



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

44th PARLIAMENT, 1st SESSION

Standing Committee on Veterans Affairs

EVIDENCE

NUMBER 075

Thursday, December 7, 2023

Chair: Mr. Emmanuel Dubourg



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• (1535)

[Translation]

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

Welcome to meeting No. 75 of the House of Commons Standing Committee on Veterans Affairs.

[English]

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

[Translation]

Today's meeting is taking place in a hybrid format, and some members and witnesses are participating by videoconference. Although this room is equipped with a high-quality audio system, I ask that you be very careful when you are speaking and not put your earpiece near the microphone. You will also note that the interpreters are not here physically, but virtually. However, if the connection isn't perfect, it can still disturb or hurt them. So, I ask that you be very careful.

In accordance with our routine motion regarding sound checks, I wish to inform you that all witnesses have passed the sound tests in advance of the meeting.

Before welcoming the witnesses, I would like to give you a warning. We will be discussing experiences related to mental health. It can be a trigger for the people who are here with us, those who follow our work online, members of the committee and their staff who have had similar experiences. If you feel distressed or if you need help, feel free to let the clerk know.

I would now like to welcome the witnesses.

[English]

From the Department of National Defence, we have Linda Rizzo Michelin, chief operating officer of the sexual misconduct support centre; Shoba Ranganathan, director of programs and services at the sexual misconduct support centre; and Colonel Peter Rowe, director of casualty support management. From the Department of Veterans Affairs, we have Amy Meunier, assistant deputy minister of the commemoration and public affairs branch, by video conference; Pamela Harrison, senior director of engagement and events, by video conference; and Dr. Cyd Courchesne, chief medical officer, also by video conference.

You will have five minutes for your opening remarks. We're going to go in the following order, starting with Amy Meunier, then Colonel Peter Rowe and, finally, Linda Rizzo Michelin.

• (1540)

[Translation]

Ms. Meunier, you have the floor for five minutes.

[English]

Ms. Amy Meunier (Assistant Deputy Minister, Commemoration and Public Affairs Branch, Department of Veterans Affairs): Thank you, Mr. Chair and members, for having us here today.

In the spirit of reconciliation, I'd like to begin by acknowledging that the land upon which I testify today is unceded Mi'kmaq territory. Epekwitk is covered by the historic treaties of peace and friendship, and we pay our respects to the indigenous Mi'kmaq people who have occupied this island for over 12,000 years.

Women from all backgrounds have been key contributors to the Canadian Armed Forces, proving their equal commitment through sheer dedication and bravery. Of the 461,000 veterans of the CAF today, 15% are women. They represent the fastest-growing cohort within the veteran population. As of February 2023, women represented 13% of VAC veteran clients.

As we've heard, many women veterans experience difficulty adjusting to post-service life and can find losing their military identity a challenge. They can face difficulties, such as needing assistance with the activities of daily life, periods of homelessness and significantly lower levels of social support.

[Translation]

This means focusing on how we can adjust our processes to ensure that women veterans get the services and support they need, when and where they need it, and how they need it.

[English]

In 2019, the then minister of veterans affairs made a commitment to host an annual forum to discuss the specific challenges women face after service, with the most recent forum taking place earlier this year. VAC has continued to listen to and elevate the lived experiences of women veterans to strengthen our understanding.

[Translation]

In addition, Veterans Affairs Canada, or VAC, continues to work to implement more inclusive transition services for women veterans, in collaboration with our colleagues in the Canadian Armed Forces, or CAF, and those in the Department of National Defence.

In fact, this week the CAF-VAC joint steering committee met and agreed to make support for women in uniform and women veterans a permanent item on the agenda.

[English]

The Chair: Excuse me, Ms. Meunier. We have a problem.

Mr. Bryan May (Cambridge, Lib.): I beg your pardon, and I beg the pardon of the witness as well, but there's a very strange echo that we're getting.

It's very disruptive when she's speaking. As well, there's interpretation with a bit of an echo.

The Chair: I'm sorry, Ms. Meunier. We're going to take a short break in order to correct that situation. The meeting is suspended.

• (1540)

(Pause)

• (1545)

[Translation]

The Chair: I call the meeting back to order.

Ms. Meunier, I apologize. You still have three minutes to finish your opening remarks. The floor is yours.

[English]

Ms. Amy Meunier: VAC's efforts to make inclusive disability benefit decisions continue with the review of our entitlement eligibility guidelines and table of disability to ensure they are inclusive. VAC added a dedicated team to process disability benefit claims from applicant women veterans.

[Translation]

Several other important initiatives are under way in the department to support female veterans. For example, Dr. Cyd Courchesne, who is with us today, is the veteran health champion.

[English]

We launched a regular feature dedicated to women veterans in "Salute!", our monthly newsletter.

[Translation]

Over the past three months, we have held three round tables with women veterans on the topic of employment, homelessness and the concept of a women veterans council.

[English]

We've also heard how important it is to connect women veterans with others in the community through the sharing of stories. Over the past few weeks, we have recorded 19 new interviews with women veterans who shared their experience, and we intend to make those available across all our channels for others to view.

We are increasing educational content and learning material that profile the service and sacrifice of women CAF members and veter-

ans, and are taking more steps to engage educators and youth to ensure awareness of this information.

[Translation]

For 2022-23, \$250,000 was provided to the Research Institute of the McGill University Health Centre through the veteran and family well-being fund. In addition, a total of \$70,000 has been allocated to the Canadian women's well-being initiative, which provides stress reduction training to women veterans and their families.

[English]

The Government of Canada funds two centres of excellence: the Atlas Institute and the chronic pain centre of excellence. Both centres are in the process of conducting research projects related to women veterans' health. Various OSI clinics funded by VAC have started group treatments focusing specifically on women's needs, including mindfulness, wellness groups and women's groups for military sexual trauma.

VAC's veteran well-being community health needs assessment is well under way to develop an inclusive holistic vision of the health and well-being of Canadian veterans, with a particular interest on equity-deserving groups such as women.

[Translation]

Veterans Affairs Canada takes many steps to ensure that women veterans receive the support and services they need and deserve. However, we recognize that much more needs to be done. That's why we're eagerly awaiting this committee's recommendations on how we can improve the experience of women veterans.

Thank you.

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

We, too, look forward to seeing that report and its recommendations.

I now invite Colonel Peter Rowe to take the floor for the next five minutes.

[English]

Colonel Peter Rowe (Director, Casualty Support Management, Department of National Defence): Thank you, Mr. Chair.

Good afternoon.

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

My name is Colonel Peter Rowe. I'm the director of casualty support management at the Department of National Defence and Canadian Armed Forces. As such, I oversee the casualty support administration that's provided to CAF members and their families when deaths and serious injuries occur.

I'm also responsible for our national military cemetery, the Canadian Armed Forces HOPE program, which provides peer support to CAF members and their families who are bereaved by the death of a family member, and our operational stress injury social support program, OSISS, which is why I've been called before you today.

The health and wellness of women veterans is very important. I am pleased to be here today to participate in your study on the experiences of women veterans and to talk to you about our OSISS program, which provides peer support to CAF members, veterans and their families who are living with operational stress injuries, which are also known as OSIs.

OSISS is one of the many resources that the Canadian Armed Forces transition group offers to assist ill and injured members, veterans and their families. Our OSISS program is a national peer support network that has existed since 2001. It is delivered in partnership by the Department of National Defence and Veterans Affairs Canada. It is a critical, non-clinical addition to the mental health support of both departments. It offers a wide range of services to any serving or retired member of the Canadian Armed Forces who suffers from an OSI, and to their families.

An operational stress injury, for OSISS, is any persistent psychological difficulty resulting from operations in the military. This can include incidents in training, domestic operations or international operations, or simply burnout from the stressful demands of military life.

OSISS, as a non-clinical program, does not require a formal diagnosis of an OSI for access. Instead, it focuses on supporting members, veterans and their families in dealing with the impacts and social behaviours associated with operational stress injuries. Recognizing the challenges of seeking clinical treatment, OSISS provides a safe space for individuals with similar experiences to access and obtain direct support.

Given the risks of isolation and stigma for those affected by OSIs, the program aims to eliminate these factors and promote mental wellness and recovery.

For someone living with an OSI, the road to wellness can be hard to navigate. Peer support connects them to an understanding ear and a supportive community of people with similar experiences to help set goals and provide effective resources that can help. Breaking down the stigma and providing social peer support has led many CAF members, veterans and their families to seek the help they need and change their lives for the better.

Our OSISS team consists of approximately 70 staff across the country and a network of 79 trained volunteers who bring first-hand, lived experience and practical knowledge of what it is like to struggle with an OSI or to live with someone with an OSI. Peer support is provided one-on-one or in group sessions. On average, OSISS has approximately 2,000 peer contacts per month, of which

80% are veterans and their families and 20% are CAF members and their families.

We are currently evolving our program to support diversity and inclusiveness. We now have speciality support groups for indigenous peers, separated marital status groups and two regional women's groups with a third being planned. These groups aim to provide a safe space for members, veterans and families with unique experiences to receive trauma-informed peer support that considers the circumstances of each group's experiences, military service and the different sources of OSIs.

Finally, I would like to mention a success we've had in the recent months. In partnership with the Toronto Police Service, the military veterans wellness program was established. The military veterans wellness program has been adopted and well accepted by all police agencies in Ontario. It is soon rolling out in Regina, Saskatchewan. The RCMP also intends to adopt this program in the near future. This program creates an additional referral mechanism into OSISS for veterans in need.

Thank you very much. I look forward to your questions.

● (1550)

The Chair: Thank you very much, Colonel Rowe. Welcome to the committee.

[*Translation*]

Linda Rizzo Michelin, we welcome you for the second time, but you're wearing a different hat this afternoon. You have the floor for five minutes.

[*English*]

Ms. Linda Rizzo Michelin (Chief Operating Officer, Sexual Misconduct Support and Resource Centre, Department of National Defence): Thank you for inviting us here again today. We really appreciate that.

Since 2015, the sexual misconduct support and resource centre has been supporting Canadian Armed Forces members who have been affected by sexual misconduct.

Over the last few years, the sexual misconduct support and resource centre has undergone many expansions. Today, the—

The Chair: Excuse me, Ms. Rizzo Michelin.

A voice: We're hearing the English interpretation over top of...

The Chair: We will check that out. Just one second.

Continue, please. You have more than four minutes.

Thank you.

● (1555)

Ms. Linda Rizzo Michelin: Thank you, Chair.

Over the past few years, the sexual misconduct support and resource centre has undergone many expansions. Today the SMSRC provides support to those affected by sexual misconduct over the age of 16, including current CAF members, former CAF members and veterans, current and former Department of National Defence public service employees, cadets, Junior Canadian Rangers and families. We also provide expert advice, guidance and recommendations to the Department of National Defence and the Canadian Armed Forces on matters related to sexual misconduct. The SMSRC operates independently from the Canadian Armed Forces chain of command and reports directly to the deputy minister of national defence.

As we know, many women veterans have experienced sexual misconduct during their time in uniform. The impacts of these events have been and continue to be profound. The SMSRC offers services that are supportive, inclusive and confidential. I will take a few moments to highlight some of the programs and services that are available.

Individuals affected by sexual misconduct can call the SMSRC 24-7 support line for confidential support, information on options, guidance on supporting others and referrals to care and service organizations. They will be connected with a trained counsellor in the official language of their choice 24 hours a day, seven days a week, toll-free by calling the 1-844-750-1648 number.

Veterans who have come forward and used our line have expressed issues regarding some of the barriers in accessing support and care. They mentioned that it was hard to advocate for themselves.

That brings me to our next program, the response and support coordination program. Individuals can obtain continuing support and assistance from a dedicated coordinator. Upon calling the SMSRC, individuals can receive various support services from their assigned coordinator, such as information and referrals to resources and services, advocacy, and accompaniments to appointments, meetings or proceedings. For example, some women veterans seek help from their RSC to fill out the VAC forms, accompany them to appointments or advocate on their behalf for VAC services.

The independent legal assistance program facilitates access to legal services for individuals who have experienced military sexual misconduct. In the current first phase of the program, the SMSRC is providing reimbursements for eligible legal costs incurred by those who have experienced military sexual misconduct.

The peer support program is currently being developed in collaboration with colleagues at Veterans Affairs Canada for current and former Canadian Armed Forces members, veterans and DND public service employees who have experienced sexual misconduct. Our current services include an online discussion platform and formal group sessions.

The SMSRC restorative engagement program provides class members of the sexual misconduct class action settlement with various options to share with representatives of the Department of National Defence aspects of their experience, impacts or insights as they relate to sexual misconduct.

The community support for sexual misconduct survivors grant program funds projects led by not-for-profit Canadian community-based service providers. These organizations have capacity and expertise to provide services and initiatives for those who have been affected. Projects include such things as support for sexual assault centres, virtual platforms, research and academic institutions, and counselling services.

The community consultations initiative has been established within the SMSRC to engage directly with those who have been affected by sexual misconduct. These consultations help to obtain feedback and inform our existing and future SMSRC support services, programs and initiatives to better reflect the community's needs.

Finally, the SMSRC outreach program uses different ways to reach our various clients, such as our veterans or our women veterans, in order to increase awareness about the various programs and services available.

We encourage those who have been affected by sexual misconduct to reach out to the SMSRC through the 1-844-750-1648 number.

Thank you again for this opportunity to be here today. We look forward to your questions.

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

Now we are going to start with our period of questions. We're going to start with the six-minute questions.

I invite, first of all, Mr. Blake Richards, for six minutes, please.

• (1600)

Mr. Blake Richards (Banff—Airdrie, CPC): Thanks, Mr. Chair.

I have a number of important questions for each of you. However, for reasons I'll explain in a moment, I am first going to have to move a motion that we weren't able to finish dealing with during our committee business, which we had scheduled on Tuesday.

I don't know if it's required, but I believe it is, Mr. Chair. I'll read it back into the record during this meeting.

I move that, in relation to its study on the national monument to Canada's mission in Afghanistan, the Standing Committee on Veterans Affairs call the deputy commander of military personnel, Lieutenant-General Lise Bourgon, to appear before the committee on or before December 7, 2023, and order the production of all memoranda, briefing notes, emails, correspondence or any other records of conversations or communications—including text messages, Microsoft Teams messages, WhatsApp messages, Signal messages or other electronic messaging—with regard to the national monument to Canada's mission in Afghanistan, transmitted since February 1, 2021, between the Department of Veterans Affairs and the office of the Minister of Veterans Affairs, the Department of Canadian Heritage and the office of the Minister of Canadian Heritage, the Department of Veterans Affairs and the Privy Council Office, the Department of Canadian Heritage and the Privy Council Office, the Privy Council Office and the office of the Prime Minister, the office of the Minister of Veterans Affairs and the office of the Prime Minister, and the office of the Minister of Canadian Heritage and the office of the Prime Minister, provided that these documents shall be provided to the clerk of the committee, in both official languages and without redaction, no later than December 13, 2023.

I have given the rationale for the motion, but I'll just briefly indicate for those who are watching or are with us today—

Mr. Sean Casey (Charlottetown, Lib.): Mr. Chair, I have a point of order.

I believe the appropriate procedure, because the last meeting was adjourned, was a motion to resume debate as opposed to the reintroduction of the same motion.

A motion to resume debate is a dilatory motion, which goes straight to a vote.

The Chair: I have to consult the clerk about that.

Mr. Blake Richards: Just on that point before you do so, Chair, I believe it's within my rights to move a motion, and I am doing so. I don't believe there is a need for a dilatory motion. We have a motion—

Mr. Bryan May: I have a point of order.

The Chair: I have to finish with the first point of order, and then I am going to go to you, Mr. May.

The clerk would like to suspend for a minute in order to consult his superior. I will come back to you.

The meeting is suspended.

• (1600) _____ (Pause) _____

• (1605)

[Translation]

The Chair: I call the meeting back to order.

[English]

As per the consultation, MP Casey, you are right.

He's not able to do that because this motion was discussed at our last meeting, but he can move a dilatory motion to ask to debate

that. The dilatory motion should go to a vote, and you will be able to continue on that motion.

Is that okay, Mr. May? Okay, that's perfect.

Go ahead, Mr. Richards.

Mr. Blake Richards: Thanks, Mr. Chair.

In that case, I move that we resume debate on the motion that I moved at the last meeting.

The Chair: We have to go to a vote on that.

I'm going to ask the clerk to take the vote on that dilatory motion.

(Motion negated: nays 7; yeas 4)

The Chair: I'm sorry to our witnesses online and here.

Mr. Richards, you still have six minutes for questions.

Please, go ahead.

Mr. Blake Richards: Thank you.

That's unfortunate, because I think it's important for those who served in Afghanistan to have the opportunity to know what has happened with the interference that the PMO provided in their monument, but I guess that will wait until some time in February, I suppose, unfortunately, instead of now. It would have been nice to be able to deal with the motion quickly and come back to our witnesses, but we will just be going straight back to the witnesses. That's fine.

I will start with a question for Ms. Meunier.

You mentioned in your opening remarks that you have an annual forum. I can't remember exactly what you called it, but it was essentially to listen to the challenges that women veterans face.

I wonder if you could tell us a little bit about what was heard at this year's forum and what changes VAC will be undertaking as a result of what you heard from women at this year's forum.

• (1610)

Ms. Amy Meunier: The forum was held in February of this year. It was a hybrid event, both virtual and in person, with over 250 individuals participating.

Some of the key themes that we heard were that we need to strengthen the inclusive and intersectional GBA+ mindset within Veterans Affairs and CAF-DND, include marginalized and underserved voices with lived experience in the design, development and evaluation of programs, policies and services as well as commemorations, and continue to lead on concrete actions towards more equitable futures for all veterans.

We also heard a bit about the office of women and 2SLGBTQI+ veterans, for which I'm the ADM responsible presently, to have an expanded focus that's inclusive of all marginalized veterans groups, in particular recognizing the cultural needs of two-spirit veterans as well as first nation, Inuit, Métis, Black and racialized veterans when addressing the needs of marginalized veterans.

The panellists and other individuals there called for the department to diversify, enhance the ways we engage and include veterans in our program policy development, addressing gender biases and providing individually focused, trauma-informed research care and support for women and 2SLGBTQI+ veterans.

The forum in February was inclusive of both women and 2SLGBTQI+ veterans. We are actively working on the next upcoming forum, which we expect to take place in the new year.

Mr. Blake Richards: I have a question, as well, for Colonel Rowe.

It's probably for you. You can refer it, if you think that's necessary.

We've heard throughout this study from women who talk about the fact that much of their equipment or kit doesn't work for a woman's body, and about some of the injuries and challenges they face as a result of that. In particular, it's even to the point where we heard testimony about women having to alter their bodies, rather than having the kit or equipment altered to suit their bodies.

Can you speak about that and tell us what CAF is doing to ensure equipment or kit for women is appropriate for their use?

Col Peter Rowe: Thank you, Mr. Chair, for the question.

Unfortunately, I don't have much experience in that area, so I don't think I'm the right person to answer that.

Mr. Blake Richards: Would you be able to have the appropriate person at DND provide us with a written response to that question?

Col Peter Rowe: I'm trying to think of who that might be. I'm not sure who is involved in developing the equipment for the Canadian Armed Forces.

Mr. Blake Richards: Could you commit to going back and ensuring that happens? Otherwise, the committee would be required to have a motion to ask the department to provide that.

It looks like Ms. Rizzo Michelin has something to offer.

Ms. Linda Rizzo Michelin: I don't have an answer, but our parliamentary affairs staff are here. They can take care of that question for you.

Mr. Blake Richards: Would you be willing to commit to bringing that back to the committee?

Thank you. We'll leave that one with you. That's much appreciated.

This is probably best placed with Ms. Meunier, but whoever feels it's appropriate to answer this....

There are a lot of common injuries we hear about in certain trades in the military. One very good example we hear about, often, is hearing loss and tinnitus. Can you give us a sense of whether you think a presumptive injury list or something along those lines would make sense, considering there are, no doubt, recurring conditions faced by many former members of the Canadian Armed Forces?

• (1615)

Ms. Amy Meunier: I might start off by highlighting that we—I talked about it in my introductory remarks—have entitlement eligibility guidelines. Those serve as a decision-making tool for individuals to link up trades, years of service, repetitive injuries—

Mr. Blake Richards: I'm sorry to interrupt, but what I'm trying to get at is.... I appreciate and understand that exists, but we often hear about.... These types of claims are so common. Wouldn't it make sense not to put veterans through a long and exhaustive process to get something they're going to get in the end anyway?

Let's just presume it's an injury they received in their service and just provide it to them. That's what I'm getting at.

The Chair: Go quickly, please, Ms. Meunier.

Ms. Amy Meunier: We're always looking at ways to improve the processes. Hearing loss and tinnitus would be decisions made quite quickly. I believe the current turnaround time is somewhere between four to six weeks.

We're always looking at ways to approach applications to render decisions much faster.

The Chair: Thank you very much.

Now I invite MP Randeep Sarai for six minutes.

Mr. Randeep Sarai (Surrey Centre, Lib.): Thank you.

Thank you, all, for being here.

I have a quick mention for the clerk. Can he, in the future, make the names a bit larger or use a larger font? I'm 48 now, and my eyesight is not that great. I have to squint.

I believe it's Ms. Meunier, so I'll ask my question of her.

Thank you for being here today. We heard a lot from witnesses that programs and policies have to take into consideration the different needs of women veterans. Can you help explain what Veterans Affairs Canada is doing to take into account the different needs of women veterans in your programs and policies?

Ms. Amy Meunier: Thank you for that question.

I might ask some of my colleagues to join in the answer.

I would start off by saying that we are making sure we have a good understanding of the data and the actual experience of individuals. Our community health needs assessment will go a long way in helping us to refine our understanding of the unique and different challenges individuals may have throughout their life courses and, in particular, in helping them access benefits and services from the department.

With a GBA+ review and the GBA+ policy, we're systematically going through all our current policies to ensure that they have the right lens approach and that there are no unintentional biases or inadvertent obstacles built into them. As well, on the service delivery side, it's looking through all the operational tools. I mentioned the table of disabilities and the entitlement eligibility guidelines. It is looking at each one of those to ensure they represent the impact or the experience of gender diversity.

I think there are a lot of ways we are approaching how to improve our benefits and services, and the delivery of those benefits and services. In summary, I'd say it's about understanding the data and the actual experience, and about listening to the stories of lived experience from individuals such as those who have been part of this committee's study. It's making sure that we are building new programs and policies that take into account all diverse experiences and then operationalizing those, as well as looking at everything we have in place currently to make sure the programs are meeting the needs of a diverse population of veterans.

My colleague Pam may have more to add.

Mr. Randeep Sarai: Sure.

Ms. Pamela Harrison (Senior Director, Engagement and Events, Department of Veterans Affairs): Thank you for the question.

The testimony we've heard from more than 20 women, who have bravely come forward to this committee to share their stories, will go a long way in helping us to make changes, both within Veterans Affairs Canada and the Canadian Armed Forces. Their testimony was powerful. Being here today is an opportunity for us to thank not only this committee but also all those witnesses who came forward to share their powerful stories so that we can learn more.

We're also, on our part, collecting those stories. We're meeting with women veterans as often as we can to discuss the topics that are important to them. It's also to record their stories and to share their stories out. We've been told that storytelling is important so that they're connected to their community and they understand that they're not alone in what they've experienced in service and post-service life.

Thank you.

• (1620)

Mr. Randeep Sarai: Thank you.

Going on that, witnesses told us some challenges they faced in terms of their reproductive health. One example we heard was that it's hard to accept the fact that a physical or mental injury associated with one's service had an impact on one's reproductive health or childbirth.

What's your strategy to address these particular issues for the women facing them?

This is for Ms. Meunier or Ms. Harrison.

Ms. Amy Meunier: I might look to my colleague Dr. Cyd Courchesne.

Dr. Cyd Courchesne (Chief Medical Officer, Department of Veterans Affairs): Thank you.

Yes, we've heard those stories. This would come through to the department through an application for a disability. Each case would be evaluated on a case-by-case basis. If it was related to their service in any way, then we would look to support that veteran.

Mr. Randeep Sarai: Have you looked at these types of situations to see the correlation? Has there been any work done, any scientific evidence or asking medical doctors who might be able to help?

Traditionally, obviously, it probably wasn't something that was looked at. With the entry of women into the armed forces and with these types of injuries happening, I think it's something that should be taken into consideration. I don't know if there has been a strategy on that.

Dr. Cyd Courchesne: Thank you.

You're correct. There hasn't been much research done on that. As cases come forward, we don't have any data right now to trend, per se. We are working closely with our colleagues from the Canadian Armed Forces in doing research on reproductive health in women—serving members and veterans. We look to find out more in this area as we hear the stories come to us.

Mr. Randeep Sarai: In my last question, I made reference to a veteran who called me the other day with a question. The question was about the need for case managers in particular to receive training about trauma awareness.

What type of training does typical staff at VAC receive in terms of understanding trauma awareness?

Dr. Cyd Courchesne: I'll take that question, if my colleagues don't mind.

In 2020 we started providing all frontline staff with trauma-informed care. That's the core and the basis of training, but they receive more training on screening for suicidal risks and the road to mental readiness. They have a progression of training that is provided to the frontline staff and to all other staff in the department, in fact.

[*Translation*]

The Chair: Thank you very much.

I will now give the floor to Mr. Desilets for the next six minutes.

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

Good evening, colleagues.

I want to quickly go back to the previous vote. For me, it's a matter of procedure that I didn't vote in favour of the motion. I, myself, have amendments to propose, and I simply didn't want to take time away from our witnesses. I saw that it created a slight quid pro quo.

Ms. Michelin or Ms. Ranganathan, my question is for either of you: Do you recognize the physical or psychological problems caused by sexual assault as injuries?

Ms. Shoba Ranganathan (Director, Programs and Services, Sexual Misconduct Support Centre, Department of National Defence): Thank you for the question.

Yes, I think our clients have injuries that come from sexual assault. It's difficult for us to deal with such injuries, because the support we provide consists of care, but not treatment.

[English]

We don't offer treatment per se. We offer opportunities for them to be referred to community organizations, health services or to Veterans Affairs, where they would be able to get support for some of the physical presentations they would have. We do help them with the referral.

• (1625)

[Translation]

Mr. Luc Desilets: Thank you.

Again, I'm not sure which of you will be able to address this question.

Justice Arbour tabled an obviously very interesting report. Recommendation 5 of this report states that sexual misconduct cases under the Criminal Code must be removed from the hands of the Canadian Armed Forces in order to be dealt with in the usual way by a civilian criminal court. Is that recommendation being implemented?

[English]

Ms. Linda Rizzo Michelin: In terms of recommendation five, it doesn't fall within the sexual misconduct support and resource centre in terms of our mandate. What I will say and what's really important is that, whatever approach is taken, it remains people-centred, and individuals who have been affected by sexual misconduct have that choice in terms of where they choose to go for some of the support they need.

[Translation]

Mr. Luc Desilets: I understand, but since you meet with victims of sexual misconduct, do you hear that this recommendation is being implemented or not? Have you heard of any civil court cases?

[English]

Ms. Linda Rizzo Michelin: Again, I can't speak to recommendation five, as that would be outside of our particular mandate. I would say that, for any individual it does concern, we encourage them to call the sexual misconduct support and resource centre.

[Translation]

Mr. Luc Desilets: Okay.

At this time, are you seeing fewer sexual assaults reported than a year, two years or even three years ago?

Ms. Linda Rizzo Michelin: Sorry, I didn't understand the question. Could you repeat it, please?

Mr. Luc Desilets: I'll repeat it.

In your current role, are you seeing fewer sexual assaults reported than a year, two years or three years ago?

[English]

Ms. Linda Rizzo Michelin: In our particular organization, we're dealing with individuals who are coming forward with sexual misconduct incidents or situations. We're not comparing it with a year ago, in terms of sexual assault.

Any individual who comes forward to us is getting the support they need based on where they are at a given time.

[Translation]

Mr. Luc Desilets: Okay.

I have no further questions. Thank you.

The Chair: Thank you, Mr. Desilets.

[English]

I now invite Ms. Rachel Blaney to go ahead for six minutes.

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

I appreciate all the witnesses for being here today.

I am going to be directing my questions towards representatives from the SMSRC.

First of all, I know the SMSRC was established in 2015. We know some veterans and their families don't necessarily know about it. I'm wondering if you can share with the committee more about what you offer a veteran who has experienced military sexual misconduct.

Ms. Linda Rizzo Michelin: Thank you for the question.

All the programs we mentioned—the 24-7 line, the response and support coordination program, the independent legal assistance program, peer support, the restorative engagement program and the grant program—are accessible to women veterans and members of the Canadian Armed Forces. We encourage women veterans and CAF members—anyone who has been affected by sexual misconduct within our mandate—to come forward.

There is support at the 24-7 line to get immediate support from a trained counsellor on the line. If more in-depth support is needed, we have response and support coordination, where an assigned coordinator will be able to help the individual with medical appointments and accompaniment. It's a more supportive type of counselling.

The independent legal assistance program is also available to veterans. If someone has incurred eligible legal costs and requires some reimbursement, we have that first phase available to them. In our peer support program, we will be launching new formal group sessions in the new year, so we're encouraging individuals to come forward there.

If an individual is also part of the class action lawsuit, there is an opportunity for class members to come forward through a restorative process, where they can share their stories and help in terms of moving forward culture change in the broader defence team.

There are several various programs. Those are just to name a few. I would encourage individuals who have been victims or who have experienced sexual misconduct to come forward to the SMSRC.

Perhaps I'll add one more thing. If we can't provide the services, we also refer out. We have quite a wide network across the country, in terms of other organizations and support services we refer individuals to.

● (1630)

Ms. Shoba Ranganathan: I could add to that.

Sometimes our clients don't know what they want. I think that's something to state. If they don't know what they want, but they've had an experience with sexual misconduct, they can reach out to us. Perhaps we can help them find the right program for them. It's not necessarily one-size-fits-all. Not everybody who comes has response and support coordination or goes to peer support. However, when they talk to our counsellors, they get a better understanding of what we can do to help them with their journey, whether it's facilitating reporting or referring them to a case manager to attend appointments. Really, it's individualized care based on their particular needs.

If they call us, we can help them figure out the best thing for them.

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

We've heard testimony—Dr. Courchesne is here again today—that the Department of Veterans Affairs is working in partnership with the SMSRC.

Could the representatives from the SMSRC please answer?

How closely are the two departments aligned? Are they able to talk openly with each other? Do they see any challenges that make this difficult sometimes? I don't say that as a criticism. I think, from what we've heard clearly from a lot of women veterans during this time in committee, there seems to be a gap. They don't necessarily know about these services.

I'm wondering whether, from your perspective, there is anything that could be done better to support women veterans in getting the support you provide, which sounds comprehensive.

Ms. Linda Rizzo Michelin: I guess there are two parts to the question. On the first piece, the collaboration with Veterans Affairs Canada, I will say, on the peer support program that is being developed right now, the two organizations are working very closely to establish a peer support program that is going to meet, I'm going to say, various needs within it. There are three different lines within that program. There's the discussion platform, formal group sessions and those types of things. That collaboration has been working for over two years now, very closely, to establish those pieces, so that is in good motion to move forward.

On the latter part of the question, in terms of challenges, it's more about the time to ensure that what is developed is always people-centric and very much centred on what the community needs are, and that takes time. If we're being trauma-informed in our approach to the development of programs—which we are doing very clearly, and we're moving forward on that—it takes time. We want

to make sure that we are connecting with veteran women and those who have been affected to make sure that whatever is developed is going to meet their needs.

I would say one of the biggest challenges is ensuring that what we put in place is trauma-informed and client-centred and meets the needs of the client, and that takes time. I would say that's probably the biggest challenge we face.

● (1635)

Ms. Rachel Blaney: Thank you for that.

My last question is this. Is there any engagement in having the staff who work with veterans at VAC trained?

You talked about being trauma-informed, and we've heard a lot of times that veterans feel traumatized when they reach out to VAC. I'm just wondering if there's any work happening to increase training—from your perspective, wisdom and knowledge base—in supporting women who have experienced sexual trauma.

Ms. Linda Rizzo Michelin: Cyd, do you want to take that?

Ms. Rachel Blaney: No. I don't want Cyd to take that. If I could have you take that—

Ms. Linda Rizzo Michelin: I'm sorry. I thought you meant if you were....

I will say, in terms of our interaction with the team at VAC, it's been a very close relationship. The individuals who are hired within the program to do the peer support are qualified. Some have a background in social work, so they already have expertise in some of those areas. We're very careful within that to make sure that the individuals who are part of the peer support program have that trauma-informed approach and that they have strong mental health workers, who are all part of what we are developing together as we go forward.

I can speak to where our connection is with it, and that has been very positive in terms of moving forward.

The Chair: Thank you.

Thank you, Ms. Blaney.

Now let's start the second round of questions. I invite MP Cathay Wagantall to take her five minutes, please.

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

Just in general, one of the things that's negatively affecting all veterans is that their own health records are being kept from them. In this whole process of a smooth transition, right from back in 2014, one issue that continually comes up is that they do not have access to their files. Health records cannot be shared with a third party in Canada, so when a member of the CAF releases from the forces and their medical files are sent to VAC, the member cannot access their own files since VAC is interpreting this policy strictly and considers the member to be a third party.

This is not acceptable. I don't know....

Dr. Courchesne, you have been in your role for a decade now, and this issue still persists. We had a witness very recently who was severely gang-raped and faced terrible circumstances. It took a long time to get VAC to respond, and eventually, it was the pension advocates who discovered that there were files associated with this that were hidden away from her in an area that was not accessible. She wasn't even aware that they existed.

This is very disconcerting, especially when we're talking about women and the whole issue of military sexual trauma. We know there's been a lot of cover-up, and they are not getting the care they need, I believe, because they do not have access to those files.

Dr. Courchesne, can you speak to that? I would then like to get the perspective of the acronym over there, please.

Dr. Cyd Courchesne: Thank you.

I'm sorry. I think everything froze for a while and the audio dropped.

With respect to medical records, upon release, all service members—and I went through that process—can access their medical records. They have to go through the director to get access to information and privacy, but they'll get the entirety of their medical records. Medical records are not transferred to Veterans Affairs. They go to the national archives. The Canadian Forces health services have to hold them for a certain period of time, and then they go to the national archives.

They do not come to us. We only get information with respect to the condition for which the service member is applying.

Mrs. Cathay Wagantall: Thank you.

I see a huge issue in that approach. I understand that there are things that need to be kept private on the basis of where they were or whatever, but we've been working on this since I've been here, which is eight years. There have been no results whatsoever in making these files available to them as they leave. They should be accessible at all times. They are their files. If they need to be struck for sensitive issues on deployments or whatever, fine.

We have a case here of a young woman who is now a single mother and has suffered immensely. Her files were not together, and I believe it's as a result of the issues we're facing here around what women have faced in the armed forces since the beginning of being able to enlist. This needs to be changed.

Linda or Shoba, if you're working with a client, do you have the opportunity to assist them to get all of their medical files?

• (1640)

Ms. Linda Rizzo Michelin: We're both going to jump in at the same time and say, absolutely.

Please, Shoba, feel free to go ahead.

Ms. Shoba Ranganathan: Certainly we have to work within the processes that exist. We will absolutely help every client to access their files, but we have to work within the policies and the processes that exist.

Mrs. Cathay Wagantall: I see a severe problem with the existing processes, then.

Colonel Rowe, could you respond to that at all? I know that you work with OSISS, and I think it's a really important program.

Col Peter Rowe: Unfortunately, I'm not involved in that area.

Mrs. Cathay Wagantall: Yes, I figured that was the case.

I'm sorry, Linda. I interrupted you.

Ms. Linda Rizzo Michelin: It's the same. For us, we're not involved with the health record or the medical record for an individual within the Department of National Defence, but we definitely would be able to support, as Shoba mentioned, our counsellors to help them through the process to access their information.

Mrs. Cathay Wagantall: Have you done that?

Ms. Shoba Ranganathan: I believe we have. Our response and support coordinators, who are our case managers, will facilitate some of these processes.

Mrs. Cathay Wagantall: Could you give a report to this committee on how many times you have done that, how long it took to get through that process and what that process was? Is that recorded anywhere?

Ms. Shoba Ranganathan: I'll have to check. We limit what we include in our case notes to protect the clients. I'll have to go back to my team and see.

Mrs. Cathay Wagantall: I'm not asking for details at all.

Ms. Shoba Ranganathan: I can definitely get back—

Mrs. Cathay Wagantall: It's just whether you had to reach out, how you reached out, how long it took and whether the client got the information they needed on their own files. Are they able to keep those files at that point, then? Are they theirs, in their hands? Do you know?

Ms. Shoba Ranganathan: I believe that, once they have a copy of their files.... As Dr. Courchesne mentioned, when they are released from the military, they get access to the health records, and I believe they get a copy of their records.

Colonel Rowe, I think that's—

Mrs. Cathay Wagantall: This young woman did not get a copy of her records. This is where we have a conflict between what is said is done and what happens.

I'm sorry. Go ahead.

Col Peter Rowe: I can only talk from personal experience that, as a serving member, I can go to the Canadian Armed Forces health services medical clinic and ask to see any specific part of my medical record, and they'll give me a copy.

Mrs. Cathay Wagantall: Do you need to know what it is that you're asking for?

Col Peter Rowe: In general terms, you don't need to have the exact name of a certain form or anything. You could just ask to have your treatment notes from a certain date.

Mrs. Cathay Wagantall: What if you asked for all of your files?

Col Peter Rowe: I don't know if that office is capable of doing that and if they're resourced for that. I think that might have to go through the access to information department. I'm not sure.

Mrs. Cathay Wagantall: I don't understand why our serving members need to go through access to information when they are their files. They should have access to them.

Col Peter Rowe: I could be wrong on that. I'm not sure.

Mrs. Cathay Wagantall: I'm just saying—

Ms. Shoba Ranganathan: In my previous life, I worked at health services as well. We do have policies on informal requests for access to information for health records, but again, whether you get the whole of your health records.... Sometimes the health records are very big.

Mrs. Cathay Wagantall: Sure.

Ms. Shoba Ranganathan: Again, I think—

The Chair: Thank you. It was really interesting, but I have to interrupt.

Thank you, Mrs. Wagantall.

Now let's go to MP Carolyn Bennett for five minutes, please.

Hon. Carolyn Bennett (Toronto—St. Paul's, Lib.): Thank you very much.

I would like to follow up on Ms. Wagantall's question about access to records. It's in the action plan for all the provinces and territories, so I can't understand why anybody working for the federal government or as a veteran would have to go through access to information when we are asking the provinces and territories to make sure that every patient in this country has access to their records.

I do understand that, once they had access to their records as a serving member, then it would be up to them to show Veterans Affairs what they want to see. That's how we find errors. I think what we've heard throughout this testimony is that there are serious omissions in what's in their record. The sooner they can find that omission and correct their document as a serving member...they can't be told later that because it wasn't in their serving record they can't be compensated for it.

I think what we're trying to say is that there's a sort of systemic problem. Ms. Meunier suggested that you've been watching this committee. I want to ask you this right out: Have you reached out to everybody who has testified to try fix their problems?

• (1645)

Ms. Amy Meunier: I have not personally reached out to all of them to address the issues, but I know that the department has reached out to many of them. I'm not privy to their client cases or that kind of information.

Hon. Carolyn Bennett: It seems that, even when we heard from the RCMP veteran women's council, or as you're setting up.... Listening to the people who have had the lived experience, they're actually the experts. I guess I'm a bit worried that there doesn't seem

to be the feedback loop in terms of the quality assurance even on gender-based analysis.

I think peer support is fantastic, but who is being involved in the peer support criteria, terms of reference, training, privacy, confidentiality, boundaries and all of that? Who is setting that up and why is it taking so long?

Ms. Amy Meunier: I'm sorry. If that was a question to me in terms of the sharing of information—

Hon. Carolyn Bennett: No, it was about setting up the peer support.

Ms. Amy Meunier: Okay—my apologies.

Ms. Shoba Ranganathan: We did consult with people with lived experience to identify what—

Hon. Carolyn Bennett: Is there a formal committee that keeps giving you feedback as to whether it works or not?

Ms. Shoba Ranganathan: We did have a formal consultation group very early on to identify the various offerings. Right now we're running formal group sessions and getting feedback from the participants to see whether or not we're meeting their needs. Before we launch a formal program, we will collect all the feedback and do the analysis to have a better understanding of how to do the long-term sustainability of those formal group sessions.

So far we have received very constructive feedback and very positive feedback on the way forward. We do believe we'll be able to roll that out formally and make it more accessible very shortly.

Hon. Carolyn Bennett: You've been there since 2015, and it seems a lot of people don't know about you.

Ms. Linda Rizzo Michelin: In terms of the sexual misconduct support and resource centre, one of the programs we've put in place recently as well is our outreach program. We are doing a concerted effort. Our team is going out to all the bases and wings across the country. We have our social media posts. There is a very detailed outreach process to make sure—

Hon. Carolyn Bennett: Is it at basic training that people know you exist? Are the men also being trained?

Ms. Linda Rizzo Michelin: In terms of outreach, we do a lot of outreach—

Hon. Carolyn Bennett: In terms of the consequences of sexual misconduct, are both the women—

Mrs. Cathay Wagantall: It's DND, not these ladies.

Hon. Carolyn Bennett: Yes, but they are DND as well. Are they feeding back into DND?

Surely we're in the business of prevention too.

Ms. Linda Rizzo Michelin: We do work collaboratively with the other organizations within DND and CAF. We are independent from the chain of command. We do share and we provide feedback and recommendations and guidance to the rest—

Hon. Carolyn Bennett: Can you let me know how? What's improved from some feedback that you've given?

Ms. Shoba Ranganathan: Previously, we were responsible for the development of training programs around prevention: the respect in the CAF and the building our future programs at the military colleges, as well as a scenario-based e-learning.

We've since transferred those over to the chief of professional conduct and culture, and they will be delivering it as part of the culture initiatives. However, we are still involved in the evaluation and the monitoring of the delivery of those programs, and we continue to provide subject matter expertise on all of those.

We are finding opportunities to involve ourselves so that we can let people know about our services and about sexual misconduct within the military in and of itself. As Linda mentioned, we are doing outreach sessions. Some of them are within predeployment opportunities and some of them are within the schools as well, so we are looking at expanding that reach as much as we can.

The Chair: Thank you very much, Mrs. Bennett.

[*Translation*]

The next two interventions will be two and a half minutes.

I invite Mr. Desilets to take the floor first.

• (1650)

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

Witnesses, from the many questions we've just asked you, you must realize that there's a problem with the follow-up of the military personnel files. I still don't understand why the military personnel files aren't being forwarded to Veterans Affairs Canada, even though they give all the consent possible that their files should be. In a way, you're even confirming that this file is archived.

One of the problems I see is that women who have been sexually assaulted tell us they have to repeat what they've been through over and over again. To me, that's so atrocious. If that information were circulated confidentially, perhaps we could in some way avoid re-traumatizing victims of sexual assault.

Do you have a problem with not having access to the files? My question is for anyone who would like to answer it.

[*English*]

Ms. Linda Rizzo Michelin: For the sexual misconduct support and resource centre, again, because we're providing support to individuals as they come forward, it's really that connection between our practitioners and the individuals.

We help them with their choices in terms of what that could look like, whether it's advocacy to gain access to their reports or to seek some other type of care and support there. For us, it's really about the individual and what their needs are.

[*Translation*]

Mr. Luc Desilets: Okay. Again, my next questions are for whoever would like to answer them.

First, are there enough organizations that you work with to help abused women?

Second, are you able to assess, in a somewhat scientific way, let's say, the work they're supposed to be doing and the work they're actually doing?

[*English*]

Ms. Linda Rizzo Michelin: Maybe I'll start and then turn it over to my colleagues at VAC as well.

In terms of the first part of your question, you asked about partners and organizations. We do work with quite a few across the country. It's part of the resources. Is it enough? I would always say that there are always opportunities to have more across the country to make sure that we're addressing this.

It's a societal issue as well in terms of sexual misconduct and just that understanding. Yes, it is definitely within DND-CAF, but to have local organizations that can also support and address some of this is really a key piece to ensure that individuals who are coming forward are getting that access to services wherever they are.

The Chair: Thank you, Mr. Desilets.

Before I go to Ms. Blaney, I have a quick question for Ms. Rizzo Michelin.

[*Translation*]

If you had access to the files of women veterans who consult you in cases of sexual misconduct, would that help you to support them?

Ms. Linda Rizzo Michelin: That's a good question.

[*English*]

For us, initially as individuals come forward, I think it really is building that trust between the individual and their practitioner. Whether we have a record or not, I think that's really important in terms of the building of that relationship, of that trust. From there, I think that develops into something where the needs of that individual can then be addressed, whether it's a choice to go to different care or services or to get other types of support within our own organization.

The Chair: Thank you very much.

Now, let's go to Ms. Blaney for two and a half minutes, please.

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

This time I am going to come to Dr. Courchesne.

The last time you were here to visit our committee, I asked you a question about how VAC staff, case managers, adjudicators, health care providers and veteran communities could submit complaints about the dissemination of information through VAC.

Your answer was to call 1-800 and your name. That really wasn't what I was looking for.

I'm just wondering if you could take this opportunity to maybe explain how that process actually works, so that we can make sure it's on the record.

• (1655)

Dr. Cyd Courchesne: Thank you.

There are different channels. There isn't just one channel to bring issues to light with us. I mentioned my name because I was sincere in saying that people can communicate with me. Some people do communicate with me.

Of course, we have our national 1-800 line, where people can raise issues. Clients can raise issues with their case managers, veterans service agents or through area offices at any time. Whoever they interact with.... Some people write to individuals like you to bring issues to light, and then you would bring them to the department and we would address them.

There is not just one door to come to us because we take every opportunity to improve our processes, our services and the support that we give to veterans. That's the best answer—

Ms. Rachel Blaney: I think that's good. That's helpful. I just have a short time.

In the last meeting, you cited that the sexual misconduct support and resource centre is the lead for all matters of sexual trauma. You talked about VAC and Atlas working in collaboration with SMSRC.

Can you clarify VAC's relationship with Atlas? Are you the clinical medicine and GBA+ quality assurance for that group? For example, if Atlas was to create a training document for family doctors on MST, how would that be coordinated with you and SMSRC?

Dr. Cyd Courchesne: Thank you.

We don't do quality assurance for Atlas. Our relationship with Atlas is that they are funded by us through a contribution agreement. They are a not-for-profit, independent organization.

We do work very closely to let them know what our priorities are, what our areas are and what we're hearing. They are also very good at working with the veteran community. They have reference groups. They get the information directly from them.

We have frequent meetings to exchange. They let us know what products and services they're developing. If it pertains to SMSRC, then we'll share that information with them also. I'd say we're good at keeping the channels of communication open between all our organizations.

Thank you.

The Chair: Thank you very much.

Thank you, Ms. Blaney.

Now let's go to MP Fraser Tolmie for five minutes, please.

Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC): Thank you, Chair. I'll direct my questions through you.

I want to thank the guests for being here, and thank some of them for returning.

I'm a little bit concerned, so I'd like to ask this question through the chair to Ms. Michelin.

I'm sure there may have been a misunderstanding in a previous question posed by my friend from the Bloc, Mr. Desilets, regarding keeping track of the number of sexual misconduct cases per year. It was also brought up by my colleague, Mr. Dowdall, in Tuesday's meeting.

Is it not concerning that you told this committee that it's outside of your scope to keep track of the number of cases per year, when the SMSRC reports annually on the case numbers?

On Tuesday night, while we were actually in this committee, the media reported on the spike in cases.

Ms. Linda Rizzo Michelin: Thank you for the question, and thank you for allowing me to clarify.

The number of sexual assault cases is tracked within the Department of National Defence through the chief professional conduct and culture team. It's not tracked within SMSRC, which is what I was referring to in that.

Ms. Shoba Ranganathan: May I clarify?

We keep track of the cases we see, the clients who come to us, which is not necessarily the number of sexual assault cases that exist. There is a bit of a differentiation between the two, if that makes sense.

Mr. Fraser Tolmie: Well, no, because this is a public committee, and I think people who may be watching this would probably want an explanation. Could you explain that?

Ms. Shoba Ranganathan: What we keep track of are the clients we see. We have over 1,400 clients or people who have come to us seeking support and resources.

We are not a reporting centre, so we do not receive reports of sexual assault. That is sent through the military police. They keep track of the number of cases that are reported.

We know that there is under-reporting of cases, so we may have people who are reaching out to us who have not officially reported a sexual assault case. We also may have people who are reaching out to us who have historical sexual assault cases from 20 or 30 years ago, who are now receiving support.

We're very much about the clients to whom we're providing service. We are interested in the numbers, of course, in terms of the number of cases that are occurring, and we are tracking the trends that are occurring, but we are not, ourselves, documenting the number of sexual assault cases that are reported.

• (1700)

Mr. Fraser Tolmie: Okay.

Are you saying to me that the numbers that have been quoted in the media are the ones that are from the military police and are actually being dealt with right now?

Ms. Linda Rizzo Michelin: If you're referring to the Statistics Canada survey in terms of the results, let's just back that up.

The Statistics Canada survey was conducted within the Canadian Armed Forces, so that was based on the respondents who would have completed the survey. That number is what is being put forward, based on the response rates of the Statistics Canada survey.

Mr. Fraser Tolmie: Okay.

Obviously, we're not happy to hear that the numbers are going up. It's very disappointing.

Colonel, I know that my colleague asked a question earlier about information with regard to equipment and the challenges, and I appreciated your honesty. It's like being back in the military, where you don't know something you don't know, and you've let people know that you don't know. It's not like that around here, let me tell you.

I asked this question to a former military doctor about dealing with clients. What has been the difference that you notice, maybe, that someone who has suffered from the same injury, a male and a female...? What have you noticed as the difference between the two, and what is the difference in medical prescriptions for the two?

That's not really clear, is it?

Col Peter Rowe: Thank you for the question. Yes, I understand the question. I am just trying to understand how it applies to my work.

I don't think it does. We're not involved in the treatment of clients. We support clients.

To answer your question on differences between men and women, I'm not sure if I am seeing that in the work we're doing.

Mr. Fraser Tolmie: All right. You're kind of stumping me here because you're not really giving me a lot of information.

Chair, I think I'm going to either cede my time or...

Thank you.

The Chair: Thank you, Mr. Tolmie.

Now, I invite MP Sean Casey, for five minutes, please.

Mr. Sean Casey: Thank you very much, Mr. Chair.

I want to start with you, Colonel Rowe.

In your opening remarks, you referenced the operational stress injury support service. Is that service available to complainants or victims of military sexual trauma?

Col Peter Rowe: Thank you for the question.

I would say, yes, it is, in the sense that we're established to help clients who are suffering from operational stress injuries, and we see that a military sexual trauma can result in an OSI. In that sense we are willing to support clients who come to us looking for assistance with their OSIs.

If we know that it's related to sexual misconduct, we will also suggest that they may want to connect with the SMSRC, which we see as maybe more specialized in that area. Certainly, our peer supporters aren't necessarily trained in helping or assisting with sexual misconduct cases, so we want to make sure they are getting the help they need.

If we can help them with the more general impacts of OSIs on their lives and the social behaviours that result from OSIs, we are more than happy. In some cases, I believe clients can be seen in both programs.

• (1705)

Mr. Sean Casey: Ms. Rizzo Michelin, you referenced an independent legal advice program. I googled it. I see that the program is available to support those who have a complaint against them and also to support complainants in military justice cases and criminal justice cases.

In essence, it's there to provide support for someone who, in those proceedings, will be a witness. It doesn't provide support to someone who is contemplating a civil action. Is that right?

Ms. Linda Rizzo Michelin: I will provide a bit of a clarity in terms of that.

The independent legal assistance program is for those who have been affected by sexual misconduct. They are a victim of sexual misconduct. They have sought support through legal services for legal information or legal advice. The funding for reimbursement would not support a civil suit. It really is for expenses incurred where they've sought advice from a lawyer in terms of their particular sexual misconduct case.

Mr. Sean Casey: One of the most difficult challenges for anyone who's involved with a complicated claim with Veterans Affairs Canada is to draw the link to military service. We heard a heart-wrenching story here a couple of days ago from someone who was absolutely convinced that the difficulties that she had around child-birth were tied to her military service, but it wasn't accepted—I guess is what I'll say—at Veterans Affairs.

The folks at Veteran Affairs, I'm going to come to you on this too.

As a lawyer, I can tell you that the challenge that she's facing is establishing a causal link. This program doesn't answer that.

Ms. Linda Rizzo Michelin: No. That's correct.

Mr. Sean Casey: Okay.

I want to go to the folks at Veterans Affairs. It's probably Dr. Courchesne.

I come back to that case. That's a representative case. We hear it all the time, that veterans have a challenge with tying things to their military service. They also have an excellent service available to them in the bureau of pensions advocates. For those who practice at the private bar, you can go out and hire a doctor to do an independent medical examination and to offer an opinion on causation.

Is that something that can be funded by someone who's presenting their case to VRAB or trying to get a pension claim through Veterans Affairs?

That's the challenge for people like this veteran who was before us this week.

Dr. Cyd Courchesne: I'm going to give the caveat that I'm not an expert in the bureau of pensions advocates. My understanding is that, if someone put a claim that was denied and they sought the help of the Bureau of Pensions Advocates to go and represent in front of the Veterans Review and Appeal Board, those costs are covered by BPA as well as seeking the independent medical examination.

Mr. Sean Casey: Maybe, Ms. Meunier, you can help us with this too.

Do the costs that are covered include the cost of an expert witness or outside independent medical opinions?

Ms. Amy Meunier: I can't be certain on what BPA does. It's at arm's length from the department. I think Cyd is correct—

Mr. Sean Casey: Thank you.

Ms. Amy Meunier: —that they do cover the costs of medical experts.

The Chair: Thank you, Mr. Casey.

We have time for a third round of questions.

Just before, I would like to ask Colonel Rowe some questions.

You are the director of casualty support management.

My question has three parts. First of all, I'd like to know how many there are in your department. What background do the people have to have to be in casualty support management? Finally, to whom do you report things that you receive from veterans?

• (1710)

Col Peter Rowe: My directorate of casualty support administration consists of five programs and approximately 25 staff. We're there to lay out the strategic policies that support services to ill and injured members and their families.

Those services are provided across the country at transition centres by support staff services personnel. That all comes under the umbrella of the Canadian Armed Forces transition group.

The Chair: Thank you so much, Colonel.

Now, for five minutes, I invite Terry Dowdall to lead the third round.

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

I want to thank each individual for being here today and for your testimony.

I want to thank you, as well, for your roles. I'm sure you hear a lot of stories and a lot of things that affect you.

I know it was brought up earlier by my colleague, the report that came up from StatsCan. When you analyze that, it's up 3.5%, and there are fewer people reporting and who want to come forward. To me, it speaks to why they wouldn't want to come forward.

We've had a lot of testimony to that in this committee, quite frankly. Your organization seems like it's been called the biggest insurance company, or it's hard to deal with like an insurance company. If you had Google reviews, they would be terrible, quite frankly, for the organization as a whole. When that report comes out, who is seeing that report? Is there any plan coming forward from the department to look into that a little further right away?

The other thing is that I was on the national defence committee before, and at the time, we had the sexual misconduct study. Since then, it actually seems worse. We had a young reservist who was here saying it was still going on, pretty much. She's out of it now, but currently, those attitudes are carrying on. From that study, from what you see, what has been implemented by the department, knowing that we did a long study at that time too?

What did you get out of that and implement into the department that is making a change today?

Ms. Linda Rizzo Michelin: From the sexual misconduct support and resource centre, I can tell you, from our organization—again, remembering we are independent from the Department of National Defence and the CAF part of it—we will be looking at the details and analyzing that ourselves to help us in terms of our support programs and how we can improve on those pieces.

In terms of the details within the Department of National Defence, that would be the chief professional conduct and culture group that will be, and has been, spearheading that in terms of the culture change within the organization.

I won't speak to the implementation there. That is really within that purview, because that is directly within the chain of command in the CAF. I can tell you broadly that I know the organization is looking to examine and review the report in detail and to use that as one of the tools to inform what is changing and what needs to continue to change.

Mr. Terry Dowdall: To follow up, is there an urgency to the organization...? To feed into what you do, it doesn't seem to be improving. I'm wondering if they see the urgency and the frustration that we're seeing from individuals who are coming forward.

Ms. Linda Rizzo Michelin: I think it is being addressed within the organization. Again, from our part, from SMSRC, we use that information to help us support, to improve our programs and to look at what other services we'll need to offer as part of what we see within that report. Again, it would be another area to get more specifics on what has happened and what will continue to happen.

Mr. Terry Dowdall: One other thing that seems to be common in this study and a lot of the studies that deal with veterans is the confusion, the lack of information and the lack of connection between National Defence and Veterans Affairs. When the veterans leave, there are so many different companies and so many organizations.

Could we simplify the process somehow to make it simpler? A lot of them are suffering from PTSD and are frustrated with paperwork. The amount of.... It's confusing even for me when my staff and I have to get hold of somebody.

• (1715)

Ms. Shoba Ranganathan: We can't necessarily speak to the processes, but this is one of the reasons we have our response and support coordination program to help navigate these individuals through some of these complex processes. Certainly, we do try to take the opportunity to provide feedback when there are some challenges that we repeatedly face. Again, these are only a very small segment—

Mr. Terry Dowdall: Are you having success with some of those challenges? When you bring forward that this is a problem, because we hear a lot that it seems to be the same for a long period of time, are you getting any action?

Ms. Shoba Ranganathan: I'm not sure I can speak specifically about that. What I can say is that we're at least aware of some of the challenges and communicating that, which is a good first step.

I think you know things take time to change. It's not as easy as just redrafting a policy.

Mr. Terry Dowdall: That sounded like a politician's answer more than a regular answer to me.

Voices: Oh, oh!

Mr. Terry Dowdall: I'm sorry about that.

Ms. Shoba Ranganathan: That's okay.

The Chair: Thank you, Mr. Dowdall.

Mr. Bryan May: Mr. Chair, can I get permission to continue with the bells ringing? Can I ask for 10 or 15 minutes, until we get to our usual 5:30 closing time?

The Chair: Yes. For those minutes, I have to ask for unanimous consent.

Is 10 minutes okay?

Some hon. members: Agreed.

The Chair: Perfect. Thank you so much.

We're going to have three interventions: Mr. Miao for five minutes, then Mr. Desilets and Ms. Blaney.

Mr. Miao, please go ahead.

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

Thank you to all the officials for being here today.

In your opening remarks, you mentioned some of the great programs that support our veterans. When a veteran is released, how does each department inform him or her of the programs and services that are available?

Can Ms. Rizzo Michelin share that with us?

Ms. Linda Rizzo Michelin: For us, the SMSRC is our outreach program. It's through our social media. If the individual was already seeking services or part of our clientele group, that would continue, whether they're inactive CAF or continuing on with it.

We do some distribution through VAC as well, for some of the programs we offer. They will use their social media at times to reflect what our programs and services are.

Mr. Wilson Miao: It's over to you online, Ms. Meunier.

Ms. Amy Meunier: Thank you.

We are working with the Canadian Armed Forces—as I'm sure this committee heard before—to improve the transition process. A VAC case manager at the appropriate time of release works with a CAF case manager to ensure individuals are aware of the benefits and services they're currently receiving from the Canadian Armed Forces. It's to ensure those continue or that similar programs continue after release.

We have veteran service agents who conduct transition interviews to make sure we understand the issues, challenges or opportunities of releasing individuals. They make sure they're aware of the benefits, services and programs available to them through Veterans Affairs Canada. It offers us an opportunity to better understand their needs, such as treatment they're receiving from the Canadian Armed Forces. We can work to make sure that, upon release, those benefits and services—or treatment benefits—are in place.

I'm not sure if my colleagues want to offer additional information.

Dr. Cyd Courchesne: I would say that it's not just in terms of medically released members. Every releasing service member will get a screening that evaluates their preparedness for transition and makes sure everything is in place before they release. It's also about encouraging them to open a My VAC account through which they can receive a lot of information.

Thank you.

• (1720)

Mr. Wilson Miao: Thank you for sharing that with us.

I'd like to continue my questioning with Ms. Meunier.

What is VAC doing to include women in commemoration? In the past, we've heard from women veterans that, whenever they wear a medal, they're not being recognized. The assumption is that their spouse served in the military in order to get that medal.

Can you share with us what VAC is doing on the commemoration piece?

Ms. Amy Meunier: Unfortunately, we've heard those stories as well. As part of commemoration recognition at all of our events, initiatives and activities, women veterans are well represented.

As I mentioned in my opening remarks, we have built more learning modules and updated previous learning modules that are pushed out to educators across the country. This year alone, five million learning modules were shared with educators across the country. The reason I flag that is that it tells the story that it is important for youth to understand, and for broader communities to understand, the impactful service of Canadian women veterans.

We're looking to capture their stories. On our website right now, there are many stories and experiences of women veterans. We are looking to increase that number—19 in the last several weeks—and we want to continue to do that. Part of it is to ensure women veterans see themselves as veterans. We've heard from a number who don't see themselves in that same space.

The more we promote the service, the efforts and the courage that women veterans have demonstrated and amplified, the more it will resonate with communities. That's part of our mission within the commemoration division. It's part of our emphasis on modern veterans, with a significant emphasis on women.

Mr. Wilson Miao: Thank you.

The Chair: Thank you, Mr. Miao.

[*Translation*]

It's now Mr. Desilets' turn to take the floor for two and a half minutes.

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

I have two quick observations to make, and they are very personal.

First, I hear that there are connections, communications between Veterans Affairs Canada and the Canadian Armed Forces. However, that isn't the testimony we're hearing here. There's a bit of a disconnect when you leave the military and become a veteran. I need to be convinced that the situation will change in the future.

Second, I'll come back to the figures on the number of sexual assault cases. I asked some questions earlier without getting an answer, and I understand that I can't get any answers on that.

Statistics Canada shows that there's been a significant increase in the number of sexual assaults, and I think it would be extremely important for all stakeholders to be able to look at this issue to see whether that's really the case. I don't doubt the validity of the figures, but this progression could simply reflect the fact that more women agree to say that they have been victims of sexual assault, without increasing the number of sexual assaults.

We always have to be careful with the words we use. It would involve fine-tuning and working on that aspect. You have to understand that this has a direct impact on you, because if there is indeed an increase in the number of sexual assaults, you will have to find more organizations and provide more services.

Having said that, Dr. Courchesne, I have a question for you. A doctoral researcher testified here a few weeks ago. She told us that the women in the army had such inadequate equipment that, in some cases, they had to go through surgery in order to continue to serve in the army. She gave us the example of women who had had their breasts removed because their equipment was not adapted and they repeatedly injured their breasts. Have you ever heard of this kind of situation?

Dr. Cyd Courchesne: Thank you for the question.

As a physician who worked in the armed forces for 30 years, I haven't seen that kind of situation, but that doesn't mean that the situation doesn't exist. Some women asked for breast reductions, but it wasn't because of poorly adapted equipment. It was for other reasons, such as back pain, and so on. That said, it's quite possible that these women didn't want to admit that they were injured because of the equipment.

I have no doubt that some women have taken that route. This type of situation isn't unique to the Canadian Armed Forces. I think this is a reality that exists in all the armed forces. We would probably see similar situations if we looked at our allies, because it's true that the equipment was designed mainly for men and is based on male sizes, not necessarily female sizes.

• (1725)

Mr. Luc Desilets: Thank you, Dr. Courchesne. Your French is good, too.

Dr. Cyd Courchesne: Thank you.

The Chair: Thank you, Mr. Desilets.

[*English*]

To close this round of questions, I invite Ms. Blaney.

You have two and a half minutes, please.

Ms. Rachel Blaney: Thank you.

If I can come back to Ms. Michelin, I wanted to ask about the DND and CAF sexual misconduct class action lawsuit.

We know that during the final settlement, it was agreed in the Federal Court.... One of its sections was tasking DND, and in particular SMSRC, to run a restorative engagement program. In October, we did have a witness, Dr. Aiken, who spoke to the committee about her concerns about how slow the start-up of the program was.

I'm just wondering if you have any updates on this, and if there are other restorative engagement processes awaiting veterans.

Ms. Linda Rizzo Michelin: Thank you for the question.

In terms of the restorative engagement program, I can tell you that there are going to be some enhancements happening within the next few months.

What was really important in this particular program was to make sure that the restorative process that was put in place was going to meet the needs and be done in a way that was not going to cause retraumatization or any of those kinds of things for the individuals who are part of the class action suit and have come forward there.

The number of individuals who have come forward is significantly high. However, I will say that the program has been developed, and we've been seeing already some very positive results, both from the class members who have been involved and from the defence side that has participated in it.

We're looking forward to the enhancements over the next few months. We should see an increase and a quicker involvement of class members and the defence team in terms of moving forward.

I will say as well that, although class members indicated that they were interested in the restorative engagement program, sometimes it takes time for the class member to be ready for whatever the engagement is going to be. Initial thoughts were that it would be significantly quicker for the class members, who were already initiated into the program, but that has taken more time, not because of the delays in the program but because the individuals just needed more support before an engagement could take place.

Again, there is a lot of good progress, and we're looking forward to the enhancements over the next few months.

Ms. Rachel Blaney: How is that reported back so that people can see that? One of my concerns is that there's a sense of distrust, so seeing success, I think, would help many women come forward.

Ms. Linda Rizzo Michelin: Absolutely.

One thing we do from our organization is have direct contact with the class members through social media and information ses-

sions. We've had a couple over the last year just to let people know where we're at with the program and what they can expect.

I will say that all individuals who have put themselves forward to be part of the restorative engagement program will have been contacted by the end of December 2023. In the next few weeks there will be at least an initial contact, just to gauge their interest still in participating. Then, as I said, some enhancements will be starting in the new year, and hopefully the class members who have been waiting will be able to have access to the services quicker.

● (1730)

Ms. Rachel Blaney: Thank you so much.

The Chair: Thank you, Ms. Blaney.

[*Translation*]

Ladies and gentlemen, it was a pleasure to welcome you this afternoon as part of our study on the experience of women veterans. I'd like to thank you on behalf of the committee members and myself.

From the Department of National Defence, we had with us Linda Rizzo Michelin, chief operating officer of the sexual misconduct support centre, Shoba Ranganathan, director of programs and services with the sexual misconduct support centre, and Colonel Peter Rowe, director of casualty support management.

From the Department of Veterans Affairs, we had, by videoconference, Amy Meunier, assistant deputy minister with the commemoration and public affairs branch, Pamela Harrison, senior director of engagement and events, and Dr. Cyd Courchesne, chief medical officer.

Again, thank you for your participation.

I'd also like to thank our clerk, our analyst and our technicians, as well as our interpreters, even though we can't see them.

Is it the pleasure of the committee to adjourn?

Some hon. members: Agreed.

The Chair: The meeting is adjourned. Thank you.

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