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# Standing Committee on Veterans Affairs

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Chair: Mr. Emmanuel Dubourg





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Wednesday, February 7, 2024

• (1710)

[English]

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

Welcome to meeting number 81 of the House of Commons Standing Committee on Veterans Affairs.

[Translation]

Today we are continuing our study on the experience of women veterans.

Since we started at 5:10, we have the option of going until 7:10. I know some committee members have commitments and can't stay. I, myself, have to leave at 6:30. We'll talk about it later.

Today's meeting is taking place in a hybrid format pursuant to the Standing Orders. Members are participating in person, in the room, and remotely using the Zoom application. In fact, many are attending virtually.

[English]

I'd like to welcome MP Mike Kelloway to the meeting.

[Translation]

As you know, ladies and gentlemen, the room is equipped with a high-quality audio system, but feedback can occur, especially when someone is wearing their earpiece and gets too close to the mike while speaking. I urge you to be very careful so as not to cause harm to the interpreters.

Lastly, keep in mind that all comments by members and witnesses should be addressed through the chair.

[English]

Now I'd like to welcome our witnesses. This afternoon we have, for the first hour, Ms. Paula MacDonald, master of social work.

From the Canadian Veteran Service Dog Unit, we have the president, Mr. Dwayne Sawyer, and a member, Kristina Sharp.

Ms. MacDonald, you'll have five minutes for your opening statement. After that, we're going to go to Mr. Sawyer from the Canadian Veteran Service Dog Unit. You can split the five minutes of time. Right after that, members of the committee will ask you questions.

I invite Ms. MacDonald to make her opening statement. You have five minutes. I'm going to try to let you know the time.

Please go ahead.

**Ms. Paula MacDonald (Master of Social Work, As an Individual):** Honourable committee members, I am pleased to have the opportunity to share my personal and professional experiences with the VAC ministry pertaining to obstacles women face because of their military service.

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

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

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

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

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

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

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

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

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

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

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

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

• (1715)

I did not receive access to legal avenues to address sexualized violence when the perpetrators controlled the military legal system and had unlimited access to government support. The victims are

responsible for the initial financial legal costs and legal work of proving the wrongdoing engaged in by superiors in the chain of command, who are strongly protected and supported by the system of our government.

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

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

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

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

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

**The Chair:** Thank you very much, Ms. MacDonald.

Now let's go to the Canadian Veteran Service Dog Unit with Mr. Sawyer or Ms. Sharp.

Please go ahead for five minutes.

• (1720)

**Ms. Kristina Sharp (Member, Canadian Veteran Service Dog Unit):** Thank you for having us.

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

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

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

Then one day I met Dwayne Sawyer, the president of the CVSDU, and his dog Nala. He encouraged me to apply for a service dog, which I did. Before I met Stoker, before he became part of my life and I became part of the dog unit, I rarely went out in public. I had moved to Carleton Place from downtown Toronto but had never really gone out to explore my neighbourhood. Meeting Stoker and being paired with him and training with him and becoming a member of the Canadian Veteran Service Dog Unit has significantly changed my life in a positive way.

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

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

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

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

story as mine—a story of stabilizing with a service dog, finding a healthy routine, and healing.

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

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

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

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

● (1725)

One other thing that makes the CVSDU special is that we are the only veteran-run charity in Canada that provides trained service dogs free of charge to injured veterans. Other charities provide service dogs to veterans, but their program delivery and trainers are not accountable to veterans. There are some organizations that take advantage of veterans and provide poorly trained dogs or ask the veterans to pay for dogs. The cost of a service dog commercially is anywhere from \$40,000 to \$50,000.

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

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

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

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

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

**The Chair:** Thank you very much, Ms. Sharp.

You know that this study that we are doing on women veterans is a special one for the committee. That's why I let you go over five minutes.

I have to give a trigger warning to everyone here. I would like to provide this trigger warning because we may be discussing experiences related to general health and mental health. This may be triggering to viewers, members or staff with similar experiences. If you feel distressed or need help, please advise the clerk.

I know that we had some challenges in inviting you. We are so pleased that you were able to do it. Thank you for your opening statement. It takes a lot of courage to be able to explain or discuss that in front of us, so thank you very much.

I also want to thank you and people in the room for your military service.

Now we're going to start a round of questions. The first round of questions will be for six minutes each.

I'm pleased to invite Mr. Blake Richards to take the floor.

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

I want to echo the chair's sentiments as well. Thank you to each of you for your service to our country.

Paula and Kristina, thank you for your courage to come and share from your personal experience. I know that isn't always easy to do. I want to thank you for your courage in doing that.

I want to ask each of you a little bit about your experiences with VAC. With the short time you had for an opening statement, you didn't really get much of an opportunity to talk about your experiences with VAC.

Before I do that, though, I want to ask about the perspective of the Canadian Veteran Service Dog Unit. I don't know if it's you, Kristina, or if Dwayne, as the president, is better positioned to answer this. I'll let you decide between you.

I wonder if you could tell us a little bit—Kristina did allude to it a little bit—about your experiences as an organization in dealing with VAC.

• (1730)

**Mr. Dwayne Sawyer (President, Canadian Veteran Service Dog Unit):** Thank you, Mr. Richards.

I'd like to thank the committee for having us here today.

Last year, our charity applied to the veteran and family wellness fund with a proposal that it would fund the growth of our charity nationally. Our application was rejected because it was deemed that our charity did not have the capacity to undertake such a project, and VAC stated that there is no good clinical evidence that service dogs are an effective form of treatment for PTSD.

It is important to note that service dogs are not a form of treatment for PTSD. Service dogs help individuals and their families deal with the effects of PTSD so that treatment for the injured veteran is possible. Kristina's story in her testimony bears witness to the importance of service dogs in dealing with PTSD.

Last spring we wrote a letter to the then-minister of veterans affairs in an attempt to build a relationship with VAC so that we might work together. The minister responded in a letter dated May 15, 2023. He stated that Veterans Affairs was going to re-evaluate its approach to service dogs.

When we attempted to talk to staff about this re-evaluation in email correspondence, they said that they knew nothing about the re-evaluation and there would be no re-evaluation because there is no good clinical evidence of the effectiveness of service dogs.

We have many questions about VAC and our relationship with it. For instance, is it an experience that VAC does not want to work with us, in spite of the fact that we are a veteran-run charity?

We also wonder why Veterans Affairs won't help fund our growth through the veterans and family wellness fund when it has substantially funded a service dog program administered by a corporate-style charity. It has also funded an equine therapy program for veterans in Prince Edward Island. We are not aware of good clinical evidence that substantiates the effectiveness of equestrian therapy. We wonder what criteria VAC uses to fund projects that apply to the veteran and family wellness fund.

Canadians are going to continue to serve in the Canadian Forces at home and overseas and they are going to be injured. We want to grow our program so that our daughters and sons don't have to struggle as hard as we've had to do ourselves when injured and struggling with PTSD.

We are hoping that one day Veterans Affairs Canada will see the real value of our project and will join with us so that we can help veterans and families who are dealing with PTSD across Canada.

**Mr. Blake Richards:** Thank you for that.

It certainly sounds to me as though there might be some inconsistencies in how VAC is viewing these things. Maybe we, as a committee, can endeavour to get some answers when we next have the opportunity with Veterans Affairs officials here.

You mentioned a letter you received that outlined some of the things you talked about. For example, it was saying that there was no clinical evidence, or something like that, of service dogs having any utility. If you could share that letter and send it to our clerk to be distributed to the members of the committee, that would be very much appreciated.

**Mr. Dwayne Sawyer:** Absolutely.

**Mr. Blake Richards:** Thank you.

I'd like to give both Kristina and Paula an opportunity. I'll start with you, Kristina.

You mentioned that you have dealt with Veterans Affairs Canada in relation to some of your mental and physical injuries. Do you want to tell us a little bit about your experience with Veterans Affairs and what the nature of that has been?

**Ms. Kristina Sharp:** When I released from the military in 2002, I thought that everything was fine. I went about life and carried on.

It wasn't until almost a decade later that things started to get really bad for me and I started my engagement with Veterans Affairs. I've had some incredibly positive experiences with case managers who were incredibly helpful and supportive, but I've also experienced the absolute flip side to that.

I had an incident with a case manager who did an intake with me and went over some very emotional things. It was a very triggering appointment for me. Two weeks later, when she called back to finish the intake, she started from the beginning and had completely forgotten everything that we had been through in the first two-hour appointment. I had to rehash it. It was incredibly destabilizing for my mental health.

I am now permanently disabled, so I don't have a case manager. I've—knock on wood—not had an incident or needed to engage with Veterans Affairs, because I feel like I am well taken care of. My mental health is well supported and I have the resources that I need.

• (1735)

**Mr. Blake Richards:** What you mentioned in terms of having to retell all your story or information is something we hear far too often. It's something we need make sure that we include in our report.

There are only about 30 seconds left.

Paula, as briefly as possible, can you tell us a bit about your experiences with Veterans Affairs?

**Ms. Paula MacDonald:** VAC is very committed to serving veterans, but it is often stifled by the system.

There are issues with decision-making frameworks used by employees, as there is a lot of flexibility in the frameworks in terms of interpretation of the law and the medical evidence. What's happening is that a lot of women are having to provide more medical evidence than their male counterparts in order to receive access to health care benefits and to receive the service.

The evidence-based framework was made using male physiology, and women are different. What's happening is that women are having to take decisions through the veterans appeal board to get an accurate medical assessment. That's placing the work on the victim when we have people who are paid to do this work, and it's ending as a complaint-based process as opposed to being a proactive way to use evidence-based frameworks to make the decisions to make the veteran whole again.

There I'll agree with Kristina that it's death by repeating your trauma over and over again, and no one comes to help you. You either make it on your own or you don't.

**Mr. Blake Richards:** Thank you very much.

**The Chair:** Thank you.

Thank you, Mr. Richards.

Now let's go to MP Randeep Sarai for six minutes, please.

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

Thank you to the witnesses. I know it's not easy going through this, and I want to thank you for your service as well. It can be pretty difficult to come here and talk and share your experiences.

As well, Ms. Sharp, you mentioned that having to rehash those experiences is not appropriate, and I think that it is not something that you should be harassed to do over and over, so I apologize if VAC has done that to you in the past.

Maybe I'll go to Ms. MacDonald first.

In your experience, what are the main issues that women veterans are facing when transitioning to civilian life?

**Ms. Paula MacDonald:** It's the amount of abuse that they have experienced. It's unfathomable. People don't really understand how much abuse the women have gone through in terms of repeated sexual assaults, repeated rapes, and the betrayal by the government system.

Then there are the issues in terms of getting the appropriate medical documentation, rehashing, preparing the legal files—that was a big issue for class members—getting civilian health care professionals who can understand the level of abuse and the impacts of the abuse, and then working with Veterans Affairs in terms of collecting the medical evidence.

Veterans Affairs is using a methodology that was built in the nineties in terms of matching the nineties' health care system, without recognizing the problems or recognizing that we don't have the same health care system. It's a lot harder for us to get the documentation that is initially required in order to provide the health care benefit or service to us whenever we are first starting to get in.

Then other women are experiencing issues in terms of.... Let's take women who went through in the eighties. They were not able to get their musculoskeletal issues taken care of because at the time when they were first going through, there were discriminatory practices whereby they were not being acknowledged. When you have post-traumatic stress and you're going through and trying to compile the medical evidence, the process is very difficult for you, and you need support doing that.

**Mr. Randeep Sarai:** Ms. Sharp, do you want to add something?

**Ms. Kristina Sharp:** I think one of the more difficult elements of my transition from the reserves to the civilian world was.... I was quite young when I joined. I was 17, and a lot was ingrained in me. I learned a lot about life and the world from my time in the service, so when I transitioned to the civilian world, a lot of the really inappropriate behaviours that I experienced within my service were so normalized that they transitioned into my civilian career. In my mind, it was perfectly normal to experience sexual harassment, inappropriate touching and all kinds of inappropriate behaviour in my civilian career.

**Mr. Randeep Sarai:** In your view, what should the government do to address the issues that you've both identified in order to improve services for women veterans?

**Ms. Paula MacDonald:** A lot of the time now, trauma services are lumped in with addictions services, and not all women have addictions issues. The trauma needs to be treated in a different way from the way addictions are treated. The women are having issues with people coming in and violating their personal boundaries, while addictions control your personal boundaries and how you function, so it's not the right type of treatment method.

Another thing that needs to be considered is how the benefits are structured. The benefits are structured to really help people who have had longer service careers, and a lot of the women who experienced.... For example, my service was only about a year, and I ended up being abused so much. It impacts your ability to be able to work and your future earning potential. We need to work on that one in terms of helping women to re-establish their lives that way.

• (1740)

**Mr. Randeep Sarai:** On that same note, when you make a complaint for sexual harassment or the like, I'm curious to know if there are any parameters that are set on the accused, the perpetrator, that they have no contact with you until the investigation is over or even subsequently, afterwards. In the military, is that not the case? Are there no parameters put?

Both of you, I think, mentioned it might continue with superiors, but is the actual accused permitted to talk to you? Are there any boundaries there?

**Ms. Paula MacDonald:** There are no parameters put in place, and there's no respect for the victim.

In my particular case, I made a complaint. I was used to working as a civilian. I was a social worker for the New Brunswick government, so I was used to being respected. The military allowed the accused to run the investigations in my case, because they were so used to being able to get away with it that they didn't follow any of their internal policies or guidelines.

It's really badly done. Lots of victims are scared to report, because they know about the brutal way the military will treat them.

I actually got sexually assaulted after I reported the sexual harassment to the Saint John city police, which was an outside agency; and the military police only spoke with those I accused of engaging in sexual harassment and of locking me in a sea can after I complained.

**Mr. Randeep Sarai:** Thank you.

**The Chair:** Thank you, Mr. Sarai.

We're going to move on. I'd like to invite you to use the earpiece for translation. You can choose floor or English.

[*Translation*]

We now go to Mr. Desilets for six minutes.

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

I want to express my sincere thanks to the witnesses for their participation today and their military service. Thank you as well for being so open with the committee. I know it can't be easy.

Ms. MacDonald, according to a letter from Colonel Hanrahan, the evidence obtained in connection with your complaint showed that the sexual assault allegations were not substantiated.

How do you explain that response, given where you were in the complaint process?

[*English*]

**Ms. Paula MacDonald:** The issue with that is they're saying that's it's unfounded, but it's ridiculous, because the issue is that the military police wouldn't copy down the allegations at the beginning. I'd call up the Sexual Misconduct Response Centre. In 2015 they sent me to deal with the chain of command. In 2016, after I got out, I'd be speaking with military police, and what they would do is not do the documentation. The military provost's office is blaming me for the military police officers not doing the documentation.

The other issue is that the complaints would go back into the chain of command, and the people who were supposed to be addressing the complaints, like the military police officers, would speak with the chain of command and ask them how to address my complaints before they would allow me to make an allegation.



It's just an exercise in futility with the military police provost's office, because all they did was review the files—or the non-existent files—of the military police officers, and then blame me for their incompetence and their violations in not writing down the allegations.

• (1745)

[Translation]

**Mr. Luc Desilets:** When the incidents occurred, I imagine military police wrote a report. Didn't they?

[English]

**Ms. Paula MacDonald:** For the incidents that occurred, they did not make a report in writing because during the time whenever...

I had three sexual assaults that had been investigated by civilian police. The civilian police have confirmed that a definite sexual assault happened on January 23, 2015. The military police refused to investigate it. They got the allegations in 2021 and they did not investigate those allegations.

The other issue would be sexual exploitation by a member of the chain of command. They defer to the member within their police investigation, so nothing happened with that one.

Then there's the issue of being sexually assaulted in basic training. The way it would work is that I would have to go to the chain of command and make the complaint. They assigned a civilian administrative clerk to be my assisting officer. She pretended that she did not know that a breast grope is a sexual assault. Then she wrote in to the chain of command that she didn't know how to address my allegations. The chain of command then was just hoping that I would go away. They would not address it. They even went so far in 2018 as to call me up and scream and yell at me to stop trying to make a report prior to having my first mediation with the Canadian Human Rights Tribunal regarding the abuses that they had subjected me to.

It was like a complete obstruction of justice and intimidation by the members of the chain of command who are engaging in the sexual abuse of their members.

[Translation]

**Mr. Luc Desilets:** Did I hear correctly that, in one case, the accused was in charge of the investigation into your complaint?

[English]

**Ms. Paula MacDonald:** Yes. That would be an issue.

I have a Human Rights Tribunal case. As soon as I complained about the sexual harassment, they just continued to harass me and they tried to take administrative measures against my career. They did not want me to become a social work officer because I was adamant about this type of behaviour not being appropriate. They decided to threaten to dishonourably discharge me and declare me mentally unfit for service for complaining. They allowed the doctor who ordered the medical examination to create the medical evidence to declare me mentally unfit to do the investigation.

[Translation]

**Mr. Luc Desilets:** Thank you.

My next question is for Mr. Sawyer or Ms. Sharpe.

How is your organization funded? I don't have a lot of time left, so if you could keep your answer brief, I would appreciate it.

[English]

**Mr. Dwayne Sawyer:** Yes, absolutely.

Our organization is financed through donations from members of society, and some corporate donations as well. We get no grants and we get nothing from VAC or anyone.

[Translation]

**Mr. Luc Desilets:** Veterans Affairs Canada, or VAC, doesn't give you any funding, but does it recognize your organization?

[English]

**Mr. Dwayne Sawyer:** Yes, we have charitable status. Is that what you mean?

[Translation]

**Mr. Luc Desilets:** Yes, all right.

Do you buy the dogs, train them and everything?

[English]

**Mr. Dwayne Sawyer:** Yes, correct. Our trainers we have hired actually train the service dogs themselves. One of the things that sets us apart from a lot of other organizations is that we have ongoing training sessions. After the member and the dog are fully certified and they can go out into public, we then have weekly training sessions that our members can attend. It almost acts like a peer support.

[Translation]

**Mr. Luc Desilets:** I have one last quick question.

**The Chair:** You are already over your time, Mr. Desilets. I was letting Mr. Sawyer finish his answer.

[English]

On Zoom, we have Ms. Rachel Blaney.

Ms. Blaney, you have six minutes to ask questions of our witnesses. Please go ahead.

• (1750)

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

Thank you to the witnesses. Thank you for being here and sharing your very important stories and for your service.

If I could come to you first, Ms. MacDonald, you've had a unique experience in the sense that you're both a woman veteran and a social worker who has worked with VAC.

Given this perspective, how do you think VAC caseworkers can improve in working with veterans, especially women who have experienced military sexual trauma?

**Ms. Paula MacDonald:** Cut down on the amount of bureaucracy that is present in order to make it user-friendly for the women seeking services.

Some of the women I work with as a social worker have musculoskeletal or physical issues from the abuse. They don't want to go through the medical processes, because it's so tedious to prove the injury is military service-related. It stops them from going through it. It also repeats the trauma over and over again. It's retraumatizing and revictimizing.

Would it be possible for me to expand upon the last question?

I needed to gather evidence of sexual abuse for the Human Rights Tribunal. I had to go through access to information. The request went through the member who was sexually exploiting me. I was looking for telephone records. Of course, the member was not able to provide them, and I needed to get a warrant in order to get the evidence.

I can't get evidence unless a policing body goes and looks for the evidence. In the military, the request went directly to the person who was accused of abusing me.

**Ms. Rachel Blaney:** Thank you for that clarity. I appreciate that. It leads to my next question.

We've heard again and again from women veterans and experts that MST survivors need a way to report their sexual harassment or assault outside the CAF altogether. A lot of that is focused on concerns about chain of command.

What difference do you think an external reporting system would have made for your case, in terms of seeking justice for MST?

**Ms. Paula MacDonald:** I would have been sexually assaulted less. I would have had less abuse. It wouldn't have been so bad for me if there had been an outside reporting mechanism.

It was also very bad because when I went to the police and asked them for help, they told me they couldn't help me. It put me back into the situation where I was dealing with my abusers. It went on for a year—the abusers pretending they were going to do an investigation into it and then just not doing it.

The system creates a lot of trauma and needs to be externalized. The way it's set up now gives them more opportunity to hurt their victims.

**Ms. Rachel Blaney:** Thank you for that.

Are you okay if I ask another question, or would you like me to give you a break and ask a question of the other witness?

**Ms. Paula MacDonald:** I think I'm okay. I'm sorry about that.

**Ms. Rachel Blaney:** No, you should not be sorry. I want to make sure we're looking after each other.

I read in your information that VAC denied you a support person when you were interviewed by police about what had happened. Can you talk a bit about the rationale VAC gave you and how that felt for you?

**Ms. Paula MacDonald:** The rationale VAC gave me was that it was a social issue as opposed to a medical issue.

I'm pensioned for severe PTSD. Sometimes I have a vomiting condition. I'll vomit and can't complete.... I'll vomit all day long. They denied me a support person and said I would have to call the ambulance if I were to have a PTSD attack. Luckily for me, I vomited on the weekend, two days beforehand. Then I was able to make the police report. My cousin drove me to the place to do it, so I had family support.

I was lucky where other victims might not be.

• (1755)

**Ms. Rachel Blaney:** Thank you for that.

I'm going to start with you first, Ms. MacDonald, and then go over to Ms. Sharp. I'll ask you both the same question.

I am very curious about this: I feel that often what we're hearing in testimony is that VAC disregards the interrelation of mental and physical health problems, in terms of the benefits they provide for veterans.

I'm wondering whether you could both share a bit about the physical manifestations of the PTSD you have, if you're comfortable.

**Ms. Paula MacDonald:** There's vomiting. If I'm activated with PTSD, I have bits of working memory. I have issues with body pains. I relieve the trauma. There are physical issues and there are sexual and reproductive health issues.

I guess body pain would be a big one. I also have migraine issues. It's very difficult to get the consequential issues diagnosed, because it's like a situation of.... It's like a diagnosis where they rule out everything. Within the current medical system, health care practitioners are unlikely to know that they have to attribute it to the service in order for the veteran to then be able to get additional health care treatments that would help to address that in day-to-day life.

That's my answer.

**Ms. Rachel Blaney:** Go ahead, Ms. Sharp.

**Ms. Kristina Sharp:** With regard to how some of my symptoms manifest, one that affects me the most, especially when I'm out in public, is auditory stimulation. I am incredibly sensitive to sounds. I can hear little things in the background that will distract me. I'll end up dissociated and taken to another place. It can be incredibly distracting and frustrating to deal with.

With regard to some of the physical symptoms, I can sometimes go days without eating. Even though I'm hungry, if I'm activated, my symptoms are really bad. My stomach and digestive system really can't even tolerate food going in. I do end up physically ill.

Similar to what Paula was saying, there are pain issues. I have pain that there really is no explanation for. I've gone to the doctor for pain in places where I don't have injuries. I experience exhaustion and physical symptoms for which there really is no explanation.

**The Chair:** Thank you very much.

Thank you, Ms. Blaney.

We have a second round, but this round will be a little bit short. I know that we don't like to interrupt our witnesses, especially with this kind of study, but I'd like to ask members to try to restrain their questions a little bit.

We have four minutes for Mrs. Wagantall, four minutes for Mr. Casey, and two minutes for Monsieur Desilets and Madam Blaney.

Let's start with Mrs. Cathay Wagantall, please.

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

Thank you to the witnesses. I really appreciate your being here.

I only have four minutes, but there is so much here, so I'm going to talk a lot. I want you to know that these resources are available to you, and I would love to meet with you further with regard to the service dogs.

VAC has an issue. The Government of Canada has an issue. Part of the problem is that the programs have grown across the country. Different provinces are doing different things, and there is no federal standard. There is no national standard. They tried to do that in the previous sitting, but there were issues around conflicts of interest, and the whole thing imploded. You may be familiar with that. Okay.

It's wonderful that your veteran-run charity is free service dogs. Everything I hear I love.

You are actually not the only one. There is another one. It's called Audeamus—I have a terrible time saying that—which is Latin for “May we dare”. It's out of Saskatchewan, and they actually went to the Canadian Accreditation Council with all of their work and research and everything, and now they have, as of 2023, national accreditation. Also, because of their great work, they received international accreditation without asking.

I would encourage you to reach out to them. My office can assist with this. The program is similar: free dogs. There's no reason that veterans should be spending \$30,000 on a dog. The training program is remarkable, with them and the dog and the follow-up and all these things, so I would encourage you to reach out. They have research that was done through the University of Regina and the University of Saskatchewan in Saskatoon. The researchers had their own service dogs, and their research definitely supports the view that these dogs make a huge difference in the lives of the veterans who qualify for them and certainly need them.

I just want to draw your attention to one more thing. We did do a service dog report at this committee. Are you familiar with it?

Okay. We had four meetings with 16 witnesses in the 43rd Parliament from May 12 to June 14, 2021. However, the report wasn't adopted until the 44th Parliament on June 10, 2022.

This is something on which we as a committee—and this government, in fact—need to get things done properly. ADI is not accredited in Canada, so you have a non-accredited body being picked up by the provinces, which are then saying that you need to use this organization. One of our researchers here, I mentioned, took her

dog into the States, and they're accredited there. They're nationally accredited in the south, but she can't get her dog back into Canada without ADI recognizing it. This is the kind of mess that our country has in this regard, and we'd love to work with you guys to make sure that this gets cleaned up through the various steps we need to take.

Did I use up all my time?

• (1800)

**The Chair:** You have one more minute.

**Mrs. Cathay Wagantall:** I have one more minute. Okay.

I would just like to know this: Are you located in Ontario?

**Mr. Dwayne Sawyer:** We are actually in Ottawa. Our headquarters is out of the Legion in Bells Corners.

**Mrs. Cathay Wagantall:** Okay.

**Mr. Dwayne Sawyer:** We chose that way to be able to spread across Canada a little more easily.

**Mrs. Cathay Wagantall:** That's great.

**Mr. Dwayne Sawyer:** You were talking about Linzi Williams, and we actually work with her. Sandy right there is actually on their council, on their committee.

**Mrs. Cathay Wagantall:** That's wonderful. That's good to hear.

The thing we need to do... There are all kinds of different ways to do service dog supports, but we need that level of accountability. I know that that's what you're looking for, and that's what we need to do on your behalf.

**Mr. Dwayne Sawyer:** Yes. We need standards.

**The Chair:** [*Inaudible—Editor*] seconds. That's okay.

**Mrs. Cathay Wagantall:** This is Tristan. He makes me look good.

We will connect with you to make sure that we can communicate on issues, and I'll connect you with the other dog program.

**The Chair:** Thank you very much for respecting the time.

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

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

Ms. Sharp, I appreciate your comment with respect to case managers at Veterans Affairs and how you had positive and negative experiences.

Ms. MacDonald, I understand that for a brief period of time in your career, you were a case manager at Veterans Affairs. Is that right?

**Ms. Paula MacDonald:** Yes.

**Mr. Sean Casey:** Can you talk about that a bit?

**Ms. Paula MacDonald:** It was a good experience in terms of being able to serve veterans.

I found there were issues with the medical documentation that was coming out of the Canadian Armed Forces, which has its own medical system, separate from the rest of Canada's. There were issues with veterans saying they had certain service-related conditions that were not documented in the record. That made it so the department was not able to give them the benefits they were seeking for those issues.

There is an issue with quality if you work in the civilian system and then transfer over into the military system. In the civilian system, if you don't follow your professional standards, you will have issues within that profession. You'll be called out on them. That is not what happens within the military health care system. That's an issue. Military service members need to have the same quality of health care and access to health care that the rest of Canadians do. They are trying to defend our interests, so we need to treat them just as well as we treat civilians.

• (1805)

**Mr. Sean Casey:** Thank you.

I understand you currently have a case before the Canadian Human Rights Commission. Is that right?

**Ms. Paula MacDonald:** Yes.

**Mr. Sean Casey:** What's the status of that?

**Ms. Paula MacDonald:** It's been going on for eight years. It's incredibly painful, in terms of the amount of time it takes for a case to go through.

I had to do a lot of the background work. I had to put the case together by going through access to information. With the evidence I gathered when I was in the military and being abused by them.... I was lucky. I have a very awesome lawyer in Prince Edward Island who is working on consignment. She's helping me. Not everybody can have that, and not everybody has the amount of time you need to go through and work with the Human Rights Tribunal. Eight years is too much time. The reason it is taking a lot of time is that the Government of Canada made a lot of frivolous arguments to prevent the case from going forward.

I believe the stuff you guys have done in saying that any member of the Canadian Armed Forces can now go directly to the Canadian Human Rights Commission if they're being discriminated against will help current serving members protect themselves, so thank you for doing that.

**Mr. Sean Casey:** I saw in the records that you put in an access to information request, and it was denied. I'm not sure whether that's the same thing you referenced earlier and you're continuing to pursue that.

Am I correct in that? Are they tied to the human rights complaint?

**Ms. Paula MacDonald:** Absolutely. Everything is tied into trying to prove what happened and collecting evidence about what happened during my service. All the access to information requests would be working towards—

**Ms. Rachel Blaney:** I have a point of order.

**The Chair:** Excuse me. There's a point of order.

**Ms. Rachel Blaney:** I'm sorry to interrupt. I just want to alert everybody.

MP May, your microphone is on. We can hear your phone call.

**The Chair:** Thank you.

It's over. Thank you, Mr. Casey.

[*Translation*]

Mr. Paul-Hus is joining us. Welcome to him.

We now go to Mr. Desilets for two minutes.

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

Ms. MacDonald, six years after the terrible events you told us about, do you feel as though the handling of sexual assault and harassment complaints has gotten better?

[*English*]

**Ms. Paula MacDonald:** As I mentioned to Sean Casey, for people to be able to go directly to the Human Rights Commission is a good thing.

The stuff that's happening now, with things being removed from the military, is very helpful, because there have been a lot of issues of victims' cases being fumbled or mishandled and the evidence not being produced properly. I think that's purposeful on the part of the military. They're not doing it correctly because of the culture.

I think they still have a long way to go. I don't think much improvement has happened, but I appreciate the things you guys are doing to try to make that trickle down.

[*Translation*]

**Mr. Luc Desilets:** You still know people in the military. Eight years later, has the culture gotten better, in your view?

[*English*]

**Ms. Paula MacDonald:** Can you repeat the question?

[*Translation*]

**Mr. Luc Desilets:** The culture in the military is rather unusual. Obviously, I'm talking about the fact that the person being accused can actually be in charge of the investigation.

Given what you've seen and what you're hearing from people, have things gotten better six years later?

[*English*]

**Ms. Paula MacDonald:** I've been hearing from some friends who are currently enlisted that it is a lot better than it used to be in terms of their acknowledging that it's not right and how new members are being trained. However, there are still issues in terms of women and men going through basic training and getting sexually assaulted, which is not acceptable and shouldn't happen.

There's some change that's happening, but the core changes that need to occur are not happening. Some of it is just the military not employing common-sense environmental health and safety rules when they're putting on the training because this is the way they always did it or this is how they did it in the 1970s, so this is how we're going to do it in 2024.

• (1810)

[*Translation*]

**Mr. Luc Desilets:** Thank you.

[*English*]

**The Chair:** Thank you.

[*Translation*]

Thank you, Mr. Desilets.

We now go to Ms. Blaney for two minutes.

[*English*]

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

I hate to correct you, Cathay, but actually, there are published national standards for all animal-assisted human services. They're not specific just to service dogs, but they do include them. Ms. Joanne Moss wrote to our committee to let us know that this work could be done. Again, I think it's very important work, because it took it out of the organizational level, which obviously created a lot of conflict, and set up some standards. Hopefully, what we'll see happen next is VAC using those standards so that there can be more supports for organizations that provide service dogs as long as they meet those standards.

That leads me to my next question. I am going to come to Mr. Sawyer and Ms. Sharp. I'll start with you first, Ms. Sharp, and let you answer first, and then Mr. Sawyer could add.

Because this study is very specifically about women veterans, I'm wondering if you could share, Ms. Sharp, what specific parts of your serving as a woman your service dog Stoker has provided support for. I think that's incredible. You really articulated it well. I've heard from other veterans as well that they won't leave the house unless they have their service dog. I'm wondering if you could talk specifically as a woman who's served your country about how it helps.

Then if Mr. Sawyer has anything specific about women accessing the service from the organization, I would really appreciate it.

**Ms. Kristina Sharp:** One of the biggest things Stoker has given me is that sense of safety. I am single. I live alone, and I am not looking to have anyone else in my life, so as someone who lives alone, there's always been a bit of feeling less safe for myself. Even though Stoker is not trained to do it and Stoker doesn't have any sort of attack commands or anything like that—he's my giant teddy bear—I know that if anything happened in my home, he would alert me to it, and that sense of safety is invaluable. Being able to sleep through the night and not have concerns that someone is going to do something to me in my sleep is absolutely invaluable.

As well, we've spoken about how, within the military, being part of a unit or a section almost gives you that element of family, and

because of my experience in the forces, that family experience wasn't necessarily the best. Now, within the dog unit, I am part of a unit where I feel safe and comfortable with my male peers. It's the first time in a very long time that I have been able to have male peers who are veterans and feel safe, comfortable and respected.

**The Chair:** Thank you very much, Ms. Blaney.

It is over for the first hour, so on behalf of members of the committee and me, I thank our witnesses so much for being here with us today. We have, as an individual, Mrs. Paula MacDonald, and from the Canadian Veteran Service Dog Unit, Mr. Dwayne Sawyer as president and Christina Sharp, member. If you have anything you'd like to add, you can send an email to our clerk, and it will be really interesting.

Members, we're going to take a short break of one or two minutes, so I'm going to suspend and we're going to stop.

The meeting is suspended.

• (1810)

(Pause)

• (1815)

[*Translation*]

**The Chair:** We are back.

In the time we have left, it would be great if we could quickly adopt the budget of \$38,500 for the transition to civilian life study. The proposed budget was sent out to committee members for consideration.

I also want to point out that, if the committee wishes to go anywhere during the travel period from April 1 to June 30, 2024, a detailed budget has to be submitted to the Subcommittee on Committee Budgets of the Liaison Committee by February 16, 2024.

You should have all received the proposed budget for the transition to civilian life study. Is it the pleasure of the committee to adopt the budget?

(Motion agreed to)

**The Chair:** Okay. I will sign all the paperwork.

As I said at the beginning of the meeting, I have a commitment so I have to leave at 6:30. It would be great if someone could stand in for me so the meeting could go until 7:10.

Go ahead, Mr. Sarai.

[*English*]

**Mr. Randeep Sarai:** Unfortunately, Chair, I will have to leave at 6:30. I have an event as well. If you're asking for consent, I can't grant consent.

**The Chair:** Yes, I will have to have the consent of members of the committee to go past 6:30.

I'll go to Mr. May and after that we'll have Ms. Blaney.

**Mr. Bryan May (Cambridge, Lib.):** Thank you, Mr. Chair.

First and foremost, I give my deepest apologies for my rude interruption during the previous testimony. Thank you, MP Blaney, for your point of order on that.

You talked briefly about travel budgets. I just want to make sure I didn't miss something.

Are we proposing a trip of some sort? If so, I have some—

• (1820)

**The Chair:** Mr. May, I'm sorry. We just said we have consensus on the budget.

Unless we ask the committee to look at it again.... We just said there is no problem to adopt the travel budget. You're talking about—

**Mr. Bryan May:** I misunderstood.

I apologize. You said "travel budget", so I thought a trip was being proposed. It's my mistake.

**The Chair:** No, excuse me. I just said that we have until February 16 to send....

**Mr. Bryan May:** Okay.

**The Chair:** Before I go to Mr. Richards, we'll have Ms. Blaney.

**Ms. Rachel Blaney:** I'm sure we can find somebody else to chair in your stead. I'm happy to stay until 7:10. I just thought I would let the record show that.

**The Chair:** Thank you.

I will ask for unanimous consent. We'll find someone to chair if the committee decides to go over 6:30.

I'll go to Mr. Richards, and after that it will be Mr. Miao.

**Mr. Blake Richards:** Mr. Chair, I'm incredibly disappointed in the situation that we're faced with here. We have now attempted to move this motion to get to the bottom of the situation of the Prime Minister and his office interfering in the building of a monument to our veterans who served this country in Afghanistan and delaying the construction of the monument.

We have now tried.... I believe this might be the fourth time. The Liberal and NDP parties have found ways to delay the ability to move this motion so we can just try to get to the bottom of what has happened here.

It's incredibly frustrating. I can only imagine how the veterans who served this country in Afghanistan must feel when we can't even have a motion to try to get to the bottom of what happened.

**Ms. Rachel Blaney:** I have a point of order.

**The Chair:** Excuse me, Mr. Richards.

Ms. Blaney, go ahead on a point of order.

**Ms. Rachel Blaney:** I'm sorry. I'm just asking for clarity. Maybe this isn't a point of order, but I was hoping the motion would be moved so that we can vote.

I think we only have eight minutes, so hopefully that can be done.

**The Chair:** Yes, exactly, but Mr. Richards has the floor, so I will let him go.

**Mr. Blake Richards:** I just want to make it really clear that I would certainly have hoped that we could have a vote today too. I'm quite worried that this may not in fact happen now.

Just to provide a little bit of context, we have a Prime Minister whose government spent several years just trying to get a design for a monument. In November 2021, they were informed of a design that had won a competition that they had set up. Over the course of a year and a half following that, the government for some reason or other, which is unknown to anybody except the Prime Minister and his office and maybe a few other individuals, spent a year and a half trying to find a way to change the decision, despite all of the advice that we've seen as a committee that came from the departments involved—Veterans Affairs and Canadian Heritage—saying that this is absolutely what should happen.

Here we have again a situation of a Prime Minister who has this pattern of disrespect for our veterans. He was the one who told them that they were asking for more than he could give. He's the one who—

**Ms. Rachel Blaney:** I have a point of order.

**The Chair:** Go ahead on a point of order, Ms. Blaney.

**Ms. Rachel Blaney:** I'm sorry to interrupt again. I'm just checking. We're now down to six minutes.

As I said publicly, I'm willing to support this motion, so I'm hoping we can get to it. With only six minutes left, I'm really concerned that it won't get done today, so hopefully we can see that motion moved.

Thank you so much, Chair.

**The Chair:** Thank you, Ms. Blaney.

Mr. Richards has the floor.

**Mr. Blake Richards:** The more points of order there are, the more difficult it is to get to a vote. Hopefully we can get to it.

The bottom line is that there's been interference by the Prime Minister's Office. We need this motion to be able to get to the bottom of what that is. It's been stalled and delayed several times now, so let's get to the motion. Let's vote on it today. I hope that all members will support this motion so that we can end whatever the cover-up is here and get to the bottom of whatever the situation is and why the Prime Minister interfered to delay the construction of this monument to honour our Afghanistan veterans.

Mr. Chair, I move:

That, in relation to its study on the National Monument to Canada's Mission in Afghanistan, the Standing Committee on Veterans Affairs

a) call the Deputy Commander of Military Personnel, Lieutenant-General Lise Bourgon; and

b) order the production of all memoranda, briefing notes, e-mails, 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 November 8th, 2021, between

- (i) the Department of Veterans Affairs and the Office of the Minister of Veterans Affairs,
- (ii) the Department of Canadian Heritage and the Office of the Minister of Canadian Heritage,
- (iii) the Department of Veterans Affairs and the Privy Council Office,
- (iv) the Department of Canadian Heritage and the Privy Council Office,
- (v) the Privy Council Office and the Office of the Prime Minister,
- (vi) the Office of the Minister of Veterans Affairs and the Office of the Prime Minister, and
- (vii) 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, within 21 days of the adoption of this motion.

I move that motion, Mr. Chair. I really hope that the cover-up is going to end here, that we will get to a vote, that we can pass this motion and that all members will support it so we can get to the bottom of why this monument was delayed due to the interference of the Prime Minister's Office.

• (1825)

**The Chair:** Thank you, Mr. Richards.

I have a few names on the list. I have Mr. Miao, Mr. Casey, Ms. Blaney, Mr. May, Mr. Desilets, and Mr. Paul-Hus.

[*Translation*]

Mr. Miao is first.

[*English*]

**Mr. Wilson Miao (Richmond Centre, Lib.):** Mr. Chair, the following comment is not an intervention about this motion. I have a flight to catch, so I would like to see if we can debate this later on, because there was opportunity for the Conservatives to talk about this motion in previous committee meetings, and I don't understand why they are putting this forward in such a manner.

Thank you.

**The Chair:** Thank you, Mr. Miao.

I have other members on the list.

Let's go to Mr. Casey, please.

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

I'd like to propose an amendment to the motion. I think it would probably make it stronger.

We've heard an awful lot of comments around this issue. Most of the times that the minister has come before the committee in recent months, whether the purpose of her visit was actually on this study

or whether it was on estimates or whether it was on anything else, this subject tied it up.

We've heard debate in the House, and there's been a lot of discussion about the jury, and in the House there was a reference that the jury made a unanimous decision. I think that's an important element if we're going to dig into all of the other things that are contained in this production of documents motion. I would like to propose the following amendment to add another category of documents as paragraph b)(viii). It would be that we add "that Veterans Affairs Canada produce any correspondence received from members of the jury responsible for evaluating the final designs for the national monument to Canada's mission in Afghanistan since June 2023."

I think that those documents would be relevant to assessing the claim of unanimity within the jury, whether there were preoccupations, whether any jurors had some concerns after the fact, what communication there was among members of the jury leading up to the decision and what communications there were between the jury and Veterans Affairs.

There have been public statements made that everyone was on the same page, but we don't know that. I think it's important, so I would like to propose that amendment to the motion.

**The Chair:** Thank you, Mr. Casey.

Now members of the committee, we have an amendment. The list that I had previously was on the main motion. Now I have an amendment. I don't know if members who already have their hands raised would like to.... No. Okay.

Before we go further, I am so sorry that I have to leave. First of all, we need unanimous consent to go over 6:30, and if yes, we're going to have to decide on a chair for the committee for the rest of the meeting. We have to start with the first vice-chair, the second vice-chair, and so on.

First of all, I'd like to know if we have unanimous consent to continue until 7:10.

• (1830)

**Mr. Randeep Sarai:** No. Unfortunately I have an event to go to, and I think he has a flight.

**Mr. Blake Richards:** The cover-up continues.

**The Chair:** We have no consent.

I'm sorry, we have to stop right here.

[*Translation*]

Thank you to everyone who took part in today's meeting. Thank you to our interpreters, technicians, analyst and clerk.

The meeting is adjourned.







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