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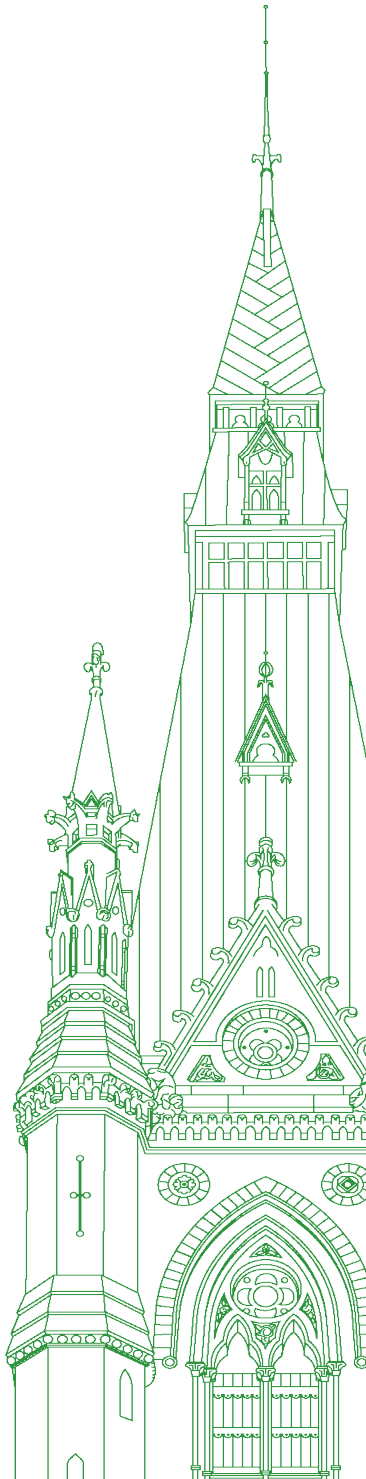

Chair: Mr. Emmanuel Dubourg

Standing Committee on Veterans Affairs

Tuesday, October 24, 2023

● (1605)

[*English*]

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

Welcome to meeting number 66 of the House of Commons Standing Committee on Veterans Affairs.

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.

To ensure an orderly meeting, I would ask that all comments by members and witnesses be addressed through the chair.

Although the room is equipped with a high-quality audio system, feedback often occurs, causing a significant problem for the interpreters. When you are speaking, please avoid bringing your earpiece close to the microphone in order to prevent feedback and help the interpreters do their job.

In accordance with the committee's routine motion, I wish to inform you that all witnesses have completed the required sound checks.

Before I introduce the witnesses, I'd like to issue a warning regarding our study. We will be discussing experiences related to mental health, which can be a trigger for people here with us, viewers, members and members' staff who have had similar experiences. If you feel distressed or if you need assistance, please let the clerk know.

I wish to remind the committee members that we will be continuing this study on Thursday. Next Tuesday, however, we will be meeting with two ministers, as per the motion adopted by the committee.

Despite the clerk's best efforts, the ministers can meet with the committee for only an hour, whereas the motion calls for two hours. Members need to keep that in mind, and if you wish, we can talk about next Tuesday's meeting when we meet on Thursday.

[*English*]

Our witnesses today are, as an individual, the Honourable Beverley Ann Busson, veteran, senator and retired Royal Canadian Mounted Police commissioner; Anna-Lisa Rovak, veteran; from the Davidson Institute, Adrienne Davidson-Helgerson, director of operations, operational stress recovery, and Dr. Christina Rochford, representative; and from the True Patriot Love Foundation, Eleanor Taylor, manager, community engagement and advocacy, by video conference.

We will start with a round of questions. We also have opening statements of five minutes from witnesses. I already have a copy of the statements from witnesses.

I will now invite the Honourable Beverley Busson to start.

You have five minutes. Please go ahead.

Hon. Beverley Busson (Veteran, Senator and Retired Royal Canadian Mounted Police Commissioner, As an Individual): Thank you very much, Mr. Chair.

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

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

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

I understand the focus and goals of this study are, of course, about veterans. More specifically, I believe you are seeking to hear from witnesses who experienced impacts due to the intersection of women in a male-dominated career—i.e., the Canadian Armed Forces and the RCMP—and the interventions of Veterans Affairs.

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

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

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

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

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

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

● (1610)

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

The Chair: Thank you very much, Honourable Senator.

Now I'd like to invite Ms. Anna-Lisa Rovak to speak for five minutes, please.

Ms. Anna-Lisa Rovak (Veteran, As an Individual): Good afternoon, Mr. Chair and honourable members of the standing committee.

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

To Serve

Identity stripped to a bare soul
Twisted and pressed to fit a single mold
Told how to think and what to wear
Punished for any individuality
Mind and body pushed to the brink of insanity
Soul is empty of pride and self worth
Praised only when obedience is met
Rewarded when orders are fulfilled in silence

Tossed aside when worth is expended
Ignored, belittled by those who still serve
Unless the heart remains a slave
And traditions are followed with no thought
Today, I'm
Searching for identity
Searching for the original me
Searching for a new beginning
Trying to fill the void
Disappear or Reinvent
Sometimes they are the same

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

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

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

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

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

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

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

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

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

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

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

> But the hands still touch
> The words still strike
> Blows to the heart, the mind, the soul
>
> But they promised

● (1615)

The Chair: Thank you very much.

You will have the possibility to answer questions from members of the committee.

[*Translation*]

Please go ahead, Ms. Davidson-Helgerson.

[*English*]

You have five minutes. It's your turn. Please go ahead.

Ms. Adrienne Davidson-Helgerson (Director of Operations, Operational Stress Recovery, Davidson Institute): I will yield the floor to Dr. Christina Rochford, the clinical director of our program.

The Chair: Right. Thank you.

Dr. Christina Rochford (Davidson Institute): Thank you.

First, I would like to express my appreciation to the chair and the committee for providing me the opportunity to address the very timely issue of women in the military. In addition, I would like to acknowledge my personal heroes, these courageous, capable, patriotic women who have devoted their careers to keeping our country safe, both here at home and abroad.

It is an absolute honour to work alongside you in your healing journey.

As a note about myself, I'm the director of the Operational Stress Recovery Clinic in Vernon, B.C., under the auspices of the Davidson Institute.

In 2015, we were tasked by VAC to develop a specialized program for women veterans who are dealing with PTSD and, in particular, MST. This program was the first of its kind on the country. We consulted with VAC, with women veterans, did considerable research on the topic and determined the best evidence-based therapeutic approaches. We developed a model of care utilizing a biopsycho-social framework. Autonomy and respect for the individual were and continue to be absolutely paramount.

The program is a six-week residential outpatient program, with a two-week follow-up and six months of intensive aftercare. The strengths include small groups, all women, daily trauma-informed therapy and self-regulation training, and many outside activities, from trauma yoga to equine therapy, music, art and float tanks. These are all what we call somatic strategies and are cutting edge in terms of trauma treatment.

The results have been phenomenal, both in terms of quantitative and qualitative data. We have that information on our website. The women have reported vast improvement and reduction of PTSD-related symptoms, improved quality of life, improved relationships and so on—so far, so good.

What has happened? The number of participants who are actually able to access our programs has slowed to a trickle. We receive many inquiries from women veterans, health care providers, etc., who want to make referrals but cannot navigate the process through VAC.

I'm not here to vilify VAC. There are many caring people who work at VAC, but the system is broken.

Let me relate a case in point.

We recently had a referral, a veteran, who had their proverbial ducks in a row. We calculated the number of administrative hours on our part alone trying to move this referral through the channels. It took 100 hours for one referral on our part. Goodness knows how many hours this veteran and all of the health care providers put in.

A common theme is that a veteran has the backing of their entire health care team—we're talking about psychologists, psychiatrists, medical doctors, counsellors, occupational therapists, people who really are in the know—but are turned back at the eleventh hour from exercising their choice of treatment program.

What typically happens is that they're referred to a large in-patient addiction facility, which is absolutely not appropriate to the population we serve. The veteran in question from the last example was turned down and instructed to attend a large addiction treatment centre. The veteran was devastated and was actually retraumatized. On admission to these programs, personal items and phones are removed, and prescription medications are doled out. One veteran even told me that candy, cigarettes and gum were removed. People were not treated with respect or dignity and were actually retraumatized. I have many stories, and I'll save you the details.

One female veteran told me she was roomed with a former gang member, an active addict. She was terrified. Another was roomed with somebody who was threatening her with box cutters. Again, she was terrified. Similarly, these are coed facilities. Women are placed with men with whom they have often had negative experiences. In another case, this summer, I received a phone call one evening from a woman veteran in the Okanagan. She was homeless. She found my name on the Internet and called me.

It's the Okanagan. We all know the Okanagan. In the summer, fires are raging. There's smoke and hazard alerts. You're not supposed to be outside. She was homeless and asked if I could help her. She was calling from a borrowed phone. She didn't have a phone. I said, “I'll check around and call you back.”

I checked around with my contacts, found her a bed at a local shelter and called her back. She said, “I can't go there. I've been to shelters before. I've been assaulted. I've been robbed. I'd rather sleep rough.” This person had no vehicle, no money and no phone, and she had to sleep rough somewhere in thick smoke with fire danger all around her.

● (1620)

The next morning, I called her case manager back. He's a very good man. I have worked with him on a number of occasions with other veterans. I explained the situation. The response was, “We can't help her until she settles down and stays put.” I said, “Until you help her to settle down and stay put....”

Am I done?

The Chair: Take 30 seconds to conclude.

● (1625)

Dr. Christina Rochford: Okay, I have 30 seconds. How can I finish up here?

I'll just jump to the finish and, hopefully, our director of operations might have a chance, in answering questions, to respond.

We know better. When we know better, we can do better. The time to act is now.

I challenge all of us to take all that we've learned here, to continue to ask questions, to seek answers, to do ongoing research and, mostly, to act.

Thank you.

The Chair: Thank you, Dr. Rochford.

Dr. Christina Rochford: You're welcome. Thank you.

The Chair: By video conference from True Patriot Love Foundation, we have Ms. Eleanor Taylor, manager, community engagement and advocacy.

Please, go ahead.

Ms. Eleanor Taylor (Manager, Community Engagement and Advocacy, True Patriot Love Foundation): Thank you to the committee for the opportunity to contribute to this important work.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

● (1630)

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

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

Thank you.

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

I would like to say to all women veterans here as witnesses: Thank you for your service.

I have to tell you that around five o'clock, we're going to take a short break of five minutes, just so you know.

We're going to start the first round of questions.

Mr. Blake Richards, please go ahead for six minutes.

Mr. Blake Richards (Banff—Airdrie, CPC): Thank you.

Let me echo the chair in saying to the veterans on our panel and also the veterans who are joining us in the room today, thank you all for your service.

I want to start with you, Ms. Rovak. You made the comment that unless there is a change in policy and behaviour at Veterans Affairs, there will continue to be and many others will see many of the challenges that you have faced. You mentioned that you had thoughts and ideas about things that could change and that could help to improve things for others in the future. I know your time was limited, so I wonder if you could maybe start by telling me, if you were given the opportunity tomorrow to recommend one specific change that would make the biggest difference, what that change would be.

Ms. Anna-Lisa Rovak: The one biggest change that I could see immediately would be that as veterans, we would be allowed to converse with different members of Veterans Affairs Canada. One of the biggest problems that I see for myself—as well as for other veterans and members of the military, actually, who are trying to access Veterans Affairs Canada—is that we are allowed one contact point, and that is it. That contact point is the 1-800 number. We are not allowed under any circumstances to go to a person's supervisor. We cannot talk to anyone who has sent us a letter. We have the person's name at the bottom, but it says, “If you have any issues, please contact this 1-800 number.” When we call the number, we are not allowed to talk to that person.

I have been very fortunate to be able to talk to two different individuals within Veterans Affairs on a couple of different subjects. For both individuals I've managed to go through a back-door system to get to them. One individual had...I want to say “the audacity”, but it was worse than that. She told me that I was “privileged” to be allowed to talk to her and I was “privileged” to be allowed to phone her directly, and that this was a singular situation and I would never be allowed to do it again. That is disgusting. That is rude, and that is diminishing to who I am.

Women veterans, I have to say, are kind of special. We take on situations that most people can't even imagine. I signed a blank cheque. Even today I am willing to give my life for my country. That has never changed. My call to service has never changed, and yet I am being told that I am “allowed” to talk to somebody and that this is a great honour for me to talk to somebody who is supposed to be working for me and with me. That is insulting and rude.

The biggest change I would suggest right now, today, would be to our conversations and our way of contacting every single person within the ministry of veterans affairs. I would suggest that we be allowed to see who is where and what is where. As service members, we are trained very intensely on chain of command. We do not go above the next person in our chain of command without an actual requirement to do so, yet with the ministry we are not allowed to do that. I can't even talk to a person's supervisor to get information. I'm allowed to talk only to the person at the end of the 1-800 number. At some point, if I have time, I would love to discuss the My VAC Account, which I have been challenging for the last three years as being without a doubt one of the most horrible systems of communication I've ever experienced. It puts me at the bottom of a pile, and I don't even have another way to describe that. I feel as though I'm at the bottom of a bucket. Every single time I open up the My VAC Account in order to have a conversation with anyone, I feel diminished.

● (1635)

Mr. Blake Richards: I appreciate your sharing that. I'm sure it's not easy even to share and certainly far less easy to experience. Thank you for raising that, because the idea that there's this lack of personalization is certainly a sentiment I've heard from many veterans over the last number of months. I think there obviously needs to be better service. Thank you for highlighting that.

Chair, I'm going to apologize in advance to the witnesses we have with us, but I have to interrupt—hopefully only briefly—because I have a motion I need to move. We are, unfortunately, given only these two hours to do anything, including moving a motion.

I will move that, and hopefully we can dispose of it quickly and come right back to hearing from the witnesses we have with us.

Mr. Bryan May (Cambridge, Lib.): I have a point of order. We do have time. We have committee business time for these kinds of things. I think it's wildly disrespectful to be taking up time on this.

The Chair: It's up to the member. It's his time.

Please go ahead.

Mr. Blake Richards: We'll hopefully be able to do it quickly, and then we can move right back.

I'll move this motion:

> That, pursuant to Standing Order 108(2), the Standing Committee on Veterans Affairs conduct a study on reports that Canadian Armed Forces chaplains have been directed by the government to restrict or cease prayer at public ceremonies; that this study be comprised of no fewer than four meetings and that the committee report its finding to the House.

It's duly on notice and I move that now.

Again, before I speak to the motion—and I'll try to keep my comments fairly brief—I want to apologize to our witnesses. Hopefully we can deal with this quickly as a committee and move back to hearing from you, because it is important. What you all have to say is very important, and we want to make sure we get that opportunity.

I've moved the motion. I think it's quite clear.

I want to remind folks of some of the words in the poem *In Flanders Fields*:

> In Flanders fields the poppies blow
> Between the crosses, row on row,

I also want to remind folks of our national anthem, where it says:

> God keep our land glorious and free!

I share those two things for a couple of reasons, but mainly because we have a lot of concerns that we've heard from chaplains in our military about the inability they will have as a result of the directive that I referenced in the motion—that they won't be able to pray for the fallen or pray for those who've served this country at public ceremonies such as those on Remembrance Day, which is obviously coming very soon and is our pillar of remembrance in this country. They're also concerned that it may restrict things like *In Flanders Fields*.

It may restrict—

[*Translation*]

The Chair: The member has a point of order.

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): No, it's not a point of order. When the member is finished, I would like to say something.

[*English*]

The Chair: Please, go ahead.

Mr. Blake Richards: It may restrict our ability to hear the words to *In Flanders Fields* because they reference crosses. It may restrict our ability to sing the national anthem because it references God.

Hon. Carolyn Bennett (Toronto—St. Paul's, Lib.): It's embarrassing.

Mr. Blake Richards: It may restrict our ability to have hymns such as *Amazing Grace*, which are often sung at Remembrance Day services or commemoration services. These are some issues we're hearing from chaplains and others in terms of concerns they have about the upcoming Remembrance Day ceremonies. This is something that leaves a lot of questions to be answered, and that's why we need to move this motion.

We had the Minister of Veterans Affairs come to this committee and try to deny that this directive, first of all, even existed, but when I pointed out that it did in fact exist and that I had a copy, suddenly she said that she did remember there was a directive but tried to claim that it didn't restrict prayer.

However, there are a lot of questions that remain, especially given the radio interview. I have a transcript of said interview, which was on News Talk Radio, 580 CFRA. The director of chaplaincy services for the chaplain general—the office that wrote the memo—responded to a question from the interviewer, who asked if chaplains would still be able to talk about God on Remembrance Day. The colonel said that in faith-based settings and church settings, they will, of course, speak about their own faith and the role that God or their heavenly being has in that setting, but in a public setting, they will not use that language. In other words, they will not use the word “God”. They will not speak about their faith. They will not speak about a heavenly being.

That leaves a lot of concerns for many of our chaplains. I've heard from a number of them who expressed very clearly that they believe not only that the directive indicated they would not be able to do such things as pray, or mention a god or a heavenly father, but also that they have been told that very clearly.

Of course there are reasons they wouldn't want to speak publicly about that, but they have expressed these concerns that they won't be able to pray, or that they can't wear symbols, such as a cross or the Star of David, or...the Quran.

Hon. Carolyn Bennett: This is during the session on women veterans.

Mr. Blake Richards: It's unfortunate that there's heckling in the room, but that's okay.

The problem is that these are questions people have. What will they be able to do? What will these chaplains be able to do? Will we be able to hear *In Flanders Fields* or our national anthem? Will they be able to pray at remembrance services?

There were a number of people who raised this. There was a release put out by Bishop Scott McCaig, who is the Catholic Military Ordinariate of Canada. He was appointed to that position by the Pope. He expressed a number of significant concerns that he would have around this policy, about the unfortunate effects it may have on undermining the morale of Canadian Forces members and their families, and about its significantly diminishing the efficacy of chaplains and also threatening the viability of the chaplain service itself.

● (1645)

The Chair: Thank you, Mr. Richards.

I'd like to inform the witnesses—maybe the Honourable Beverley Ann Busson is aware of the rules—that the member has tabled a notice of motion. After 48 hours' notice, he can discuss it, so he can take the time right now. We can discuss it among the members until the end of the meeting or beyond.

I would like to let you know that until we have voted on that, we can't go back to continuing our discussions.

I have—

Mr. Blake Richards: If I could, I would like to ask for unanimous consent—

The Chair: No, I am sorry. I have a list of four people. I have Mr. Desilets, Ms. Blaney, Mr. May and Mr. Sarai.

Mr. Blake Richards: Well, I would have liked to ask for unanimous consent for another round of questioning before we engage in debate, but....

The Chair: They say that they would like to intervene. There is no such time for those interventions, so I am not using those cards.

Mr. Desilets, the floor is yours.

[*Translation*]

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

I would like to apologize to the witnesses on behalf of the committee. I don't know what else to do other than say sorry.

I want my fellow committee members to know that this is disrespectful and unacceptable, as far as I'm concerned. We have witnesses who have come here to share their heartbreaking stories, and this is where the discussion has gone. Giving notice of a motion is one thing, but monopolizing the discussion for 15 to 20 minutes is another, and it's absolutely unacceptable.

While I have great respect for the chaplains, I'll be voting against the motion because it falls under the purview of the Department of National Defence, not the Department of Veterans Affairs.

I think we should vote, Mr. Chair.

● (1650)

[*English*]

The Chair: Ms. Blaney.

Ms. Rachel Blaney (North Island—Powell River, NDP): He called for the vote, and I am happy to support that, so I would call the vote.

The Chair: I would like to know if—

An hon. member: You have to vote.

The Chair: I am going to ask the clerk to take the vote, please.

(Motion negatived: nays 7; yeas 4)

The Chair: Thank you.

Mr. Richards, you have one minute of your intervention left. Please go ahead.

Mr. Blake Richards: I appreciate that. Again, my apologies. Unfortunately, we don't have any way to move a motion other than in a meeting. I regret that you happened to be here.

I have very limited time left.

Dr. Rochford, you mentioned some of the challenges you face in terms of getting someone into your program and the bureaucratic and administrative hurdles you face. You got cut off. I wanted to give you an opportunity to finish any further thoughts you had on that.

Dr. Christina Rochford: Sorry; I lost my train of thought here.

Essentially the point I was making is how difficult it is to navigate the bureaucracy of VAC. In particular, the veterans do not have choice in terms of their treatment program and apparently, of late, with the outsourcing of services. They have limited choice in terms of their care providers, be it psychology, psychiatry, occupational therapy, physical therapy and so on.

I'm a proud Canadian. I'm a child of immigrants. I feel a lot of shame about the way our women veterans have been treated. Our military is more important now than ever, given the unstable and volatile nature or our interconnected world. Canada has a vital role to play.

Women are the fastest-growing group in the military and constitute more than 50% of the future recruiting pool—50%. This is really important.

I've reviewed a lot of hours of previous testimony in preparing for this meeting. I was, of course, struck by the devastating stories of suffering of these women veterans—

The Chair: Dr. Rochford, I'm sorry. Time is over.

I have to go to Mr. Sarai for six minutes, please.

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

I want to thank you all for being here today, and especially for your service, Ms. Rovak and Senator Busson.

My question is for the director of operations or Dr. Rochford of the Davidson Institute.

First, I want to thank you all for the work you do for women veterans and for advocating veterans' mental health supports.

The operational stress recovery program is specifically designed for female veterans and first responders and addresses critical issues they have faced. Can you speak about the issues that women veterans face most often?

Dr. Christina Rochford: Perhaps I'll turn it to our director of operations, Adrienne Davidson.

Would you like to speak?

Ms. Adrienne Davidson-Helgerson: Something that was interesting to us when we started this program was that we initially thought it would be mostly women with PTSD. That was the premise under which it was first established, but what we noticed was that almost every woman who came into our program also had the experience of MST, military sexual trauma. However, it goes beyond that into betrayal trauma and institutional trauma. A lot of this also occurred after women had transitioned into veterans.

The feelings of betrayal happen when somebody dedicates their life to this purpose—to keeping the country safe, as Anna-Lisa and the other veterans have said, like a blank cheque with your life on it—and are then mistreated with belittling, condescending and dehumanizing disrespect from the institution, from VAC, and there is a complete lack of transparency. There have been huge changes with women veterans' rehabilitation services that we haven't heard discussed in a lot of these meetings and that people don't even seem to know about because there's absolutely no transparency.

That's a concern for us. That is impacting the female veterans whom we see. It's not just PTSD. It's not just MST. They often try to put them in these little categories and say, “You have sexual trauma. You have PTSD. We can look at only those things”, but it's so much more complex. That's why you have to have these really holisitic, person-centred, very individual-focused programs and the training and the experience of the people delivering those programs. That's what our program offers.

A lot of the women we see have also been sent to addictions centres when they don't have addictions. They are just basically institutionalized because the military says, “Well, we don't know what to do with you. We don't want you to kill yourself, so we'll just chuck you in an institution and take away all of your privacy, your belongings, your autonomy and your dignity.” They may have a few counselling sessions, but there's basically no programming.

I don't want to speak too poorly of them. I'm sure some of them have good programs. I know that some of the bigger ones are not so good.

What we have to first, then, is undo the trauma they have experienced in these institutions.

A major overhaul definitely needs to happen in terms of understanding women's needs and the toxic culture that is happening in at least VAC. The toxic culture really happens when people don't understand other people's needs. The leadership really needs to understand women's needs, and then, as we see it, there needs to be a whole overhaul of the culture.

I'm not sure if that answers your question directly, but it's a complex issue and we can't just be narrow-minded about it. We need to let them make the decisions.

With a person-centred approach, the person, the client, is the expert. That's really important to empowering them, especially when they are disempowered. When you're seeking help, you are disempowered and you are feeling very low, so it's really important that we can empower those women. When we send them to institutions, strip away their power and make their dealings with VAC so complex, the people who really need help cannot get it.

The whole process really needs to be streamlined, simplified and overhauled completely. Women need to be allowed to make decisions on their health care because they're the experts.

● (1655)

Mr. Randeep Sarai: I have only a minute. Are you saying there's a systemic problem between the types of services offered to men versus those offered to women because they're designed for men in particular? Is that one problem?

Second, are you saying that the actual programming given to women is not suitable or ideal, given the trauma and the experiences they face?

Ms. Adrienne Davidson-Helgerson: Yes. This is a pretty common experience for women. The programs, services, products and things are designed based on a model for men, and that doesn't always translate for women.

A lot of the programs have been developed based on research on men with PTSD, so there's that aspect. It takes 10 years of research, really, to catch up on these things, but we do have a good understanding of what women need. The programs that are being offered to women are not appropriate most of the time. There are a few very small ones, but VAC should be identifying the ones that are really, truly tailored to women and should be sending women to those places.

Mr. Randeep Sarai: Could you quickly share the ones that are appropriate? You can even give that afterwards.

● (1700)

Ms. Adrienne Davidson-Helgerson: Do you mean naming—

Mr. Randeep Sarai: You can email that to the clerk afterwards.

Ms. Adrienne Davidson-Helgerson: Okay.

The Chair: Thank you, Mr. Sarai.

[*Translation*]

Go ahead, Mr. Desilets. You have six minutes.

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

I want to thank the witnesses for their service to the country, not to mention their patience.

Ms. Davidson-Helgerson, you are adamant that the system is broken, and I believe you. In my four years on the committee, I've heard enough to know that what you're saying is true.

Can you be more specific? How is the system dysfunctional? Which area? Do you think it's possible to overcome the problem?

[*English*]

Ms. Adrienne Davidson-Helgerson: The question is on how the system is dysfunctional. I come from a business background, so I'm viewing it through that lens—as well as a counselling and psychology background—so I see how things could be streamlined and made more efficient.

I'm wondering whether they are consulting the right people who can really streamline these things, but there are different things that are unique to the military and VAC that maybe we can't change.

With regard to the process for women applying to our program, first of all, they are coming to us and they are not functioning well, yet nobody is allowed to advocate for them and help them through the system. They're not allowed to make calls on their behalf. We can't call the CMs.

If we have a veteran who is actively suicidal and we are concerned about this person, we know that they need treatment and we can provide that treatment, if we find out...I send an email and I do their first name, dot, last name—I hope I get the spelling right—and most of the time I'm successful. Then they're mad that we have contacted them directly to consult about one of their client's cases.

In the whole process, there's the lack of transparency, the absolute no communication. You can never get a direct phone number. It is almost impossible to get a direct phone number for the person's case management team. That is insane, when you're supposed to be collaborating with the health care team. We can't even access them.

Are there any other aspects of the process that you think we could...?

Dr. Christina Rochford: I think you're speaking to it well.

I particularly wanted Adrienne to speak, because she is our director of operations, and from a business perspective, there are solutions here. There are systems that could be put in place to streamline this whole process: when people are first released from CAF, the referral to VAC, and VAC reaching out, doing an assessment and determining a care plan and the needs. This is not rocket science, particularly for somebody who has an HR business background.

There are solutions. We already have some ideas about how to make this process more efficient, more holistic and more accessible.

Quite frankly, I know the system, and I have a heck of a time navigating VAC. I spend most of my time in my office trying to make calls on veterans' behalf and getting blocked, blocked, blocked. If I have the privilege of being given a phone number, I'm told, “Under no circumstances are you allowed to share this phone number with a veteran, and do not email or even allow the veteran to have the email address.”

It's lack of transparency. It's secrecy. There's this huge power differential that's created. It should be a collaborative effort in terms of seeking help. If I'm having trouble, and I'm resourced and I can usually get through channels, what is it like for someone with PTSD, who maybe is struggling with computers, for one thing, but also is struggling to answer the phone, is struggling to go forward?

Quite honestly, I've even had therapists, psychiatrists, psychologists, saying, “In all good conscience, I have to stop my veteran from dealing with VAC, applying for your program. They are getting so triggered, they're almost suicidal. This is bad for their mental health.” What's with that? Something is wrong there.

There are solutions, and we'd be happy to share those solutions with you about how to make the system work.

Ms. Adrienne Davidson-Helgerson: I think it's almost as simple as a modernization of the technology—IT things.

Anna-Lisa shared with me earlier that there are nine steps just to log into the My VAC Account. Can they have an app? Can they have more streamlined communications? Can you automate some of this stuff? We still have to send faxes and wait five to seven business days, and then they lose the fax. The CMs are not even trained on how to digitally upload faxes to a central server. There's all this stuff that's just so antiquated.

I also think it's important, just from a cultural perspective, that you want the Canadian public to respect this institution. If it's viewed as old and antiquated and irrelevant, then are you going to attract the best and the brightest? Probably not. It's the number one top employer—I don't know if that's a fact, but it's a huge employer—so it should act like it. It should be setting an excellent example on the world stage, and it should perform the best and have the best systems.

● (1705)

The Chair: You have 45 seconds.

[*Translation*]

Mr. Luc Desilets: If VAC were a private company, would it still be in business?

[*English*]

Ms. Adrienne Davidson-Helgerson: I'm not getting translation.

The Chair: You don't have translation.

Ms. Adrienne Davidson-Helgerson: I don't, but I hear it going other places.

The Chair: Just wait one minute. We'll make sure that the translation is working.

[*Translation*]

I'm going to speak French to see whether you're getting the interpretation.

[*English*]

Okay. You now have translation.

[*Translation*]

You may continue, Mr. Desilets. You have 35 seconds.

Mr. Luc Desilets: Ms. Davidson-Helgerson, you are in the private sector, the business community. If VAC were a private company, would it still be in business?

[*English*]

Ms. Adrienne Davidson-Helgerson: Oh, my gosh, no, it absolutely wouldn't. It needs to first of all create value. It's treating veterans like they're the assets of the company, but they are just....

No, it wouldn't survive. It really wouldn't. It is so unproductive and inefficient. Its customers are very unhappy. Its assets are very unhappy. I think you need a top management consultant to come in and just shake things up.

The Chair: Thank you.

[*Translation*]

Thank you, Mr. Desilets.

[*English*]

I would like to remind members of the committee that we also have, by video conference, Eleanor Taylor from True Patriot Love Foundation.

Ms. Blaney, you have six minutes. Please go ahead.

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

Through the chair, I would like to start first with Senator Busson.

Thank you so much for being here. I want to thank you for reminding us that we need to remember the RCMP veterans. I really appreciate that. It's good to be held to account. I will say that indirectly I was talking about them when I talked about the gold digger clause, but I didn't mention that directly. I think it's really important feedback, so I appreciate that. I also want to thank you for mentioning the gold digger clause. Everybody knows it's a passion of mine. We continue to do work on that.

I would just like to acknowledge the ongoing work by the RCMP women veterans council. I think the work there is really powerful. Of course, it's chaired by Jane Hall from B.C.

I also want to acknowledge that it was RCMP women who had their “me too” moment before the CAF. They did a lot of tremendous work around the CAF-DND sexual misconduct class action. We learned a lot from that. I want to recognize the hard work those women did. It's never easy to stand up and say the thing that is hard.

One thing that I find troubling about this complete study, and that I have no remedy for, is that we have to ask veterans to come and bleed in front of us so that we can put something on paper to try to prove that this is the reality. That does make me struggle a lot.

I'm wondering if you have any thoughts on the RCMP double-dipping pension clawback, and if you feel that has been handled. Is that something you could talk to the committee about a bit?

Hon. Beverley Busson: I'm not really prepared to discuss it in detail, because it's a complex issue. Certainly at the moment it still exists, the double-dipping of pension versus, as you were referring to, other security benefits for veterans. It's a huge issue for veterans—I know that, especially in cases in which people aren't even aware that it's going to happen. All of a sudden people's pensions change and they're not even aware of it. Certainly, it's more than an irritant for people who are planning their life in a certain way to have a right-angled change.

It's something that I think should be revisited, because both of those things in a way are earned.

● (1710)

Ms. Rachel Blaney: Thank you for that. I think that's really important.

Through the chair, perhaps I can go to Ms. Rovak next.

Thank you for bleeding in front of us. I'm sorry you had to do that. I think it's really important. It's why I fought hard for there to be a trigger warning. I think it's important that we as parliamentarians understand that the reaction may be hard and that we have to carry that story with us. I promise that I will do my best to carry your story with me in the things that I move forward.

You said at the end, “I was promised.” That really had an impact on me. You also talked about the “security of truth”. I'm wondering if you could explain what those two things mean to you as a woman veteran and what you felt was not done correctly.

Does that make sense?

Ms. Anna-Lisa Rovak: Thank you very much for this opportunity to bring that up.

I do need to say one thing first, if I may, and it is that there was a prime example of exactly how women veterans are dealt with on a daily basis, an hourly basis, in what we saw here earlier today. I got up from the table on purpose. I didn't get up because I hurt. I didn't get up because I was triggered. I got up because I was being ignored; I was being treated with disrespect; my story was not acknowledged, and someone was using me as their platform. That is part of the problem here.

I am not someone else's platform. I am not someone else's cash cow. I am not someone else's product. I am a human being; I am a veteran, and I am strong in that.

I was very upset. It hurt, and I felt diminished. I felt so many of these negative emotions that I did almost walk out the door. The only reason I stayed here, the only reason I did not walk out the door, was that I had a couple of people get up, come over to me and say, “We still want to hear you.” To that, I honour.

Now, in response to “I was promised”, and in response to the “security of truth”, one of the biggest things I have discovered is that with Veterans Affairs we are promised certain things. I had to go to my case manager and I had to negotiate what I was going to do for any type of training and any type of care. When I say “negotiate”, that is exactly the correct term: It's a negotiation.

Veterans Affairs has this habit of changing case managers very quickly. They also have a habit of passing us over to contractors. Every single time we have a promise in hand—we have already negotiated what we need—we get passed over to somebody else, and then we have to renegotiate. We have to restart from the beginning. In a six-month period, I had to tell my horror story, my rape story, three times. That was in six months. That was suicide attempt number one, by the way.

I don't think there's a single person who can actually understand the trauma that someone goes through. When I said earlier that Veterans Affairs has created more trauma for me than the military did, I am really not exaggerating. Why would I have to share my experience three times to three different types of experts to prove my truth so that they can change the negotiated process that I've already started? That is part of that promise. It keeps being renegotiated. It keeps being cancelled. Every time I turn around, that happens. Not only am I being negated, but it's almost worse: I'm used. In the military, I wasn't used. As a veteran, I am.

The Chair: Thank you, Ms. Rovak, and thank you, Ms. Blaney.

Now we are going to start the second round of questions.

I'd like to start with Mrs. Wagantall, please.

You have five minutes.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you, Chair, and through you, thank you, ladies.

I'd like to get up and yell and dance at what I've heard here today. Thank you so much for what you're bringing to this committee in what we need to know.

I have five minutes. I am going to do my best to give two questions, each 30 seconds long, and you'll have two minutes each to respond.

I'd like to start with Ms. Rovak.

Thank you so much for your testimony and sharing your life. I wrote down that it's absolutely crucial, from your perspective, that you need “a say” in your own care. This is something that I've heard over and over again for eight years. It's like you don't have that opportunity. Would you like to explain what that means and what your expectations are to be able to have a say in your own care?

● (1715)

Ms. Anna-Lisa Rovak: When I discovered about my mental health care, I finally had an answer to why my life had been such a challenge up until that point. I went off on my own. I had an experience with a case manager where he tried to get me into his hotel room. At that point, I had completely stopped talking to Veterans Affairs under any circumstance. The only reason I contacted Veterans Affairs again was to assist somebody else, and we'll just leave it at that.

As for my own care, the very first time I went to Veterans Affairs and said, “Hey, listen, I need help,” they put me on the veterans transition program. I was on that program with five RCMP members. Not one of us came out of that program sane. Not one of us came out of that program in good shape. That was the only one that Veterans Affairs recommended and actually demanded that I take. It was not good.

After that, I decided, because I have a.... I love my children. My children have decided they want nothing to do with me because of the damage I apparently have, so I started taking different programs. What I discovered was that, number one, having a program that is mixed, men and women, especially women working with male veterans, I am sorry, but.... In one of the programs I went on, I was the only female veteran. I was physically assaulted once, and I was verbally assaulted by three other men. That was in a five-day period. That is not safe.

I went to a couple of other programs that were not trauma-related. It was difficult for them to understand that I have no addictions. I do not drink. I do not smoke cigarettes. I do not take drugs. The only medications I take are prescribed to me by my psychiatrist. I'm not dissing marijuana and all that kind of stuff, but for me, that was not the way I needed it to be.

One of the biggest and most beneficial programs I ever took was at the Davidson Institute, and there are a couple of reasons. Number one, I stayed in a hotel, and I had the choice to move hotel rooms when I was not feeling safe in one of the hotels. I had my own vehicle, so I could walk away. I had a choice that in the mornings, if I was having a really bad day, I could call in and say, “Hey, listen....” At the same time, they knew what was going on with me. They checked in with me. There was that type of stuff.

They also had EMDR, and they had all the different traditional-type programs. Having a choice and being able to try other types of therapies, which is what their program does to see if anything fits, was wonderful, because in middle B.C.—northern B.C. according to people from Vancouver—there's nothing. It was such an opportunity to be able to do that.

I have been in other programs since, and being able to choose the type of program is paramount. I was told I had to be institutionalized. I was told I had to go into one of those programs where they were going to take away my cellphone. I've worked for five years with my psychiatrist to get my meds perfect. I am very happy that way. Nobody is taking my meds away from me.

Mrs. Cathay Wagantall: I really appreciate this, Anna-Lisa. Thank you so much.

I think we're hearing something we need to pay attention to.

I have one minute.

Very quickly, Dr. Rochford, or whoever would like to respond, this referral to a large patient addiction treatment centre is not news to me. I hear this often. Those addiction centres are not just for veterans either, are they? I've heard from veterans who are sent there, and they end up getting drugs peddled to them by people who come in just to.... This is a mess.

It's not veteran-centric. Can you talk to that point of how it is not meeting the needs of the veterans who are being directed there?

Dr. Christina Rochford: We've heard some of the stories, too, and we hear this all the time. Sometimes, it seems, at the end of the day, they end up with us after they've been to numerous programs and have been retraumatized. Certainly these big addiction centres are institutions for people with severe addictions. It seems, especially of late, because PTSD has become a bit of a “flavour of the month”, if you will, the addiction centres have added on a PTSD component, but there actually is not much treatment. Women and men with PTSD are thrown into these big centres, and we've all heard about how people are treated. You're right; they're open to absolutely anybody.

We actually work with—

Ms. Adrienne Davidson-Helgerson: He's calling time. I'm sorry.

● (1720)

The Chair: Thank you.

That was more than five minutes. I'm so sorry.

Dr. Christina Rochford: I was just ignoring it.

Ms. Adrienne Davidson-Helgerson: I'm sorry. I'm a rule-follower.

Voices: Oh, oh!

Ms. Adrienne Davidson-Helgerson: I was like, “Oh, no, I made eye contact.”

Voices: Oh, oh!

The Chair: Let's move on. As I said at the beginning, we were supposed to take a five-minute break, but I'd like to know from the witnesses, including Ms. Taylor on video conference, if it's okay to continue until six o'clock.

Would you like to take a break? No? Okay. That's perfect.

We will now move to Mr. Casey for five minutes, please.

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

I would like to bring Lieutenant-Colonel Taylor into the conversation.

Lieutenant-Colonel, first of all, thank you for your service. Thank you as well for the work you've done with the Nichola Goddard Foundation. I'm pretty sure you and I have crossed paths at one or more of those functions. I was interested that you started talking about the Nichola Goddard Foundation as of 2018, when the steward became the True Patriot Love Foundation. You and I both know that there was a great deal of work done by the Goddard family prior to 2018.

I'd like you to speak a bit about her legacy, including what was done in Papua New Guinea for the birthing centres.

Ms. Eleanor Taylor: What I can speak to is the fact that the Goddard family, of course, stewarded Nichola's legacy for the first 10 years. It then transitioned to True Patriot Love. True Patriot Love remains deeply connected with the Goddard family. In all of the events that we plan, we have a representative of the family in our planning committees. That connection remains strong. It's critically important.

As a veteran myself, having served for 27 years, and also knowing Nichola in the early part of my service, I know she represents a lot of hope, optimism, capability and pride for many of us. We're proud of her legacy. We can be inspired by her legacy and we are inspired by her legacy.

I know that there was work done in Papua New Guinea, and I know that a number of things [*Technical difficulty—Editor*] Papua New Guinea also included schools across Canada that have adopted that legacy. I am not poised to speak on the details of the Papua New Guinea birthing centre.

Mr. Sean Casey: In your opening remarks, you talked about invisibility. On May 1 the committee heard from Colonel Lisa Noonan of the Canadian Armed Forces transition group. I want to share with you what she said and get your reaction to it, given that you talked about invisibility.

Here's what she said to us:

> That “invisible” thing that someone mentioned before is, I think, becoming less prominent. Now we're starting to look at specific programs, no matter what domain we're talking about, whether it be health services, transition services, recruiting, retention, etc., that are specifically geared to females in the CAF. That's a very new phenomenon over the last four or five years, in particular.

Given that your service is fairly recent—I understand you stepped away in 2021—I'd be interested in your reaction to the testimony we got from Colonel Noonan.

Ms. Eleanor Taylor: I believe there's truth in that. I think that the culture of invisibility is changing.

I like to look at women's engagement and people with differences' engagement in the Canadian Armed Forces through the lens of three phases.

The first is the period when women and people of difference are demonstrating that they're not harmful to the institution. I lived through that phase in the nineties and early 2000s. People didn't know if women would be successful in the infantry and whether or not our presence would undermine cohesion.

Certainly I know that the people in this room who've testified know that feeling too. That phase demands silence from the member, because you're demonstrating that you're not harmful to the institution, so you do not bring voice to the things that make you different.

The next phase I call the phase of demonstrating that we are force multipliers. We are contributors to the organization and we bring value. It's in this phase that you see people as commanders and succeeding on operations, and you see successful integration. During this phase, from the outside looking in, things are looking much better, but this phase also demands silence from the people who are living it, because they're still proving that they are contributors to the organization.

My hope is that we are now into a third phase, where it is safe to bring voice to the things that make us different. In this phase, there is an empowered use of voice. In this phase, the institutions—both VAC and the CAF—shift, because they begin to hear with more clarity from more people of the differences and the unique needs that they have. In this phase, the institutions need to shift, and the individuals bring voice to it.

I think we are getting there, but I also think there are still instances of people becoming accustomed to silence, and that silence causes this culture of invisibility.

● (1725)

The Chair: Thank you.

Thank you, Ms. Taylor.

[*Translation*]

The next two members will have two and a half minutes each. First is Mr. Desilets.

Mr. Luc Desilets: You have quite the résumé, Ms. Busson.

Over the past few years, have you seen an improvement in the conditions women in the armed forces experience?

[*English*]

Hon. Beverley Busson: I can't talk about the armed forces, but I can talk about the RCMP.

There are a number of people—a relative of mine and other female members who presently serve in the RCMP—and I say with all the sincerity I can that they report a different institutional attitude. I believe the lady on the screen visiting us in hybrid format said the same thing. It's almost a phase three. The stars are beginning to come together, and I believe that women now have the strength to speak that they never had before and that the institutions have the motivation to listen. Nobody likes to fail.

I hear good things. I was at a regimental dinner very recently, and half the people there were females. They are so proud of the work they were doing. They are empowered and leading important things. Nobody sees that as amazing anymore, which to me is a big sign that we've come a long way.

[*Translation*]

Mr. Luc Desilets: You said earlier that the Minister of Veterans Affairs made no mention of the RCMP when she appeared before the committee. How do you explain that? Was it an oversight, do you think?

[*English*]

Hon. Beverley Busson: I'd like to think so.

I think sometimes, because the organization tends to be—how do I say it—a little bit more invisible, that Veterans Affairs thinks about the RCMP as much as they think about the people in CAF. That may be well reasoned. The outreach isn't the same, and I don't believe that people in the RCMP have the same awareness of what they can expect.

● (1730)

[*Translation*]

Mr. Luc Desilets: Thank you very much.

The Chair: Thank you, Mr. Desilets.

[*English*]

Now I'd like to invite Ms. Blaney to use her two and a half minutes, please.

Ms. Rachel Blaney: Thank you, Chair.

I would like to ask questions of the Davidson Institute. I have a couple of questions.

One is on the intervention made earlier. You spoke about how the numbers were higher and now seem to be going down. I'd like to know why the numbers are going down.

Also, could you explain how people are funded to attend your program? Does VAC fund any part of it? Is there ongoing funding or is it by person?

Ms. Adrienne Davidson-Helgerson: Maybe I could start to answer that.

Initially, we were allowed more contact with case managers. We actually were allowed to invite them to come to our program to meet us and to see what we do. A lot of them tried the modalities we offer and just loved it, and they started referring clients to our program.

There's been a ton of turnover at VAC. The new case managers don't know our program, so they don't refer people to it. It's up to the client. We don't deal with marketing, right? They have to somehow find out about it through word of mouth and then bring it to their case manager. The case manager says, “Well, I've never heard of it, and we just send people to the institution”, so part of the decline is because we are not allowed to contact these people to show them what we do or to send them information, as it's seen as soliciting.

There is no central register where they can readily see all about the programs. They've said that there are certain lists, but some of them are not aware of a list of the programs. There seems to be no awareness. It's just a brick wall. We don't know what happens inside VAC, but the turnover has been a major cause.

Do you want to add to that, Tina?

Dr. Christina Rochford: Yes. It's just to elaborate a bit, because I have a number of contacts with case managers, for example, in the region where we live, and they don't even know who's who on Vancouver Island, much less from province to province.

Eastern Canada seems to have no idea of what's going on in western Canada in terms of treatment programs, and we're not talking about just our program. We're in touch with lots of smaller clinics, and the default typically seems to be to these big addiction centres, which are simply not appropriate.

I almost feel like I'm missing a piece of intel. Why is this not happening? Why is there not a central registry? Why is there not a central database? I don't know.

Ms. Adrienne Davidson-Helgerson: It appears to me that the process is that the client usually tells their case manager they want to go to this program, that they know so-and-so who went there and their life changed. Then they have to take it to this interdisciplinary team meeting—an IDT meeting—and then there's another person.... We are not able to participate in these meetings. We don't know who the stakeholders are in that meeting, and there's someone in there, usually like a social worker or something, who seems to shut it down and say no to it, saying that they need to go to the standard one-size-fits-all thing, which is a concern for us.

The Chair: Thank you.

I'd like to invite Mr. Fraser Tolmie to take the floor for five minutes, please.

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

To our guests, thank you very much for coming today. I know that everybody starts off by saying “thank you for your service”. We do genuinely mean it. It's important that you know that. We do appreciate the sacrifice and, often, the time away from your families and having to endure a lot of the things you've witnessed, whether you're in the RCMP or in the military.

Chair, I have a couple of questions. I'll leave the one about the fax for later. I don't know what that is. As someone of my vintage, I'm not too sure what a fax is. Maybe somebody can explain that later on....

Voices: Oh, oh!

Mr. Fraser Tolmie: I will start off with this. For someone who is in the military and leaves.... When they're part of the military, they're used to—and I'll use these terms, Ms. Rovak, because I believe you'll understand them—cadence, uniformity, team and efficiency.

When they go from base to base, their files follow them, so when you start dealing with Veterans Affairs, I think your expectation may be that it's almost like a military operation, but it's not. Do you think having more veterans serve in Veterans Affairs for vets would be helpful because they understand the system and what veterans are used to?

● (1735)

Ms. Anna-Lisa Rovak: Thank you very much for that question.

I've thought about this a lot. I applied to become a case manager, but my education wasn't high enough to become one. I have a feeling this is the case quite often: To become a case manager or to work in certain areas of Veterans Affairs, you need to have a certain level of education. Quite often, that isn't the case.

However, I have noticed that, for example, the best case manager I ever had was a parole officer. He understood the concept of getting back to you, checking on you and making sure you have the right programs for what you need. I think it's more about an attitude than it is about what you have done in the past. I have worked with many people who are first responders or who have been in the corporate world. It doesn't matter; it's all about attitude and what your decision is about how you're going to do the job you do.

I would like to see more veterans, but I would like to see more people who have the right attitude, the right care and the right heart, rather than basing it where they come from originally.

Mr. Fraser Tolmie: Thank you.

Unfortunately, when you look at someone's resumé when they apply for a job, compassion is not measured on a resumé. I want to let you know that I recognize this in you. It is unfortunate this has not been recognized.

Moving on with compassion.... I think we need to continue with this.

Last week we had the minister here. I asked the minister—and you touched on this—why a veteran with a proven lifelong injury that is service-related should continue to repeat or explain their case time and again. What does that do to their dignity?

You touched on this. I want to know how you feel about that question.

Ms. Anna-Lisa Rovak: What dignity?

We have to beggar ourselves. There's no other term: We have to beggar ourselves to get the treatment we require. We have to try to find our own treatments, and then we have to beg for those treatments. We're not allowed to talk to the people, who turn around and threaten us by phone and by letter. We're not allowed any of those.... We're not allowed.

I've heard people say, “Oh, you were in the service. You had to take orders and this, that and the other.” In the service, I had more freedom. I had more dignity. I had more self-control. I had more self than I do as a veteran trying to deal with Veterans Affairs.

I have no other things to say about that.

Mr. Fraser Tolmie: I'm sorry you had to go to that level and experience that.

How much time do I have, Mr. Chair?

The Chair: You have 30 seconds.

Mr. Fraser Tolmie: Ms. Taylor, thank you for joining us.

When they leave the military, a lot of people feel a loss of purpose. Is there a way Veterans Affairs can help vets in that area?

Ms. Eleanor Taylor: One of the things that we at True Patriot Love are working on is a national veteran volunteerism initiative. There are a lot of ways you can reclaim that sense of purpose. One is through employment and another is through volunteerism.

We think volunteerism is an area that needs more exploration. In fact, we are funded by Veterans Affairs to do some of this work. Our intent is to work with organizations that leverage veteran volunteers, in order to gain a sense of the impact of volunteerism on well-being. We'll then take those learnings and try nationally to connect veterans with their communities so that they can contribute to that sense of purpose and to the communities.

● (1740)

The Chair: Thank you very much.

Now I have to go to Mr. Miao for five minutes.

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

Thank you to all the witnesses for appearing here at our committee today for this important study of women veterans, especially those coming from out west.

Through you, Mr. Chair, I would like to ask a question of Senator Busson.

Thank you for being here today. I know you are also running a very busy schedule. Thanks especially for your lifetime of service to our country.

You were the first female commissioner officer, the first female criminal operations officer, the first female commanding officer of a province and the first female deputy commissioner of a region. Having had all these positions, can you share with us and speak more about your experience as a woman in the RCMP, and tell us about the challenges you faced, especially specific to your gender? As well, to your knowledge, what has changed since your time in the RCMP?

Hon. Beverley Busson: Thank you very much for the question. We have to turn the clock back quite a ways. Unfortunately, I think I'm the oldest person in the room. I'm looking around here. You have to go back to the 1970s, when Archie Bunker was a real person, to realize when I first joined the RCMP.

A lot of things were different. I was transferred from Nova Scotia to British Columbia. I really didn't even know where I was. The staff sergeant I worked for reached out in an almost paternalistic way, but at the same time it was a paternalistic time. The people I worked with treated me like their sister. They worked hard to make sure that I learned all the survival skills I needed to survive.

Luckily, enough things happened in my career, and even early on, I was able to do some fairly interesting investigations and be successful. I worked the night shift by myself and earned the credibility to move forward. I know that in some cases people never got that chance. It was an ugly time for some women I know and worked with.

When I was in staffing for a period of time while I was going to law school, I won't say I “rescued”, but I reached out to a number of these women who were on the edge of leaving or whatever. This was in the eighties, and we worked through some fairly nasty situations that had to be addressed at the time.

In my impression, I saw the tide turning when I was the commissioner. Maybe spending six years running RCMP policing in the biggest province in Canada made a difference, but no matter where you are, there are bad people doing bad things. I really saw the tide turn, such that women in the force had enough credibility that we were no longer seen as a threat and we were considered an asset in a lot of cases, as long as we did our jobs.

As I said before, I now have lots of friends and some family members who are females in the RCMP, and I think the system is now designed so that people can reach out for protection if they need it. I suspect that in every realm, including this one, people need protection every once in a while. I see that where I work. I do believe there's been a huge sea change in the culture. Women are now proudly taking charge and owning their own bodies and owning their own place in the world. I can see a huge change. I can speak only for the RCMP, but anecdotally speaking, people I know speak of that often.

As I said, last weekend I was at a celebration for the RCMP 150th, and half of the room was made up of women members with civilian husbands and women whose husbands were members, and it just seemed as though gender doesn't matter. I think that's a huge success.

Thank you for that question. I hope I answered it to the best of my ability.

Mr. Wilson Miao: Thank you for sharing that with us, Senator. There is no doubt that there's still a gender bias barrier for women in the RCMP. In your opinion, how could we reduce or even possibly eliminate these gender-based biases or barriers?

● (1745)

Hon. Beverley Busson: I think any institution has to be viciously aware of the opportunity for abuse of people with any weakness, be they female or short or whatever, or people from diverse groups. There has to be a pointed focus and somebody keeping watch so that misbehaviour does not happen or is dealt with strictly when it does. I believe it is now negligence if that is not part of every institution's DNA.

Mr. Wilson Miao: Thank you.

The Chair: Thank you very much.

We're going to have our last round of questions. Because we started a little late, we will have four interventions for a total of 15 minutes. We have Mr. Dowdall, Mr. May, Mr. Desilets and Madame Blaney.

We'll start with Mr. Dowdall for five minutes. Please go ahead.

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

I too want to thank each and every one of you for your service and for being part of this study, which I hope will be one of those studies that can actually, perhaps, make a change in VAC.

I've been on this committee a fairly short time; I'm one of the newbies. I'm consistently hearing extremely terrible stories about the service.

I want to commend you on your comment about how they would do if they were a private enterprise.

I can tell you that I get calls constantly in my office from frustrated veterans. I think you hit the nail on the head. Many are inquiring, “How do we go through the system after it's done?” They can't navigate the process. The system is broken. In fact, I had one fellow who was one of the individuals offered MAID at one particular moment in time. His frustration....

Then there's the frustration of not being able to get hold of anyone. It seems that the only time the government wants to get hold of anyone is when that person owes taxes. Other than that, we have people who are in need.

My question for Dr. Rochford and for you is this: We hear about this system and how terrible it is. What can we do, and why isn't there co-operation to change it when we're hearing it consistently over and over?

Ms. Adrienne Davidson-Helgerson: From a managerial leadership perspective, and also touching on what you were speaking about with a culture change, I think what's needed goes to more than just doing it because of the moral impetus, such that women are equal and we should give them equal opportunity; it's understanding the true value of having women at the table and of what women bring, which is their collaboration.

I'll rewind a little bit. In terms of the military and the RCMP, the public has this narrow perception that it's just combat. Obviously, as everyone here knows, there are so many diverse functions and roles in the military. We saw it during COVID with the extra things that they did.

Understanding how war and the military and all of its functions have changed and how women fit into that picture with things that are a lot more technical and require more teamwork, cognitive abilities, emotional intelligence, collaboration and a diversity of opinions really helps to eliminate these blind spots. Understanding the leadership, really understanding what women bring to the table, understanding that we're not just doing it because it's the right thing to do but because it adds strength to the organization and having that belief system and communicating those values can change the system just by having that on its own. Then that can filter through to the way that the systems are.... Listening to what people are saying with feedback about how....

I'm getting a little bit off track here, but do you want to...?

Mr. Terry Dowdall: One of the examples that resulted in a lot of calls to my office was when they changed the care provider for veteran care. Were you, as an organization, contacted? We heard earlier from Ms. Rovak about how important it is to have that relationship with your care provider. There are some success stories that we hear about, individuals who listened and had compassion, and they probably gave great direction on how to navigate. Were you part of that, or do you have any information? Would you like to add anything on that?

● (1750)

Dr. Christina Rochford: Sometimes I feel as if it's the elephant in the room. I've been reviewing hours and hours of testimony, and this is.... You're talking about the outsourcing to PCVRS.

We were not notified. We have referrals coast to coast. We were not notified. We didn't hear about this at all until very late in the game, probably midsummer. We heard that files were being transferred. The goal was that all files would be transferred by the end of August. Meanwhile, we were wondering what was happening to our veterans. Why are they getting blocked? Why, all of a sudden, are they not able to access the program choice?

To be completely candid, in all, it was not a process on which any of us were consulted or even informed. In fact, there seemed to be an aura of secrecy about the whole thing.

I can speak from British Columbia, with all of the contacts I have there. The rollout in British Columbia has been very bumpy. They don't have adequate staff in place in all of the kinds of capacities. All of a sudden, our usual veterans' care team is being stopped. Veterans are being told, “No, you have to take our providers.” There are no providers in place, so veterans are left hanging and are actually being told, “Maybe in two months' time, three months' time, four months' time, we'll have some people.”

Actually, we recently had an interview with PCVRS, with the view of onboarding—

Mr. Terry Dowdall: Unfortunately, it was one of those examples of becoming a number again instead of an individual. I heard about it as well.

Thank you.

The Chair: Thank you so much, Mr. Dowdall.

Let's go to Mr. Bryan May for five minutes, please.

Mr. Bryan May: Thank you, Mr. Chair.

First and foremost, thank you, all of you, for being here with us today to help us with this study. Thank you for your service, both past and current.

I have a quick terminology question for Dr. Rochford, and then I'd like to open it up. I'm pre-emptively warning everybody that I really want to open it up to each of you, as we get to the end of this session today, for any last thoughts specifically framed in the form of a recommendation. We're hoping that this report will go forward with strong recommendations for the government.

Just quickly, Dr. Rochford, we know that you incorporated military sexual trauma-informed care into your program. How is it different, if it is, from operational stress injury? In terms of the terminology, is there a difference between the two? If so, what is that difference?

Dr. Christina Rochford: I would say that OSR is an umbrella term. Again, with women, and sometimes with men too, there is an aspect of MST that we address. Typically, I don't know that we....

We're very holistic in terms of how we integrate things. It's not like we have a unit on MST; it's integrated throughout the program in the individual counselling and the kinds of activities people do, such as yoga or equine therapy for trauma and that kind of thing. It's addressing the trauma. It could be going back to things earlier in life and self-regulation training so that people can manage the triggers, which have been alluded to, around things like that. There's psycho-education about that. Certainly, knowledge is power.

There are also some strategies about how to deal with that and move forward in a more positive way so that people don't feel victimized—they feel empowered.

That's a bit of a vague answer. The best way I can describe it is that we don't have one afternoon devoted to MST; it permeates throughout the program. We have women therapists and women's programs. It's all women working with women, which seems to work best with MST.

Mr. Bryan May: Excellent. Thank you for that.

I'll start with you in terms of recommendations.

Specifically, how do we nationalize what you are doing? It's a great program and we've heard a lot about it, but it's specifically in Vernon, B.C. How do we move that across the provinces? What recommendation for the government do you think would help in that process?

Dr. Christina Rochford: Do you mean moving our program or just having access to any program?

Mr. Bryan May: I mean, there are challenges, not just with the geography but potentially also with language. French is what I'm referring to.

Mr. Luc Desilets: [*Inaudible—Editor*]

Mr. Bryan May: You're welcome, Mr. Desilets.

Voices: Oh, oh!

● (1755)

Dr. Christina Rochford: We knew that was coming.

Mr. Bryan May: Yes.

I wonder if that's something we should be addressing. How do you replicate what you're doing in Vernon across Canada?

Dr. Christina Rochford: Well, actually, we could. We've thought about it and talked about it, but right now we don't actually have the resources and referrals to do that.

We initially were approved to have a clinic where we are located in the Okanagan, and in Vancouver and in Calgary, but given what has happened with the problems with VAC and the drop in referrals, we're kind of stuck, honestly, trying to survive in the Okanagan.

Having said that, people do travel to our program from all across the country, from coast to coast. The reality seems to be that in Atlantic Canada, for example, there are not many resources. In the northern regions there are not many resources. Sometimes in the interior of the Prairies there aren't many resources. People fly to our program. This is paid for by VAC. It's part of the cost.

The reality is that people do seem to do well. They go on to build good lives. They don't require years and years of ongoing care, which costs a lot of money.

There's also collateral damage to families, and we run a couples program, which is quite unique. We really believe that's important.

We have a lot of ideas about solutions in terms of changing the culture, if you will. That's doable. Changing even some of the organizational business strategies and the practices that Adrienne was alluding to from a business perspective—all of this is quite doable. As the other witnesses have talked about, there are solutions. You can implement them. Just get a management consultant, for example.

Mr. Bryan May: Thank you.

I think I may have been a little ambitious in my hope to get to everybody, but if the chair will allow me, I would like to ask that if you have specific recommendations, you submit them to the clerk. All of that information is taken into consideration.

Again, thank you all for being here.

The Chair: Thank you, Mr. May.

[*Translation*]

We now go to Mr. Desilets for two and a half minutes.

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

Ms. Davidson-Helgerson, what do the higher-ups at Veterans Affairs Canada think of your program?

[*English*]

Ms. Adrienne Davidson-Helgerson: All they can really operate on is what their clients tell them, because they have pretty much no interaction with us aside from that.

Often, veterans and RCMP.... It's first responders. Basically, anyone who has VAC coverage can access our program, so we get a lot of RCMP and veterans. They're usually begging their case manager to come to us, so the case managers who are familiar with our program and have some training, experience, education and understanding of mental health totally see how we are the best practices—the cutting edge, based on the current research—and they really appreciate and respect that.

There are some who have insurance backgrounds and don't understand trauma-informed care who say, “Well, why would we send you over there when we can just send you to this one that's closer?”

It depends on whom you speak to, but the ones who are trauma-informed understand and appreciate what we're offering.

[*Translation*]

Mr. Luc Desilets: Picking up on what Mr. May said earlier, I'd like to know whether you have the visibility you need with Veterans Affairs Canada to market your services and grow your program?

[*English*]

Ms. Adrienne Davidson-Helgerson: This is actually the challenge for us, because there's so much secrecy and we don't even understand how to.... If we change our services, do we need to...? What is the process? I don't think there really is one.

We have tons of ideas, including a hybrid—real-time, remote, but also in-person—virtual program delivery, which we could deliver across the country. People would have the psycho-education as well as real-time group components, because a group is incredibly important for this population, and humans in general. Most of them are very isolated.

We have all of these things, but we don't know how to.... We have spent so many hours on the phone with VAC, asking how we can deliver this program, and it's not clear. We would love to know how.

● (1800)

Dr. Christina Rochford: I would like to quickly add that in terms of offering it virtually, during COVID, on about two days' notice, we actually had a group of women ready to go. We switched to virtual and offered the entire thing virtually, and we managed to iron out most of the kinks. It was quite remarkable.

Even now, the programs are in person, but there's always a virtual option, and it's not uncommon to have one or two people tapping in online. It's quite doable, and it's possibly the way of the future.

Thank you.

[*Translation*]

Mr. Luc Desilets: Thank you.

[*English*]

The Chair: Thank you.

We're going to close this session with the last intervention from Ms. Blaney for two and a half minutes.

Ms. Rachel Blaney: Thank you.

I'm going to come back to the Davidson Institute. Again, I'll let you guys decide who's the best person to answer.

First, I want to say that, as a B.C. MP, I really got a kick out of what you said about Vernon being the north. I was more north than that, growing up. I'm now on the island, but I remember finding out what the real north of B.C. is. That's another story for another day.

I also want to say I've heard from other service providers that they used to be able to do “lunch and learn” with people who worked for VAC, and that was what really engaged people with their programs. Now that they have no capacity—and it was already a challenge for them to figure out when they could come in and do that—it's really slowed down the number of people coming to access services.

It sounds like that is a very clear challenge. If we don't know what the services from VAC are, then we don't know whom to refer to, and that doesn't meet the needs of people.

I'm wondering about a couple of things. Do you have stats that you could share with the committee about the success, the effectiveness and veteran satisfaction? I think knowing how that feels...we've heard testimony today that it was very empowering, but it would be great to have those stats to help us better understand the outcome.

I'm also wondering if you could share what the numbers look like. You talked about there being more, and now they're getting less. It would be good for us to understand the numbers.

The third thing is where you're getting stuck. You gave a lot of testimony today about the frustration of working with VAC, but I think in terms of “here's where we get stuck the most”, it would be really helpful for us as a committee, so that we can better articulate it in the report and VAC can see that's what the challenge is.

Dr. Christina Rochford: Thank you for the question.

Do you want to start with the stats first?

Ms. Adrienne Davidson-Helgerson: I wanted to just touch on the stats thing. We conduct pre- and post-program data measures with every group, and one thing that we find challenging is that it is very difficult to get over some biases. There's a fear that their benefits will be reduced or taken away if they lose their PTSD diagnosis, or if they get too much better. That's always something that potentially skews our data.

Our research is mostly program evaluation. It's a lot of qualitative data. We do have quantitative data. I don't know whether it would be relevant enough to just start spouting off some of the data, but we use the Beck depression inventory and then we know what the measurable increase would be. Ours is competitive, if not better than what you would hope to expect in that time frame.

Dr. Christina Rochford: That information is on the website. We could submit the details. We do a lot of pre- and post-testing, as well as qualitative feedback. We have virtually no dropouts. People come and they don't leave—I mean they don't drop out.

Voices: Oh, oh!

Dr. Christina Rochford: We don't let them go. We lock them down.

I'm sorry. I'm getting a little punchy. We rolled in at three in the morning.

The Chair: It's a good note to end on, Dr. Rochford. Thank you so much. We can all laugh at the end of this meeting.

On behalf of the members of the committee and myself, thank you for your participation in this study on the experience of women veterans.

[*Translation*]

Honourable members, joining us today as individuals, we had the Honourable Beverley Ann Busson, veteran, senator and retired RCMP commissioner, as well as Anna-Lisa Rovak, veteran.

From the Davidson Institute, we had with us Adrienne Davidson-Helgerson, director of operations, operational stress recovery, and Tina Rochford.

Lastly, by video conference, we had Eleanor Taylor, manager of community engagement and advocacy at the True Patriot Love Foundation.

I'd like to thank our interpreters, technicians, clerk and analyst for their support during the meeting. A reminder that we will be continuing the study on the experience of women veterans on Thursday.

The meeting is adjourned.