newfoundland. I made a formal request, as did another member of the unit at the time because his son was also not adjusting very well to the new location. This person was two ranks higher than me and was a man, but had only spent one year in this location. His request was granted and mine was denied.

I was told that I was not experiencing anything different from any other parent. Quite frankly, I was shocked and disappointed. The situation made me reflect on all my identities as a CAF member, a woman and a single mother. Not getting the support that I needed made me vulnerable. Why was my family being treated differently from my male colleague?

I had other moments in my career where things didn't go in my favour, including being involved in a sexual assault misconduct lawsuit. I don't want to get into detail today, but in 2011 after transferring through the reserve in my own province, I was assaulted. I was blindsided; it came out of nowhere. That incident made me question everything about the military and about people in uniform. I always hear people say that it happened because of the way she was dressed. Well, I was wearing my uniform at the time and I was going to one of my favourite functions, which was the soldiers' Christmas dinner. That night was ruined for me.

This incident will stay with me forever, but like many of the other women involved in the class action lawsuit, we will not let these experiences define us. No system or organization is

perfect and we still have a lot of work to do. That is why I'm committed to working for organizations like H2H and communicating with VAC daily about what can be done better to assist women in the military.

Over the past couple of years, I have seen major improvements and I want to continue to be part of the solution, so that other women CAF members and veterans can continue to have more positive experiences and look back on their time in the military with pride.

Thank you, Mr. Chair.

9. Patricia Henry, Colonel (Ret'd), Willis College

Meeting 47, Monday, April 24, 2023

Mr. Chair and members of the committee, thank you for inviting me to speak today.

My name is Patricia Henry. I served in the Canadian Armed Forces for over 37 years and retired as a colonel in 2019. Since my retirement, I've had the opportunity to go back to school and access programs from Veterans Affairs Canada, or VAC—in particular the VAC education and training benefit.

I joined a team of veterans, at Willis College here in Ottawa and nationally online, called the military and veterans partnership team, or MVP. The role of the MVP team is to assist veterans back at school. We are a team of three veterans on staff whose sole function is to help the admissions advisers, financial advisers and instructors, but most importantly to help the veterans with anything and everything that might be a barrier to their graduation.

Through our research, we know that female veterans prefer to speak to other female veterans, which is part of my role. We also know that a flexible schedule is important for female veterans. That is built right into all our programs, whether it be face to face, remotely or online. We connect with veterans during the admissions process and stay with them throughout their time back at school, offering peer support.

Veterans back at school reach out to us for assistance on a wide variety of issues. That includes helping veterans navigate their time at school during a family crisis, addressing issues that might arise in the classroom and assisting veterans in understanding and accessing support from VAC, just to name a few.

Finally, we have worked extensively with all the staff at our colleges on how to work effectively with veterans to help ensure that our schools are veteran-friendly. In the end, we have worked with hundreds of veterans back at school to help them complete their educations and find meaningful and gainful employment following their military service.

Mr. Chair and members of the committee, thank you for the invitation to speak today.

10. Kristin Topping, Major (Ret'd), Prince's Trust Canada

Meeting 47, Monday, April 24, 2023

Mr. Chairman and committee members, thank you for inviting us here today.

I was medically released from the CAF in July 2020, following 22 years of service. I suffered a traumatic brain injury in December 2016, and during the initial part of my recovery, I was diagnosed with a rare debilitating and progressive genetic condition. The cumulative effects

of my medical situation resulted not only in medical and physical deficits, but in a complete loss of self and community, and a sense of institutional abandonment and betrayal.

In 2018, when I was told that I was being medically released, I panicked. I had no idea what I was going to do. I joined the military when I was 17. I grew up in the CAF and didn't know any different. I'm an environmental engineer by academic training, with a unique specialty that I thought only rendered my skills attractive to employers within DND, the RCMP or companies that produced military equipment solutions.

I've always had a passion for horticulture, and I've curated an extensive rare tropical plant collection. My friend convinced me to consider turning this passion into an avenue of self-employment.

Enter the Prince's Trust Canada.

Over the course of a one-day orientation and a seven-day entrepreneurial boot camp, I decided that starting a business was what I wanted to do. The operation entrepreneur program showed me that I had skills that would directly translate into my own successful business. They were skills that were innate and skills that were trained into people who have successful military careers. These skills include leadership, time management, project management, effective written and oral communication, task delegation and budgeting, just to name a few.

The Prince's Trust Canada provided me with the supplemental training, mentorship and, most importantly, confidence to turn an idea into a business. In June 2019, Sweetlife Flora, an e-commerce shop for tropical plants and plant care products, was opened.

Owning my own business has maintained my sense of purpose, and I found a community of like-minded people in both the entrepreneurship and plant enthusiast spaces. It took me years to realize how unhealthy the CAF environment was, specifically as a woman, due to normalized toxic masculinity and the ingrained acceptance of misogynistic behaviour.

Many women leaving the military lack the confidence to start their own business, oftentimes because of systematic mistreatment. The transitional training offered by the Prince's Trust Canada, for me, has been life-affirming, and I believe women veterans need this program to truly understand their full potential for a successful transition.

Thank you very much.

11. Hon. Rebecca Patterson, Rear-Admiral (Ret'd), Senate of Canada

Meeting 48, Thursday, April 27, 2023

Thank you, Mr. Chair.

Good evening, honourable members. Thank you for inviting me here today to discuss the experiences of female and women veterans. As the first woman CAF veteran appointed to the Senate, I appear before you as a fellow parliamentarian and as a veteran myself, having fully retired in January 2023.

I enrolled in the Canadian Armed Forces in January 1989. This was the same month that women started integration into all occupations, except those on submarines. I've personally experienced great advances for women since 1989. For example, I'm the first person with a military nursing background to lead at the rank of flag officer—rear-admiral—which was previously unheard of when I joined.

What has been slower to adapt is who we recognize as female and women veterans and the support we provide to them. Veterans are traditionally portrayed as white older men who are

war fighters, resulting in women being less likely to identify and then be recognized as veterans who need service. This results in veteran services that are not tailored to sex and gender-specific issues.

Prior to my appointment at the Senate, I served in many different military domains. My experience is diverse and includes addressing sexual misconduct and culture change in the CAF, as well as leading military health care at the height of the pandemic and through the establishment of the women's health program. I was also the defence champion for women and facilitated the establishment of the defence team pride network, for which I was the interim champion. I understand the people who serve.

Women are one of the fastest-growing segments of military veterans in Canada, and the systems of support for women veterans were designed based on the male experience. This stems from research focusing on male veterans while being presented as gender-neutral. We have learned in health care that gender-neutral excludes women. While I don't deny that we share common experiences, more research is needed on the different sex and gender-specific health and well-being requirements.

I want to state clearly that you cannot address female and women's health without addressing their health while they serve in the Canadian Armed Forces or as members of the RCMP. What does this mean? Ideally, we prevent harm to women in the first place so they don't need to seek veteran services from VAC. It's about the continuity between active service and the support they receive for service-related injuries and illnesses. Women veterans' health is occupational health-related. It sits on a continuum between an initial event during service and their current well-being as a veteran. This remains true whether the disability presents itself immediately or in the future, and we absolutely cannot ignore this reality.

To improve transition and integration into post-service life and to potentially prevent injury to current CAF members, information exchange between the CAF and VAC is essential. By routinely sharing data, such as on injury and illness patterns and trends, we can better understand the impact of military service on women, better prepare for services that veterans will require and better fund them.

Veterans are not a homogenous group. They are an intersection of identities that influence experiences and expectations for the supports they seek and need post-service. Therefore, I would also caution you to not conflate female and women veterans' service requirements with those of other equity-seeking groups. We cannot lump together all those with diverse needs into one program or one funding group without inevitably failing to address key areas that are unique to each specific group. All groups should be considered individually, although harmoniously, so that we can ensure equity and, ultimately, better lived experiences for those who have sustained harm in the service of our country.

The final point I would like to raise before questions is this: The ideal outcome is equitable and fair support for CAF and RCMP members and veterans. The CAF is modernizing and changing, which means that our veterans' needs are changing as well. VAC's mandate to support the well-being of veterans and their families and to promote remembrance of achievements shouldn't be seen as a barrier to doing things differently. We must be proactive in anticipating veterans' needs and not reactive, as is unfortunately so often the case.

As Canadians who are willing to give their all in service of the country, we deserve better.

Thank you, and I look forward to your questions.

Thank you, Mr. Chair.

12. Karen McCrimmon, Lieutenant-Colonel (Ret'd), as an Individual

Meeting 48, Thursday, April 27, 2023

Thank you very much, Chair.

Thank you to all the honourable members here tonight. It's an honour to be with you today and to share my experiences. I'd like give you some ideas on how you can help make a difference.

I'll get right to the point. With five minutes, I might be speaking quickly, but I'll do my very best.

We need you to ask the tough questions and listen to the answers. It might seem obvious, but sometimes we need to be reminded that we can't actually solve problems until we really understand them. Then, once you've listened, you need to action them.

That's why I'm very grateful for this opportunity. You've asked the question. That's so important, and we appreciate it very much. That's point number one.

Point number two is to ask for a plan. There's a saying in the military that failing to plan is planning to fail. To make any type of major changes inside an organization, you need a comprehensive, coordinated and measurable plan. Ask for it.

Point number three is that what you permit, you promote. I would argue that the RCMP, the CAF and VAC have permitted the neglect of women and other groups that did not fit into their view of the ideal or acceptable RCMP officer, soldier or veteran. This needs to stop.

Point number four is that representation matters. You need a critical mass of committed individuals to confront and change a harmful climate or culture. Today, in the military and the RCMP, a considerable number of women are rising into the senior and influential positions of their organizations, and we're starting to see real changes happening in culture and in the awareness of women-specific issues. However, we don't see that same representative change in VAC.

We need more women at decision-making levels, and more veterans, men and women. As such, one easy starting point would be the naming of a fully empowered and fully funded ministerial advisory board for women veterans. In short, hire more veterans, especially women, who have planning expertise or proven hands-on experience. Women are 50% of the military's future recruiting pool. Not fixing the military women-specific issues found within VAC, CAF and the RCMP will clearly have significant follow-on effects for those organizations.

Point five is that feedback loops prevent more harm. I heard the senator say exactly the same thing. How does Veterans Affairs capture injury trends or illnesses like cancers, and how does it feed that important information back upstream, back to the military and back to the RCMP to prevent more injury?

Where is the feedback loop inside VAC for decisions that have been overturned by the VRAB. I don't even know if there is one. Physical injuries, like musculoskeletal injuries, are still being caused today by equipment and uniforms that weren't designed for a woman's body. Uniforms and equipment are all replaced periodically, so there needs to be a continual assessment of their suitability for women. This is where GBA+ comes into play.

There are also psychological and spiritual or emotional injuries like PTSD; moral injury; and institutional betrayal, which are also still happening because we aren't asking the tough

questions and listening to the answers, especially when the listening hurts. Listening needs to be followed by action.

In closing, how can this committee best help hold VAC accountable for improving the health and well-being of women veterans? You must demand, first, to see a strategic plan. Once again, failing to plan is planning to fail. Second, demand more data collection, research and transparency for veterans and the public, including sex-segregated data on VAC and VRAB claim processes, representation, budgets and spending. Third, we need more women and veterans within the department as case managers, supervisors, project officers, researchers, etc. Fourth, we need the establishment of feedback loops for all relevant departments to prevent reoccurrences of negative or harmful circumstances.

Finally, if we want real change, we must remember that whatever behaviour we reward is the behaviour we are going to get. We must demand, expect and reward better.

Thank you.

13. Lee-Anne Quinn, Major (Ret'd), as an Individual

Meeting 48, Thursday, April 27, 2023

Thank you very much, Mr. Chair and honourable members, for this invite.

I must admit right up front that I did not really understand or anticipate what was going to be expected this evening, so I don't have a great big script in front of me that has been written. I just know this: I've had 23 years of regular force experience and then four years as an honorary lieutenant-colonel for a reserve unit in my hometown. That covers Peterborough, Cobourg and Belleville.

Over my years of experience, I have seen a lot of changes. I've seen some good and some bad. Obviously, as my two predecessors have spoken about, more changes are definitely needed in order to bring the standards of equality up to where they should be.

I could give a lot of examples, but I don't think this is the forum to do that. I'm mostly here to listen and to participate when I am asked to do so.

14. Helen Wright, Colonel (together with Lisa Noonan, Colonel), Canadian Forces Health Group

Meeting 49, Monday, May 1, 2023

Good afternoon. I'm Colonel Helen Wright, the director of force health protection within Canadian Forces health services and the lead on health services' women and diversity health capability.

I would like to start by acknowledging that we are gathered on the traditional unceded territory of the Anishinabe people.

I am joined today by two colleagues—Captain Iain Beck, director of mental health, and Colonel Lisa Noonan, director of transition services and policies within the CAF transition group.

We would like to thank the committee for their interest in women veterans. We are happy to be here today to outline some of the work the CAF is undertaking to ensure that we provide

quality health care and career transition support to our members. The Canadian Armed Forces recognizes the sacrifices that military personnel make in the service of their country. We are committed to ensuring that all military personnel receive a high standard of health care and support.

We know that women in the CAF have unique health needs and that tailored resources and services must be available to support their health and well-being. That is why we have committed to identifying and addressing systemic health barriers in the Canadian Armed Forces that disproportionately affect women and others with diverse identity factors.

I have the privilege of leading an initiative to augment health and wellness services for women and diverse members throughout the entirety of their career. The activities will span four lines of effort.

The first area is prevention. We know that illness and injury prevention play a critical role in health and wellness. This package will include standardized cancer screening processes and relevant, targeted and evidence-based physical wellness and fitness programs

The second focus is care. We intend to sustain a world-class, evidence-based medical system for women by continuing to adopt best-practice clinical care and integrating tailored policies and programs specific to military settings. This includes adding clinical staff to our care delivery units in CAF health clinics, with a focus on supplementing such areas as support before and after pregnancy.

Our third focus is quality and performance assessment in which we will examine, objectively, how well the CAF health clinical and preventive services are meeting the spectrum of women's needs.

Underpinning these three domains is research and engagement. Understanding the health status and relevant risk factors for CAF women and diverse members, and how these are influenced by military occupations and demands, will guide our policy, program and service development. Our goal is to drive long-term, sustained improvement of women and diverse members' health, well-being and occupational performance in the Canadian military environment and contribute to a culture in which each and every member of the Canadian Armed Forces is fully enabled in their chosen career.

As mentioned, I am joined by Captain Iain Beck, who is responsible for leading a team of mental health experts who provide professional technical advice to the surgeon general, CAF leadership and clinicians. Over the last decade, we have made significant advances to ensure that CAF has the education and awareness programs to help identify people at risk for mental health issues and provide them with assistance.

We also continue to work on reducing the stigma associated with mental health through the education of CAF members, leaders, and military families. This is achieved through the delivery of the road to mental readiness program and other awareness efforts, such as Canadian Mental Health Week, which happens to be this week.

Colonel Noonan, who also joins us today, is responsible for overseeing the implementation of a modernized transition process in 27 CAF transition centres across the country that serve both medically and non-medically releasing CAF members.

Together, CAF and VAC developed the new military-civilian transition process to ensure a seamless, personalized and standardized process across all transition centres. At its foundation there are seven domains of well-being shown through research to be critical enablers of a successful transition, including health, family, housing, finance, social environment, life skills and a sense of purpose. We ensure that each transitioning CAF member is assigned an integrated

support team that helps them develop a transition plan that is tailored to their unique needs and based on these domains of well-being. The transition centre offers a variety of resources and programs to address each member's needs.

These are just some of the initiatives and programs we have been and are developing to better support our women members.

Once again, we would like to thank the committee for the opportunity to appear before you today. We look forward to answering your questions.

**15. Dr. Cyd Courchesne, Captain(N) (Ret'd) (together with Trudie Mackinnon),
Department of Veterans Affairs**

Meeting 50, Thursday, May 4, 2023

[translated from French/English original]

Good evening. Thank you, Mr. Chair and committee members, for inviting us to appear before you today.

I am Dr. Cyd Courchesne, the chief medical officer and director general of health professionals for Veterans Affairs Canada. I'm also a 30-year veteran of the Canadian Armed Forces, having served from 1984 to 2014 and retired at the rank of Captain (Navy). I'm joined today by my colleague Trudie MacKinnon, director general of centralized operations, also a veteran, who served six years with the reserves.

As both veterans and leaders at Veterans Affairs Canada, we are pleased to appear today for this study on the experience of women veterans.

My career started in Cold Lake, Alberta, providing care to service members and their families. I looked after fighter pilots and ground crew—both male and female—and delivered their babies. I can tell you that it was the most exciting and rewarding posting of my career and is probably the reason I stayed in the forces for 30 years.

I worked in flight safety. I worked as wing surgeon in Trenton and at the Canadian Forces Environmental Medicine Establishment in Toronto. I served as the Royal Canadian Air Force surgeon and eventually as a senior leader with the CF health services headquarters. I deployed to Djibouti, Africa on a mission with the UN High Commission for Refugees. I accompanied many fighter squadrons on exercises to the Arctic and the U.S. and participated in the domestic Operation Assistance during the Manitoba floods of 1997.

After eight years at Veterans Affairs Canada, or VAC, I can say that the department is committed to ensuring that women veterans have access to supports, programs and services that meet their unique needs.

According to the 2021 census, nearly one in six veterans is a woman. We know that women veterans have distinct experiences in the military and have unique needs after their service. Female veterans are more likely to experience challenges in all seven domains of well-being, including difficulties in transitioning to civilian life, different reproductive and sexual health challenges and needs, barriers to accessing services, and reluctance to identify as a veteran.

The Office of Women and LGBTQ2 Veterans was created in July 2019 to work horizontally within the department, and with partners and veteran stakeholder groups, to help identify systemic barriers impacting women veterans and contributing to inequitable outcomes.

The office is also the departmental functional lead for GBA+. We now have a GBA+ strategy that identifies key actions and a GBA+ policy that sets clear roles and responsibilities within the department.

We have also strengthened our data collection, leveraging national survey data and qualitative storytelling of lived experiences like military sexual trauma, the LGBT purge, women's health issues and so on.

Following the first Women Veterans Forum in 2019, the minister committed to regular conversations with women veterans, resulting in a virtual series in 2020 and the recent 2SLGBTQI+ Women and Veterans Forum, held in February 2023.

Veterans Affairs Canada is committed to taking action and developing a departmental action plan to achieve equity and inclusion goals for women veterans and other under-represented or marginalized groups, to create a culture of equity and inclusion with measurable goals and outcomes.

The minister created six advisory groups on families, policy, mental health, service excellence and transition, care and support, and commemoration. These groups are made up of stakeholders, and 40% of those are women.

That's not to mention the establishment of the Atlas Institute for Veterans and Families, which is doing a lot of excellent work in this field. We've already heard from them. I will let them speak to their successes and their work, as they mentioned in their opening remarks.

In addition to enhanced awareness and understanding of the specific needs of subpopulations, targeted engagement with women and 2SLGBTQI+ veterans, and concerted efforts to integrate the use of disaggregated data, we've made advancements in the following areas: a veteran identifier in the 2021 census, in addition to a gender identity marker; a VAC women veterans research plan; the veteran family well-being fund, with targeted funding to support women and other marginalized groups; the implementation of sex and gender equity research principles in VAC-sponsored research; fairness in disability benefit adjudication, with a dedicated unit focused on women veterans' claims; improvements to the table of disabilities and the entitlement eligibility guidelines; and inclusive commemorative activities and products.

Also, in partnership with the sexual misconduct support resource centre, we're developing a military sexual trauma peer support program, and more recently....
[intervention from Mr. Blake Richards]

Yes. I just want to finish on this. Recently, we launched a community health needs assessment to better understand population health needs across diverse subpopulations like women veterans. Thank you very much for your time. We'll be happy to take your questions.

16. Dawn McIlmoyle, Sailor 3rd Class (Ret'd), as an Individual

Meeting 51, Monday, May 8, 2023

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 rigidity and insurance-like attitudes are not what is required. Being accepting and having a listening ear go a long way.

Thank you.

17. Sandra Perron, Lieutenant-Colonel (Hon.), The Pepper Pod

Meeting 51, Monday, May 8, 2023

[translated from French/English original]

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 22^e Régiment.]

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.

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.

I'll end with a final comment. We are, in French, “vétérane”, and not “femme vétérane” or “femme vétérane”. 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.

18. Carolyn Hughes, The Royal Canadian Legion

Meeting 51, Monday, May 8, 2023

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.

19. Hélène Le Scelleur, Captain (Ret'd), Centre of Excellence Advisory Council for Veterans, Chronic Pain Centre of Excellence for Canadian Veterans

Meeting 53, Thursday, May 18, 2023

Thank you to all members of the committee for inviting me to testify on this important study for women veterans.

I joined the Canadian Armed Forces in 1990 at the age of 17, as one of the first women to join the combat arms in an effort to increase the number of women in service. Needless to say, our presence in the infantry was not welcome. As soon as I joined the forces, I had to work

harder than any man just to be treated as their equal. In this very homogeneous male world, I shed my femininity to make room for the identity of being a soldier and gain respect.

I would like to mention that at the time, the harassment guidelines were not yet very developed, which kept the environment very toxic for us women. From the beginning and throughout my career of 26 years, I was subjected to misconduct by men. In the beginning, it was to make me give up, but later on it was to appropriate my body—from verbal harassment to touching to forced kissing by superiors. It was also the invasion of my private life as a way to force me to accept the unacceptable. However, I consider myself lucky: I am not one of those who was raped.

This introduction is important, because it represents the often forgotten reality of women veterans. This is in addition to other suffering that may be more predominant, such as psychological or physical injuries.

For my part, I live with both. I developed post-traumatic stress disorder following my mission in Afghanistan and I believed my chronic pain was directly linked to it. However, I realized that I had been abusing my body for a long time to perform and maintain my hard-earned position. For example, when I joined the forces, I had to accept boots that were too big for me and equipment that was inadequate for my size. I had to overtrain despite injuries and hide my physical pain so as not to be judged or rejected by my team. All this was because we had to succeed in the mission. We had a duty to “push through the pain”.

That being said, suffering in silence in order to perform becomes a huge barrier to seeking help. I am one of the many women who learned to keep our hurt, abuse and suffering quiet in order to gain respect as a military member—but what happens when our careers are forced to an end that we did not choose, and our wounds, whether physical or psychological, become symbols of the end?

I believe it is important to consider that this transition to civilian life is not without its challenges for women veterans, because in addition to coming out, they must also face justification that they are also wounded veterans and they deserve respect. It also becomes crucial to realize that it is impossible to address chronic pain without exploring the underlying suffering that is experienced in a career as a woman in the forces.

Once again, Mr. Chairman and members of this committee, I am extremely grateful for this opportunity to testify before you. I sincerely believe it is important to consider that the needs of female veterans differ from those of men and that the response to chronic pain must be adapted and allied to that for psychological pain.

I will now turn the floor over to Dr. Joy MacDermid.

20. Lise Bourgon, Lieutenant-General (together with Andrea Tuka, Lieutenant-Colonel), Department of National Defence

Meeting 54, Thursday, June 1, 2023

[translated from French/English original]

Thank you, Mr. Chair.

First I would like to acknowledge that we are gathered here on the traditional territory of the Algonquin Anishinabe nation, and I would like to take this opportunity to recognize our commitment to meaningful reconciliation with indigenous leaders and peoples across the land.

I am joined today by Major-General Marc Bilodeau, surgeon general.

Major-General Bilodeau is the functional authority when it comes to the professional and technical aspects of medical and dental care for our members.

With us virtually is Lieutenant-Colonel Andrea Tuka, one of our mental health professionals.

I am also joined by Commodore Daniel Bouchard, commander of the Canadian Armed Forces Transition Group.

Within DND and the CAF, I am responsible for recruitment, training, retention, education, career management, policy, pay and benefits, health services, military career transition, morale and welfare programs, and a host of other support services.

My day job is quite busy, as you've just heard.

I am also the defence champion for women.

Equity, inclusion and women's health are issues we take very, very seriously, and we are pleased to be here to talk tonight about the health and wellness of women veterans.

I would like to thank the committee for this important study. I want to start by highlighting the work we have done so far to improve the health and well-being of women in the military, and to talk about the issues we're still tackling.

With the expertise of my team, I have the privilege of leading an important initiative to improve health care for women in the military by identifying barriers within our current service delivery models and tackling those issues head-on.

Currently, we are focused on four main lines of effort.

The first is injury and illness prevention.

The second focus is about providing evidence- and needs-based care.

The third is quality and performance assessment within our health care clinics and our programs.

Our fourth main line of effort is research and engagement, which is the foundation of the three others.

Within the forces, we know that illness and injury prevention and access to timely health care are linked to long-term physical and psychological well-being. For women in uniform, prevention begins with relevant, targeted and evidence-based initiatives, such as our physical fitness requirements for women and our many mental health supports.

Prevention also includes standardized screening processes for serious illness, such as early cancer detection.

When it comes to caring for our members, the CAF continues to maintain a world-class evidence-based medical system. We do this by adopting best practices for clinical care and integrating policies and programs that are specific and tailored to women in military settings, such as by adding clinical staff to our care delivery units within our own health clinics.

Through our performance assessments, we regularly examine how well our clinical services are meeting the spectrum of women's health care needs.

And it's through research and engagement that we continue to seek a better understanding of health and mental health risk factors, and how these are influenced by occupational demands.

On the subject of occupational demands, it is important we talk about military families as a whole. I often say that we recruit members but we retain families. The demands we place on families are significant, so we continue to work on solutions to reduce the impact of military service on our families.

Currently we are rethinking how and why we move and sometimes separate families due to military service. Through "Seamless Canada", a federal-provincial-territorial initiative that

looks to address the impact that moving within Canada has on our military families, we are improving access to health care and child care services for our members and their families when they move to a different province or territory. We are also examining prenatal and postnatal support and occupational assessments associated with fertility and reproduction.

However, as we continue to care for the complex health care needs of women and families through our many initiatives, it remains clear that a comprehensive approach is what is required. Women and gender-diverse personnel deserve to have their health and wellness made a national priority from the time they put on the uniform through to transition and retirement.

Veterans have given their best to Canada.

Therefore, the health of women veterans requires and deserves a special focus of the kind that my team and I have initiated. To be frank, women have not always received the special attention they deserve. As women, our needs are different from men's—not better, not worse, simply different. Let's recognize these differences as a strength. Indeed, the CAF is changing for the better. If we have healthier serving women, we will have healthier veterans. After all, we are all part of the military family.

We look forward to your questions.

Thank you very much. *Merci. Meegwetch.*

21. Kathleen Mary Ryan, Sergeant (Ret'd), as an Individual

Meeting 55, Monday, June 5, 2023

Thank you very much for inviting me to partake in this committee.

The big question is, why are we here?

Fifty years ago I marched on Parliament Hill for women's rights. I then joined the Canadian Armed Forces, believing, foolishly, that the government was actually going to do what it said.

Here I am, 50 years later, in a committee meeting where we're discussing women's rights in the Canadian Armed Forces.

I won't take up too much time out of the five minutes. There is a lot more to be said.

I was in the military for 40 years. That could take up four of these meetings.

It starts with change, and it starts with understanding. It starts with both genders coming to the table and understanding what the other expects. I think that's where we have to look at starting.

Thank you.

22. Joanne Seviour, Major (Ret'd), as an Individual

Meeting 55, Monday, June 5, 2023

Thank you. Thank you all. Thank you to the committee for your interest in this issue and for giving me an opportunity to express myself.

Like Kathleen, I also sometimes feel baffled that we're still talking about this topic, but when I reflect on it, I'm not surprised. Like Kathleen, I put on the uniform at 14 and took it off at 50, when I was medically released following an injury in Afghanistan. I was reserve, regular

force, back to DND civilian, reserve and regular force; so I had a 33-year career, around 40 if you count Sea Cadets, in uniform.

The class action lawsuit literally opened a Pandora's box for me. Prior to that, I would say I had an incredible career, and I still feel that way. However, I think, to move forward on this issue.... Like Kathleen, I'm more interested in moving forward, but sometimes it's necessary to delve into the challenges and the things that are difficult to hear to find the solutions.

While Canada did an incredible thing in 1989, being the first western nation to open all combat trades to women, it resulted in people like myself, Colonel (Retired) Eleanor Taylor, a friend of mine; and other women like Sergeant Kathleen—I didn't get your last name, so I'll call you Sergeant Kathleen—having incredible careers. I'm not going to say it was easy, but the challenges made me stronger.

I'm interested in answering any questions you might have about my lengthy career that might help us in moving the culture and really identifying this problem for what it was.

The Canadian Armed Forces has a crisis in leadership.

[intervention by Mr. Luc Desilets]

You're breaking up in the audio, so I'm not hearing all your words, but my point was that I'm interested in answering any questions you might have with the objective of using this crisis in leadership as an opportunity, because I really feel that when men and women work together, we have complementary skills. While people like myself and Eleanor proved that we were capable of doing the job, and very well, it wasn't without a lot of challenges.

I think it's important to identify those areas where women's voices are literally going to make the armed forces stronger, because we don't often do things in the same way. We lead a little differently. Having grown up in that male culture, I understand their side, but I think it's time to start incorporating and valuing the skills of women leaders.

Thank you for all the work you do. I look forward to answering any questions you might have.

23. Jacqueline Wojcichowsky, Master Corporal, as an Individual

Meeting 55, Monday, June 5, 2023

Hi. My name is Master Corporal Jacqueline Wojcichowsky, CD. I have 32 years of experience in the Canadian Armed Forces. I have worked in two different trades, as an armoured crewman and now in human resources.

I have held various positions with Lord Strathcona's Horse and also with Princess Patricia's Canadian Light Infantry, 1 Military Police Regiment, 3rd Canadian Division headquarters, 6 Intelligence Company as their release clerk now, and numerous other units.

I am here to speak about the disconnect between the military and Veterans Affairs with respect to the trauma of injury and illness in women currently serving and those who are veterans.

I believe there is a lack of female representation at all levels in the VAC organization, but specifically among individual representatives. This makes it especially difficult for female veterans to access the services and entitlements they require, because the male associates who are processing their files do not understand and therefore undervalue the trauma female soldiers have endured.

For example, when a rape victim is raped, they don't understand the trauma they go through.

Do they? Do you? Do I?

I do. I was there. I'm one of them.

The CAF lacks equipment that appropriately fits a woman. We struggle with clothing, rucksacks, helmets and boots that do not come in small enough sizes and are not designed to fit females. It doesn't just take a toll on our bodies. It becomes humiliating when we have to deal with wardrobe malfunctions in front of our male peers.

The constant stress of trying to fit in as a woman in a male's world can have long-lasting psychological effects. We shouldn't have to relive these stressors to gain access to benefits.

Do we? Do I? All the time?

We do.

On multiple occasions, I have witnessed the impact of PTSD as a result of sexual misconduct—like, for example, rape—being written off. I have watched my peers, my friends and my family suffer with insufficient support from VAC due to ignorant gatekeeping.

For example, my sister-in-law has been diagnosed with severe sexual misconduct PTSD and has short-term memory loss. She lives her life out of a daily black book. She served 16 years as a sigs operator and is receiving very little to no support from VAC.

Is that right?

In another example, my friend TC, who is located in B.C., is also suffering from a sexual misconduct PTSD assault. She also applied to VAC and is receiving support for her sexual assault, but the trauma from VAC.... Her mental health was not recognized for the veterans independence program and clothing allowance.

How does this happen? Can you tell me this?

A personal example of not being dealt with in a professional manner was when I was called by a VAC representative when I shouldn't have been. I informed him that I had not called, but I had given permission to an MLA to call on my behalf to discuss my outstanding claim on my lung disease. It was in the system since November 27, 2020, and it was at stage 3.

During this time, he indicated that I should release from my position in the military, though I am an active member and very capable of doing my job. He then hung up and called back. He apologized and retracted his words, but by this time, my PTSD had gone from 1 to 10. I told him I was recording my conversation, and then he repeatedly pushed me that we should call the deputy minister. My PTSD was overloaded, but then he continued to push.

During my service, I was raped, sexually harassed, verbally threatened and emotionally controlled. Due to my trauma, I have lost my self-control. It has had a negative impact on my ability to get promotions. Ongoing sexual harassment has affected my physical and mental health, which was not properly diagnosed until 2018 by OSI and Veterans Affairs.

In my case, the CAF did not do a proper, good job. It was Veterans Affairs that made the correction in this proper diagnosis, but most females are not that fortunate. In my case, what I did to move forward was I did the trial of 3MDR, the assisted memory desensitization reconsolidation, for my health. I require ongoing counselling that has helped me to find the right person. I have found support groups like Soldier On and Survivor Perspectives Consulting Group, and I have worked with sexual misconduct centres and other groups.

Although there are some resources available for women through VAC and various other groups, it's not enough for female veterans. We need female representatives hired in Veterans Affairs to actually make changes from the inside out. Veterans Affairs needs people like me in

this position. We need people to have mentors for our new and serving members, as well as veterans. In my spare time I seek out veterans who need help with their paperwork for Veterans Affairs, because people are suffering without knowing their entitlements at all. We should be a resource, and I am a world of information. Women are actually seeking me to help them with the entitlements.

Alongside the requirements to improve the CAF and Veterans Affairs, we are failing our new and serving members and our veterans.

Without further change and the growth to support members, we are failing them even before they complete their service.

Now that I am no longer controlled by the shame, the rape, the sexual harassment, I feel empowered to uplift other women to share their own personal stories and stand up for themselves and be warriors. I am here. I am no longer ashamed. I'm here.

I thank you for this opportunity to speak today.

24. Carly Arkell, Major (Ret'd), as an Individual

Meeting 58, Thursday, June 15, 2023

I want to start by first thanking the chair and the committee for giving me this opportunity to speak.

My name is Carly Arkell, as introduced, and I'm a retired major.

I need to apologize. I don't have a prepared statement in advance. I have a few challenges in writing using a computer, so I'll provide a little information this way.

Just to give a bit of background on who I am, I joined the Canadian Armed Forces, the naval reserve, at HMCS *Tecumseh* in Calgary when I was 17 and served with the naval reserve for two years prior to switching to the regular force, becoming an aerospace engineering officer and serving there for just over 20 years before being released in January of 2021.

To understand the experiences of a woman veteran, it's important to understand where we come from and how we got here. To give some context, because context is vital, throughout my career I had some health challenges, but nothing major: a sprained ankle here and a minor issue there. Unfortunately, in 2016 I had a sports injury while doing unit fitness training. We were doing burpees, and I slipped. Unfortunately, I had some injuries but I didn't realize the extent of them because I didn't present with typical symptoms, particularly stiffness.

In subsequent years, my health deteriorated, and because things didn't fit the standard typical template, I was dismissed and was told that it was all in my head, that I wasn't trying, that I was lazy, I was out of shape. I was not out of shape—I'm out of shape now. I don't know why things changed in how I was treated, but the change point happened in 2016, which was a year after I reported being sexually assaulted.

I had always been taken seriously prior to that, but after that, everything was blamed on my mental health. Admittedly, my mental health did deteriorate in those years following the sports injury, in large part because of the experience I had in dealing with the health care system in the military. That led to a lot of distrust of health care providers, and now, because of the complexity of my condition, I have a lot of difficulty accessing care because I'm told that I'm too complex.

To give some context with that, six months prior to my release, I was diagnosed with a rare genetic disorder. I had no idea I had it and never would have known if I hadn't had an injury.

I'm grateful that I had the opportunity to serve, because if we had known about it, I never would have been able to join. I was fine as long as I was fit and healthy and basically held together by my muscles.

The struggle I have now is that I can't access care. I have an amazing family doctor, and she's willing to take me on as a complex patient. However, I have a lot of issues, and because I don't have coverage from Veterans Affairs for a lot of things, it's expensive. Sometimes I can't even get accepted into clinics. I've been turned down numerous times and have been told that I am too complex.

As I mentioned, my mental health did deteriorate with that. While I was in the service, I was unknowingly diagnosed with an anxiety disorder and asked to be reassessed, and when I was, I was told that I had adjustment disorder, which I thought was a load of something, but there was nothing else I could do about it. Once I was released, my Veterans Affairs case manager referred me to the OSI clinic, where I was assessed and diagnosed with PTSD, dating back to 2008, halfway through my career. I held myself together quite literally with my muscles and held my mental health together by being excessively busy.

To wrap it up, this has impacted every aspect of my life. Many of you have noticed prior to the committee starting that I have a few friends here who have come to support me and the other witnesses. I require a lot of help. I don't get out of the house, not because I don't want to but because I struggle to. I have to adapt and overcome, because I have no other choice. I have two children, and they need me. I have the ability to get through the day or be a good mom or fight the system, and I can't do all of that at once. Thank you.

25. Lisa Nilsson, Petty Officer, 2nd Class (Ret'd), as an Individual

Meeting 58, Thursday, June 15, 2023

Good afternoon, Chair and the committee, or should I say good evening? Time zones are wonderful, aren't they?

I really appreciate this opportunity and want to thank you for allowing me to speak today. I have to admit that this is the first time I've ever publicly spoken about the incidents that I endured and what my experiences in the CAF were like as a female and then, following that, my experiences with VAC.

I will admit that I am terrified sitting here, because my story is quite intense. Although I have been medically retired for three years this December, I'm still institutionalized to the point of extreme fear. I still have all the feelings associated with losing my reputation, having to rebuild it, having it destroyed again, and then having to rebuilt it—rinse, wash, and repeat.

How do I summarize a career of over 20 years in five minutes or around 800 words that is succinct, concise, hits all the points I wish to make and not sound like I'm just complaining? How do I convey to you the pain that I feel every day from an organization and a country that I have served since I was 17 years old?

How do I tell you what it was like to be repeatedly sexually assaulted, including having my virginity taken from me against my will, being abused and harassed, and withstanding misogyny, overt and covert sexism, gaslighting and more?

How can I convey what it feels like to have your MST, your military sexual trauma, weaponized against you, to be mistreated because of it and denied treatment, both medically and psychologically?

How do I tell you what it's like to be in the middle of the ocean, with no land in sight for days, or in the Gulf of Oman, or off the coast of Panama, or even 12 nautical miles off the coast of Vancouver Island, and be told that if there was an “accident”, no one would hear my screams, or sailing with people who would grab my body, manipulate me, brainwash me and use me as a sex toy?

All of this is because I reported in 2001.

What can I tell you about how it feels to have women contact you 20 years later and say that they have severe trauma from the way that I was treated and that my name was used to scare and intimidate other women into not reporting?

I wish I could convey to you what it's like to be completely terrified of the people around you and only have 300 feet in which to sleep, to hide, to work, to socialize and to work out. I experienced what no woman or female or person should ever experience. The best recourse that I had was to shut up and take it, then be like a duck and let it roll off your back, go the gym, work out, meditate, do yoga, stretch, work hard, be alert and smile, but not too much; otherwise, people will think you are flirting. Just laugh it off. Be feminine, but not too much. Whatever you do, do not under any circumstances speak up or show any weakness or pain.

One could argue that the above statements are everywhere in every aspect of society, but it's just different in the CAF. It's very hard to articulate how it is different, but it just is different. Once again, it's different in the navy. I learned these lessons the hard way over around 15 years.

I've been hurt multiple times. Besides having a very healthy dose of dark humour, I have a cervical spine injury, which includes a titanium ball-and-socket joint at C6 and C7, which was disregarded as stress, and I have a cane. I have a lumbar spine injury that has resulted in three successive surgeries and left with two rods and eight screws. Both of these injuries were not taken seriously by the CAF medical system or the Vancouver Island Health Authority.

I did not get appropriate treatment on my cervical spine until I returned back to my unit, as I was posted in the United States at the time. Once again, my lumbar spine injury wasn't taken seriously until a chiropractor sent a note to the base hospital.

I sailed with these injuries, moving on a steel platform, traversing ladders and being threatened with being charged with malingering. I quote, “If you were that hurt, you wouldn't be sailing with us.” I had a severely herniated disc.

I'll tell you, that wasn't much fun. As of late, I've been referred back to my neurosurgeon, as I have impacts from an accident that I had in 2019. I also hurt my cervical spine again in April. I'm still awaiting imaging for that.

I have been told that I have the spine of a 90-year-old. I am just 40. The only thing that has saved my life is the fact that I was very fit and that I have a great deal of muscle, which has protected me and saved my life. I am able to walk because I have the muscle mass.

My MST reporting and what happened afterwards was completely weaponized against me. My physical injuries—including concussions, spinal injuries, knee injury and shoulder injuries—were all brushed off as a mental health condition and my being dramatic.

It has taken other medical professionals, specifically male professionals, standing up for me to get treatment. I can't even begin to describe what it was like while I was pregnant. At the time, we had to find a doctor on the economy because they didn't offer any postnatal or prenatal care.

When I hurt my neck and had emergency surgery on it, I didn't realize I was pregnant. I found that out about two months after my neck surgery. I was told there were significant issues with the fetus and the likelihood of having a full term baby was next to zero. I had to make a

painful decision to agree to have a medical abortion at 22 weeks. I had to go to work the next day. I was unable to say anything. “Embrace the suck”, as we like to say.

Then I got pregnant with my son. In my third trimester, I was only supposed to be working half days, but I was still working 12-hour days. I guess that is a half day, in a way. I was denied maternity and parental leave because I was posted in the States, but I was afforded the opportunity to have six weeks of convalescent leave.

There was a saying as I was going through that if the military wanted you to have a family, they would have issued you one. I heard this all throughout my career.

I could very much continue, but I'm assuming I'm getting close to being over my time at this point.

I do need to touch on my experiences with Veterans Affairs. In my experience, they are an insurance company, pure and simple. We have to provide every little bit of documentation to prove that we are actually injured. That is a challenge in itself, due to the ongoing doctor shortages, especially where I am. I'm sure that it's endemic across the country. If there is no record that you sought medical treatment while in service, nine times out of 10, a claim will be denied. Therefore, the lengthy appeal process begins.

There's a stigma within the military. It means that if you're hurt, you don't say anything; you just soldier on and keep going.

In the veterans community, we have a joke that VAC operates under the premise of the three D's—deny, delay and die: Deny the claim, delay the appeal and hope the veteran dies or gives up fighting. This has been evident recently.

I personally have been denied VIP, the veterans independence program, three times, as I am not frail enough. I have been told that my husband and kids are more than capable of doing the housework or yardwork. I am 104% disabled, according to Veterans Affairs, and I cannot get help.

I have a complaint in with the Office of the Veterans Ombudsman—the OVO—for unfair treatment. That complaint has been in place for over 18 months, with zero resolution to date.

Additionally, there seem to be two different standards. There is one for officers and one for NCMs. I don't know how many times I have personally been told that rank has its privilege, element has its privilege, and the number and types of deployment have their privilege, and based on how it was explained to me by the OVO in regard to my VIP complaint, gender has a privilege as well. Additionally, not all case managers are treated or trained equally.

I would like to thank you again for allowing me to speak and for giving me my voice back.

I really wish I could expand a little bit more, but I have submitted another statement with what I've been through and how I was treated because I cannot succinctly or adequately summarize a career marked by so much trauma at the hands of my peers and by the system in the conduct of my duties.

I have a number of recommendations that can be implemented or at the very least looked into. I can discuss those in further detail when there is more time.

Thank you very kindly.

26. Nadine Schultz-Nielsen, Leading Seaman (Ret'd), as an Individual

Meeting 58, Thursday, June 15, 2023

Thank you, Chair.

Good evening, Chair. Thank you for inviting me to tell you about my experience. I feel incredibly privileged to be here.

After 12 years of service, I was medically released in 2013 with a diagnosis of adjustment disorder, with depressed mood and anxiety. I wasn't coping well with the death of Corporal Marie France Comeau. We worked together as flight attendants at 437 Squadron in Trenton. After years of sexual harassment and assaults while serving in the navy, I'd finally come to a career-ending realization: If you can't trust the wing commander, whom can you trust? I no longer felt safe in uniform and I could no longer function in the uniform.

Back in 2013, there were no supports for MST. The term "military sexual trauma" didn't exist yet within VAC. When I approached my local OSI for support, I was told that they would have to ask the men if they were okay with my joining them because it might be uncomfortable for them since my experience was so different. I found support online and through peer support I learned how to support myself as best I could from home.

MST comes with invisible pain. It doesn't show up on scans or the tests that VAC used to determine eligibility for benefits, so for years I was being denied benefits because my doctors didn't believe that I was as bad as I was saying I was. I was told that my pain was not real because I was not begging for narcotics and that my mental health wasn't that bad because I showered before my doctor appointments. I didn't fit into their box. I desperately needed help inside my home, but I couldn't get VIP for mental health only. I applied anyway and was told, for example, that outdoors was my husband's area, so I could only be supported for housekeeping.

My husband has an autoimmune disorder and is often bedridden for weeks....

I'm sorry.

Another time I was told I wouldn't be supported because getting up and cleaning my house every day should give me a sense of purpose.

My mental health has hindered my ability to apply for benefits. I'm not able to appeal benefit decisions within a certain amount of time.

Over the past 10 years.... I'm sorry. I've lost my spot.

[intervention by the Chair]

Over the last 10 years, I've deteriorated to the point where I struggle to do anything paperwork-related, including opening mail. Just confirming my appearance to speak here took two days and a migraine to fill one piece of paper to come here. My statement was also late to be translated.

I struggle with deadlines. I don't understand it; I used to be so reliable, but now my taxes are always done late and my bills are rarely paid on time. I've heard that there are supports out there for me, but I feel stuck and I don't know how to ask for help.

My children were born in 2011 and 2013. Every day of their lives has been affected by my mental health. First it was the rage that came with my PTSD that I was diagnosed with in 2014. Now it's the depression. I worry about my children a lot. Even though I'm home, I'm never there. I do my best, but I don't know how to explain it to them; my doctors can't even explain it to me.

In 2016 I was diagnosed with major depressive disorder after another devastating denial by VAC. I haven't been the same. I have no fight left in me. I go through periods when I can't get out of bed for weeks. If I get my children to school on time, my daily goal has been reached.

In 2020, I finally got approved for VIP, but it's not enough. Just last week, I asked for a review of my VIP and my mental health. I received an approximate wait of four months for paperwork. I'm not sure if that's good or bad. It doesn't matter to me. I have supports in place, so I'll see what comes of it.

Chair, I'm here today because I don't want anyone else to feel the way I have felt. I can't understand why an organization that was supposed to take care of me and support me would cause me so much mental trauma. I've had to take breaks from VAC. I burn out, I deteriorate and I end up in crisis from what has felt like a constant stream of negative interactions.

Then after a few months or years, I try again because I understand that I can't do this on my own. VAC is an organization designed by men for men, but I know that there are those out there who are working to make it better. I know there's been a gender-based analysis report that's yet to be released, to my knowledge. Your committee proves to me that people see that there have been serious issues, and I'm hoping that there are more positive changes to come.

Thank you.

27. Louise Siew, Captain(N) (Ret'd), as an Individual

Meeting 58, Thursday, June 15, 2023

Mr. Chair and members of the committee, good evening. Thank you very much for giving me the opportunity to come before you today.

My name is Louise Siew. I was a regular force logistics officer who joined the Canadian Forces in 1975, served 35 years and retired as a naval captain in 2010. I was also a married service spouse and mother. I have witnessed first-hand how generations of women have been treated in the Canadian Forces. I have chosen to testify today, as I know that important committees such as yours can be a catalyst for change.

I'd like to start my testimony by challenging the premise that the opening of all combat classifications and occupations to women in 1989 was the watershed moment for change for women in the Canadian Forces. It was not. It was the Royal Commission on the Status of Women in Canada in the early 1970s that made the most significant change for women when it opened up the opportunity for them to have a career in the Canadian Forces. Up until that point, the majority of women who enrolled in the Canadian Forces were unlikely to have a career. The average rank was private, and the average time in the military was 18 months. The technical trades and other well-paid trades were not open to them.

All that changed as a result of several key recommendations that flowed from the commission report. It recommended that women be allowed to stay in the military if they got married or had children. It recommended that many of the classifications and occupations previously closed to them be opened. This fundamentally broke down two key barriers to the success of women in the military. They could now have a career and they could now demonstrate their value to the military, as operational support trades and classifications were now open to them. They now had access to positions right across the CF, including in support of operations. It was then only a matter of time before other barriers started falling, as the value of their contributions became more widely recognized.

I would be remiss at this point if I did not note that the commission report also recommended that women be finally allowed to join the RCMP.

The next position that I'd like to dispel is the notion tabled by Lieutenant-General Bourgon to this committee that in relation to women in the CF, the policy had been one of assimilation, in contrast to the aspirational goal of inclusion that they are fostering today. Referring to what happened in the past as "assimilation" is concerning to me, in that it was not the reality that I observed. As someone who enrolled in 1975, I can state that overall the military, forced into this change in the 1970s, did so begrudgingly and with an unwillingness to accommodate women. They maintained this posture for as long as they possibly could. They proactively dismissed, mistreated, humiliated and even hurt us.

Both policy and culturally based barriers set conditions for abuse and harassment—physical, mental and sexual—and negated our voices. They both specified and implied that women could be discounted and abused without recourse, a climate that social scientists now describe as "otherism". The CF needs to account for the conditions of service that women endured in the past and the resulting health and well-being effects. As well, VAC needs to recognize the impact of this history in their adjudication process for disability claims and in the availability of programs and services to meet the needs of all women veterans.

On a more personal note, I was the first woman in every position I held. I knew how important it was for those who would come after me for me to do well. My last command was of an organization of 5,000 people, which included the responsibility for all the supply and ammunition depots of the Canadian Forces and provided the strategic-level logistics support to the war in Afghanistan.

As well, during the years I served, I was not silent regarding the conditions of service for women. I consistently challenged the status quo and fought for better equipment for women and better opportunities in terms of service. As I saw the barriers to the progress of women, I challenged them. I volunteered to serve on merit boards. When I saw women being mistreated, I spoke up.

I successfully redressed the maternity leave policy. I wore my own version of a maternity uniform when the military offered me no uniform option. I maintained an informal network of hundreds of servicewomen from across the Canadian Forces to whom I would pass on information regarding ongoing issues such as equipment, uniform, maternity benefits, etc. I fended off sexual aggressions and suffered many rebukes for my activism, and I always felt like I was on my own in these fights.

You also need to know that serving women pick their battles. They cannot fight them all, as it is always weighed against the potential damage to their careers, as we've heard about today.

In closing, I believe the CF owes the women who served a full and open accounting for how they were treated in the past, literally generation by generation, up until the recent initiatives, so that their disability claims being submitted to VAC are better supported.

I also believe that VAC has been negligent in their support to women, and they need to significantly address their shortfalls, as I fundamentally believe the strides being made today by the CF for women today are not being matched by VAC.

I'm also concerned that you've heard little from the Canadian Forces to assure you that women in the reserves are receiving the same transition and mental health care, when needed, as their regular force counterparts.

Finally, women should not be fighting these battles alone. I implore you to support them and be the agent of change of this generation, which the Royal Commission on the Status of Women was in the early 1970s.

Thank you for your time. I look forward to responding to your questions.

28. Lisa Cyr, Corporal (Ret'd), Ma Langue Aux Chats Cat Café

Meeting 58, Thursday, June 15, 2023

[translated from French original]

Thank you, Mr. Chair.

I'd like to thank the committee for inviting me to appear today.

I joined the Canadian Armed Forces in 2007, when I was 31 years old. I had a bachelor's degree. I was offered entry into the forces as an officer, but I wanted to see what it was like to be a non-commissioned member first, before pursuing my dream of being an officer at some point. However, that's not how my career turned out.

I joined the forces to serve my country and serve overseas, with values of respect, honesty, and so on. I quickly found out that wasn't the case at all.

My career began with harassment, right off the bat. There was an incident with a colleague, during which the principles of honesty and respect were not followed. I was blamed. Because honesty and respect are important values to me, I ensured that this 18-year-old young man was compensated by the forces after four years for a problem caused by a superior on a power trip. I won't go into greater detail, as it would take a very long time. Some time later, a master warrant officer came up to me, inches from my face, and said, "If you want your career to go well, you'd better stay away from Plamondon and his family." I replied, "You taught me that once you're paired up with someone, it's forever."

My career started like that in 2007, 2008 and 2009. I was still experiencing harassment. I was told that women had no place in the forces, that at 31, I was much too old, that I had no business being in the forces. They made that type of comment. It was psychological harassment, sexual harassment. I was told, "Keep your mouth shut or you'll get killed." I've experienced it. During a drill, I was once told, "Do you want to be left behind in the field?" I was told that, given my career, I'd better take it really easy, better not speak up, otherwise it would be even worse, it would be the whole group. I think several women have made, or may make, similar statements. These are things I've experienced.

Psychological harassment is very strong. It doesn't matter how strong you are, if you take a few hits here and there, at some point you lose faith in your chain of command and institution. For me, the Canadian Armed Forces was the most glorious institution, and the one I should have trusted the most, because they're the ones who defend our country. On the other hand, when your country's own members destroy you, you don't know who you can trust anymore.

My chain of command destroyed me in every way. They went so far as to tell me it was all in my head. I was prevented from visiting my family. My doctor and psychologist were telling me to go see my family to clear my head. But when you're on sick leave, you can't go further than 50 kilometres away. My family is in New Brunswick, 300 kilometres away. I was asked to submit a request to be allowed to visit my family, but my chain of command refused, because there are mandated programs. These programs actually focus on harassment. There are all kinds of programs, but the forces don't abide by them. They exist and we do some every year, but a lot of people don't abide by them.

You get shut down because you're a corporal, because you're a woman, because you're old. You get pushed aside because you asserted yourself. In the forces, you mustn't assert yourself, especially if you're a woman. You get sidelined when it's time for missions. I've been

told, “Cyr, you're doing really well here. He's just arrived, he doesn't know the job, so he's going on a mission. You're going to stay here and do background work.”

At one point, I received an email and I was happy, because I was about to leave on a mission. I still had a 13-kilometre exercise to do. It's a major exercise, and very demanding. The day before, you're normally meant to be resting. Other soldiers can confirm this. However, the day before my exercise, my superior asked me to go and do topography, in the rain, until 11 o'clock at night. The 13-kilometre exercise was at 6 a.m. the following morning. The next morning, I went for my 13-kilometre exercise. With 200 metres to go—I could see the trenches—I crumpled and fainted. When I woke up, I was in hospital. The first thing I asked was whether I'd finished my 13 kilometres. They said they didn't know and that I'd been out for 45 minutes.

The Canadian Armed Forces don't talk about that. Those things are hidden. They cast doubt. What was said about me was that Corporal Cyr is a coward, she went 200 metres and stopped. Instead of explaining to members what's going on, they leave all kinds of things hanging in the air, which means they're always hassling people when they're injured or things happen.

I was in hospital for a week. Pardon the expression, but I peed blood for three days. Before I left, the hospital doctors gave me a medical note saying I had to spend two weeks at home, resting. Then I went to see the forces' medical services. That's another big shortcoming: the military system doesn't respect the civilian system. You have to fight all the time. When I went to the forces medical staff with my note, they said, “What, you want another vacation? You just spent a week in hospital.” I got into a big fight with the doctor and said, “You look at what's written here, look at all the instructions the doctor has just written about what I've just been through.” He told me he was going to give me the day off. I was back on Friday and the weekend was starting. I said, “That's fine, give me that. Monday morning, you won't be seeing me, believe me.”

We have to fight constantly. I'm speaking as a woman. I have male colleagues who also have to fight, but it always seems to be worse for women. A civilian doctor is a doctor. It seems to me that when a civilian doctor gives instructions, we shouldn't have to fight with military base doctors to follow them. The doctor should say that regulations must be followed.

The same holds true for harassment. If you try to raise it, you get harassed. You're told that you're a loser and you're just trying to get time off. No one explains to people what happened, so we get sent somewhere else. In my case, I was sent to another unit and told I was going to be promoted to a senior position, but I was lied to. That wasn't it at all. It was harassment, pure and simple.

I was doing some training on the base. I had a 20-minute demarcation drill to do. One morning I was told, “This morning it took you 23 minutes, but the warrant officer and I did it in 20 minutes.” It was constant harassment. They were constantly nit-picking.

At one point, I was forced to fall to my knees and ask for help, because either I was going to kill the person or I was going to kill myself. I got to the point of writing a suicide note. Unlike others who had committed suicide, if I went through with it, I wanted the media to know why and find out about what was going on in this deeply flawed system.

Two years before I left the forces, so in 2017, I was diagnosed with post-traumatic stress disorder. I burst into tears. I told myself that I couldn't have this disorder, since I hadn't been on a mission. I was told that my war had been fought on the base. I couldn't accept this diagnosis. For two years, from 2017 to 2019, I didn't leave home. They were calling my house constantly for a

year. As I previously said, they refused to let me visit my family. I was asked to fill out a request for authorization, but it was refused. To make sure I didn't visit my family, they called me at home morning and night. What does that do to a person? At some point, the brain gives up. I didn't even dare go out on my own turf anymore.

What saved my life was buying my restaurant and my cats. That's what continues to save my life every day. Even so, buying the restaurant got me in trouble with Veterans Affairs Canada. I saved my own life by having a business that allows me to get out of the house. I've created a safe haven, a refuge, a place to recuperate, to help me return to public places, but I've been forced to pay back an amount of money to the Manulife insurance company. Yet I'm not being paid by my job; I'm paying. This issue is still unresolved today, in 2023.

When we get out of the forces, Veterans Affairs tells us that everything is fine. Today, I dare to hope it's better, because things are done electronically. In my case, it was still paper forms in 2019.

In 2020, I was told I owed Manulife \$27,000 or \$37,000. I called Veterans Affairs to find out what was going on, and learned that between 2019 and 2020, I had not received 15% of my income from Veterans Affairs. No one at the minister's office bothered to call me to let me know. People suffering from post-traumatic stress disorder are not there. We're having trouble with the paperwork. I'm still struggling. I have a business, but I have people looking after my business. I'm here for my personal well-being. No one from Veterans Affairs called me to say there was a problem because I wasn't getting my money. I hope things like this will improve. Thank you for giving me the opportunity to speak. Thank you for making room for women.

29. Hon. Beverley Busson, RCMP Commissioner (Ret'd), as an Individual

Meeting 66, Tuesday, October 24, 2023

Thank you very much, Mr. Chair.

Thank you for inviting me here today to speak about my experiences in the Royal Canadian Mounted Police. I want to stress that I am in no way speaking for the RCMP as an organization. I am appearing here as an individual and as a veteran.

As you may or may not be aware, in 1974 I was a member of the first class of women to join and graduate from the RCMP as a regular member. Although born in Nova Scotia, I spent most of my 33 years in the force in British Columbia, Saskatchewan and Ottawa. The first 12 years of my service were spent doing operational police work, with responsibilities ranging from general duty uniform work to serious crimes—including homicides and drug investigations—and also a fair amount of undercover work, which included criminal investigations, Immigration Act violations and cell plants.

I worked in small, medium and large-sized detachments, primarily in British Columbia, until I went to law school in 1986. After law school, my trajectory and my responsibilities were more focused on the management side of the force. I was commissioned in 1992, as the first female commissioned officer in the RCMP, and became the first commanding officer of a province, Saskatchewan, and later British Columbia. I retired as the 21st commissioner of the RCMP in 2007.

I understand the focus and goals of this study are, of course, about veterans. More specifically, I believe you are seeking to hear from witnesses who experienced impacts due to the

intersection of women in a male-dominated career—i.e., the Canadian Armed Forces and the RCMP—and the interventions of Veterans Affairs.

I am sorry—or should I say I'm happy—that I have very little to offer from that particular perspective. In my 33 years in the force, I had not personally sought the assistance of Veterans Affairs. Perhaps I should have. I had seen more than my fair share of sexual assault victims, dead and injured children and murder scenes, and had attended many very stressful calls, especially in my first 15 years of my career, when I often worked alone. From a personal perspective, I cannot claim to have been sexually harassed, although in the first couple of years I have to admit that my sense of humour was tested more than once. I had the privilege, first to work with and then to lead, many of the most decent, exemplary people one might want to know. I understand that this was not the case for all female members in the force, but I cannot personally comment in that regard.

In my preparation for this meeting today, I watched the last meeting of your committee, held on October 19, with the Minister of Veterans Affairs and Associate Minister of National Defence, Minister Petitpas Taylor, appearing with officials from her department. I was struck by the fact that the Royal Canadian Mounted Police was not mentioned once by either her or any of the members of this committee during her testimony. This is in spite of the fact that the RCMP was in active service overseas in the South African War, the First World War, the Second World War and many UN peacekeeping missions—including missions to Kosovo, Haiti and Afghanistan. The cenotaph in Regina and the monuments here in Ottawa hold the names of many who died in these conflicts that continue to this day.

Veterans Affairs is responsible for on-duty related medical and mental health issues for those serving in Canada as well. They also, of course, administer our pension, which has, unfortunately, made veterans of the force subject to the “gold digger” legislation, which affects both male and female members married after 60. I know many of these people, and I consider it an archaic and misogynistic law.

The only contact I had with VAC, as a regular serving member, was when they were the service provider for RCMP medical and dental care and prescriptions, which was primarily an accounting and reimbursement function. Today, I understand, the experience is not as streamlined, as the RCMP is now subject to the governing rules of provincial jurisdictions for their medical treatments. This, I believe, is not ideal, but I have no personal experience to offer since my retirement happened approximately 16 years ago.

As a veteran of the RCMP, I am now with the public service health care plan administered by Canada Life, and we all know the complaints of delays and bureaucracy that are attached to that transition.

Injuries incurred on duty are treated differently, and if a disability from an on-duty injury can be proven, a disability pension and certain benefits arise. I believe that this is still managed by VAC. Anecdotally, I do not believe it is an efficient or client-focused process as it relates to the RCMP. From my perspective, the RCMP does not have the same connections to Veterans Affairs as the Canadian Armed Forces, and the link seems to be getting weaker. Unless one is the recipient of a disability pension tied to an on-duty injury, veterans of the RCMP, beyond this caveat, to my knowledge, are not subject to outreach from Veterans Affairs.

Thank you for calling me to appear here today, and I hope I can be helpful in your study.

30. Anna-Lisa Rovak, as an Individual

Meeting 66, Tuesday, October 24, 2023

Good afternoon, Mr. Chair and honourable members of the standing committee.

My name is Anna-Lisa Rovak. I answered my call to service in my early teens. In 1983, I applied for regular forces at 16 and became basic in 1984 at the age of 17, just after graduating from high school.

To Serve

Identity stripped to a bare soul
Twisted and pressed to fit a single mold
Told how to think and what to wear
Punished for any individuality
Mind and body pushed to the brink of insanity
Soul is empty of pride and self worth
Praised only when obedience is met
Rewarded when orders are fulfilled in silence
Tossed aside when worth is expended
Ignored, belittled by those who still serve
Unless the heart remains a slave
And traditions are followed with no thought
Today, I'm
Searching for identity
Searching for the original me
Searching for a new beginning
Trying to fill the void
Disappear or Reinvent
Sometimes they are the same

I wrote that on February 20, 2022, after my second suicide attempt.

During my career, I wore three uniforms: army, navy and air force. My career included being a part of the first women at Royal Roads Military College, HMCS *Annapolis* and HMCS *Provider*, a UN tour to the Golan Heights and being one of the first of firsts in many postings within the Canadian Forces.

I was forced to medically retire on a physical disability. However, I was attending a psychiatrist weekly for over a year prior to my release. At that time, in 2001, there was no such thing as PTSD.

Just prior to release, I applied to Veterans Affairs Canada for a disability award, and there began my experience with VAC. In the past 22 years, I have attempted suicide three times. I have cut myself in ways to release the pain. I have lost contact with my daughters at their insistence, and have gone through two very dysfunctional and damaging personal relationships. I am trying very hard to maintain the relationship I am in right now.

I can honestly say that dealing with VAC has significantly contributed, if not actually caused, more of the more serious mental health events I have experienced in those past 22 years. I have been damaged and affected more than in my military career.

I was part of the sexual misconduct class action lawsuit and received the top amount, with an annotation from the lawyers that they wished they could have awarded me more. I have been, however, diagnosed with complex PTSD due to various situations in my career service.

It has been through the dealings with VAC as a whole, and with case managers and contractors in part, that my mental health has plummeted to the degree that it has.

One of the biggest reasons I am here today is to share that feeling of betrayal, the lack of self-worth and the feelings of abandonment and sheer hopelessness that my relationship with VAC has instilled within me. Without freedom of choice, without clarity or transparency, without consistency or respect to me and, finally, without security of truth, I feel there will be only more and more veterans being reduced in their mental health state to the point of self-harm and suicide, unless there is a change in policy and behaviour at the ministry of veterans affairs.

It is only through multiple courses and programs that I am even able to stand here today. One of those programs will be presented here today, and I cannot stress enough how important it is for a veteran to have a say in his, her or their own care. Why does VAC have the only word in my own care? Why does VAC demand that there are only one or two different types of therapy and discount everything else? Why does VAC treat veterans—especially women veterans—like we are imbeciles or ignorant, or like we are being spoon-fed?

I have suggestions, I have examples and I have personal experiences that I would love to share to propose and refute various forms of mental health care.

Again and again, they promised change. Again and again, I was promised safety. Again and again, I was promised retribution.

But the hands still touch
The words still strike
Blows to the heart, the mind, the soul
But I was promised

31. Eleanor Taylor, Lieutenant-Colonel (Ret'd), True Patriot Love Foundation

Meeting 66, Tuesday, October 24, 2023

Thank you to the committee for the opportunity to contribute to this important work.

True Patriot Love is Canada's foundation for the military and veteran community. We work closely as a trusted partner with the Canadian Armed Forces, Veterans Affairs and federal and provincial governments.

As the national foundation, True Patriot Love works across the spectrum of issues facing our military members and veterans. We support our military families and children, especially as they navigate the issues of multiple deployments or locations away from their home supports.

We fund a range of programs to assist in the health and well-being of both serving members and veterans, including mental health, homelessness, employment and transition.

For those who may be injured or become ill, we contribute to their recovery and rehabilitation through sport, adventure and the arts, and we help with their reintroduction back into local communities post-uniform, especially with programs focused on volunteering and service opportunities, to maintain a sense of purpose, which we believe is key to a good transition.

Since 2018, True Patriot Love has been proud to steward and grow the Captain Nichola Goddard fund. The fund provides national funding to directly benefit community programs that support servicewomen, women veterans and their families. I knew Nichola and remain inspired by her legacy.

I served proudly in the Canadian Armed Forces as an infantry officer for 27 years, and left uniform in 2021. I remain proud of my service but note fundamental challenges facing women veterans, which can be addressed in two broad categories—one, a culture of invisibility, and two, unique needs. At True Patriot Love, we hope to play a role in addressing both of these challenges.

First, on the culture of invisibility, there is a pervasive sense among many women veterans that they do not belong in the veteran community. Many feel unseen, unwelcome and unsafe.

The veteran community is a reflection of the CAF culture but spans a significantly larger number of generations. For many women, by the time they leave the CAF, they have no tolerance for environments that do not embrace them for who they are. Many women are physically and mentally exhausted upon leaving the CAF, because they have spent years wearing clothes that didn't quite fit, both physically and metaphorically.

For women who have experienced sexual harassment, sexual assault and moral injury, separation from that environment is not just a preference but a health imperative. However, this leaves many women unable to access the benefits they have earned and puts them at greater risk during their transition and beyond.

We can help address this sense of invisibility by offering platforms for women to tell their stories, use their voices and take their place in the veteran landscape.

In 2018, True Patriot Love hosted the inaugural Captain Nichola Goddard reception. Guests gathered to pay tribute to women in the military and heard from a panel of CAF leaders. I was invited to speak at that event as a volunteer and a serving member of the CAF. I found it eye-opening and encouraging to see how interested and engaged business leaders were to learn of the unique experiences and leadership skills displayed by the women of the Canadian Armed Forces. The annual Captain Nichola Goddard Leadership Series is now hosted in multiple cities across Canada.

Second, on unique needs, what is also clear is that offering specifically tailored programming is a way to assist in removing barriers for women to thrive in their transition and beyond. True Patriot Love's all-women Baffin expedition is an example of such an initiative, which supported the creation of a well-being enhancing community of military, veteran and business leaders.

The Captain Nichola Goddard fund provides funding to directly benefit community programs that support servicewomen, women veterans and their families, helping to address the unique challenges related to military life.

Since 2018, the foundation has invested over \$600,000 in community-based programs, including Women Warriors' Healing Garden in Ontario, Landing Strong in Nova Scotia, The Pepper Pod in Quebec and Team Rubicon Canada nationally, all offering programming focused on the specific needs of women veterans.

In conclusion, while there are exceptional programs being delivered in support of women veterans across Canada, we do not have a clear understanding of either the services available or the scale of the need.

We suggest that a collaborative gap analysis to drive and inform prioritization of resources is essential to ensure that we have the right services to meet the needs of our women veterans. Over the years we have come to recognize the unique circumstances faced by women veterans, and True Patriot Love remains dedicated to working with them to increase access, to support research and community-based programming, and to influence policy.

Thank you.

32. Nicole Langlois, Bombardier (Ret'd), as an Individual

Meeting 67, Thursday, October 26, 2023

Thank you, Mr. Chair, and thank you, committee.

My name is Nicole Langlois and I am a retired bombardier. I served seven years in the reserve army with the field artillery, from 1990 to 1997.

My military highlights include numerous combat courses and exercises with the 78th Field Battery, 20 RCA; and with the RCA battle school out in Shilo, with 1 RCHA and 2 PPCLI. My second highlight was deployment with the UN/NATO forces in 1992, with 1 RCHA. I served as a peacekeeper in Rural Battery at the observation post of the Canadian contingent zone. This deployment was the first time females directly served a frontline role. I trained to go to the former Yugoslavia with 1 RCHA in 1995, but the deployment was cancelled. I did pre-deployment training with 2 PPCLI. I became an M113 tracked vehicle operator.

During this time, I experienced barriers that no one should ever have to go through. Examples of my barriers include physical and mental barriers.

While training for the M113 tracked vehicle operation, I was regularly required to move, carry and manipulate items many times heavier than should be safely handled by any one person of my gender or physical stature. There was no safety equipment for back support or eyes, and there was minimal hearing protection. I used a three-foot pry bar and, without assistance, torqued an entire track as the instructors berated me about my supposed inadequacies in being a tracked vehicle operator. The nature of the work, the conditions in which it was performed, and the approach the instructors took were unsafe and abusive.

This kind of treatment undermined the Canadian Armed Forces' official position of inclusion for female soldiers in combat positions. It demonstrated a desire by many male soldiers to shift women out of those formerly male-only occupations and relegate them to support positions. I want to note that I did complete my M113 course.

During my time in service, I never reached out for help for physical injuries or mental health issues. Asking for help was frowned upon. It was a sign of weakness. I felt that I would be let go if I admitted to hurting.

I had barriers because I am a woman and a mother. I experienced verbal abuse behaviour, which caused mental stress. Few female soldiers at the time had the support of fellow peers and superior officers. Women were seen by many as objects or lesser people. Sexual harassment and displays of pornography in mixed company were commonplace. I heard, but have no formal proof, that some of my superiors did not wish to retain me because of my gender and parental status. Being a single parent, especially a female, in a combat arms trade in that era was not as well supported then as it is currently.

I believe that I was a good soldier and diligent in my duties. I am sure that the lack of respect and support by both regiments due to my gender and parental status helped to compound my PTSD, which I experienced and still suffer from.

I was a single mother in the military, which was very challenging. Becoming a mother played a huge role in my life. I felt I had to choose between the military or being a mom. Finally, I decided that being a mom was more important. Looking back at this decision, it is apparent that some of my supervisors navigated me to feel that I needed to choose between service or motherhood.

After retiring from the military, I found that all of my training was primarily for male-oriented jobs. There were many low points when I questioned my purpose in life. I asked myself what I wanted to do with my life. I looked inside myself mentally, and all I could see was that I had a military background. Who's going to hire someone who is a combat veteran?

I found a civilian job as a substitute teacher while I lived in New Hampshire. I had no formal education training, like a bachelor of arts with education. The school looked at my military qualifications and said, she's got leadership skills. They also saw leadership in my being a mother. For once, being ex-military was a positive.

I have worked at various other jobs, such as a school bus operator, sports coach, security guard, custodian and guest speaker. However, the results of my military service hinder my life.

During the last two and a half decades, I didn't realize I needed help, mentally and physically, from my time in the combat arms trade of the military.

My UN tour in Cyprus left me with lasting physical and emotional damage. I was hospitalized due to a back injury, and at one point I injured my knee as well. Both injuries still plague me today. Experiences in Cyprus also contributed to my lasting PTSD.

My pride made it difficult to talk to anyone, as I had the stigma against a soldier admitting weakness, but I sought psychological treatment when I felt completely defeated. Unfortunately, the professionals helping me had no experience with retired soldiers. Because of this, I was misdiagnosed and never received proper treatment for my PTSD.

In 2018, I was at my wits' end and called VAC to see if there was proper help for my physical injuries and mental damage from my time in the military.

The physical treatments I received started with rehabilitation to attempt to bring my body back to normal for my age. However, there are some long-term physical injuries that no rehab is able to repair. Since then, VAC has sent me to a doctor to help with my back injuries and pain management. Currently, all of those treatments are on hold as I fight cancer.

I spent many years after leaving the military having anxiety and depression and being unable to relax. Even now, I feel that I should be on alert for something that I think should happen but never does. I feel edgy and like there's a void in my life, but I also feel I won't be taken seriously. I still feel like I'm struggling on and immersed in bad memories that don't fade.

VAC connected me with a mental health professional who has diagnosed me with PTSD. My treatment has included medication, therapy and peer support groups. The peer support groups have been particularly helpful for me.

With regard to long-term prospects for my case, at my age I should still be working, but with my physical and mental injuries, I am unable to work. VAC is finally now realizing that and is helping me.

On my thoughts for potentially improving the situation of women in service today, there are three quick thoughts: advertising available veterans services that specifically target female veterans; using training to combat the stigma against veterans seeking help; and delivering

training to all military and veterans as a way of targeting the commonly held beliefs about mental health within the military population.

An excellent study was done in the U.K., entitled “Exploring Barriers to Mental Health Treatment in the Female Veteran Population: A Qualitative Study”. There's a link, so you guys can go there.

I have also included a letter from three male veterans who are still friends with me today, who corroborate my experience. You have read them already.

Thank you, Mr. Chair, and the committee.

33. Dr. Alice Aiken, Lieutenant(N) (Ret'd), Dalhousie University

Meeting 67, Thursday, October 26, 2023

Thank you very much, Mr. Chair.

Thank you for inviting me to be here today.

My name is Alice Aiken. I served in the Canadian navy, first in the naval reserve and then in the regular force, from 1984 until 1998. When I got out of the military, I was a naval lieutenant.

When I was in the reserve, I was in the first class of women who were allowed to go through navigation training. I was called a MARS officer, maritime service. We were the first ones through as a class to learn to navigate ships. I worked full-time as a reservist after that, through the first Gulf War, at headquarters here in Halifax.

Following that, I went back to university to become a physiotherapist, and then I joined the regular force at that time, and the military paid for my education at Dalhousie. I was then posted to Kingston from 1994 to 1998 as a physiotherapist, first at RMC and then at the main base. I was the head of physiotherapy.

When I retired, I worked clinically full time and did a master's and Ph.D. part time at Queen's University. I became a faculty member in 2006 and, very shortly after that, worked with a group of people and was the original founder and first scientific director of the Canadian Institute for Military and Veteran Health Research.

Through my time in the military, I saw a lot of injury. I'll talk about my own experiences in a moment, but I saw a lot of injury, mistreatment and mental health issues, and it was my way, through research, to give back. I am really proud to say that the institute carries on today. It's a network of 46 Canadian universities and 13 international partners that research military, veteran and family health.

I moved on from the institute but not from the research. I still research in the area and, in fact, with one of my research teams, I have done a very in-depth research project into the data presented in the Deschamps report.

I do epidemiology work. I understand a lot about different physical health presentations between male and female veterans, so if that is of any use to this committee, I am happy to talk about that research as well. It is my research world.

When I was in the military, with that dichotomy, I got a lot of good out of the military. I learned how to be a great leader. I was offered responsibility at a very young age, especially being an officer, but it came with a downside as well. Going through navigation training, we often heard, “You're only passing because you're a woman.” We heard misogynistic comments or sexist comments. You really could not walk into the mess on a Friday night without sexist

comments being made to you, and there were misogynistic comments in the workplace or being called “dear” by someone who was subordinate to you, or all of those things.

I will say that I had some unpleasant experiences, but I'm a pretty forthright person, and I was able to tackle them head-on. I think when you call out bad behaviour—and I was in a position to be able to do that as an officer—often it helps.

I will say that it leaves a mark. When they started a class action lawsuit, I became part of that suit because I wanted to tell my story and I wanted the military to be different for other people, because there are good things that come out of serving in the military, things that I greatly appreciate to this day. Many of my friends whom I see regularly are friends I met in the military, and we appreciate what we learned.

I will say that I've been a bit disappointed with the process around the inquiry. There seemed to be lots of money but very little support. Really, I became part of the suit because I wanted to tell my story, and I keep getting notes saying, “Well, we have to talk to 20,000 of you, and they're on number 438.” It's unacceptable, as far as I'm concerned.

Thank you for inviting me here.

34. Brigitte Laverdure, as an Individual

Meeting 67, Thursday, October 26, 2023

[translated from French original]

Good morning, Mr. Chair, ladies and gentlemen members of the committee. I would like to thank you for inviting me to appear before the committee.

My 17-year military career was fraught with quite traumatic events, and they still have an effect on my daily life. However, over the years, I have learned some ways to manage these symptoms.

Today, in 2023, 43 years later, I am reliving the sexual assault I experienced during my basic training in Saint-Jean. This assault was not committed by a platoon colleague, but by a senior officer, who knew full well that I would not speak out for fear of being fired from the Canadian Armed Forces. At that time, I was 17 years old. I had to face the demons of silence and agree to be just a face to this predator. I was able to find the strength and courage not to give up my dream of becoming an airframe technician and to pursue this fine career.

Unfortunately, since November 2017, I have been in the whirlwind of the sexual misconduct class action lawsuit at the Department of National Defence. I am also trying to have this event recognized in my Veterans Affairs Canada file, which is still under appeal to VRAB, the Veterans Review and Appeal Board.

Since my file was in the media, my post-traumatic stress disorder has seriously worsened.

On May 24, 1986, I was faced with the death of Captain Tristan De Koninck when he crashed with, his F-18, on the base in Summerside, Prince Edward Island. As part of the base defence team, my duty was to retrieve the pilot and the aircraft parts. Need I mention that it isn't normal for anyone to recover human remains? I was young, and I thought that was part of my job. We had no psychological support and no medical follow-up.

On November 14, 1988, in Bagotville, Quebec, I feared for my life. I was suddenly thrown 75 feet into the air when a T-33 pilot, in preparation for the runway, made a wrong manoeuvre; I got the jet blast in my back. I had to undergo surgery on my left knee as a result of that incident. If I hadn't worn the proper winter clothing, part of my body would have been

burned. Once again, no psychological support was offered to me, and no incident report was written against the pilot, because the pilot did not abort the start up in any way.

After several years of working in administrative positions, given my physical condition, in other words, my left knee, and undergoing job evaluations, I was downgraded and medically released. I felt like an old rag sent to the garbage after being dirtied. My release from the forces was miserable, and I felt alone in the process. Since then, I have always had to fight the system to have my health recognized at Veterans Affairs Canada. I felt like no one listened to me because I was a woman in a non-traditional trade, and I didn't have to be there.

In conclusion, I believe that there is no proactive attitude at the Department of National Defence or Veterans Affairs Canada when an individual undergoes trauma in the line of duty. For more than 10 years, I've been helping individuals, before or after they leave the armed forces. The majority of them don't even know that they're entitled to the services and care of Veterans Affairs Canada.

In closing, I would like to thank my psychiatrist, Dr. Hugues Poirier, for his support. In fact, since the sexual misconduct file was opened, he alone has been concerned about my psychological state, which is very fragile.

Thank you for your time.

35. Jennifer Ebert, Assistant Commissioner, Royal Canadian Mounted Police and DeAnna Hill, Assistant Commissioner, Royal Canadian Mounted Police (opening statement read by Nadine Huggins)

Meeting 69, Tuesday, November 7, 2023

[Translated from French/English original]

Good afternoon.

Mr. Chair and members of the committee, thank you for inviting me to join you today.

The Commissioner of the Royal Canadian Mounted Police, Michael Duheme, is unable to be here today as a result of prior commitments, but I am pleased to be able to address the committee on his behalf.

It is a very important week of remembrance, and first I would like to acknowledge and thank all of those who have served and continue to serve in uniform.

I am Nadine Huggins, and as the senior assistant deputy minister responsible for human resources at the RCMP since May 1, 2022, I am keenly aware of the important work our members perform, often at personal risk, while serving communities and keeping Canadians safe.

Since 2020, I have been leading the development of our people management modernization efforts, along with the creation of our people strategy and our Vision150 equity, accountability and trust action plan and, most recently, the equity, diversity and inclusion strategy for the RCMP. These programs are shifting mindsets, values and behaviours in support of the commissioner's commitment to a modern, inclusive and trusted RCMP.

I would respectfully note that, as I am in Ottawa, I am speaking from the traditional unceded lands of the Anishinabe nation.

We all work in different places, and, consequently, you may be speaking from the territory of another Indigenous nation.

I would like you to take a moment to reflect on and acknowledge the territory from which you are working.

I really welcome the opportunity to speak with you about the experience of RCMP women veterans, and I'd like to acknowledge proud and trailblazing women such as our honourable and former commissioner Beverley Busson, who testified earlier, and our recently retired Brenda Lucki, as well as women who continue to serve today in the RCMP, such as the commanding officers who are joining us today.

First and foremost, transforming workplace culture is a priority for the RCMP, including instilling a healthy management culture. Our vision is for a healthy, inclusive and trusted RCMP that our employees, stakeholders, partners and the communities we serve expect us to be and deserve us to be.

Realizing this vision will ultimately enable the RCMP to achieve operational excellence.

The RCMP has undertaken a number of initiatives that address women's unique experiences or concerns in the organization, as well as when they leave the uniform behind to pursue new challenges.

These initiatives target specifically our kit, equipment and clothing; fitness assessments; and developing future leadership that will aid efforts to enhance the recruitment, retention and transition experience of women in our organization.

These efforts have been guided by a body of knowledge about the factors that limit women's willingness to pursue a policing career, similar to those that you would have heard about from the armed forces, and the understanding that many of these same factors result in unsatisfactory attrition and retention rates and poor discharge experiences.

The RCMP recognizes that the barrier to attracting female candidates to policing, aside from the inherent risk of the job, is the culture.

The RCMP is moving deliberately beyond the traditional recruitment response and looking to challenge our practices from an equity perspective. We understand that often the main barrier to engaging talent from diverse populations is the behaviour of the organization itself. The challenge is not to market better but rather to increase the RCMP's capacity to be an employer of choice.

Women and other equity-seeking groups moving within and out of the RCMP and transitioning to civilian life can expect member-centric, personalized and integrated services. We intend to support their needs. To this end, we continue to work with our stakeholders to achieve this.

The RCMP is building internal capacity to work in close collaboration with Veterans Affairs to better position the organization and our retired members.

We've implemented gender-based analysis plus throughout our policies and procedures, as well as in the decisions we take around kit, clothing, and other elements.

The RCMP continues to make inroads as we move to ensure that we are an employer of choice, not just for our members in uniform but also for all of our employees.

Thank you.

36. Marie-Ève Doucet, as an Individual

Meeting 70, Thursday, November 9, 2023

Good day.

My name is Marie-Ève Doucet. I am 42 years old. I presently live in Chicoutimi, Quebec with my 10-year-old special needs son and my husband, who is still serving.

I accumulated over 20 years of service on the CF-18 Hornet as both an aviation and a non-destructive testing technician. I was medically released in 2021 from Bagotville, Quebec.

I would like to focus our discussion today on my service-related exposure to hazardous chemicals. I believe that the chemicals I was exposed to during my career not only caused my medical release and my poor health today but were also the cause of the ongoing problems with my son.

In 2018 I was diagnosed with a grade 2 pineocytoma, a tumour of the pineal gland. In 2020 that tumour spread from my brain to my spinal cord. I have already had extensive surgery and maximum radiation treatments. Due to the ongoing progression of my cancer, I recently started to begin chemotherapy treatments.

I thank the committee for giving me the opportunity to speak. I don't know for how much longer I will be able to continue to advocate for myself on these important issues that I know also impacted other women in the military, especially from my trade.

You have probably never heard of my type of brain cancer before. It's a very rare and unusual condition, making up less than 1% of all brain cancers. What is known about it suggests that this type of cancer tends to be due to one of two things, either genetics or occupational and environmental exposures. Cancer of any kind does not run in my family. I therefore have no evidence of any predisposing genetics for this cancer or any other cancers.

This leaves us with the logical alternative that, after 20 years of significant exposure to multiple carcinogenic chemicals and ultrafine particles that are known to negatively affect the central nervous system, it was my workplace in the military that aggravated if not directly caused my present cancer, and also negatively affected my unborn son during my workplace pregnancy.

CAF does not presently keep a list of our workplace chemical exposure in our medical files. I think they should. Maybe then, when I filed a VAC claim for brain cancer on March 3, 2021, I wouldn't have received a refusal decision on March 24, a mere three weeks later, due to lack of proof of my medical condition being related to or to the case of chemical exposure of my workplaces.

For my appeal, I was informed that I had to provide them with information that was impossible for me to obtain; therefore, I couldn't move forward. Like so many other veterans before me and after me, I was caught in a Catch-22 situation. There was no way for me to win. I had to abandon my appeal.

Demanding that the impacted veteran provide researched proof for determining a cancer's original cause, as requested by VAC, is an unfair expectation or ask. I also believe that women are disproportionately burdened by this systemic unfairness, as the entire adjudication system was set up for men and to support men. Quite understandably, the foundational research for military-related chemical safety and harm has been done on men. There is still little to no government-sponsored research on how women may, if at all, present medically in different ways from men after having workplace chemical exposures.

Even though I was medically removed from continued work directly on aircraft while pregnant, I still had to continue working inside that same aircraft hangar with constant exposure to many known occupational hazards, including jet fuel fumes, ultra fine air particles and noise

and vibration. Once again, I have absolutely no genetic predisposition to neurodevelopmental or any other disease in my family.

My child was the only one in my family born with issues. The pediatrician diagnosed him with autistic-like socialization, communication challenges and dyspraxia, a condition impacting his motor skills, coordination and overall development. Most of the cost of his ongoing therapy in the present has come from our own pockets.

I will always wonder if my son's issues are from the chemicals and ultra fine particle exposure I was ordered to sustain while working while pregnant.

Moving forward, I ask the committee to recommend that all reasonably sustained chemical exposures in military women causing even plausibly-related medical conditions be presumptively approved as service related.

I ask the committee to recommend this proactive approach until such time as government has a strategic military research plan in place, specifically for veteran women. Such a research plan would hopefully be able, once and for all, to prove the workplace safety of these military-specific roles and environments, versus expecting the impacted veterans to individually prove their harm.

I also request the committee to recommend that DND, CAF and VAC come together to investigate the possibility of military women's workplace hazard exposure causing direct harm to their offspring.

Thank you.

37. Jennifer Smith, as an Individual

Meeting 70, Thursday, November 9, 2023

Good afternoon, Mr. Chair, and the committee. It's a privilege to be here today, and I thank you for this opportunity.

My name is Jennifer Smith, and I am 52 years old. I present here today as an individual, one without rank, without a retired title, medals or other special commendations. I identify solely as a woman veteran, a distinction that's as complex as it is seemingly simple. Since being forced to escape CAF as a necessity of survival, the term "veteran" is a title that I struggle to connect to, or find any pride or honour in.

In 1990, I was just 18 years old. I was healthy, vibrant and had a promising athletic career ahead of me, but I chose to serve my country.

I started regular force basic training with CAF, and I was at CFB Cornwallis. I was one of only seven women in a platoon with nearly 100 men. Sexual harassment by male recruits and instructors was daily, including dehumanizing jokes, sexual gestures and lewd sexual comments. My bras and underwear would be displayed in front of the platoon and run up the flagpole and out the barrack's windows.

This pattern of sexual harassment persisted through basic training and continued into my Naval QL3 trade training, where I was singled out again as the only female in the group.

During my time in the military, I was repeatedly physically and sexually assaulted, including being raped by a drill instructor at basic training, gang-raped in barracks by other male recruits and sexually assaulted during a dental procedure by the military dentist.

I was a navy “hard sea”—combat—trade recruit. This was at a time when these occupations had just been opened to women, and I was terrorized in that trade. I was never safe, and I had a string of death threats against me because I was a woman.

Prior to my Atlantic fleet posting, I was taken by multiple assailants—all military members—blindfolded, tied up, and forcibly confined for what I believe was three days. I was stripped naked, deprived of sleep, repeatedly raped, sodomized, water boarded and submerged in ice water. During this ordeal, I was repeatedly told that females were not wanted aboard a warship, and that I had better figure out a way to quit the military if I wanted to live. They stuck a bayonet into my chin and told me how they would kill me, saying, “A sailor can slip and fall off the ship during night watch easily and silently.”

I left the military after 13 months for fear for my life. I was given a one-way ticket to my originating city and nothing else—no contacts, no supports, nothing. I had been dumped at an airport and abandoned to navigate a life that had been irreparably altered by the devastating violence I experienced in CAF.

Although over 30 years ago, the brutal attacks, lack of safety and constant psychological abuse have severely impacted all aspects of my life. I have severe and chronic PTSD and depression, chronic and severe pain due to physical injuries, chronic infections, sexual, urinary and reproductive issues, and stomach and bowel conditions.

I am unable to function day-to-day and spend much of my time in my darkened bedroom, severely isolated, and unable to look after even my most basic needs. I have been homeless for extended periods; multiple hospitalizations have impacted being with my children, and I am alone as I am unable to feel safe in a relationship.

Since connecting with VAC five years ago, I have not felt supported, understood or heard by the VAC system. Because I left the CAF in 1991, my pension is the lowest it can be, meaning I have ongoing financial hardship that will worsen as I get older. Because I live alone and have no family or spousal assistance, I do not qualify for benefits such as caregiver allowance or attendant care. When I was homeless, I couldn’t receive many benefits and services because I didn’t have a stable address.

A repetitive pattern with VAC has been to ask for an updated assessment from a nurse or OT, have recommendations made, and then to have no follow-up. Months later, when I ask for the services I need, I am told I need another assessment.

The assessments are very difficult due to my trauma history as each assessor comes into my ever-changing housing arrangement and asks questions about my history, even though the history and numerous assessments have already been completed—VAC has this information.

I have yet to receive support to pay for a personal support worker to help me with basic tasks of life, for example, getting out of my bedroom, eating, and showering. I have been judged as difficult and uncooperative because I don't fit into the boxes that the VAC system expects.

The details of my experience and the extent of the lack of support are difficult to describe in a short speech. I hope that what I have said has an impact.

Based on my experiences I have a few recommendations for VAC that can be addressed later in questions.

Thank you.

[The Chair requests for recommendations]

Thank you, Chair.

This is brief and, again, feel free to ask me to expand on them if you like. I have many lived experience examples.

One, I would increase benefits for women living alone who are often without a caregiver or family member.

Update the claims process to better reflect women's physical health issues, including female-specific forms for sexual, urinary, and reproductive issues. I've included in evidence one of the medical questionnaires, and I can go into that further in question period.

Specially train a group of case managers in regions of Canada who are knowledgeable of women's issues, including that of housing insecurity and homelessness, and military sexual trauma.

Create systemic changes to ensure that medical and psychosocial recommendations made to help women veterans are acknowledged and followed.

Finally, invest in women veterans-specific research, preferably carried out by women veterans themselves.

Thank you, Chair.

38. Jane Hall, RCMP Veteran Women's Council

Meeting 72, Tuesday, November 28, 2023

Thank you, Mr. Chair.

On behalf of the RCMP Veteran Women's Council, I appreciate each and every one of you for being here in a collegial environment to uncover uncomfortable truths and seek remedies. As honoured members of Parliament, you have not only the power but a duty to ensure your recommendations are acted upon.

My name is Jane Hall. I'm an RCMP veteran, mother, wife, author, past president of Police Futurists International, past chair of the women in leadership team and past member of Rear Admiral Bennett's advisory board. I am currently a member of WREN and the ombud's advisory board, and co-chair of the RCMP Veteran Women's Council. I also lecture at the Law Enforcement Management Institute of Texas.

I joined the RCMP in 1977 and served until 1998. I was an idealistic baby boomer, confident, in my youthful arrogance, that we could change the world. I left the RCMP frustrated and defeated. My book *The Red Wall: A Woman in the RCMP* was published in 2007. In 2008, I was invited to present at the public safety leadership development consortium conference in Georgia. I joined a powerful networking group of directors of some of the largest advanced public safety educational institutes in the U.S., Canada, Germany, the Netherlands and Australia.

In 2013, two high-profile gender-based harassment lawsuits were launched against the RCMP. At the time, there was no platform for credible, knowledgeable, independent female veteran voices to educate the public and elected officials on the need for systemic change within the RCMP. The RCMP Veteran Women's Council was created to fill that void.

In 2014, Ron Lewis and I attended the experts summit committee meeting in Ottawa, hosted by Senator Grant Mitchell and the honourable MPs Judy Sgro and Wayne Easter. We submitted our 2014 report "Addressing a Crisis in Leadership", which detailed decades of reports and recommendations that have identified the same toxic cultural issues, the desperate rates of early- and mid-career exits of women compared with men, and essential remedies. Sadly, our council's recommendations have not been actioned.

The RCMP Veteran Women's Council report contained data on the attrition rates of female members from 2008 to 2013 broken down by years of service and rank, and compared

them to those of their male peers. It was an uncomfortable truth that I had encountered earlier. In 1984, I included British Columbia division attrition rates in a report to Ottawa, which flagged female attrition rates at three to four times those of male members.

Women, for decades, have been injured physically by poorly designed uniforms and equipment, and by being exposed to toxic work environments that often lead to premature departures from the RCMP. Some only serve for a few years. These women rightly felt silenced and discarded. Many were broken psychologically, and many continue to suffer from physical injuries that occurred during the course of their service. They often do not consider themselves RCMP veterans because they did not serve long enough to receive a pension. The majority of the first and second wave of female members have no idea that VAC is a resource they are entitled to. The research currently undertaken by CAF should be applied to serving and retired RCMP members with the view that, unless there is evidence to the contrary, the more favourable conditions and remedies should rightfully be extended.

Uniforms and equipment not designed for women continue to take tolls on aging bodies. Shift work, isolated postings and specialized duties, such as forensic and drug units dealing with toxic chemicals, create working conditions indistinguishable from some of those that CAF has highlighted. Car accidents while on patrol are common and often devastating. Physical altercations resulting in blunt-force trauma, falls, knife injuries and, increasingly, gun violence-related injuries are just some of the bases for VAC claims.

PTSD is an occupational hazard of operational police work. It is an injury. It is not a character flaw. The use of egg banks and a focus on female reproductive health need to be actioned as soon as possible. No serving member or veteran should be wait-listed if they ask for psychological care.

September 2024 will be the 50th anniversary of women in the RCMP—something that would not have happened if not for the Government of Canada directing the RCMP to allow women to join, without restriction, as Mounties. It took vision and political courage for those members of Parliament in 1970 to direct the RCMP to accept women into their ranks.

It took even more courage for those women to answer the call. They understood that not everyone in the RCMP would be in their corner. They did not know they would be left on their own without organizational or government protection. The women of the RCMP, both serving and retired, have been waiting a long time for backup. Time's up.

39. Jessica Miller, Veteran Farm Project Society

Meeting 72, Tuesday, November 28, 2023

Good afternoon.

Thank you, Mr. Chair and the committee members, for this privileged invitation to speak to the great work being accomplished in Nova Scotia at the Veteran Farm Project. What I'm going to speak about today is my lived experiences and what I've seen on the farm.

I served Canada for 22 years in the army as a medic and was able to work within all three branches. I loved my time at sea the best. In 2018, I was being medically retired from the forces due to my physical and mental health conditions. It's terrible how common this has become.

I know individuals have come before me to give testimony of traumas they've endured while serving. These reports should not be our new normal. CAF must acknowledge the traumas

done to all women and stop ignoring the truth. The truth is that military sexual trauma is woven into the fabric of what makes the Canadian Forces today.

Senior leadership has failed us, period. This sick, pervasive culture and ignorance of reality has given military sexual trauma decades to fester and become a cancer throughout the ranks. DND and Veterans Affairs, to this day, have yet to define what military sexual trauma is. The ombudsman's report, issued November 2020 and updated in May 2023, still reports that there is no clear definition of MST.

Why does sexual misconduct in the forces require a definition that's separate from the rest of Canada? The longer the forces take to give MST the description it deserves, the more that women will continue to fall victim. The second-guessing of themselves and the fear to make any noise cause them extra harm. Give these women the power to understand clearly that non-consensual sexual acts of any kind are not permitted and are not part of the Canadian Forces ethos. Senior leadership needs to give voice to what is really happening. They are allowing women to be harmed by those who should be protecting them.

I understand that all too well. I am a survivor of a long career filled with sexual traumas. I understand the loss of trust and institutional betrayal. It is a deep, festering wound. It is why I decided that the informal support of other women walking the same journey needed to come together. I started the Veteran Farm Project from a need to help others and contribute back to my community. I needed to regain my identity.

Our organization focuses on the healing, discovery and recovery for women. Spending time in nature, getting their hands dirty and looking at beautiful flowers are a few of the ways women find peace and relaxation on the farm. We do not provide formal peer support programs. Rather, we're allowing serving women and veterans a space to use the tools they've learned through other programs on the farm.

Our We Care Food program is now going into its seventh year. To date, our program and volunteers have helped deliver food packages to nearly 300 serving and veteran families. We're reaching nearly 1,000 individuals.

Helping others allows women to spend time together while supporting families with food insecurity. During these days, without even knowing, they are supporting each other through the informal peer support given. When women are supported in a way that fits their needs, they begin to thrive again. It saddens me that nearly all of our veterans and workshop participants on the farm are victims of sexual trauma. That is why the Veteran Farm Project Society is seeing such positive outcomes. It is women sharing with other women the understanding that they all have similar lived experiences.

The project that we started is growing, year after year. It wouldn't be possible without the funding and support we receive through VAC, the veteran and family well-being fund and provincial support from our local MPP. We can't forget the donations from the legions and artisans that also want to help. All of it makes a difference in the lives of veteran women.

Moving forward, I hope to see more local not-for-profit organizations find ways to support women veterans in their communities. Giving a space for women to explore new ideas and try different things only broadens the possibilities of their future. I hope to see long-term funding for projects like ours. We would be able to give them space to grow and we would be able to provide security and forward thinking.

What we do on the farm is very special and successful. We can tangibly see, hear, touch and know we are making a strong difference. It is my hope that one day there will be some

beneficial research opportunities to understand how grassroots organizations can be so successful and thrive.

I want thank you again for allowing me to have this time to speak to the importance of giving women a safe place to begin their unique healing journey from the experiences they had in service. Thank you.

40. Nina Charlene Usherwood, Sergeant (Ret'd), as an Individual

Meeting 73, Thursday, November 30, 2023

Thank you, Mr. Chair.

Good day.

I am Nina Usherwood, a 42-year veteran of the Canadian Armed Forces. I served from 1979 until 2022, when I was medically released.

Veterans Affairs Canada does not recognize that my service experience is different from the service experience of male members because, as a woman, I faced discrimination throughout my career.

Veterans Affairs does not accept the physical impacts of the discrimination I experienced during my military career. Assessments from both the Canadian Forces health service psychologist and an occupational stress clinical psychologist hired by Veterans Affairs document the physical toll of the decades of the career-long discrimination as well as the mental injury I suffered.

Veterans Affairs continues to deny my claim that my type 2 diabetes is attributable to my military service. Veterans Affairs does not acknowledge the impact that the military's discrimination and highly sexualized culture has on the physical health of female veterans.

Research has established that discrimination, both overt and covert, can have a mental as well as a physical toll on health. Harris et al., in their 12-year study of 12,000 Australian women, found that perceived stress is a strong risk factor for diabetes, regardless of the presence of other risk factors like hypertension, physical activities, smoking, diet or weight.

Power et al., in their meta-analysis on stress and diabetes, show that emotional stress increases the development of diabetes. Sharma et al., in their article "Stress-Induced Diabetes: A Review", show the biological mechanism by which chronic stress impacts diabetes.

Veterans Affairs Canada does not accept that discrimination experienced by veterans can have a physical cost as well as a mental cost. The discrimination that gender and sexual minorities continue to experience in the Canadian Armed Forces has an impact on the physical health of current and future veterans.

Thank you for listening. I'll be happy to answer any questions you have.

Thank you.

41. Vivienne Stewart, RCMP Veteran Women's Council, as an Individual

Meeting 73, Thursday, November 30, 2023

Thank you, Mr. Chair.

I would like to thank the committee for inviting me to contribute to the important work that you are doing in this study on the experiences of women veterans in the RCMP and CAF.

On June 6, 1977, I joined the RCMP at the age of 24 with a bachelor's degree from the University of Victoria. I joined 31 other women, the majority of whom also came with post-secondary degrees.

This was not the case with most of the male recruits at that time. I think that the bar was set higher for us, but our expectations were also higher. For me, the history and reputation of the RCMP promised adventure, the opportunity to engage in a wide variety of interesting work, a way to make a difference, as well as opportunities to advance in the organization and have, ultimately, a rewarding long-term career.

My goal was to become a foreign liaison officer or to join the then security service. I served in Quebec following training in Regina, and then transferred to Cape Breton, Nova Scotia, where I was living when I resigned in December, 1984.

During my time in the RCMP, I had a variety of assignments ranging from the enforcement of federal statutes to rural provincial policing duties. I think I was a good cop, and I do not regret my time in the force. It was certainly a learning experience.

I decided to leave when it became apparent that those in staffing at the headquarters in Halifax were making decisions affecting my career with which I disagreed. I later discovered that those decisions were likely related to their suspicion that I was gay.

After I had put in my papers, one of my colleagues—also a constable and a friend of mine—came to see me at home to ask if I really wanted to leave the force, and indicated that there were rumours circulating that I was gay. Perhaps if I had known about this before I put in my resignation, I might have stayed and pushed the issue. I don't know; probably not.

At that point, I was ready for something new, as I think I had already accepted that my career would never be the career I had hoped for. In any case, at the time, given the evident homophobia existing throughout the force—and indeed in society itself—I would not even admit it or come out to someone I considered a friend. Again, it reinforced for me that I had made the right decision to leave.

I do not recall being angry or frustrated at the time, just disappointed. I had believed that I had something of value to offer the RCMP and that I would go a lot farther, even to the officer level. I had to give up on that dream and move on.

In any case, there was no exit interview for me. My sergeant at the time just asked me if there was anything he had done that had caused me to resign. My answer was simply, “No.” I didn't really have much to add to that, at least nothing that I thought he would have understood. As the only female member in most of the postings I had, I found my male counterparts for the most part to be hard-working, collegial, helpful and supportive.

I eventually returned to B.C. to attend law school at UBC. I was called to the bar in 1991 and I practised until I retired at the end of August in 2022.

I was unaware that after leaving the force with less than 10 years of service, I became a veteran. When I was asked by Jane Hall, who spoke with you on Tuesday, to volunteer with the new council that was being formed within the RCMP Veterans' Association in 2013, I had to clarify with her that I was in fact a veteran in order to be able to serve on the council.

My dad was a veteran, having served in the navy in the Second World War. To me, that was a veteran.

My main focus with the the RCMP Veteran Women's Council has been on how often questionable legal interpretations have adversely affected women veterans, particularly those involved in the Merlo Davidson class action. I have not personally had an occasion to contact

VAC or use its services. My current understanding of VAC and its dealings with RCMP female veterans therefore comes from the work our council has done over the last 10 years or so.

It is apparent from our council investigations that neither the legislation nor the VAC decision-making processes are clear enough so that our veterans can navigate the system on their own without assistance or running into procedural roadblocks and hostile gatekeepers. Anecdotally, our evidence shows that female veterans continue to mistrust and fear VAC and the power it wields, apparently arbitrarily, over their basic interests.

The minister's written responses to questions posed on the clawback issue, which were supplied on March 20, 2023, are for the most part unsatisfactory. At the March 20 meeting of this committee, the minister's representative stated that communications would be going out to the individuals to ensure that the practice is stopped. Whether this response was in reference to level one and two claimants only or to claimants of all levels is not particularly clear, which again highlights the transparency and communication issues at VAC.

Without transparency, there can be no accountability; without accountability, there will be no trust.

We are looking to this committee to recommend immediate amendments to the Pension Act to exclude settlement damages from the clawback provisions for the types of claims raised in the class action.

This committee should also do whatever it can to ensure that VAC streamlines and simplifies its processes and improves its transparency, communications and training for frontline staff so that they better understand women veterans' experiences and respond within the spirit and intent of the legislation, rather than as Canada's meanest insurance company.

I also have a number of recommendations that are set out in the written brief that I provided to the clerk earlier today.

I welcome any questions that you may have.

Thank you.

42. Caleigh Wong, Corporal (Ret'd), as an Individual

Meeting 74, Tuesday, December 5, 2023

Thank you, Mr. Chair. I worry that I might go over by a minute or two, so I hope you'll forgive me.

I'd like to begin by acknowledging the relative privilege I've had in my military experience. Unlike many witnesses who have come before you, and unlike many women who have served in the CAF, I have never experienced aggravated rape. I was also a reservist who served for only five years and deployed once on a six-month tour to Latvia. I never planned on the CAF being a lifelong career, and without significant bills to pay or a family to support, I always had the option to leave.

I'm here because I believe I can offer the perspective of someone who has had a foot in both worlds—as an operational soldier for a time and as a student and advocate whose work has largely centred on discrimination in the CAF.

In this opening statement, I aim to speak mostly about the two most formative experiences I had in the CAF, mainly my BMQ, or basic military qualification, and my pre-deployment and deployment experiences.

I joined the primary army reserves when I was 18 years old. I completed my BMQ and BMQ-L by 19 and my trades training by 20, and I was deployed when I was 21 years old. I released last year at age 23.

In the lead-up to my BMQ course, I was posted to a base on general duty as an untrained private while I awaited my course start date. During this time, a significantly older service member—a man—made unwanted advances at me, referencing an Asian fetish that he had. This person also made jokes about keeping child pornography on his computer. Someone other than me reported him. However, as the victim of interest, I was the one whom the report focused on specifically from that point on. The officer I spoke to told me I would be asked to testify at a proceeding for the incident and that I should not speak to this person any longer.

As far as I know, there was never a charge and there was never any follow-up with me. At the time, this service member was punished by being assigned meal hall duty, where he would count service members as they came in for their daily meals. This meant that I saw him three times a day, every day, when he tried to talk to me. I later learned this was not his first offence. He was described, generally, as a “crazy but harmless” soldier whom people just learned to tolerate. This all happened to me during my first full-time work in the CAF.

During this time, I was introduced to the military culture I would spend the rest of my career trying to push back against—the culture that called the knee pad inserts that went into our trousers “promotion pads”, that had male staff in my basic training discussing plans to sleep with certain female students after the course was over, and that has an incredible tolerance for discrimination and sexual violence.

There was an attempted rape in camp during the first couple of weeks that I was deployed in Latvia. The victim was a Canadian woman who, while only seeing the rapist in the dark and from the back as he ran away, believed him to be a Canadian man. For my rotation, there were 500-some Canadian soldiers on base, but only the 30 or so Canadian women were talked to about this event. The proposed solution by the command team was to employ a buddy system among women soldiers and to discontinue use of the all-gender sauna. The men in the battle group, as far as I'm aware, were never spoken to about this incident.

In Latvia, I repeatedly heard my male colleagues and even superiors talk openly about their fantasies or the sexual experiences they'd had with women soldiers around the camp. I heard my female colleague get told to “not play the gender card” while she was bringing up concerns she had to her male superior. I heard one of my male colleagues talk about a Snapchat group where men from his regiment shared photos of themselves wearing their regimental caps during sex, at times without the knowledge or consent of the women involved in the sex they were having. One male colleague of mine, during our pre-deployment training, consistently overstepped articulated boundaries I had set, including groping me, especially during events where drinking was involved, of which there were many.

During my deployment and also during my career, I heard countless stories of soldiers committing or attempting to commit sexual assault against either civilians or female service members. Even after these events came to light or were reported, many of them were simply moved to other units or, at worst, demoted one rank.

There seems to be doublethink present in the minds of a lot of male Canadian soldiers: Sexual misconduct issues are being “shoved down their throats” and this whole topic in the CAF has created a witch hunt, but at the same time, I believe there's a general attitude of being able to get away with such acts of sexual violence because this has so consistently been the case with the people and stories we hear about every day in the workplace.

The majority of women I've met in the CAF have experienced some form of sexual harassment or assault in their career. Someone very close to me was sexually assaulted during her trades training course. Despite going through the arduous, oftentimes belittling process of reporting, she continues to work with her assaulter on a near-daily basis.

Throughout my career, I've heard different men of almost every rank talk about how they feel women deserve the hardship they go through in the military. There's an unequivocal attitude that we as women are just barely tolerated guests in this men's domain. The best of us—by that I mean the most agreeable, the ones who can navigate the rape jokes, sexualized culture and misogyny with grace and humour—are bestowed the ultimate honour for a woman in the military: being one of the boys.

I feel that there is a general deep incompetency of most military leaders to deal with sexual violence in their ranks. I also perceive a deep unwillingness to do so as well. I see and have felt a deep pressure to not report, and I've seen and felt a deep incapacity of this organization to deal with the cases of the people who do step forward.

To close, I want to share two journal entries of mine that I found while preparing for this witness testimony. The first is from about halfway through my deployment. It reads:

Now here I am. Over halfway through a 6-month deployment, and I've grown so accustomed to melancholy. It feels normal to me. There are always good moments of course (especially when I drink). But generally I am sad. I feel defeated by this institution most days. I think a lot about what its going to be like that first time I am back home and sit down at Rachel's place surrounded by my friends and I'll unpack what this experience has been like. And its going to be heartbreaking, for them too I know. To confess how unhappy I've been, but mostly how ashamed they would have been with me if they saw how much of a bystander I was, how silent I was for so many hateful moments. But I think its even more challenging to reflect on what kind of person I will be after all this – how this will change me in a way that will show forever. I think, to some degree, I will always carry this defeat. This loss of faith in something I once really believed in, this disenchantment with the organization and the belief in the potential for things to get better. I guess that's all just growing up, but a lot of growing up has happened in these 3 months. And I think when you have to grow up fast, you grow up a little different than had you otherwise would have given the grace of time.

The second entry is much shorter, and it's from much later, after I got back from Latvia. It reads:

It's been a year since I've returned home from Latvia. These [entries] aren't about that experience anymore, which is crazy to say. For a time it felt like life would always be relative to that experience. And that's not to say that I've reclaimed the woman I was and the qualities I had before I left. In fact, I am slowly coming to terms with the possibility that I may never see that girl again. That I may never get my mojo back. And I have been making peace with that. I am not all the way there yet, but I am making my way.

Thank you.

43. Stephanie Hayward, as an Individual

Meeting 74, Tuesday, December 5, 2023

Hello. My name is Stephanie Hayward. I am a Canadian veteran.

I attended basic training in Saint-Jean, Quebec, in 2009. Little did I know that I was in more danger entering a basic training campus on Canadian territory than if I had deployed to go

to war in a third world country. I was drugged, kidnapped and gang-raped while attending mandatory training. The last thing I remember is dozing off in class after our lunch break in the cafeteria, and waking in complete fear in an unknown location, with motel staff waking me. I was completely naked, with no identification, covered in blood and bruises, and I couldn't walk. While the military government covered up a crime, the criminals climbed the ranks.

I was forced into poverty and suffered medically untreated conditions for 11 years. I experienced homelessness, extreme poverty and poor living conditions, and for many years I could only feed my daughter and not myself, as I couldn't afford food or essentials.

In both my pregnancies I had severe complications and pain from untreated physical conditions from the military injuries. The pain got so bad for my second pregnancy in 2020 that I was put on bedrest and prescribed morphine. Both of my children have medical conditions due to complications in labour due to military injuries.

After four attempts to apply to Veterans Affairs over the years of 2010 to 2020, in 2020, when I was hospitalized for extreme PTSD and depression while pregnant, a social worker advocated for me to apply to Veterans Affairs again. I was approved for the rehabilitation program 11 years after the date of my release. Veterans Affairs, even with my being in a rehab program, didn't help me when I was on bedrest and on pain medications while in the hospital, or with medical expenses, even when they were directly related to my military injuries.

In November 2020 I started with the OSI clinic at Deer Lodge in Winnipeg. I started my PTSD therapy, and it truly saved my life. I'm so grateful for the team of doctors and professionals, as I was able to get secure housing to provide a safe and stable home for me and my children.

I want to make it very clear that I'm extremely grateful for the Veterans Affairs programs and benefits, as they had a huge part in gaining stability in my children's lives and my own. The matters I'm going to speak on are in areas where women fall through the cracks because the programs are designed for males and their anatomy.

Having received an award in 2021 of 21% for sexual dysfunction and the first critical injury benefit for sexual assault in 2021, and also other disability claims that equal 100% due to my military conditions, I still have been fighting for basic treatments, such as pelvic floor and physical therapy related to my women's reproductive health issues from my military injuries. I have spent the last three years fighting for medical treatments and have been denied. I've had to pay out of pocket, just to be told that women's reproductive health hasn't had any treatment codes for women since 1992. I live in chronic pain and have been fighting for basic medical coverage for the last 14 years, and I received no pay from Veterans Affairs until 2020.

As a single mother, I have very little support outside the home. Sometimes I have none. I had to fight for two years to get the Veterans Affairs independence program, as I was told I was choosing to be a victim over a survivor when I was just asking for assistance in my home. With being the lowest-paid veteran and Veterans Affairs only allowing me to apply in June 2020 and Veterans Affairs refusing to pay for the lost years of pay, it resulted in a huge overpayment by Veterans Affairs, taking disability lump sums, withholding of my pay for the rest of my life, and a huge tax burden.

Also, due to the new threshold for income replacement, I'm not entitled to career progression, even with having a DEC—diminished earning capacity—decision. The monthly amounts are not enough to cover my basic needs and allow me to attend my rehabilitation program appointments, and with the delay of reimbursement, fighting for dependent care is making it impossible to continue.

Even after I might finally be able to start pelvic floor therapy and other treatments related to physical health, my children have high-cost needs from my military injuries, causing them to need ongoing treatments and rehabilitation, with no coverage or help from Veterans Affairs.

My question for Veterans Affairs is this: Why are women not worthy of the same standard of care and entitled to the same benefits as our male counterparts? Women veterans' pay is 17% less than it is for males.

Second, why doesn't Veterans Affairs care for veterans' children? We are raising the next generation of potential serving members, as I came from two serving grandparents, and my children had better coverage while I was on assistance. Military veterans' children deserve better, and they matter too.

The headlines talk about national defence and sexual misconduct, but no one looks at the treatment of victims. They are being retraumatized in working with an outdated system and outdated beliefs at Veterans Affairs. Veterans Affairs has the ability and the resources to help empower women veterans. Instead we are forgotten service members.

I have an educational background in community economic development. I have a list of recommendations for programs that can help bridge the gap of services.

My right to serve was stolen, but I hope my testimony today will help protect future recruits at basic training...human rights and help improve aftercare for sexual assault for all women.

I would like to thank the sexual resource centre, the Bureau of Pensions Advocates, VETS Canada, the Poppy Fund and the national defence and Canadian Armed Forces ombudsman for helping me try to navigate this very complex process.

Thank you.

44. Paula MacDonald, as an Individual

Meeting 81, Wednesday, February 7, 2024

Honourable committee members, I am pleased to have the opportunity to share my personal and professional experiences with the VAC ministry pertaining to obstacles women face because of their military service.

I have a master's degree in social work, with significant professional experience working with adults in the medical social work area and providing counselling and therapy at a clinical level. I am a strong advocate for victims of military sexual trauma, because I became one in 2015. I turned to the legal system with the hopes of addressing the epidemic of sexual assault in the CAF by assisting my fellow service members with the class action lawsuit when I provided valuable evidence that displayed the corruption within the military legal system that prevented victims from accessing care and legal remedies.

Veterans Affairs Canada facilitates the care and legal remedies military members receive for things caused by their military service. I have witnessed survivors benefiting from the outcomes of the class action lawsuit, because it has granted them access to care. However, I am concerned that the perpetrators of this violence are not being held accountable for their criminal behaviour and violations of the code of service discipline.

I fear for the safety of members who are still serving. I am still pursuing a human rights complaint with the Canadian Human Rights Tribunal regarding how I was specifically harmed during my military service, as remedies obtained through the class action lawsuit did not address the damages I sustained from the chain of command.

I served in the Canadian Armed Forces between October 2014 and January 2016, first as a medical technician and then as a direct entry social work officer. As soon as I became subject to the National Defence Act, the CAF leadership behaved in a sexually harassing manner towards me that escalated into three separate sexual assaults by different men enlisted or employed by the national defence ministry.

I availed myself of the internal military judicial system, only to experience corruption and lawlessness within the chain of command, with the goal of protecting senior leaders who violated various acts of Parliament and their professional codes of conduct and who were at higher ranks within the chain of command than I was. Many individuals have known that they engaged in human rights violations towards me, because they voluntarily released from service to avoid accountability under the National Defence Act.

Rape was used by military members as a punishment for breaking their code of silence and telling outside authorities of escalating sexual harassment. Sexual favours and sexual exploitation by commanding officers were used to communicate to other men in positions of power control and dominance over me because I dared to report the violations I was being subjected to by military leaders.

When I directly called superiors out on their human rights violations, the superiors conspired with other superiors to suppress my allegations and abused internal legal proceedings to benefit themselves with the goal of avoiding consequences for their conduct.

Doctors, nurses, harassment advisers, human resource management personnel, the grievance authority, military police and supervisors in the chain of command worked together to suppress my rights as a Canadian citizen to have security of bodily autonomy. I have sent the committee email correspondence and other evidence of the chain of command obstructing justice for your review.

Military leaders continued to harass me for trying to file a sexual assault complaint after my release. One such incident occurred in September 2018, when a military police officer called me to scream and yell at me to stop trying to make a report. Military police stationed at the Sexual Misconduct Response Centre refused to accept my allegations from 2016 to 2019.

In 2021, I convinced the RCMP to forward my allegations to the military police. The military police took a general statement from me and did not investigate the actual incidents I reported as rape and sexual assault. They verbally informed my lawyer and me that they were sending my allegations directly to the chain of command to address. However, there is no written record indicating the military police followed through with this action.

The mandate of VAC is to help former members to re-establish their lives post service and address service-related disabilities. I was met with multiple hurdles that stem from how the bureaucracy is set up, and a lack of organizational knowledge as to how to address the significant physical, mental and emotional, and social impacts of sexualized violence in the chain of command.

I was forced to stop working with the Government of Canada in November 2017 because I couldn't access appropriate health and social services to address the injuries I sustained because of my military service. I feel if I had been provided with the appropriate care, I could have continued working for the Government of Canada.

I did not receive access to legal avenues to address sexualized violence when the perpetrators controlled the military legal system and had unlimited access to government support. The victims are responsible for the initial financial legal costs and legal work of proving

the wrongdoing engaged in by superiors in the chain of command, who are strongly protected and supported by the system of our government.

Veterans Affairs refused to grant me access to attendant care when I went through an in-depth civilian police interview regarding the first sexual assault I experienced, even though I'm pensioned for PTSD caused by this assault.

The sexual misconduct response centre also failed to provide me with services. I have received threats on social media from retired military members because I advocated for sexualized violence to stop. I feel that services need to be set up to address threats, as they significantly decrease the quality of life of the survivor.

I welcome your questions regarding gender-based analysis as they pertain to disability awards for female reproductive organs and female musculoskeletal injuries and to treatment of MST victims. I also welcome your questions regarding ineffective legal remedies to address military sexual assaults and VAC personnel's interpretation of the Government of Canada's legal responsibility to victims of this abuse. Please allow me to help you create effective mechanisms to stop the institutionalized sexualized violence that harms servicewomen.

I am not alone in my experience with the national defence ministry. I have not given up, because I agreed to serve my country. Seven young men committed suicide during the time I was in basic training, and countless other women experienced sexualized violence during basic training and voluntarily released. The level of abuse impacts everyone.

The Government of Canada needs to help survivors rebuild their lives and ensure the abuse stops by holding perpetrators accountable. Effective health care services and social programming are required to create the defence community Canada deserves.

45. Kristina Sharp, Canadian Veteran Service Dog Unit

Meeting 81, Wednesday, February 7, 2024

Thank you for having us.

My name is Kristina, or Tina, Sharp. I joined the Canadian Armed Forces reserves in 1994 as an MSE operator, a truck driver, a trade I served in for four years. Then I became a medical assistant for the last four years of my career. While I served as a medic, I discovered that I had a passion for caring for the ill and injured and channelled that into a civilian career in social services.

I released from the military in 2002. I didn't realize it at the time, but my release was heavily based on the multiple sexual assaults I had experienced during my service. Over a decade later, I came to understand that I needed help in dealing with my non-physical injuries that were caused by military sexual trauma. I was eventually diagnosed with agoraphobia and post-traumatic stress disorder from my military sexual trauma.

I live with PTSD and agoraphobia because of military sexual trauma. Because of that, my world became smaller and smaller over the years. I felt less and less safe. I had talked with my therapist about the possibility of getting a service dog, but finding the right organization was key. Not all service dog providers have high-quality service dogs. They do not support the ill and injured veteran. The costs to obtain a service dog can also be very high.

Then one day I met Dwayne Sawyer, the president of the CVSDU, and his dog Nala. He encouraged me to apply for a service dog, which I did. Before I met Stoker, before he became part of my life and I became part of the dog unit, I rarely went out in public. I had moved to Carleton Place from downtown Toronto but had never really gone out to explore my

neighbourhood. Meeting Stoker and being paired with him and training with him and becoming a member of the Canadian Veteran Service Dog Unit has significantly changed my life in a positive way.

Stoker owned a piece of my heart from the moment we met. While walking with him in the training area, my anxiety started to slip away. I was able to be in the present. This was something I hadn't experienced in a new place, around new people, in years. There is something that is significant and healing in the animal-human bond.

Let me describe to you some of the positive effects Stoker has had on my health, my well-being and my sense of peace and security.

The first night Stoker was with me, I slept through the night. It was the first time in ages that I'd done that. He responds when I am having a nightmare, and gently wakes me up with deep pressure. On days when I am anxious, he picks up on my anxiety before I do. He works to distract me, bringing me back to the moment and calming me down. Stoker gives me purpose, something to wake up to, and gives my day a healthier routine. Simple things like grooming Stoker, preparing his meals, baking treats and making sure we both get well exercised has helped me to heal and has contributed to my overall wellness. My world has become bigger, healthier and happier because of Stoker and my place in the CVSDU community.

I am not speaking for just myself today. I am speaking for a community of injured veterans and their families whose lives have been made better by the presence of a service dog in their household. This past winter, shortly after I joined the unit, another injured veteran was paired with his trained dog. They will tell you the same story as mine—a story of stabilizing with a service dog, finding a healthy routine, and healing.

The reason I bring up my colleague's experience is that I want to share with you what happened in his family and household because of his service dog. His spouse told us that the presence of the service dog changed their quality of life and saved their marriage. She literally said, "I used to be his service dog." His spouse also told us that the service dog has helped heal the relationships between the member and his children, because together they share in the care, play and joy of having a service dog.

Based on our experience, we have coined the phrase, "Our service dogs save lives, and they save families." We have seen this over and over again. It's not just about the service dog; it's also about the community of injured veterans who care for and support one another within the CVSDU. I've felt supported by both the dog trainers and the other members of the unit.

My dog's trainer is Judy. As a survivor of military sexual trauma, I will tell you that communication and consent are an important part of my healing journey. Judy always checks in to make sure I am in a good place. We always have backup plans if my mental or physical injuries are acting up. With the support of Judy, her husband Ken, and people like Dwayne, Shelley, and other members of the dog unit, I am in a much better place than I was in a year and a half ago. I am feeling much stronger. Because of that, I am starting a process of reconciliation with family members from whom I have been alienated for a long time.

The CVSDU has given me so much life and hope back. I am excited to be a member of this incredibly unique community and connect with peers in a safe, supportive environment.

One other thing that makes the CVSDU special is that we are the only veteran-run charity in Canada that provides trained service dogs free of charge to injured veterans. Other charities provide service dogs to veterans, but their program delivery and trainers are not accountable to veterans. There are some organizations that take advantage of veterans and provide poorly

trained dogs or ask the veterans to pay for dogs. The cost of a service dog commercially is anywhere from \$40,000 to \$50,000.

My journey to a service dog started six years ago. This was not the first organization I applied to. I had experienced large trauma from other organizations that had far less integrity than the CVSDU has offered me from the very moment that I met them.

The CVSDU receives no support from any level of government. We have applied for funding from VAC and tried to engage with the minister through letters. We've been told that there's no clinical evidence that dogs help survivors of PTSD heal. I am here to tell you that service dogs save lives and they save families.

The CVSDU is a special community with an important mission. If any Canadian veteran diagnosed with PTSD wants and needs a service dog, then they should be able to come to our charity, or one like ours. They should be treated with dignity and respect and be provided with a dog and an opportunity to be part of such an amazing, caring community free of charge.

Eventually we want to be able to do that across the country by ourselves or with our partners. We want to eventually become a legacy like The War Amps, CNIB, the Canadian paraplegic organization and other charities that came into being to help injured veterans. We want to become a charity that military members and veterans know will be there for them when they serve their country and are injured because of that service. We are not doing this just for ourselves; we're doing this for the next generation of injured military members. We are veterans helping veterans.

On behalf of all of our members, we want to thank you for this opportunity today.

Written Briefs

1. Paula Dewit, as an individual

Published on Tuesday, September 12, 2023

I'm a veteran who suffers from CPTSD caused by MST in the Canadian Armed forces. I served from April 1984-September 1995. My mental health was destroyed during my tenure in the CAF. No care was given to me. No proper follow-up was provided. I did all the work and it took 20 years.

I was medically released and basically discarded. I was in a dark depression and suffered from agoraphobia. My husband had to go everywhere with me. When I was released I asked SISIP for LTD but was declined. I was at a loss on how to advocate for myself. I couldn't fathom why I wasn't being treated with dignity. How was I going to survive financially? I carried so much shame. My medical Doctor advised me to...[incomplete entry]. My professional and economic role in my community was nonexistent. There was no care given to me. In 2008 I finally received benefits for Depression but did not receive earnings loss benefits like my colleagues did. I asked specifically to be put on the rehab programme but I fell through the cracks and once again did not have the capacity to advocate for myself even though I was starting to become more courageous. In 2015 or 16 I was introduced to Aaron Bedard and the wounded warriors organisation. Through my relations with them I found the strength to formally report my sexual assault. I received a call from a case manager and she made a house visit. During this visit she asked me why I was not receiving the earnings loss benefit. I said I do not know why. She asked why I was not

receiving SISIP. I said I don't know why.

My case manager helped me fill out paperwork and very quickly after submitting it I was given the Earnings Loss Benefit. I cried so hard. It saved my life.

I contacted VAC to inquire why I did not receive this back in 2008 when I was granted my disability benefit. I was given a lot of excuses but I ended up talking to Paula MacKinnon from the ombudsman's office who told me that I should have received it and to ask for a MOM, Ministers own Motion. My MP Mark Strahl assisted me with this. I asked for my earnings loss benefit to be backdated to 2008. This was the date that I made my initial request to vac about the programme. I keep getting declined.

Email dated March 18, 2019:

Hi Heather, Rita, Lee-Ann and Dr Stepaniuk,

I just got off the phone with Paula MacKinnon from the Vac Ombudsman office.

She said the only way we get around fairness in this matter is having your department write a Minister's Own Motion. And she stated that you definitely can and have the power to do this. She confirmed that, from the screen shot I provided, VAC should have followed through and that I should have been entitled to VocRehab and ELB at that time. She also stated that I should bring it up to the VSTN. May I have the name and the contact person of the VSTN? I am including my screen shot again of the proof that I requested to be put on VocRehab and that I asked about the education programme. I am requesting that a Ministers own Motion be written on my behalf and that the right thing be done for my situation.

I called in and word for word I asked about "education and training"

Thank you for your attention in this matter,

I contacted SISIP and they allowed me to do an appeal. After several attempts to get my SISIP benefits I am now for years in my final appeal. I have been in contact with the honourable Anita Anand, whose office said they would help me Insert her name here. I submitted letters from people. I have submitted doctors reports. I have submitted countless files supporting that I was unable to make gainful employment and now I'm being completely ignored by SISIP and the minister's office.

Email excerpt:

Honourable Anita Anand, Minister of National Defence, Vidalia Botelho and Honourable Mark Strahl and Micheline Olive,

Ref: Appeal Group policy #901102 Claim # 72795

Please see my attached further evidence relating to my eligibility for SISIP Long Term Disability. I am providing this documentation to the Department of National Defence, so you will be in a better position to address my concerns.

This will make a total of 5 new pieces of evidence.

It is very clear that we still have a lot to learn about PTSD and mental illness and quality of life. Mine sucked!!!! Yes, after SISIP declined my application for LTD I completed a correspondence course in the safety of my home but as stated, I suffered from agoraphobia and PTSD and it wasn't viable or sustainable. My late husband had to hold my hand and go to work with me. I gave up my licence and he died 2 years later.

I worked my ass off to improve the quality of my life. I have made some progress that I am proud of but often wonder where I would be in life had SISIP fulfilled their contract with me

by providing me with the benefits I should have received.

Please find attached Evidence #5. POST TRAUMATIC STRESS DISORDER

Entitlement granted in the amount of five-fifths for Regular Force service in the Canadian Armed Forces

VAC has FINALLY acknowledged that I suffer from PTSD from being raped in 1984 and has accepted all evidence from 1984 onwards to support the claim.

I respectfully request that SISIP please accept my appeal and pay me the LTD funds that I should have received from my release date, September 1995-August 2016 when I started to finally receive ELB from VAC.

You will note I have now submitted 5 new pieces of evidence.

End of email...

I am stumped as to why I don't receive responses to my emails. I am feeling discarded and ignored. I served the CAF for 11 years. I am a MST warrior and it is taking its toll on me. I have provided every piece of evidence that was requested from me for this appeal. Two or three years after my release the LTD/SISIP requirements changed which allowed every 3B medical release personnel the assurance that they were being taken care of. This was not the case for me. I am seeking remedy for this.

There is so much talk about retention and recruitment deficits currently. I requested an audience with the Honourable Anita Anand, Minister of National Defence. I am seeking fair treatment, remedy and closure.

My mental well being has suffered. I am suffering from sanctuary trauma.

I am submitting the following as a change that needs to be made immediately. The CAF needs to honor those that were released in part from PTSD related to Military Sexual Trauma. Especially those prior to 1999. I believe that we all deserve an opportunity for closure, remedy and an opportunity to be heard. Each case needs to be heard "one on one" with CAF being accountable for the effects that we are suffering from MST with proper remedies. SISIP, VAC or whatever. Each person/case needs to be treated respectfully, swiftly and separately until the Veteran has closure and feels respected. The RCMP did this with success. Without this exceptional attention to detail, you won't be able to recruit females moving forward. Right now I am all alone battling for fair treatment.

In summary, Both SISIP and VAC failed in giving me dignity. I had to fight for all I could to regain courage to advocate for myself. I deserve proper remedy either by way of a Minister's Own Motion, a change in Legislation or an "Act of Kindness".

2. Telah Morrison, Colonel (Ret'd), as an individual

Published on Friday, September 15, 2023

RECOMMENDATIONS:

1. Veterans Affairs Canada does a review of the "women-Specific" programs and medical issues that relate to service and, in particular, MST in order to ensure access to benefits is done through a GBA+ lens, and uses existing research to validate current benefits.
2. The CAF/DND implement a childcare program that prioritizes CAF families.
3. Rethink the recommendation to transfer all sexual assault cases to civilian jurisdictions.

4. Veterans should not be asked to get a civilian physician to determine if they think a condition is attributable to service. Many veterans do not have a family physician, and most physicians have no understanding of the CAF environment. VAC should have physicians with an understanding of the CAF environment to help make this determination.

TESTIMONY:

I joined the CAF in 1986, just a few years before the operational trades were open to women. I went to CMR St. Jean, where the numbers of women were very few. I was, like the majority of my classmates, harassed, belittled, even often touched without consent. We were told regularly we did not belong. As LGen Lise Bourgon, noted in her testimony in June, the thought was we were to “assimilate,” so we had to be “one of the guys” hiding who we were as much as possible.

In my 35 year career, I did 4 deployments overseas, including Afghanistan, I had 4 children (three of whom serve in the CAF today), and obtained 4 university degrees. I retired as a colonel in 2022. Although I would say I had an amazing career, and many would consider it a success, I think you will find my story is not always rosy.

Unfortunately, I was sexually assaulted in my 2nd year of service. I was just 19. I reported my rape, as did another lady who was assaulted by the same individual. At first we were called liars by the chain of command, and constantly told by our commanding officer that we would be released for lying, that we were not good “officers,” etc, until he attacked a third lady, and she had witnesses. It was then that the chain of command did the right thing and called in the military police. Because this happened in 1987, the case had to be transferred to the civilian authorities. It was the military police that investigated, but the cause itself went to the civilian authorities for prosecution. The military police were not trained in sexual assault cases and many mistakes were made. The civilian courts did not understand the military culture or system, and in the end, the individual was charged with only of one count of harassment, to which he pled guilty.

In the past year, two other cases well reported in the media, were transferred to civilian authority for prosecution. One was not found guilty, mainly as it was historic and the burden of proof is near impossible in such historic cases, but it was also affected by a judge who did not understand the culture of the military in the testimonies. Another, very recent case, was dismissed outright as the judge believed that too much time has lapsed to be a fair trial. This woman feels betrayed by the system. In the civilian system, it is very black and white. The person is either guilty or not of sexual assault. Of course, the understanding of CAF culture, of the close living relationships and of the brotherhood and sisterhood that is so unique to CAF members, is lost on the civilian courts. However, in the military courts, when there is not enough valid proof (which most times takes DNA proof, such as a rape kit) for a conviction under the criminal code, there are still other mechanisms by which a perpetrator can be punished. There are military specific charges, such as “conduct unbecoming” (NDA 129) which do not result in a criminal conviction, but to which a perpetrator can nonetheless have punishment which will affect their career and obtain some level of justice for a victim. Statistics shows that only 2% of actual rape victims end up having a criminal conviction in the courts. So, I believe by forcing ALL cases to go to the civilian courts will be detrimental to our women in the CAF. I believe women should have a choice as to whether they want their case tried by military judge and jury, or by a civilian one. This would allow victims to put their faith in the system they think can best represent their case.

When my case went to civilian court, in 1989, I was forced to take all of my academic exams in one weekend. I failed academically and was therefore released from the CAF for academic failure. Although a subsequent director of cadets brought me back to CMR, I had broken service, and was not given a “contract” at 20 years of service. I was therefore released from the Regular Forces once again. Although I transferred to the reserves for 9 years, I was heartbroken for being forced out of my full-time service once again. In 2016, LGen Chuck Lamarre organized my transfer back the Regular Force. The subsequent organizational trauma from losing my job, and not being allowed to continue to serve was devastating for several years. The effects this has had on me is significant. Not only did I lose 9 years of my career, and career progression, despite doing 35 years of service, I could never, under the current pension rules, obtain a 35-year pension, no matter how many more years I served. The administrative and financial issues that this has had on me, cannot be undervalued. I am not alone, as I know many women who have suffered some sort of MST, have had long term administrative, financial, career and many times physical and mental affects. I do not know the solution to this, only to say, that the long term impacts of these types of trauma will affect members in ways we may not even understand.

In 2019, I was diagnosed with PTSD due to my MST, but mainly I would say it was the continued attack on my career itself, not only administratively, but by some key members of the CAF, that even in 2019, would tell me I didn’t belong, as they didn’t believe I should have been given the opportunity to come back, that my time in the reserves was not important. 33 years after I joined an organization that I had dreamed of belonging to since I was a young child, I will still be told I did not belong by some. My story is sadly typical. Many women I meet still are fighting on some level to belong, to be recognized for who they are. It is getting better, but it is far from equitable.

I must note that a lot has gotten better, the CAF has come a long way, from an “assimilation” attitude to “integration”. Programs are in place to support women that that did not exist 30 years ago. For example, women are protected from severe career implications when they are on maternity leave. Whereas I was held back 5 years for promotion when coming off of my maternity leave already pregnant with my 3rd child. My supervisor decided to lower my annual evaluation to as low as possible, as I had not been seen at work for 6 months. This does not happen anymore. There are many other examples, this is but one. So much is being done to finally listen and want to make things better. This committee is but one example. I have the utmost confidence that now is the right time to join the CAF as a woman.

As a mother, I would say my biggest obstacle to having a career in the CAF was always childcare. My spouse, who was also serving, and I hired a live in caregiver to care for our children. We were lucky, as two senior officers, we could afford to hire a nanny. This is not the case for most CAF members. My last job in the CAF was as the Director of Military Family Services. The childcare issue is by far the largest dissatisfier with CAF women who are mothers. During the start of the COVID 19 pandemic, day cares closed across the country. This affected CAF operations. I had base commanders calling me on how to get the provincially run daycare opened, as they had members who could not deploy on the domestic operations to support the pandemic, due to childcare needs. Spouses that are nurses had to work, service couples were juggling who could go into work and who had to stay home. As we know, 85% of CAF married CAF women, are married to a service spouse. The lack of childcare has had, and will continue to have an effect on the operational capability of the CAF, and the service of women, in particular.

As I mentioned, I had 4 children. When I had my children, maternity leave was only 6 months. I therefore came back to service, still breastfeeding, still with a need for gynecological healing, forced to do rucksack marches, do my fitness tests. I have had urinary incontinence since. Being in the army, I spent many times in austere conditions, as I said, I deployed 4 times, Croatia, Haiti, Afghanistan, and Lebanon. Sanitation was often very limited. The majority of the time, women had to clean themselves in the porta potties. I have had chronic Urinary Tract Infections as a result. Then with my MST related PTSD, I have developed Dyspareunia, which is painful intercourse. When I released medically from the CAF in 2020, I applied to VAC for recognition of these unique “women’s health issues” which I believe is attributable to service. VAC has refused support for these conditions. Although a gynecologist diagnosed me with Dyspareunia, VAC has disagreed with this diagnosis. In addition, VAC asked that I get my medical physician to confirm if they believe that these conditions are attributable to service. As I do not have a physician yet, the walk-in clinic physician was unable to make any such statements, as they noted they simply do not know me, or know the military conditions. So, I feel it is important for VAC to re-look at female specific conditions, and how they may relate to MST, for example, or other military environments on the female body. I have provided, for example, research from the US that denotes a higher correlation for UTIs among service women, due not only to sanitation, but to the need for service women to “hold their urine” more than men (they cannot just pee behind a bush, for example). There is military research that supports MST related dyspareunia, among other gynecological issues. VAC should not be asking veterans, who do not even have a family physician, to get a physician to determine if their condition is attributable to service. Most physicians have no understanding of the CAF environment. Previously, VAC had physicians that made this determination, who were trained on the CAF environment. VAC should hire physicians to make this determination if their adjudicators cannot.

3. Lynn Bouffard, Tessa Burney, Jill Carleton, Audrey Clément, Cristel Cuffy, Guylaine Lamoureux, Sarah Lefurgey, Stephanie Leitch, Karen Pelletier, Sandra Pilote, Anna-Lisa Rovak, Connie Uetz, and Darlene Worth, Athena Project Working Group Members, Atlas Institute for Veterans and Families

Published on Tuesday, October 17, 2024

Dear Members and Clerk of the Committee,

Thank you for the opportunity to contribute to your study of the Experiences of Women Veterans. We come to you as a group of diverse women Veterans brought together by the Atlas Institute for Veterans and Families as part of a formal Working Group collaborating to inform and design research the Atlas Institute is conducting on women’s Veterans’ health and well-being.

Much of the testimony provided at the Standing Committee on Veterans’ Affairs’ meetings on the Experiences of Women Veterans resonated with us as women who’ve served in the Royal Canadian Mounted Police (RCMP) and Canadian Armed Forces (CAF). It is imperative that women’s perspectives and insights are included in this study so as to inform changes that can better support all Veterans.

We felt it was important, as a group, to come together in solidarity to voice suggestions that surfaced through our collective work, and based on our lived experiences as women Veterans. The Atlas Institute has facilitated and supported us to articulate our collective thoughts for your consideration, as follows:

1. Better prepare and support serving women as they transition out of the RCMP or CAF.

Although there have been efforts to revitalize and modernize the transition model in recent years, many women Veterans have and still do experience challenges during their transition from service (whether because of medical release or retirement).

In our view, the following to better support women Veterans during transition:

- Provide professional support, guidance and advice from experts on financial planning, education opportunities, mental health, system and service navigation and other fundamental skills to transition to civilian life. We think these opportunities should also include counsel that is specific and sensitive to women's needs and experiences.
- Enhance and promote current opportunities for mentoring as well as safe and effective peer support for women during the transition process and beyond.
- Broadly communicate information about education and professional development opportunities. Ensure equitable access to financial support for education and professional development so all women Veterans of both the RCMP and CAF have access to benefits that can support the exploration of new careers.

As it relates to services and accessing services during transition and beyond, we have identified specific services that could support all Veterans, and women Veterans in particular:

- For the many who leave with medical needs, accessing care soon after release is critical. Facilitate timely post-release access to local healthcare providers and family physicians. Military Veterans in particular often leave service with little awareness of how to access and navigate the public healthcare system. This is especially true of Veterans (both CAF and RCMP) who move to a new region.
- Provide access to, and information about, groups or group therapy specifically for women or that are women-only, and that differentiates between women who have served in the RCMP or CAF. Providing these options and communicating how to access them is particularly important for women who have relocated to a new region or community.

2. Streamline information and communication processes about supports that are available through the transition process and beyond to better support all Veterans.

We appreciate that there are many supports already in place for people during and after transition from the RCMP and CAF; however, information about what is available and how to access it can be hard to find and difficult to access. Improving communication and administrative processes can help all Veterans.

You may wish to consider the following:

- Ensure information about the transition process is easy to find and user-friendly for the people who need it – both the RCMP and CAF. This could be accomplished by

centralizing where resources are located and providing multiple formats for information (e.g., checklists, infographics, videos and workshops).

- Better communicate and raise awareness about the programs and services that are available. Find out where Veterans of the RCMP and CAF are online and in-person, and develop awareness campaigns that reach them. Ensure that comprehensive information about how and where to access services is provided.
- Standardize information and forms, streamline processes to avoid duplication, and minimize or waive administrative fees. Administrative processes can be hard to navigate, especially for Veterans who have been medically released and/or who are dealing with multiple conditions. It is important to keep in mind that Veterans living with the effects of traumatic experiences may have difficulty processing information and understanding processes (communication materials, forms, procedures, etc.), so these need to be designed in a way that takes this into consideration.
- Consider embedding user-experience design and testing of administrative processes and awareness materials/platforms.

3. Initiate an independent review or audit of programs, services or policies to identify enhancements that address women's needs, including consideration of intersecting identity factors.

In the RCMP and in military service, public safety or mission often comes before individual needs. As a result, women's healthcare and well-being are perceived as not being prioritized during service, which has unique impacts on women's health and well-being beyond service.

Key considerations for a review requested to examine these concerns might include:

- Coordination of healthcare between CAF or RCMP and VAC and provincial and territorial public health to ensure a successful transition of care for women Veterans.
- Reviewing wait times for accessing assessment and care for all service-related injuries. Women Veterans seek and require care from different service providers to address both physical and psychological injuries and illnesses. Waiting for care or having to pay "out-of-pocket" can place undue stress on an already vulnerable population: Women military Veterans make less income, have a higher risk of homelessness, are more likely to be single, and are more likely to have a mental illness compared to men Veterans.
- Availability and equal access to specialized care for women Veterans. It is particularly important for women Veterans to have access to professionals with an understanding of, or specialization in, women's health and/or understanding of violence and sexual trauma. Services should be culturally and language appropriate, and women (particularly those with disabilities) should be aware of and able to access services and programs they are eligible for.
- Opportunities to create social integration and community-building infrastructure with and for women Veterans. Women Veterans often struggle with identity post-service, as well as with building community; left unaddressed, both of these can have a significant impact on mental health and well-being. There is work to be done to create safe spaces in established institutions (e.g., the Legion) and to expand women-specific Veteran spaces through strategic partnerships with external Veteran-serving organizations (e.g., Pepper Pod, Women Warriors' Healing Garden).

4. Understand and address the unique health and well-being needs and concerns of women Veterans in policy frameworks and service delivery.

There are fundamental gaps in knowledge and awareness about women's health within the ecosystem of Veteran services and supports across Canada because the system has historically been designed "by men, for men." For example, there is little consideration in service of menstruation cycles and hygiene, pregnancy, birth control, and menopause, any or all of which can affect not only gynecological health, but also mental health, social connection, career performance, and long-term physical health.

These gaps may be addressed by:

- Continuing to regularly consult women Veterans in decisions impacting their well-being and access to care and services. Ensure representation is intersectional and considers years in and out of service, as well as rank and unit or assignment. Expand engagement beyond those who are "out there" as advocates already.
 - As much as possible, include representation from both RCMP and CAF backgrounds. The experiences of women in the RCMP and CAF are unique and both perspectives should be included in decision-making.
- Creating evidence-based prevention and treatment guidelines focused specifically on women Veterans, and with an SGBA+ lens, to ensure that healthcare providers are equipped to meet women Veteran's health needs.
- Raising awareness amongst healthcare and social service providers within both VAC and the public healthcare system about the culture of the RCMP and CAF and lived experience and specific contexts of injuries for women who have served. It places an undue burden on Veterans when they need to explain context and their experience repeatedly and can risk re-traumatization, particularly in the case of sexual harassment, sexual misconduct or sexual trauma. Embedding specific training for all healthcare providers in Canada about the experiences of Veterans and women Veterans would be beneficial.
- Educating those who provide support and clinical services about mental health indicators and experiences based on sex and gender, as well as other axes of identity. This could help reduce stigma and also provide appropriate and timely supports since men, women and other groups of people can experience mental health differently.
- Considering broadening the mental health treatment modalities pre-approved/covered by VAC that could improve outcomes and/or the number of Veterans accessing services that support overall health and well-being. For example, include or expand access to complementary and/or alternative treatments, such as holistic medicine, naturopathy, yoga, equine or art therapy, where sufficient evidence is available; continue to support the development of evidence for emerging treatments.

5. It is essential that the system as a whole and in part recognizes and addresses the unique prevalence of trauma, violence and abuse in the lives of girls, women and female Veterans – and also on other diverse groups of women.

Women who serve are more likely than men who serve to experience intimate partner violence, sexual violence or assault, sexual harassment or discrimination, and the resulting mental health challenges.

In our view, it is important to:

- Embed education about violence against women and indicators of violence or sexual trauma to those who support or provide healthcare to women Veterans. This should include learning about indicators, how to respond and also how to support women who experience it.
- Continue efforts to implement the RCMP's Vision 150 modernization and culture change plan, taking into consideration and taking action on findings from the *Broken Dreams*, *Broken Lives* report.

In summary, we urge you to consider enhancing support for women Veterans by reviewing policies, processes and service delivery to ensure women Veterans can access services that meet their needs. An independent review, inclusive of women's diverse identities, can identify enhancements that ensures what is available is tailored to women's needs. We see addressing the distinct health and well-being concerns of women Veterans within policy frameworks and service delivery as critical, along with acknowledging and taking action to address the unique prevalence and impacts of sexual trauma.

Over the past several months, you've heard testimony from many women Veterans who came forward to share the challenges they faced, the continued impacts of these challenges on their health, well-being and lives, the strength that allows them to persevere, and the contributions they're making to post-service life.

Many of us persisted through challenges because despite these, we were deeply committed to service. This commitment continues in our role as Veterans who are active in our communities, as the Atlas Institute's Athena Project Working Group members and as people who believe that sharing our experiences and using our voices can have a meaningful impact within the system that supports those who've served in the RCMP and CAF.

It gives us hope that the Standing Committee on Veterans Affairs has prioritized hearing the experiences of women Veterans as it considers a way forward that addresses the concerns and barriers we currently face.

Thank you for the opportunity to provide input.

4. Paula MacDonald, as an Individual

Published on Wednesday, February 7, 2024

Veterans Affairs Canada (VAC) is part of the larger legal/administrative system that addresses personal injury claims arising from military service. The hostile sexualized culture in the Canadian Armed Forces (CAF) has created physical, psychological, and reproductive health injury claims the VAC is legally obligated to address under the Veterans Wellbeing Act (The Act). VAC also has within its legislative mandate that it will help veterans with psycho/social rehabilitation. The class action lawsuit regarding sexual misconduct in the CAF clarifies VAC's

responsibility to veterans for injuries and disease stemming from sexual abuse during military service. However, VAC has not developed adequate assessment and service delivery mechanisms to fulfill its obligation to women veterans who have been subjected to the epidemic of sexualized violence directed at them in the military.

VAC is not assisting veterans address criminal sexual acts they were victimized by that caused their disabilities and the veterans receive pensions for. VAC is using a male standard to assess damages done to female reproductive organs. VAC is continuing to force victims of the hostile sexualized culture in the CAF to litigate with the department to achieve access to resources the Government of Canada has entrusted VAC to provide to service members. VAC is not assisting veterans address charter rights violations committed by CAF superiors when suppressing allegations of sexual misconduct within the mandate of psycho/social rehabilitation for veterans. This is not acceptable as a current and past legislative mandate exists. The VAC ministry continues to employ individuals in key decision-making positions who were educated with rape supportive attitudes that frame how employees of the ministry treat veterans who make applications to the ministry.

Failing to provide victims with assistance to address charter right violations is a calculated oversight as there is a legislative requirement with the act to provide these services within the psycho/social rehabilitative mandate of the act. It becomes a calculated risk for the Government of Canada when members of the chain of command (CoC) transfer from prestigious positions within the administration of CAF and Defence Ministry into VAC and they make decisions that continue to negatively impact victims of sexual misconduct's charter rights while having professional relationships with senior leaders in the CoC accused of criminal sexual behaviour and code of service discipline violations regarding sexualized violence. There is no transparency in the methods developed by VAC to communicate to victims how VAC is factoring sexual abuse into the disability award framework the Government of Canada is using to absolve itself of the legal violations committed by its agents who engaged in sexualized violence and cover ups of this violence during their service. This transparency should be communicated within the table of disabilities and other VAC publications.

The numerous studies completed by the Government of Canada and the class action lawsuit, communicate the systematic nature of sexual abuse and failures by the Government of Canada to honour the rights of victims. An added legal obligation for VAC to provide military sexual trauma (MST) victims with compensation for sexual abuse has been established by the class action lawsuit. The Act states that VAC must provide compensation for injuries and disease directly arising from military service. Sexual assault is an injury that causes and contributes to diseases of the mind and body. However, VAC is trying to quantify the totality of the harm done to victims of sexual abuse by the CoC within the category of "diseases of the mind".

Sexual assault injuries are thought of as "diseases of the mind" within the VAC framework and victims receive compensation under the guidelines of mental health injuries such as PTSD, anxiety, or depression. Conceptualizing the consequences of sexual abuse solely as a disease of the mind for victims is scientifically inaccurate. The physical consequences of MST are not being adequately assessed and addressed by the department. Diseases and injuries stemming from these sexual abuses' members received during their services such as damages to their reproductive organs are evaluated from the male body standard. This is medically inaccurate, yet VAC continues to apply this assessment framework when evaluating women's injuries forcing

women to litigate with the ministry to address the ministry's internal biases that continue to harm women.

Healthcare programming and services to address military sexual violence continues to be lacking. PTSD recovery is lumped in with addictions treatment when the survivor doesn't have addictions issues. Addiction recovery and trauma recovery are different and placing female victims of MST within an addiction treatment centre of trauma recovery is harmful to the survivor as addictions and trauma are correlated but not necessarily connected. Treating victims of sexual abuse or gendered violence with perpetrators of the violence also harms the victims of the abuse. Ongoing oversights and lack of understanding by the decision makers hinders the veteran's recovery. VAC should be assisting veterans recover from the charter right violations created by the military leadership's coverups of criminal sexual behaviour. This service needs to be included as part of the psycho/social rehabilitative part of VAC's obligation to former service members.

Operational Recommendations for VAC to Improve Service Delivery and Service-Related Injury and Disease Assessment for Female Veterans:

- VAC needs to hire leaders, experts, and decision-makers who were not in power positions within the CoC that facilitated the social environment that created the hostile sexualized culture. Conflicts of Interests occur when victims of sexualized violence are seeking services from VAC to address outcomes of the institutional violence they were subjected to during their service and the decision maker in VAC is personally acquainted with the perpetrators. Victims can see these professional connections between senior leaders of VAC and DND on LinkedIn.
- Leaders, experts, and decision-makers who have been educated by the Defence Ministry require extensive training to combat misogynistic ways of thinking and knowing which frame their everyday decision making, to avoid creating more human rights violations for victims of MST.
- Veterans who wish to report criminal sexual behaviour or code of service discipline violations stemming from MST should be supported and this support should be considered within the wheelhouse of psycho/social rehabilitation services provided to veterans.
- Evidence of criminal sexual behaviour gathered as part of survivors claims for disability awards, pain and suffering, and additional pain and suffering awards should be analyzed with the goal of removing sexual predators from positions of authority in the CoC and Government of Canada. Prosecuting these criminal acts of sexualized violence should be made a priority by Government of Canada as these people pose a threat to our national security.
- Legal decisions made by the VAC regarding disability awards for PTSD should consider all the person's service. I experienced sexual assault in basic training and developed PTSD primarily from the sexual harassment I was subjected to from course instructors and retaliation for making a sexual harassment complaint in the Reserves during Regular Force Basic Training. The CoC running that Canadian Forces Leadership and Recruit School in Saint Jean sur Richelieu refused to address my allegations and threatened to physically harm me when I tried to report the violence. This factor is ignored within my

decision letter from VAC for my Disability Award of PTSD. The open-ended evaluation methods of VAC leave room for interpretation by VAC staff where they disregard the lived experiences of MST survivors.

- The environmental design of OSI clinics should be different from the environmental design of military environments where the systematic abuse occurred. I had a flashback when I sought treatment from the Winnipeg OSI clinic because the building materials and floor tiles were the same as the Mega building in Saint Jean sur Richelieu, where I was sexually assaulted and harassed by superiors and course instructors.
 - Trauma recovery programs need to be specially designed so that perpetrators of sexualized violence are not placed within the same group treatment programs as survivors. Those with trauma concerns should not be placed within addiction recovery programs when they don't have addictions, as addiction treatment is physically invasive and victims of MST and systemic violence by the CAF will be retraumatized.
 - Vocational Assistance is lacking for female veterans within VAC's service delivery policies. Policies do not support MST victims forced out of the service as they may not have three years of service to be eligible for this method of reintegration.
 - The Educational Benefit is unlikely to assist women who have less than 6 years of service, as women who would not accept the hostile sexualized culture were forced out of service.
 - Disability Awards that assess the extent of the female veterans' physical and mental health injuries is determined through a male standard although men and women have different biological structures. This assessment process disadvantages female veterans and creates additional barriers to re-establishing their civilian life post-service. VAC must use scientifically accurate assessment procedures for women.
 - According to the class action lawsuit, VAC is responsible for compensating persons who have injuries or diseases caused by sexual abuse including assaults occurring during their service. If the victim did not apply to VAC through the class action lawsuit the victim's case is not processed through this framework. My military related sexual assaults are not included within VAC's current assessment of my service-related injuries.
 - VAC should honour findings of discrimination from Human Rights Tribunals and provide victims of MST compensation in accordance with tribunal findings. The CoC abused administrative processes at their disposal to retaliate against me for reporting their sexual misconduct. The CoC paid me as a private recruit for the position of Direct Entry Social Work Officer and continued to abuse me during basic training before allowing me to voluntarily release from service. The benefits I receive from VAC are based on the retaliatory measures of the CoC. VAC should stop this practice and align benefit delivery with Human Rights Tribunal Proceedings.
 - Victims of MST should no longer be placed in positions where they must litigate with the Government of Canada to receive services, benefits, and care for injuries they have sustained from the CoC's sexual misconduct.
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5. Kimberly Lowrie, as an individual

Published on Monday, November 4, 2024

Brief to the Standing Committee on Veterans Affairs Regarding the Best Possible Measure for Women Veterans Addressing Particularities of Transitioning After Service for Women Considerations Regarding CAF Service and Sexual Misconduct

Transitioning from the Canadian Armed Forces to Veterans Affairs Canada

1. Background

I earned a Bachelor of Science from Memorial University in 1994 and attended CAF Basic Training that summer. I was sexually assaulted November 1998, three months after acquiring full time employment on the Maritime Coastal Defense Vessels as a Marine Engineering Systems Operator trainee. I sustained a physical injury November 2006 and was medically released March 2011. My VAC benefits and services included both injuries. As part of my transition I attended Camosun College and earned a Business Administration Diploma with Accounting Option in 2013. I am a Veteran deemed permanently disabled.

2. Focus of Brief

Veterans transitioning who experienced sexual misconduct in the CAF.

3. Sexual Misconduct in the CAF: Human Sex Trafficking

	Canadian Armed Forces	Canadian Center to End Human Trafficking
Recruitment	Ad campaigns on multiple platforms directed towards women specifically while public knowledge of sexual misconduct issues in the CAF	Sex Traffickers approach potential victims in a variety of ways, including ... posting newspaper or internet ads for jobs and opportunities. Many traffickers prey on victims who are looking for the promise of a better life, a job opportunity or a romantic relationship.
Promises	Adventure, belonging, paid training with benefits. Pay and benefits fall above what is available at the same level of skill/education in civilian opportunities.	Often false promises will be made to the victims about money, new clothes, work or education opportunities, financial aid for their family etc.
Transportation/ Isolation	Travel costs covered, military lodging is provided in various situations, meals and incidentals also provided by military. Employment and accommodations occur within a system of military bases that invoke restriction of movement and friend/family access. Hometown, family and civilian friendships often experience reduced exposure. Military life involves assimilation into the military community and a new sense of identity separate from civilian life.	Victims are often (but not always) moved around by traffickers, to isolate them from family and/or people they know or areas that are familiar to them. Victims of sex trafficking are moved from hotel to hotel, province to province.
Exploitation	"someone forces another person to provide labor or a service by having them fear for their safety, or the safety of someone known to them. The use of violence, intimidation and or deception to make victims do as they say."	

Macleans Magazine published stories of sexual misconduct in the CAF in 1998. In 2015 the CAF's advertising campaign was directed specifically towards women despite the concurrent

sexual misconduct crisis and inception of Operation Honor that ultimately failed. January 2015 Chief Military Judge Dutil shared over dinner with Assistant Chief Military Judge D'Autiel the fact of his inappropriate relationship with a court reporter (I found no confirmation this relationship was consensual). The CAF, thereby, specifically recruited women while knowing of real risks of sexual misconduct from their superiors and peers.

The CAF's advertised promise of adventure, comradery, inclusion, pay and benefits would be particularly enticing to people struggling to fit in or meet their basic needs. I know of parents who "signed" their adult child up or others who couldn't find a sense of belonging elsewhere. Pay and benefits cannot be ignored as a starting pay of \$3534 a month (\$42,408 annually) without any training equates to about \$20.39/hr in a standard 40hr/wk scheme is higher than minimum wage expected by civilians. Pay quickly increases with first courses/qualifications to \$5935/month (\$71,220/year) a qualification level civilians often receive minimum wage for. Other benefits including medical, dental, prescriptions, glasses, living accommodations and meals in certain situations adds significant value to CAF pay.

CAF members become part of a community that is differentiated from others, including family, and held by Canadians, not only in high esteem but with National Pride.

The CAF's hierarchical structure and function controls its members' life both momentarily and into the future. CAF members agree to surrender some basic human rights, unlike other employment situations, including accepting orders to risk their lives on command. The step, given the CAF hierarchical environment and accepted level of surrender of basic human rights, to exploiting its members sexually is a short one. Exploitation is a real risk at every conceivable level.

While CAF processes in and of themselves wouldn't constitute human trafficking as CAF members agree to surrender some of the most basic human rights, CAF processes with regards to sexual misconduct does align with human sex trafficking.

The Canadian Center to End Human Trafficking characterizes human trafficking as a "low risk/high reward activity" because the crime is clandestine and difficult to detect and investigate. The CAF arguably benefitted from sexual misconduct until it became a public, including international, concern as no meaningful efforts were taken to stop it and the highest levels of the hierarchy were, themselves, participating in it. Further, the Chief Military Judge participated in sexual misconduct by engaging in an "inappropriate relationship" with a court reporter that, as far as I could determine, was never confirmed to be consensual. This court case was presided over by the Assistant Chief Judge who was the Chief Judge's confidante and who first heard the disclosure in the context of their friendship.

When an organization can train members to risk their lives for Canada, it seems irrational when the same organization claims zero ability to train members to prevent sexual misconduct. The benefit of sexual misconduct appears to be it kept the behavior within the CAF as there does not appear to be the same level of sexual misconduct by CAF members against the civilian population. As such, the CAF from bottom to top, including the judiciary, arguably exercised behavior explained by *The Canadian Center to End Human Trafficking* with regards to the sexual trafficking of its members.

4. Sexual Misconduct in the CAF: Battered Partner Syndrome

CAF members both hold and embody Canada's national pride. Similar to battered partner syndrome, CAF members that experience sexual misconduct struggle with disclosures to family,

friends, coworkers, counselors, authorities and even themselves as in doing so they must tarnish the very relationship they experience and represent themselves to the world as Canada's national pride. In essence the CAF survivors of sexual misconduct in the Forces must reconcile the irreconcilable of being both the representation of the perpetrator while also holding the CAF and VAC label of "our victims". The shame carried by CAF members who experience sexual misconduct in the Forces is not solely the shame often felt by victims but also the shame of Canada as they are both. The relationship for CAF members who experienced CAF sexual misconduct with Canada is more similar to the battered partner syndrome than not.

Unfortunately this irreconcilable relationship carries over into the Veterans' engagement with VAC and VAC's providers. It is possible to feel like a "lesser veteran". Veterans who receive VAC services and benefits for issues related to service and especially those who served in Theater are held in high esteem. When the warzone is your own bed, the enemy is your superior and the CAF failed to address sexual misconduct there is nothing to hold in esteem as a Veteran referred for services. Instead there is only awkward and uncomfortable exchanges shrouded in shame of not only yourself but also Canada. Counseling can reframe the former but the CAF's failure to correct the catastrophic levels of sexual misconduct will forever prevent the latter from healing and this then transfers to Veterans Affairs Canada. The guilt you hold in that moment of declaration to a VAC provider is indescribable and can only be at best imagined by others. You did this to yourself in a way because you are also inherently the CAF having nothing to offer up as any attempt by Canada to make it better for your present and future comrades as the cycle of sexual abuse has been, in action, condoned from the top down and continues.

5. Veterans Affairs Canada Employees Attitudes and Values: Best Fit

VAC case managers have been given decision powers within the administration of the Rehabilitation Program and as such have power over procuring the medical reports to support the decisions they ultimately have authority to make. Veterans, thereby find themselves in a similar power hierarchy with VAC as with the CAF when dealing with response to sexual misconduct in the CAF. The attitudes and values case managers hold with regards to sexual misconduct both generally and specific to the CAF is paramount to Veterans' well-being due to the power imbalance in the relationship between VAC and Veterans.

My VAC file was assigned to [redacted], then case manager, in 2013 and my relationship with VAC started a downward spiral that eventually contributed to my depression symptoms and triggered my PTSD. The first indication I had of the problem was when my case manager stated she did not agree with my treating psychiatrist's medical opinion despite his expertise and that his services were provided through VAC's OSI Clinic. There were inconsistencies in how providers she referred me to treated me so I requested my files and found record of her statements to providers that were not supported in my VAC file and she consistently did not record these conversations in my VAC file. My VAC file, when compared to providers' file, shows serious concerns for how my case manager was administering my benefits and services. What was missing was the "why".

I came to know the "why" in the summer of 2020 when through happenstance I answered an ad for a toy I wanted to purchase for my nephew from a seller named "Andy Mant" and later discovered Andy Mant was [redacted]'s husband. In 2021 I received an access to information release from VAC that made me research Andy Mant and I found that he is lead singer in a band called "The Mants" and his real name is [redacted]. [redacted] supports her husband's band despite the nature of the band (unidentifiable men in ant masks) and the content of the band's art,

lyrics and videos being sexually degrading to women and even promoting sexual assault and teen gang rape.

The WHY was glaring back at me as I saw his album art:



The WHY was expressly stated in [redacted]'s videos and song lyrics:



"Mants in Your Pants" video depicts the pursuit and sexual assault of a woman (retrieved from: <https://www.youtube.com/watch?v=KJ1KKBFiVZA>)



"Brass Knuckle Sandwich" - video depicts two teenage boys dragging a struggling teenage girl behind a dumpster (Retrieved from https://www.youtube.com/watch?v=GQla6DtV_xw)

My case manager, [redacted], supported her husband's values promoting sexual assault of women. When sexual assault of women and teens is, not only accepted but glorified by VAC case managers, CAF sexual misconduct victims' rehabilitation program is so negatively impacted the damage done in the CAF's handling of sexual misconduct is perpetuated by VAC's administration of benefits and services for Veterans. My VAC file and providers' files show how [redacted] expressed her conflicting opinion of my impacted mental health and how she worked to influence providers' assessments. Much of the providers' files record of [redacted]'s

statements were not recorded in my VAC file and in fact happened without or contrary to my filed consent for communication.

6. Recommendations

1. Veterans Affairs Canada incorporate principles and best practices developed for victims of human sex trafficking when approaching and supporting veterans who have experienced sexual misconduct in the CAF.
2. Veterans Affairs Canada incorporate principles and best practices developed for victims of partner abuse when approaching and supporting veterans who have experienced sexual misconduct in the CAF.
3. Veterans Affairs Canada go further than providing sensitivity training but actually screen for attitudes and values held by employees that are in conflict with authentically supporting Veterans who experiences sexual misconduct in the CAF.

Appendix: Alphabetical List of Women Veteran Participants

**Rank is listed if indicated on the ACVA witness list and/or in the testimony itself. If no rank was provided, none is listed.*

1. Aiken, Alice. Dr., Lieutenant(N) (Ret'd), Dalhousie University
2. Arkell, Carly. Major (Ret'd), as an Individual
3. Bouffard, Lynn. Athena Project Working Group Members, Atlas Institute for Veterans and Families
4. Bourgon, Lise. Lieutenant-General, Department of National Defence
5. Breeck, Karen. Dr., Major (Ret'd), Women Veterans Research and Engagement Network
6. Burney, Tessa. Athena Project Working Group Members, Atlas Institute for Veterans and Families
7. Busson, Beverley. Hon., RCMP Commissioner (Ret'd), Senate of Canada
8. Carleton, Jill. Athena Project Working Group Members, Atlas Institute for Veterans and Families
9. Clément, Audrey. Athena Project Working Group Members, Atlas Institute for Veterans and Families
10. Courchesne, Cyd. Dr., Captain(N) (Ret'd), Department of Veterans Affairs
11. Cuffy, Cristel. Athena Project Working Group Members, Atlas Institute for Veterans and Families
12. Cyr, Lisa. Corporal (Ret'd), Ma Langue Aux Chats Cat Café
13. Dewit, Paula. As an Individual
14. Douglas, Michelle. LGBT Purge Fund
15. Doucet, Marie-Ève. As an Individual
16. Ebert, Jennifer. Assistant Commissioner, Royal Canadian Mounted Police
17. Hall, Jane. RCMP Veteran Women's Council
18. Hayward, Stephanie. As an Individual
19. Henry, Patricia. Colonel (Ret'd), Willis College
20. Hill, DeAnna. Assistant Commissioner, Royal Canadian Mounted Police.
21. Hughes, Carolyn. The Royal Canadian Legion
22. Jardine, Nishika. Colonel (Ret'd), Office of the Veterans Ombudsman
23. Lamoureux, Guylaine. Athena Project Working Group Members, Atlas Institute for Veterans and Families
24. Langlois, Nicole. Bombardier (Ret'd), as an Individual
25. Laverdure, Brigitte. As an Individual
26. Leitch, Stephanie. Athena Project Working Group Members, Atlas Institute for Veterans and Families
27. Le Scelleur, Hélène, Captain (Ret'd), Centre of Excellence Advisory Council for Veterans, Chronic Pain Centre of Excellence for Canadian Veterans
28. Lefurgey, Sarah. Athena Project Working Group Members, Atlas Institute for Veterans and Families
29. Lowrie, Kimberly. As an Individual
30. MacDonald, Paula. As an Individual
31. MacKinnon, Trudie. Department of Veterans Affairs.
32. McCrimmon, Karen. Lieutenant-Colonel (Ret'd), as an Individual
33. McIlmoyle, Dawn. Sailor 3rd Class (Ret'd), as an Individual
34. Miller, Jessica. Veteran Farm Project Society

35. Morrison, Telah. Colonel (Ret'd), as an Individual
36. Nilsson, Lisa. Petty Officer, 2nd Class (Ret'd), as an Individual
37. Noonan, Lisa. Colonel, Canadian Armed Forces Transition Group
38. Park, Rosemary. Lieutenant-Commander (Ret'd), Servicewomen's Salute Canada
39. Patterson, Rebecca. Hon., Rear-Admiral (Ret'd), Senate of Canada
40. Pelletier, Karen. Athena Project Working Group Members, Atlas Institute for Veterans and Families
41. Perron, Sandra, Lieutenant-Colonel (Hon.), The Pepper Pod
42. Pilote, Sandra. Athena Project Working Group Members, Atlas Institute for Veterans and Families
43. Quinn, Lee-Anne. Major (Ret'd), as an Individual
44. Riguidel, Donna Van Leusden. Major (Ret'd), as an Individual
45. Rovak, Anna-Lisa. Athena Project Working Group Members, Atlas Institute for Veterans and Families
46. Ryan, Kathleen Mary. Sergeant (Ret'd), as an Individual
47. Saunders, Cora. Helmets to Hardhats
48. Schultz-Nielsen, Nadine. Leading Seaman (Ret'd), as an Individual
49. Seviour, Joanne. Major (Ret'd), as an Individual
50. Sharp, Kristina. Canadian Veteran Service Dog Unit
51. Siew, Louise. Captain(N) (Ret'd), as an Individual
52. Smith, Jennifer. As an Individual
53. Stewart, Vivienne. RCMP Veteran Women's Council, as an Individual
54. Taylor, Eleanor. Lieutenant-Colonel (Ret'd), True Patriot Love Foundation
55. Topping, Kristin. Major (Ret'd), Prince's Trust Canada
56. Tuka, Andrea. Lieutenant-Colonel, Canadian Armed Forces.
57. Uetz, Connie. Athena Project Working Group Members, Atlas Institute for Veterans and Families
58. Usherwood, Nina Charlene. Sergeant (Ret'd), as an Individual
59. Vazquez, Elena. Master Warrant Officer (Ret'd), Coding for Veterans
60. Wojcichowsky, Jacqueline. Master Corporal, as an Individual
61. Wong, Caleigh. Corporal (Ret'd), as an Individual
62. Wood, Christine. As an Individual
63. Worth, Darlene. Athena Project Working Group Members, Atlas Institute for Veterans and Families
64. Wright, Helen. Colonel, Canadian Forces Health Group