



# Social Security Tribunal of Canada

## Appeal Division

### Decision

**Appellant:** Tara Rodrigues  
**Representative:** Alexander David

**Respondent:** Minister of Employment and Social Development  
**Representative:** Nathan Beck

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**Decision under appeal:** General Division decision dated December 23, 2024  
(GP-23-1708)

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**Tribunal member:** Neil Nawaz

**Type of hearing:** Videoconference  
**Hearing date:** October 23, 2025  
**Hearing participants:** Appellant  
Appellant's representative  
Respondent's representative

**Decision date:** November 21, 2025  
**File number:** AD-25-224

## Decision

[1] The appeal is allowed. The Appellant is entitled to a Canada Pension Plan (CPP) disability pension.

## Overview

[2] The Appellant is a 44-year-old former model and administrative assistant who has been diagnosed with adenomyosis, a condition associated with heavy menstrual bleeding. She hasn't worked since September 2016, a few months before giving birth to her first child.

[3] In September 2022, the Appellant applied for a CPP disability pension.<sup>1</sup> In her application, she said that she could no longer work because of extreme fatigue and disorientation during her periods, which she said lasted from seven to 10 days. Service Canada, the Minister's public facing agency, refused the application after determining that the Appellant did not have a severe and prolonged disability.

[4] The Appellant appealed the Minister's refusal to the Social Security Tribunal's General Division. It held a hearing by videoconference and dismissed the appeal. It found that, while the Appellant had some functional limitations, her condition didn't prevent her from working. In particular, the General Division found that she hadn't attempted to find suitable alternative employment.

[5] The Appellant then applied for permission to appeal to the Appeal Division. In March, one of my colleagues on the Appeal Division granted the Appellant permission to appeal. Last month, I held a hearing to discuss her disability claim in full.

## Preliminary Matter

[6] On August 28, 2025, the Minister's representative asked me to consider selected portions of the Appellant's testimony at the General Division hearing held on December 3, 2024.

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<sup>1</sup> See the Appellant's application for the CPP disability pension dated September 6, 2022, GD2-59.

[7] According to the Social Security Tribunal's recently issued Practice Direction governing the use of testimony from General Division hearings, I was to have informed the parties in writing whether I accepted the Minister's request.<sup>2</sup> I neglected to do so before hearing.

[8] At the hearing, I told the parties that I would not be considering the Appellant's General Division testimony for the following reasons:

- The Appeal Division hearing is a *de novo* hearing. It is meant to be a new proceeding, rather than a continuation of the previous one.
- While the Appellant's General Division testimony was relevant to the issues at hand, it was not necessary to ensure a complete record. The Appellant was present at the Appeal Division hearing, and she was able and willing to give evidence. If there were topics that the Minister's representative felt weren't adequately addressed in the written record or in the Appellant's examination-in-chief at the Appeal Division hearing, then he was free to explore those topics during cross-examination.
- If the Minister's representative wished to call the Appellant's credibility into question by raising prior inconsistent statements, then he was free to follow the process set out in section 3 of the Practice Direction.

[9] In the interests of fairness, I am allowed the Minister a reasonable period in which to file supplementary written submissions.<sup>3</sup>

## Issues

[10] For the Appellant to succeed, she had to prove that, more likely than not, she became disabled during her coverage period. Under the *Canada Pension Plan*, a disability must be severe and prolonged:

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<sup>2</sup> See the Social Security Tribunal Practice Direction, [Using testimony from General Division hearings in Income Security appeals at the Appeal Division](#).

<sup>3</sup> The Minister filed an addendum to its written submissions on November 13, 2025 — see AD14.

- A disability is **severe** if it makes a claimant incapable regularly of pursuing any substantially gainful occupation.<sup>4</sup> A claimant isn't entitled to a disability pension if they are regularly able to do some kind of work that allows them to earn a living.
- A disability is **prolonged** if it is likely to be long continued and of indefinite duration or is likely to result in death.<sup>5</sup> The disability must be expected to keep the claimant out of the workforce for a long time.

[11] The parties agreed that the Appellant's CPP disability coverage period will end on December 31, 2026.<sup>6</sup> Since that date lies in the future, I had to assess the Appellant's condition as of the hearing date and decide whether she had functional limitations that got in the way of her earning a living.

## Analysis

[12] Claimants for disability benefits bear the burden of proving that they have a severe and prolonged disability.<sup>7</sup> I have applied the law to the available evidence and concluded that the Appellant has a severe and prolonged disability. I am satisfied that her medical condition prevents her from regularly pursuing substantially gainful employment.

### The Appellant has a severe disability

[13] This is the rare case in which a woman's menstrual problems are effectively keeping her out of the workforce.

[14] In her application for CPP disability benefits, the Appellant claimed that her disability began in July 2017. She said that she couldn't work because of adenomyosis, which left her feeling "drained" and "foggy" during her menstrual cycles. She added that

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<sup>4</sup> See section 42(2)(a)(i) of the *Canada Pension Plan*.

<sup>5</sup> See section 42(2)(a)(ii) of the *Canada Pension Plan*.

<sup>6</sup> Under section 44(2) of the *Canada Pension Plan*, a "minimum qualifying period" is established by making threshold contributions to the CPP. The Appellant's CPP contributions are listed on her record of earnings at GD2-6.

<sup>7</sup> See section 44(1) of the *Canada Pension Plan*.

her periods were extremely heavy with large clots that came through without warning, requiring her to change even superabsorbent tampons very two hours.

[15] The Appellant testified that she lived in the United States during her teens and twenties. She enrolled in a community college marketing program in North Carolina but didn't graduate. She then worked as a free-lance model, appearing in runway shows and product activations. In between assignments, she did various jobs as a waiter, bartender, receptionist, housepainter, and call centre worker.

[16] She moved to Toronto in 2011 and began working for marketing agencies that specialized in product launches. At the same time, she was working in retail and hospitality. In 2015, she took a job as a receptionist at a law firm specializing in real estate. Among her duties was to greet visitors, make photocopies of their IDs, purchase office supplies, and run cheques over to the bank before closing deadlines.

[17] She got pregnant the following year. She is asthmatic and has always had problems with her sinuses. When she caught a bad cold in September 2016, she decided to go on parental leave. At the time, she had every intention of returning to her job.

[18] However, after her baby was born in February 2017, she experienced a lot of post-partum bleeding. Her periods resumed after four months and were very heavy, with hand-sized blood clots and severe cramping. She was assured the flow would subside, but it never did. She felt completely exhausted and often thought she was about to pass out.

[19] Her obgyn referred her to a hematologist, who diagnosed her with adenomyosis and prescribed her with a clotting agent and multiple infusions of iron supplements. They didn't make her feel any better, although her hemoglobin levels did go up.

[20] She has since had another child, and she hopes to have more. Her periods continue to be heavy. She feels like a tap is on and she's being completely drained. She wears pads, cups, and special underwear, but she still sometimes wakes up with the sheets soaked in blood. Lately, they have also become more irregular. Her cycles vary

constantly, and they have taken on an unpredictable on-and-off pattern. They are accompanied by sharp stabbing pains that extend from her bellybutton to her pelvis.

[21] I can't exclusively base my decision on the Appellant's subjective account of her impairments. However, there is enough objective evidence on file to convince me that she is no longer able to offer the kind of regular performance demanded by employers.

**– The medical evidence points to significant menstrual problems**

[22] A CPP disability claimant must provide objective medical evidence of disability.<sup>8</sup> In this case, the Appellant's medical records suggests that her unusually difficult periods prevent her from offering regular work performance.

[23] The Appellant submitted hundreds of pages of doctors' reports and test results. The following is a summary of what I regard as the most significant developments in her recent medical history:

- In March 2016, the Appellant underwent surgical removal of a large dermoid cyst from her left ovary.<sup>9</sup>
- In February 2017, the Appellant gave birth to her first child.
- In July 2017, a pelvic ultrasound indicated possible adenomyosis after the Appellant complained of pain and heavy menstrual bleeding.<sup>10</sup>
- In March 2018, the Appellant was referred to a hematologist, Dr. Sholzberg, for iron deficiency caused by heavy menstrual bleeding.<sup>11</sup> Due to a previous lack of response to oral iron supplements, Dr. Sholzberg prescribed the

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<sup>8</sup> In *Warren v Canada (Attorney General)*, 2008 FCA 377, the Federal Court of Appeal said there must be some objective medical evidence of a disability. See also *Canada (Attorney General) v Dean*, 2020 FC 206.

<sup>9</sup> See report dated April 26, 2016 by Dr. Mark Yudin, specialist in obstetrics and gynecology, GD2-657.

<sup>10</sup> See ultrasound of the pelvis dated July 16, 2017, GD2-489.

<sup>11</sup> See report dated March 1, 2018 by Dr. Jameel Abdelrahman, clinical fellow for Dr. Michelle Sholzberg, hematologist, GD2-645.

Appellant with tranexamic acid (a clotting agent) and three courses of intravenous iron.

- In May 2018, Dr. Sholzberg noted that the Appellant had so far seen minimal improvement with intravenous injections.<sup>12</sup> She reported a measurable benefit with the tranexamic acid but had stopped taking it after her periods became irregular. Since she continued to report fatigue, light-headedness, and heavy periods, Dr. Sholzberg recommended another five weeks of intravenous iron, to be followed by four monthly transfusions. Since she wanted more children, using contraception to stop her bleeding was not an option.
- In July 2018, Dr. Sholzberg wrote that the Appellant continued to report heavy bleeding, fatigue and low energy despite Venofer injections.<sup>13</sup> Dr. Sholzberg recommended that the Appellant resume taking tranexamic acid.
- In January 2019, Dr. Sholzberg wrote that, since the Appellant was pregnant, she was not experiencing any vaginal blood loss and was much improved.<sup>14</sup> Dr. Sholzberg declared that the Appellant did not need further hematology follow up at that time and discharged her from care.
- The Appellant had her second child in July 2019. In March 2020, her obstetrician noted that the Appellant's period had not yet resumed post-pregnancy.<sup>15</sup> Blood tests revealed normal levels of iron and elevated levels of ferritin (a class of iron-bearing protein), which the specialist attributed to aggressive iron replacement therapy.
- In May 2021, Dr. Rai, the Appellant's family physician, wrote that his patient was experiencing anemia, "likely due to heavy bleeding from her gyn issue."<sup>16</sup> The following month, Dr. Rai noted the Appellant's complaints of increasing

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<sup>12</sup> See report dated May 7, 2018 by Dr. Sasan Zandi, resident for Dr. Sholzberg, GD2-283.

<sup>13</sup> See report dated July 16, 2018 by Dr. James Stevenson, resident for Dr. Sholzberg, GD2-636.

<sup>14</sup> See Dr. Sholzberg's report dated January 14, 2019, GD2-661.

<sup>15</sup> See reports dated April 4, 2019 (GD2-452) and March 4, 2020 (GD2-446) by Dr. Joanne Luitkus, specialist in obstetrics and internal medicine.

<sup>16</sup> See office note dated May 5, 2021 by Dr. Vaneet Rai, family physician, GD2363.

dizziness and brain fog, which she worried had something to do with her depleted stores of iron.

- The Appellant continued to complain of heavy periods.<sup>17</sup> In March 2023, she also reported chest pain, although subsequent cardiovascular investigations indicated no abnormalities or irregularities.<sup>18</sup>
- The Appellant was referred to another hematologist in September 2023.<sup>19</sup> Dr. Yan recounted the Appellant's history of heavy menstrual bleeding and related iron deficiency and recommended an infusion of intravenous Venofer.
- In November 2023, Dr. Sholzberg reported that, despite the Venofer, the Appellant continued to experience fatigue and dizziness.<sup>20</sup> She was taking tranexamic acid, which helped control her menstrual bleeding.
- In May 2024, Dr. Yudin wrote that a recent ultrasound had revealed an ovarian lesion that looked like a dermoid.<sup>21</sup>
- Later that month, Dr. Sholzberg noted that the Appellant was doing well but had experienced some side effects with tranexamic acid.<sup>22</sup> She wanted to wait before exploring other options, such as IUD or oral contraceptives, because she hoped to get pregnant again.

[24] In all, the available reports make clear that the Appellant experiences unusually difficult menstrual periods, characterized by heavy flow, severe cramping, and exhaustion. She has been diagnosed with adenomyosis, a condition that is associated with the uncontrolled growth of uterine tissue, which in turn causes heavy bleeding and low blood iron. It is difficult to imagine many arm's length employers who would be

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<sup>17</sup> See Dr. Rai's office note dated March 3, 2023, GD8-14.

<sup>18</sup> See electrocardiogram results dated March 6, 2023 (GD8-34) and echocardiogram results dated May 31, 2023 (GD8-31).

<sup>19</sup> See report dated September 15, 2023 by Dr. Ronald Yan, hematologist, GD8-132.

<sup>20</sup> See report dated November 13, 2023 by Dr. Ghalib Al-Khadouri, resident for Dr. Sholzberg, GD8-49.

<sup>21</sup> See Dr. Yudin's report dated May 10, 2024, GD8-70.

<sup>22</sup> See report dated May 21, 2024 by Dr. Tommy Jean, clinical fellow for Dr. Sholzberg, GD8-86.



willing to tolerate a worker who is effectively incapacitated for seven to 12 days every month.

[25] At the hearing, the Minister called on a professional witness to testify on its behalf. Dr. Liisa Stevens, a general practitioner, said that none of the Appellant's main conditions, considered together or alone, extinguished her work capacity, although they each produced limitations. She added that the available medical evidence suggested that the Appellant's condition was manageable. She responded well to the iron infusions and, by 2024, had only a mild iron deficiency. There was nothing to indicate that she was suffering from anemia at that time.

[26] I take Dr. Stevens' point, but it's not clear to me that the Appellant's blood iron levels are well-controlled. It's true that the most recent hematology report on file, from May 2024, appeared to show normal levels of hemoglobin and ferritin, but it must be kept in mind that these results came after several sessions of intravenously administered Venofer.

[27] These sessions are neither cheap or convenient: they are not fully covered by her insurance, and they require the Appellant to travel to Toronto. Moreover, while they might temporarily boost her iron levels, they don't do anything to address her the other issues associated with her menstrual cycles — her cramping and heavy bleeding. The Appellant insists that she continues to be completely incapacitated during her periods and, in the final analysis, I found her credible.

**– The Appellant's parental activities don't undermine her claim**

[28] The Appellant testified that her children are homeschooled. She said that she and her spouse never planned it that way but fell into it after moving from Kitchener to Courtland, a move that happened to coincide with the pandemic. She intends to eventually send her kids to a local school.

[29] The Minister pointed to the Appellant's decision to homeschool her children as evidence of capacity, but I don't see it that way. Raising and educating children is a daunting task for anyone, but it differs from paid work in that you don't answer to a boss,

and you can, at least to some extent, set your own pace and your own hours. Moreover, the Appellant is not doing it alone: she testified that her spouse and mother assist her in all aspects of childcare.

[30] Case law has held that severity is predicated upon the claimant being able to come to work and perform their duties whenever and as often as necessary: “predictability is the essence of regularity.”<sup>23</sup> On balance, the available evidence suggests that the Appellant is no longer able to offer such predictability.

– **The Appellant’s depression is not a significant part of her disability**

[31] The Appellant has been diagnosed with major depression, but I’m not convinced that her mental health significantly contributes to her inability to work. In September 2022, her lawyer commissioned an independent psychiatric assessment, which found that she was not capable of performing any type of work.<sup>24</sup> However, the report also indicated that her depression was not a freestanding condition but was instead almost entirely a product of her menstrual condition and the extended period of unemployment that had resulted from it. The report implied that addressing the Appellant’s physical condition would do much to address her psychological condition — and she herself said as much at the hearing.

– **The Appellant did her best to follow medical advice**

[32] In my view, the Appellant took reasonable steps to get better and remain the workforce, despite her condition.

[33] The *Canada Pension Plan* doesn’t say anything about treatment, but a case called *Lalonde* says that disability claimants must comply with their doctors’ recommendations.<sup>25</sup> *Lalonde* also requires decision-makers to consider whether a

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<sup>23</sup> See *Atkinson v Canada (Attorney General)* 2014 FCA 187.

<sup>24</sup> See independent psychiatric assessment report dated November 8, 2022 by Dr. Henry Rosenblat, psychiatrist, GD2-34.

<sup>25</sup> See *Lalonde v Canada (Minister of Human Resources Development)*, 2002 FCA 211.

claimant's refusal of recommended treatment is reasonable and, if not what impact that refusal is likely to have on the claimant's disability.<sup>26</sup>

[34] In this case, the Appellant has generally attempted to pursue treatment. She has seen many specialists about her menstrual problems, including two obstetricians, and two hematologists. She has undergone uterine surgery, received two lengthy rounds of intravenous iron infusions, and tried recommended prescription medications, such as tranexamic acid.

[35] Dr. Stevens testified that there remained treatment options that had yet to be explored, but the Appellant had, in my view, good reasons for not trying them. Contraception, whether by pill or IUD, halts or reduces flow during periods, but the Appellant has frequently expressed a desire to have more children, and she does not rule out that possibility even now. In any event, she testified that, between pregnancies, she has tried various types of birth control, but they all produced side effects. She added that only Yaz did anything, but it seemed risky — she heard it was the subject of a class action lawsuit.

[36] Dr. Stevens also suggested the possibility of a hysterectomy, to which she said that 60 to 70 percent of women with difficult menses respond. However, none of the Appellant's treatment providers have advised her to pursue this alternative and, again, there is her understandable desire to preserve her option to have a third child.

[37] As for her depression, the Appellant has received limited counselling from a social worker, but she has not taken any antidepressants. The Minister notes that Dr. Rosenblat, the one psychiatrist who has examined her, recommended "aggressive, pharmacological therapy."

[38] The Appellant testified that she's reluctant to take antidepressants because some of her friends have had bad experiences with them. She said that Dr. Rai understood her concern and never pressed her on the subject.

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<sup>26</sup> See [Sharma v Canada \(Attorney General\)](#), 2018 FCA 48.

[39] Dr. Stevens suggested that the Appellant did not have a reasonable explanation for refusing treatment and, on that point, I agree: treatment must be guided by advice from medical professionals, not by anecdotes and rumours from friends and acquaintances.

[40] That said, I don't think taking antidepressants would have done much to improve her overall functionality. As noted, the Appellant's depression is secondary to her menstrual problems and, while antidepressants might marginally improve her mood, they wouldn't address the underlying issue. Even if they worked, she'd still be left with the main source of her problems — her incapacitating periods.

– **The Appellant lacks residual capacity to pursue alternative employment**

[41] Disability claimants are ordinarily obliged to look for work that might better suit their impairments. In this case, the Appellant is relieved from that obligation, because she doesn't have anything left to offer a real-world employer.

[42] The Appellant testified that she wants to work again but has never attempted to do so. Asked why not, she said that it would be very difficult to plan or have anyone rely on her. She doesn't know of a job that would allow her to show up only when she felt good. She doesn't feel like she could be a contributing member of any workplace.

[43] When deciding whether the Appellant can work, I can't just look at her medical condition. I must also consider factors such as her age, level of education, language abilities, and past work and life experience. Employability is not to be assessed in the abstract, but rather in light of "all of the circumstances." These circumstances help me decide whether the Appellant can work in the real world.<sup>27</sup>

[44] The Appellant has attributes that, if not for her impairments, would otherwise serve her well in a job search. She is relatively young and is a native English-speaker. She has only a high school education, but she has a lengthy and varied work history, although much of it occurred in the United States.

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<sup>27</sup> See *Villani v Canada (Attorney General)* 2001 FCA 248.

[45] But the Appellant's assets are outweighed by her liabilities. The bulk of the evidence shows that her medical condition effectively bars her from participating in the workforce.

[46] A case called *Inclima* requires disability claimants with **residual capacity** to show that they have made a meaningful effort to obtain and secure employment and that the effort was unsuccessful because of their health condition.<sup>28</sup> I don't think the Appellant, at this point in her life, has the residual capacity to make such an effort.

[47] Given her medical condition and her background, I find the Appellant effectively unemployable.

### **The Appellant has a prolonged disability**

[48] In this case, I must give special consideration to the question of whether the Appellant's disability is prolonged. After all, the source of the Appellant's problem is menstrual and, according to the Minister's medical witness, there is a high likelihood that the Appellant will regain functionality with the onset of menopause. That said, I find it notable that *Canada Pension Plan* calls for a "prolonged" disability, not a "permanent" one, which would connote a condition that is final or irreversible. The Appellant's condition is probably not final or irreversible, but is it "long continued and of indefinite duration" or "likely to result in death"?

[49] The Appellant's condition won't kill her, but it will likely last a long time, and it's uncertain when it will end. The Appellant is now in her mid-40s and, while it's possible that she could go into menopause tomorrow, it's more likely that she'll have to endure many more years of disruptive menstrual cycles. She has been dealing with adenomyosis and its symptoms since the birth of her first child in 2017. She has tried many treatments, including infusions of intravenous iron, courses of tranexamic acid, and rounds of counselling, but her condition has not significantly improved. I don't see a prospect for recovery anytime soon.

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<sup>28</sup> See *Inclima v Canada (Attorney General)*, 2003 FCA 117.

## Conclusion

[50] The Appellant has suffered from heavy menstrual bleeding and intense cramping for eight years. Despite treatment, including periodic intravenous iron infusions, she remains exhausted and scattered for at least a week every month. Although she is still relatively young, she will be effectively unemployable until she reaches the age of menopause, whenever that might be.

[51] For these reasons, I find that the Appellant has a severe and prolonged disability. Since the Appellant submitted her application for benefits in September 2022, she can't be deemed disabled any earlier than October 2021.<sup>29</sup> That means her CPP disability pension will start as of February 2022.<sup>30</sup>

[52] The appeal is allowed.



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Member, Appeal Division

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<sup>29</sup> Under [section 42\(2\)\(b\)](#) of the *Canada Pension Plan*, a person cannot be deemed disabled more than 15 months before the Minister received the application for a disability pension.

<sup>30</sup> According to [section 69](#) of the *Canada Pension Plan*, payments start four months after the deemed date of disability.