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Chair

Mr. Scott Reid

Subcommittee on International Human Rights of the Standing Committee on Foreign Affairs and International Development

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• (1305)

[Translation]

The Chair (Mr. Scott Reid (Lanark—Frontenac—Lennox and Addington, CPC)): Today is January 27, 2015, and this is the 51st meeting of the Subcommittee on International Human Rights of the Standing Committee on Foreign Affairs and International Development.

In this meeting, we are continuing our study on the aftermath of the 1994 Rwandan genocide.

[English]

We have here today a long-sought-after witness. We have wanted to have Sue Montgomery here for some time, and we've finally succeeded. That's a wonderful gift to us.

Ms. Montgomery works for the *Montreal Gazette*. She has considerable insight into the Rwanda situation.

Ms. Montgomery, what we'll do today is this. Normally we ask for a presentation of about 10 minutes, but that's at your discretion. When you're finished, we'll then turn the floor over to our members to ask questions. The length of each question and answer is determined by taking the total membership of the committee and dividing it by the amount of time that's left. In other words, the length of your presentation to some degree determines the length of your answers.

At any rate, I'll turn things over to you. Please feel free to commence.

Ms. Sue Montgomery (Journalist, Montreal Gazette, As an Individual): Thank you for inviting me, and thank you for looking into this very important issue that's often ignored.

I was able to travel to Rwanda last year. I had been there a few times before to teach journalism, but this time I went as a journalist. I applied for and received funding from the Canadian Institutes of Health Research to do my stories. Unfortunately, that journalism grant has been cut. That might be a suggestion for the government: to give journalists some money to be able to do these kinds of jobs, because certainly our own newspapers and media outlets don't have that kind of money. All that money goes to the CEOs.

My project was to look at the state of mental health in Rwanda 20 years after the genocide. In particular, I was interested in the next generation, the kids that were born during or shortly after the genocide who would be turning 20 years old. What I discovered was

an entire group of the population. Despite what things look like on the surface in Rwanda, in many ways it's a success story in Africa, partly due to a mini dictatorship of Kagame. He certainly can be criticized, but he's done a lot to rebuild the country. On the surface it's clean and people are working, and things are developing, but if you scratch that surface what you discover is a very troubled population.

Some of the kids I talked to had been born after their mothers had been raped during the genocide. As you probably know, rape was used as a weapon during the killings in those 100 days of 1994. What I found was that the treatment or the care of these young people was quite spotty. If they were lucky enough to fall into the hands of a small NGO, say from the States, or even a local one, they were able to get some kind of therapy, or someone to pay for their university education. Others who had grown up with these very damaged mothers were extremely damaged themselves. There was one young woman, Angelique. I was interviewing her mother and her mother described what had happened to her during the genocide. She had this horrible, traumatic reaction as she told me her story. Her daughter, who had been born of one of these rapes, just sat there completely cold and unable to react to her mother's pain. Both of them were very much in pain. I don't think it would take that much; I think they just need people to talk to.

There was a very impressive young man from Rwanda who started an organization called Best Hope Rwanda. I've kept in touch with him. He's forever looking for funding and help, because he sees in these women and their children—now adult children—people who are in need of support, psychological and in many ways financial, but mostly psychological. He has started a group therapy session. He has really no experience or expertise himself, but he brings these women together with their kids and he lets them talk, which seems to be extremely helpful for them.

Another is an American Rwandan who started a group called Step Up! She got into the country quite a while ago, early on after the genocide. You can tell that the women her organization has helped are much further along than some of the others I've met. They've created a group where they support each other. They keep bees and they have a sewing cooperative, so they have a way of supporting themselves economically.

One main problem with the kids born from rape is they're not recognized by the government as victims or survivors of the genocide. That's a huge issue. They're seen as the offspring of Hutus, or the *génocidaires*, or the enemy. They didn't qualify for any kind of educational benefit. That's one big gap that I saw. I think what would help is funding for their post-secondary or even their secondary education.

In terms of other countries that Canada could be helping...as we all know, rape is a weapon of war. It's happening in Congo, in Syria, any place where there's war. Even if there's not war, it tends to be a big issue.

There's certainly need for psychological support in Rwanda. They only have six psychiatrists for the entire country. There are a lot of groups and local Rwandans trying to create more support, where people can just get together and talk about what they've been through. It seems that part of the government's goal in many ways is to bury the past and move on, and declare that they're all Rwandans now, that they're not Hutus and Tutsis, but that denies a lot of the suffering that people experienced.

I'm not an expert in the field at all. I went there. I spent about six weeks to two months talking to people, which isn't easy because there's a huge issue of trust. Nobody trusts anyone in Rwanda. That's probably why there's no corruption: you don't know exactly who it is you're dealing with so you wouldn't dare bribe the person because they might turn you in. Maybe that's something we could use in Quebec a little bit more.

I spent a lot of time talking with people, listening to their pain. Twenty years after, there are a lot of problems. Now they're starting to see in this next generation that never dealt with their pain and especially among the kids of rape, drug abuse and alcoholism, which had never been part of their culture before. That's an unfortunate thing. It's probably partly because of their depression but also because they really don't have anything to do because nobody can pay for their education.

Those were my observations. I don't know, maybe it would be better if you asked me questions.

•(1310)

The Chair: All right. Thank you. That's very concise. Not all of our presenters have been as self-disciplined as you have been. Members of the committee will know what I'm talking about.

We're at 15 minutes. We should have time for seven-minute question-and-answer rounds. As always, I encourage our committee members to keep the questions short so the answers can be long.

Mr. Sweet.

Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC): Thanks, Ms. Montgomery. Your frankness is refreshing.

It was staggering: you mentioned there are six psychiatrists for 12 million people. There's a shortage here of psychiatrists and psychologists to look after the entire population, but it's nowhere near six for 12 million.

Since you were on the ground recently, I want to ask if you have any sense of this. The number we have is there are 20,000 offspring

that were born from these hundreds of thousands of rapes. Is that close to accurate? Do you have any feeling for that from the amount of time you spent there?

Ms. Sue Montgomery: Yes, that's the number I have as well, 20,000. I certainly didn't see all 20,000, but in the villages I did visit, when I met with these people, there was quite a large group each time. That seems to be the accepted number. Of course, it's always impossible to know. They even argue over how many were killed during the genocide.

•(1315)

Mr. David Sweet: Yes.

From the CV we have with regard to your background, over the years of dealing with this subject you've actually acted in almost a pastoral way, in a confessional way, with some of the women who have gone through this trauma. Can you give us an idea about the kinds of things you've heard from them, obviously anonymously, but just the kinds of things they share with you?

Ms. Sue Montgomery: The women in Rwanda?

Mr. David Sweet: The women who have suffered rape and then had offspring.

Ms. Sue Montgomery: As an example, one woman I met with was actually doing quite well. Her husband had been killed and she was taken hostage, I guess, or taken as a prisoner by the Hutus and repeatedly raped while her five-year-old daughter was raped in the next room. She could hear the daughter being raped—it often happened that the child was raped at the same time—and couldn't stand to hear it anymore so she escaped. I found her reaction sort of unusual. I thought if that were me, maybe I would try to save my child. But she said she knew there was no way she could get near her child to save her; the only thing she could do was run away from the screaming and the pain that she was going through.

When the genocide was over, they were reunited by one of the UN organizations, I guess, or the Red Cross. The little girl was quite emaciated and extremely injured internally, as you can imagine, having been raped by adult men over God knows how many days. Then the mother herself discovered that she was pregnant through one of her rapes. There she was with a little girl who had been raped repeatedly and was completely traumatized by that. She herself was traumatized, and now she was pregnant and going to have a child.

I met with them. The child who was raped is now a young woman and is going to university. She didn't want to talk about what had happened to her at all. She only spoke about her father, her dead father, in glowing terms. That's all she wanted to talk about. But her mother told me that she really hates men, and for many, many years she would hide under tables and make strange noises.

The son who was born of rape is now a lovely young man. They have managed to create this little family of theirs with the help of one of the U.S. NGOs. We're friends on Facebook now and he takes selfies all the time. The problem with him is that he doesn't have anyone to fund his education because he is not considered to be a victim of the genocide. I find that really unfortunate; he is a very bright, lovely young man, and if I had the funds I would send him to university.

Mr. David Sweet: On that subject, you said that when you were there for the six weeks, on the outside it seemed everything was fine, but when you scratched the surface, you saw that there was a lot of...

One thing you said that surprised me, particularly because I've just come from a Holocaust memorial event, was that they're trying to bury this whole thing. Is there no effort at remembrance so that it doesn't happen again or anything?

Ms. Sue Montgomery: Well, maybe I was a bit harsh. They have their memorials every year and the line is, "We're all Rwandans." There's no... Everybody repeats that by rote, but there are still these divisions because certain things haven't been dealt with. There are many Hutus who were killed but had not participated in the genocide; they feel that they suffered as well, but they're not allowed to suffer. I mean, the names Hutu and Tutsi are very loaded. If you're Tutsi, you were a victim; if you're Hutu, you were the *génocidaire*.

They don't want to talk about that, and any kind of talk that brings up these divisions is against the law. There are people in jail for talking like this, so when you talk about it, you have to do it in very hushed tones. They're very uncomfortable, although there's one MP I interviewed who is great. He started this reconciliation road show. He's only 30. He goes around and he gets young Hutus and Tutsis together to talk about what's happening. Because he's an elected minister, he's able to get away with this. He's sort of like the youth minister. So things seem to be opening up a bit. It really is the elephant in the room. If they don't address it, I think it's going to explode again. There's still a lot of resentment and anger.

It's not so much that they just want to put the past behind them, but Kagame and so on...as you may know, he likes to get rid of any kind of dissent, unfortunately. He just wants to forge ahead and get away from the country being identified as the country where there was the genocide.

• (1320)

Mr. David Sweet: Thank you.

The Chair: Thank you very much.

Are we turning now to Mr. Marston or Mr. Benskin?

Mr. Marston, the floor is yours.

Mr. Wayne Marston (Hamilton East—Stoney Creek, NDP): I want to say, Ms. Montgomery, that I agreed with your conversation when you first started talking about training journalists, because journalists in many ways are the consciences of countries, especially countries that have gone through this type of horrific set of events.

PTSD is something that's just started to become part of the conversation in North America. I have had it for 40 years. I was a signal maintainer and took care of railway crossings. I had four fatalities in one crossing in 11 months. To this day 40 years later I have a recurring dream, about every month, in which I'm standing before my supervisor trying to explain why I had not tested the crossing appropriately. Actually I had, but there I was, totally innocent, and I still pay for that now. The advantage I had was being able to discuss it with co-workers and other people.

When I look at this situation, you've talked about that peer-to-peer counselling that happens or conversations with somebody who facilitates that. You mentioned an American NGO that was doing

some work around that. It strikes me that there are two levels to this. In Hamilton, we marked the anniversary of Rwanda. One young man spoke. He was one of the twentysomethings. Do you have an idea of how many people, how many of these victims, are in Canada? Is this not something we should be providing here, as well as over there? Do you see a particular NGO that might be worthy of the Canadian government helping to facilitate this in Rwanda?

Ms. Sue Montgomery: To answer your first question, there are a lot of survivors here in Canada, mostly in Montreal because of the French. I'm friends with a number of them. I think in a way they do better when they're here because they're not reminded of it all the time, and they're kept busy just trying to establish their life here, or that's my sense anyway. I'm sure some of them have their moments of trauma.

In terms of NGOs in Rwanda, it's difficult because the Rwandan government has been very strict about which NGOs can operate in Rwanda, which I think is a good thing. Maybe Haiti could take a lesson from that. They are trying very hard to keep it homegrown and culturally sensitive. They don't want NGOs coming in and just telling them what to do and how to do it. I respect that and I think it's a good thing.

There is one woman I am aware of who is working on her master's in public health, who I would definitely support in her efforts. She started an NGO called Living With Happiness. She said that the problem with the government in dealing with this is that they are very institutional. They want studies and statistics. I guess all governments want that. There's very little hands-on. She said that not only do they need help for the people who are suffering, but they also need help for the caregivers. Her goal would be to have a place in the country. She actually has the land for it, which she inherited. Both her parents were killed in the genocide. Her whole family actually was killed. She managed to escape just by luck, but she was raped. She would like to establish a place where people could go and paint, or tell a story. It's a very oral culture. They could do some kind of therapy that way. I don't think the kind of traditional therapy we might see here, where someone goes to see a psychologist and lies on a couch for 50 minutes would work there.

• (1325)

Mr. Wayne Marston: No, that's why I mentioned peer to peer. It's a national event. It's not quite the same as an individual event that we may have in this country like an assault or whatever.

Ms. Sue Montgomery: Right.

Mr. Wayne Marston: My concern around this is if you have a government that is, I won't say they are in denial, but they certainly are trying to push it aside to address the initial victims of the rapes, that's one level of the peer-to-peer contact. This allows them to...you described the little girl that was under the table. Until you talk her out from under the table there's no end to this for her. This is one level. But now the survivors, the children who are in their twenties now, are going to have an institutional problem like education, and they are still going to have the residual effects of the trauma that they lived through just observing their mothers and how they survived.

Ms. Sue Montgomery: Yes, and they risk passing it on to their—

Mr. Wayne Marston: Exactly.

Ms. Sue Montgomery: —like we've seen with Holocaust survivors. It goes on for probably three or four generations.

Mr. Wayne Marston: I agree. I've met people who are grandchildren of victims of Auschwitz. It's an entirely different conversation that you have with them. Their reality is different. Their reality is the people on the ground. Rwanda is very different.

Again, coming back to Canada, have you heard of any groups in Canada that are giving direct support?

Ms. Sue Montgomery: In Canada, with survivors here?

Mr. Wayne Marston: Yes.

Ms. Sue Montgomery: I know that the government used to provide psychological services for newcomers and new refugees, but I think that's been cut like a lot of services. I think survivors here who are looking for psychological support have to go through the same channels as the rest of us.

Mr. Wayne Marston: I would presume that wherever they are in Quebec, the Quebec health system probably has something to help them manage.

Ms. Sue Montgomery: There are organizations in Quebec, for example, Page-Rwanda, that help. They have brought all the survivors together and videotaped their experiences and established sort of a library in Montreal of all the experiences. It is just a room in some building, but you can go there and listen to all the stories, and every once in a while they'll have a little informal conference or something where they get together and talk about it.

Mr. Wayne Marston: It makes them feel of value to be able to express that story, which is a critical component.

Ms. Sue Montgomery: Yes, for sure.

Mr. Wayne Marston: How is my time, Mr. Chair?

The Chair: It has actually just run out.

Mr. Wayne Marston: Thank you. I had that feeling.

The Chair: When people have internal clocks, they're surprisingly accurate, I notice.

Ms. Grewal, you're next.

Mrs. Nina Grewal (Fleetwood—Port Kells, CPC): Thank you, Ms. Montgomery, for taking your time to speak with us today regarding the aftermath of the Rwandan genocide and for your time and effort involved in improving the lives of those who were affected.

During your time in Rwanda you observed children who were born from this tragedy and noted that the mothers have palpable disgust for these children and seek to dissociate from them in all aspects of their lives. Now these children are adults and are experiencing feelings of rejection and are unsure of what to do in life. In your account in the *Montreal Gazette*, you explained that they have a few mental health issues and that health workers are not available.

In your opinion, how can these children improve their lives? Are there other resources available to them besides the aid workers?

• (1330)

Ms. Sue Montgomery: I would say that the best way to improve their lives is through education. Every single one of them I talked to,

not just the children of rape but the orphans of the genocide too, wants to go to school. They would love to go to university and get an education, but there is just no funding for that.

There was funding for some victims of the genocide, as I said, and there was an orphans fund, but that didn't cover the Hutus or the kids born of rape, so again there was conflict between the two groups. Every single one of them that I spoke to, when I asked what would help and what they would like, said they wanted to go to school, but there is no money for that, which makes one feel a little helpless actually.

Mrs. Nina Grewal: Seeing how the aid workers tend to focus more on the women who were raped than on the children who were conceived from rape, how are the needs of these almost 20,000 young adults being taken into account? Do they need more resources now that they are older than they did when they were first born?

Ms. Sue Montgomery: I would say yes, because some of them have never received any kind of psychological support. They could use some therapy, which is what my friend Ganza is trying to do—he is Rwandan—with his Best Hope Rwanda, in bringing the women and their kids together to talk about how they're feeling.

I was at one of their meetings, and a government official showed up at it. I asked, "What about this group of people? What's the government doing for them?" He said that the government thought it had offered support to widows and children, but these ones just fell through the cracks. He seemed to be a bit oblivious about this group that hadn't been taken care of.

You have to realize that the country was completely destroyed, of course. There was no functioning government. There were no homes. There was nothing. Psychological help was the last thing on the list, and it still is.

Even when I spoke to the WHO representative in Kigali, he said it's a worldwide problem, and unfortunately, it's at the bottom of the list for funding because it's very hard to provide the numbers of who's dying. At least with AIDS or even Ebola, you can say that there are this many people who are dead. We don't know how many people are dying in Rwanda because of mental health issues.

It's also a cultural thing. They're just starting to understand that this is an issue, because in Rwanda there has been a lack of education in terms of mental health that there is here. They treat people who walk through the streets barefoot and who talk to themselves as though they are possessed by the devil or whatever. Now there's an increasing understanding about depression and mental health.

Mrs. Nina Grewal: Rape as a weapon of war is deplorable, so I couldn't help but feel for these women as I heard about their traumatic experiences. I would also like to enquire about mothers who have not informed their children that they were conceived from rape, and the difficulties of informing their children that their father was involved in a heinous crime. In many cases, the father would also have killed much of the mother's family. Many women have chosen not to tell their children the circumstances around their conception.

How are these children responding psychologically compared to their counterparts who have been informed about the rape of their mothers? How will these children respond upon discovering the circumstances of their conception? Would knowing about those bring reconciliation or would it cause anger?

• (1335)

Ms. Sue Montgomery: I spoke to one group that supports some of these people. As I said, it's all very ad hoc and not very organized in terms of groups working together. There will be a group helping a group of people, and then in another part of the country there won't be any help at all. They have helped 819 Rwandan women who gave birth after being raped, and of those, only 50 have revealed the truth to their children. They said it's a very difficult thing to do because the reactions are different. Some of them denied that they were even Rwandan after that, and they took on this persona of being Ugandan and they stopped speaking Kinyarwanda. Another one said a woman became a prostitute. Some turn very violent.

I think it's something that needs to be done in a controlled environment by professionals with support. I think the kids do need to know where they came from and who their father was. They need to be told in such a way that they know it wasn't their fault and there's no shame attached to it. The problem is they were born with this huge cloud of shame over their mother's head. Any woman who's raped carries this shame and guilt, let alone if she has to give birth because of it. I think it's a two-pronged thing.

Informing the kids about where they came from is definitely another area that needs to be addressed.

The Chair: Thank you, Ms. Grewal. I'm afraid that's all the time you have. We're actually a minute and a half over on your round.

Mr. Vaughan, please.

Mr. Adam Vaughan (Trinity—Spadina, Lib.): I'm curious as to where you encountered Canadian aid and where you saw Canadian aid being effective in dealing with the issues you've brought to us today.

Ms. Sue Montgomery: In Rwanda?

Mr. Adam Vaughan: Yes.

Ms. Sue Montgomery: I don't think I saw any. I don't think Rwanda is one of Canada's core countries or focus countries; I don't know what the key word is now.

I'm sure there must be some Canadians there, but as I said, Rwanda is the kind of country where.... For example, their health minister is this rock star who is an amazing woman. I called her up and said that I would like to speak to some NGOs that are working in the area of mental health, such as Partners In Health. She went crazy on me. She was so angry. She asked me why I wanted to speak to a foreign NGO and said that they have all kinds of local NGOs that are much better to speak to and know the situation. I said okay, that I was hoping to speak to anybody, and that I just wanted to talk to people who were working in the area of mental health. It turned out that the Rwandan people I spoke to were extremely well informed and obviously knew the situation better than outsiders coming in did.

I didn't encounter a lot of Canadians there. I don't think I encountered any, except maybe one guy who had gone there on his own and was a psychologist or psychiatrist, but I think that's

probably partly because of the Rwandans' tight controls on who works there.

Mr. Adam Vaughan: In terms of the domestic front, we know that recent studies are showing that the mental health of refugees and immigrants declines after their arrival in Canada precisely because of the withdrawal of services particularly for refugees, but also for many immigrants to this country. Where is the government's response to those people who we have accepted as refugees and what programs are being specifically delivered to a very unique set of refugees here in Canada?

Ms. Sue Montgomery: Here in Canada? I'm not that familiar with it, but I have done some stories in the past with regard to the psychological support services being cut. In fact, I work at the courthouse full time, and one of the security guards there is a Rwandan woman whom I got talking to. She said that she had been getting therapy but that it had been cut. Whether that's true or not.... I believe her. I have no reason not to believe her. I didn't see her again at the courthouse. I don't know what happened. Whether she lost her job, or quit her job, or changed jobs, I don't know. I lost touch with her.

I often see homeless people on the street, and maybe this is sort of a racist thing on my part, but if they are people of colour or black, I automatically assume that they are refugees who came here and got lost in the system somehow. A lot of them are Africans. I wonder if that is what happens if they don't get the psychological support or don't have the family support they need.

One of my friends came here from Rwanda to do his master's in journalism at Carleton. He ended up having a psychological episode on the streets of Toronto, on a bus, and the police had to be called. I was very grateful that they didn't shoot him, which we know can happen. He ended up being diagnosed here as bipolar. He went back to Rwanda and continues to have psychological difficulties.

I think that if we are going to accept refugees here from countries that have been torn apart by war—and right now we are accepting a lot of Syrians who are escaping exactly that—we owe it to them to provide psychological support, to provide at least somebody who they can talk to about what they are going through.

• (1340)

Mr. Adam Vaughan: In terms of what you have experienced with the programs that brought this news to us, the programs that funded overseas excursions by journalists to explore the world and bring us back this information, and in terms of the cuts you've seen in foreign aid to Rwanda from the Canadian government, matched with movements today to withdraw services for refugees voluntarily or by suggestion, is there anything we're doing that is supporting a brighter future for these individuals?

Ms. Sue Montgomery: Here or abroad?

Mr. Adam Vaughan: Here. It seems that with every single program you spoke of there's a retreat on behalf of the government. Is there anything we're doing where we're stepping up and delivering?

Ms. Sue Montgomery: I don't think it's a secret that this government has cut everything, or many things, unfortunately. We tend to support...well, aid countries that have something that we need, such as oil. In the case of Rwanda, what do they have? Nothing.

Any journalism thing that I've done through some kind of government support, such as teaching in Rwanda at the university, that's been cut. I was the last journalist to get the CIHR fellowship. It has been cut. It was only \$25,000. There's only one foreign fellowship now which was set up by the family of former journalist Jim Travers who died. His family set that up.

It's very difficult to go into these countries and report on important issues like this. It's very difficult to see refugees who come here, or immigrants who come here and are struck by the reality of what it's like to live here. It's not easy. Anytime I travel to places like Rwanda, of course a lot of people want to come to Canada because they think it's the best place on earth to live, but if you're not educated and you're black and you're poor, it's a struggle.

Mr. Adam Vaughan: If we were to—

The Chair: Sorry, Mr. Vaughan, but we're at 7 minutes and 20 seconds. I have to go to our next questioner, who is, as I understand it, Mr. Sweet.

•(1345)

Mr. David Sweet: Mr. Chair, I am going to give it to my colleague Mr. Hillyer to ask some questions, but I do want to clarify a few things.

Canada has a reputation and continues to have a reputation of, per capita, taking more United Nations High Commissioner refugees than any other country in the world. I know in the community in which I live, Hamilton, Ontario, we invest millions of dollars, and when I say we, the federal government invests millions of dollars in settlement services for refugees, as well as for immigrants in regard to all kinds of services, medical, psychological, language, employment opportunities, etc.

Last year I was on the border of Jordan and Syria, where we've committed to take more refugees. By the way, 60% of those will be coming in on a very amazing program called the private sponsorship of refugees, which means communities actually get involved with the government and assist them. Many of them will have access to pastoral counselling and psychological help in the communities they'll be in. I was on that border and I was with the royal Jordanian guard. They informed me that of all of the countries that made a commitment to help Jordan actually handle the huge refugee crisis that they have, at that time the only country that had lived up to its promise was Canada, to purchase some water trucks, some trucks to transfer refugees from the border to get them to the camps, to assist them psychologically and mentally, for security, because a lot of al Qaeda and ISIS were actually trying to get across the border. The brigadier-general who was briefing us was profoundly grateful. In fact he said, "Canadians we know are our friends".

I just wanted to put that on the record to be clear regarding the investments that the Government of Canada is making on behalf of all Canadian citizens in regard to refugees everywhere really.

I would say one more thing. As all free countries, we have a challenge between those who are asylum seekers and those who are United Nations High Commissioner refugees. We invest millions of dollars in security screening to make sure that we keep Canadians safe as well for those who land in our country whose identity we can't readily confirm; in fact, on some occasions they actually destroy their documents. We go through all kinds of efforts to make sure that legitimate refugees have a safe haven. Just as importantly, or maybe even more importantly because we are the Canadian government, we make sure that all necessary security screening is done to assure that Canadian citizens are kept safe.

I just wanted to make sure that was on the record among the other comments that were made.

I'll give the rest of the time to my colleague Mr. Hillyer to ask any questions.

The Chair: Mr. Hillyer, you have three minutes and 30 seconds.

Mr. Jim Hillyer (Lethbridge, CPC): Okay.

Thank you for coming.

This is my first day on this new subcommittee, and I know that the focus of this study has been on dealing with the children of rape from the Rwandan genocide. I wonder if, with your experience, you can comment a little bit on the genocide itself. As you know, after WWII the United Nations made their "never again" declaration, where they would never let a genocide happen again. I remember writing a paper for a master's degree. I called it "Never Again and Again and Again", because when it happened in Rwanda and when it happened in Cambodia, the international community made a conscious decision not to call it genocide until a couple of years after.

Can you say anything, in one and a half minutes, I guess, about what we can do to not just help deal with the after-effects of a crisis like this but also to prevent a crisis like this?

Ms. Sue Montgomery: Yikes.

Mr. Jim Hillyer: Yes: you have to solve it.

Ms. Sue Montgomery: I think it just comes down to the fact that a lot of the hatreds between people come from ignorance and a lack of education. I suppose one thing Canada could do is support education around the world, and I guess listen to the warning signs. We knew what was going on in Rwanda, but we didn't really seem to care.

I don't know what else to say other than that. I think it just comes down to educating people.

•(1350)

Mr. Jim Hillyer: Would you say that with this particular crisis of the children of rape, if we don't deal with it, it could lead to more tensions again and more...? For instance, you talked about how they're hushing everything up. It's just building up tension again, and maybe we're not looking at a genocide but more violence.

Ms. Sue Montgomery: Yes. We already see that it's flowing over into the Congo. That's where the *génocidaires* are. There are skirmishes across the border all the time.

So yes, for sure it could happen again. It wouldn't surprise me.

Mr. Jim Hillyer: Okay. Thanks.

The Chair: We'll now go to Mr. Benson.

Mr. Tyrone Benskin (Jeanne-Le Ber, NDP): Thank you, Ms. Montgomery, for finding the time to join us.

One of the things I was keen on when we decided to do this study was that, unfortunately, if one is cold about it, unless we can do things for this generation that this has happened to, such as fund post-secondary education and so forth, and find other ways to help them deal with their own PTSD, they are kind of lost. One of the reasons I think this discussion is important is that this type of action is still happening. It's happening in Syria. It's happening in DRC. My interest is in taking lessons from this.

As we've learned through the Holocaust memorial, there are signs. We've learned there are things that we have to be aware of and that we have to keep this in the consciousness. Through the truth and reconciliation process in South Africa, we've learned that as long as we keep these events alive and in the mind, it helps prevent this type of thing from happening again, which seems to be the antithesis of what is happening in Rwanda now.

In terms of helping individuals prepare for what is to come in the aftermath of Syria and in the aftermath of the DRC, as part of our arsenal in terms of aid, what do you think would be the key things we would need to learn about regardless of the cultural differences? The cultural differences are important, but we are human beings, and we are all affected by things exactly the same way. How we respond to them is where the cultural differences come into play.

How can we better help the countries and the communities of the future deal with this type of violence?

Ms. Sue Montgomery: In the Congo, if it ever ends.... The conflict there seems to go on and on and on, and I don't know how many millions of people have been killed, not to mention raped.

I am very impressed with a lot of the people in Rwanda who are working on this issue, Rwandans who have done some studying abroad and who understand the issues and understand what needs to be done. As is often the case with many of these problems, I think there is not enough money. I think supporting local groups, the grassroots groups and what they're doing is the best thing we could do. I don't think sending in professionals who may or may not understand the cultural situation is going to help. I think it's better to partner with people who are doing that work in the country and to give them any support they need, whether that means training or financial things. A venue for people to meet is, I think, one of the things they need in Rwanda, for example. They need a place to meet and they need materials.

• (1355)

Mr. Tyrone Benskin: I agree wholeheartedly. One of the things we have been hearing about, for example, which has been successful, is HOPEthiopia. They were talking about the work they were doing bringing children and their mothers together and bringing those families together to actually create their own family units within that shared experience, which is giving them support and, from what I gather, facilitating that type of activity—not necessarily sending our viewpoint or our psychologists there—and

actually training people in mental health services while understanding the cultural aspects of that community or that country.

Ms. Sue Montgomery: You asked me if I had met any Canadians who were doing work there. In fact, one of the guys I met was actually with HOPEthiopia but was in Rwanda. He found it very, very difficult partly because of the trust issue. It takes a long time, and that's the problem with sending outsiders into the situation. If they don't know you or where you came from or what you're doing there, they're not going to open up to you.

I was lucky in that sense that I had been there in 2006 and 2007 teaching, so I had made a lot of contacts and I was able to get people to open up to me because they trusted me. But that takes a long time, especially if you are in a warlike situation.

I fully support Canada's role in partnering with people who are working on these kinds of things. A lot of the Rwandans asked me if there was a way they could do a *stage* in a rehabilitation centre here in Canada, for example. I have no idea. Those are things that I really don't know. Other than writing to the people and asking, I don't know.

They really are hungry for information. It's not that they need to learn about what people are going through. They know that because they are all going through it. They need to learn different ways of dealing with it. They have a lot of creative ideas for dealing with it; they just need the resources. I don't think it takes a lot. We're not talking millions and millions of dollars. I don't think it takes a lot of money to provide things like materials to paint or things to do sculpture or any other kinds of creative materials.

The Chair: Since these hearings are being held at your suggestion, why don't we do one more for you, Mr. Benskin?

Mr. Tyrone Benskin: Thank you.

You mentioned substance abuse, and this is not the first time we've heard about this, and prostitution. A lot of these children find their way to this method of hiding, living with, or dulling the pain.

It struck me that this again is one of the things we can do: we can collate the type of reaction to expect in these other countries. These are the types of reactions that are going to happen with these children and with these women who have been raped during the process of crisis. We can say, "Here is the information and here are the ways in which we can help you get and process that information, and you can take that and go and work with your communities in making those communities aware and helping them deal with that."

Again, would that be something that would—

• (1400)

Ms. Sue Montgomery: For example, they just opened their very first chapter of Alcoholics Anonymous, AA, in Rwanda. They have never needed it before. In their culture, they drink milk.

This has become an issue in this next generation and they are having to address it now. One of the psychologists I talked to is working at the newly opened rehabilitation wing of a hospital and said they have AA meetings now. They've never had them before.

There's that kind of information, too, in sharing how we deal with it, but let's face it, it's the same issue in Canada. A lot of the mental health problems we have stem from the trauma people experienced as children. We have a lot of abuse here, a lot of sexual abuse, physical abuse, and psychological abuse that's swept under the carpet. I'm sure that if we started addressing that head-on, there wouldn't be as many mental health cases as we have now.

Mr. Tyrone Benskin: Thank you.

The Chair: Thank you very much, Ms. Montgomery. You have been very helpful to us. I had intended to ask a question myself, but you have helped us to answer it.

Something came out of Mr. Benskin's questions that I wanted to ask about. You said that people have mentioned to you—so I gather this happened more than once—coming here for what you called a *stage*. Help me: does that mean essentially an internship of some sort?

Ms. Sue Montgomery: Yes. This one psychologist who I am so impressed by asked me a number of times.... But he has no interest in coming to live here. He wants to just come and.... He's the one who works in drug and alcohol rehabilitation. Because it's so new, he doesn't really know a lot about it, so he would really like to spend some time here. There's one place I was thinking of. When I cover courts, a lot of people are ordered to go to rehab centres in Montreal or Quebec or somewhere. I thought those would be good places for him to spend some time, just to observe how the counselling is done.

It was interesting when I was talking to him. He had a Rwandan father show up with his kid from Edmonton because they couldn't

get proper care in Edmonton. This kid was out of control. He was taking drugs and drinking, and so on, and the father thought it would be good to take him to Rwanda where there weren't any of these problems, but when I met the kid and his dad, he was drunk—the kid was over six feet tall, one of these big 16-year-olds—so he had obviously found a way to get the stuff in Rwanda. I found it ironic that the father was bringing his kid from a first world country to a third world country to get him over his addiction. This psychologist, who has studied in England, would love to find a way to learn more about addiction.

The Chair: All right. That's helpful. Essentially there is some expertise here that they could use there, and one way of transferring the expertise over is to allow some kind of internships or something.

Ms. Sue Montgomery: Right. Basically, it's how do you make those connections? How do you make those partnerships?

The Chair: That's very, very helpful. Thank you.

Thank you to all of our colleagues.

Ms. Montgomery, we really do appreciate your coming here. I think we would all agree that this has been very useful.

Ms. Sue Montgomery: Thank you very much for inviting me.

The Chair: Colleagues, I'd like to speak to Mr. Benskin and Mr. Vaughan after we adjourn. I was going to go in camera, but I think this would work better. It's a matter not related to Rwanda.

Thank you.

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