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Chair: Mr. Emmanuel Dubourg



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• (1835)

[*Translation*]

The Chair (Mr. Emmanuel Dubourg (Bourassa, Lib.)): We are now in session.

Welcome to the 46th meeting of the Standing Committee on Veterans Affairs.

Today's meeting will take place in a hybrid format. We have with us witnesses who will be testifying in person and online.

Witnesses as well as committee members are asked to address their questions and comments to the chair.

Interpretation is available in French and English.

As per our routine motion, connection tests have been carried out with the witnesses.

We are conducting a study on the experience of women veterans.

[*English*]

Before we call our witnesses, I would like to provide this trigger warning. We will be discussing experiences related to mental health. This may be triggering to viewers, members or staff with similar experiences. If you feel distressed or need help, please advise the clerk.

[*Translation*]

I would now like to welcome our witnesses, who will have five minutes to make an opening statement. I will show some flexibility with the stopwatch.

Afterwards, committee members will take it in turns to ask questions.

Let me introduce our witnesses. Dr. Maya Eichler will be testifying via videoconference,

[*English*]

Canada research chair in social innovation and community engagement at Mount Saint Vincent University; from the National Association of Federal Retirees, Sayward Montague, director of advocacy; and from the Women Veterans Research and Engagement Network, Dr. Karen Breech, co-chair.

We'll start with you, Dr. Eichler. You have five minutes for your opening remarks. Please open your microphone and begin.

Dr. Maya Eichler (Canada Research Chair in Social Innovation and Community Engagement, Mount Saint Vincent Uni-

versity, As an Individual): Thank you, Chair and members of the committee, for inviting me and for undertaking this historic study that puts women veterans front and centre.

I am joining you today from the ancestral and unceded territory of the Mi'kmaq, where I work at Mount Saint Vincent University. I speak to you as a researcher who focuses on the experiences of Canadian Armed Forces servicewomen and women veterans. I conduct qualitative social sciences research based primarily on interviews with veterans.

I want to state up front that I do not believe that you can or should look at the experiences of women veterans without consideration of the experiences of still-serving military women. This false bifurcation of women's lived experience is reflected in the institutional separation between the Department of National Defence on the one hand and Veterans Affairs Canada on the other. This institutional separation leads to less than ideal research, policy, programming and services, and so I want to urge you today to think of women's experiences across departmental lines of separation.

Over the past few years, research interest in women veterans has emerged in Canada. I will not repeat emerging research findings that other witnesses have already shared. Instead, I want to offer you a big-picture view of the state of research on women veterans in Canada and what I believe needs to change to better support women veterans and ensure equitable outcomes.

As our starting point, it is important to recognize that the military and veteran systems in place were historically designed for men, specifically Second World War veteran men. Even as more women were allowed to join the military over the decades, and especially after the lifting of the combat ban in 1989, DND, CAF and VAC did not proactively change the systems in place. However, women have bodies, experiences and needs that are distinct from men's. There is little to no support or research in place in Canada today to address women's sex- and gender-specific needs, but also, women have had to work within a system that potentially causes additional harm, injury and illness because it was built without them in mind.

While these historic biases are somewhat explicable, it is deplorable that there has never in Canada been the political will or considered effort to undo these historic biases in military and veteran systems and research. It is no exaggeration to say that research on military servicewomen and women veterans has been historically unsupported and undervalued in Canada. To a large extent, it still is today.

The much larger and more robust international research, primarily from the United States, points to sex- and gender-specific military occupational hazards and lifelong impacts on military and veteran women that remain largely unexplored in the Canadian context.

It is paramount that these gaps in knowledge be filled. This is necessary to ensure sex- and gender-informed harm prevention as well as sex- and gender-informed care for service-related injuries and illness during and after service and across the life span of military and veteran women.

Research on military and veteran women, as I've already noted, is currently experiencing an upswing in Canada; however, this new growth is unevenly developed and lacks strategic coordination and collaboration. What we see to date is that individual researchers inside and outside of government have taken the initiative to begin addressing research gaps, but I would argue that individual researchers can advance this research area only so far.

Various types of research on servicewomen and women veterans are needed that go beyond individual expertise. Clinical medical research, integrated health and social sciences research, longitudinal research, mixed-method research and more are needed.

There is an urgent need for a pan-Canadian research strategy; that is, an approach that is strategic, coordinated, collaborative, interdisciplinary, cross-departmental and cross-sectoral so that gaps in knowledge about the needs and experiences of servicewomen and women veterans of the Canadian Armed Forces can be effectively addressed.

- (1840)

Research matters, because it can tell us whether or not outcomes are equitable. From the emerging research that we have, we know that women are not experiencing equitable outcomes in the military workplace, in military and veteran care systems and in the transition from military to civilian life—

The Chair: Excuse me, Dr. Eichler. Are you close to concluding, or do you need—

Dr. Maya Eichler: Yes, I have three sentences left.

The Chair: Okay. Please go ahead.

Dr. Maya Eichler: It is the responsibility of the government to ensure equitable outcomes for women by removing biases and barriers. This requires a proactive, preventative, research-driven strategy that draws on existing best practices of sex- and gender-based intersectional analysis and trauma-aware and participatory approaches.

Turning a blind eye is no longer feasible. Research gaps should be acknowledged, and dedicated government research funding should be set aside to address them in a strategic manner.

Thank you so much, Chair.

The Chair: Thank you so much, Dr. Eichler.

I'd like to welcome two of our colleagues. We have Mrs. Michelle Ferreri, who will replace Terry Dowdall. We also have Brendan Hanley for Rechie Valdez. Welcome to our committee.

I also want to thank our vice-president, Mr. Richards, who chaired the committee last meeting.

Now let's have Madame Montague on board, please. You have about five minutes for your opening remarks. Please go ahead.

Ms. Sayward Montague (Director, Advocacy, National Association of Federal Retirees): Thank you, Chair.

I'm delighted to be joining the committee here in Ottawa on the traditional unceded territory of the Algonquin Anishinabe people, who have lived on this land since time immemorial.

Federal Retirees is the largest national advocacy organization representing not only the federal public sector, but veterans of the Canadian Armed Forces and the RCMP, as well as their partners and survivors. Our nearly 170,000 members from coast to coast to coast and in every federal riding advocate for better retirement income security and a strong, sustainable health care system for our members and all Canadians and, relevant to this committee, for more equitable outcomes for veterans.

Federal Retirees is also proud to co-chair the Women Veterans Research and Engagement Network, or WREN. WREN's mission is to work collaboratively to ensure equitable lifetime outcomes for all veterans.

In 2017, Federal Retirees held a series of town halls and digital surveys across the country, reaching out to our veteran members and their families, and to the broader community. We were keen to learn what veterans struggled with and what worked well. We heard from hundreds and followed up with a series of meetings that brought varied stakeholders together, and we tabled two substantive reports.

In those 600 pages of reports, though, there was not one mention of women veterans' specific needs, interests or concerns. We had unintentionally silenced women veterans by not ensuring they had a voice and a role in co-developing the consultation and report. We've since learned that one in five of our members who are veterans are women. To do right by all our members, our advocacy program shifted to active as opposed to passive inclusion of women veterans' voices to advocate for equitable outcomes for all veterans. We've done that by bringing Federal Retirees' recommendations on women veterans' issues forward to both our association members and parliamentarians during the last four federal elections. We have also done that by securing political meetings and discussions required to ensure that equity issues such as improved intersectional data collection and publication become standard across defence-related government departments. We ensure that women veterans' voices are heard directly, including within Federal Retirees' *Sage* magazine, and by association-sponsored events on veteran identities, which included Christine Wood and Michelle Douglas, two recent witnesses to this committee.

The 2022 budget signalled a commitment to more equitable outcomes, with more than \$144 million over five years and \$31.6 million ongoing to expand the armed forces health services and physical fitness programs to be more responsive to women and gender-diverse military personnel. This has a direct impact on outcome for those serving, and eventually on veterans. It was in addition to and separate from funding promised in the 2021 budget to the tune of \$158 million over five years for sexual misconduct and gender-based violence supports in the military.

Budget 2023, by contrast, has little to say about veterans or health equity in the military context, besides \$115 million in funding to help Veterans Affairs Canada to deal with the perpetual backlog and to retain case managers. Veterans are hearing that VAC had unexpected cuts to some of its budget requests, including requests to make temporary jobs permanent.

It isn't always clear what the problems are or what the plan is to solve those problems. Gender blindness in military and veteran systems, including in health care, result in systemic, sex-based biases, research gaps and increased rates of injury and illness resulting in unnecessarily high rates of medical releases for women—potentially around 50% of women's releases from the military. There is an opportunity to make a difference in research. It's the best way to inform good policy that makes a difference.

It's well past time for Canada to focus on equitable outcomes for those who serve, and not only on things like wait times. This means a dedicated plan, funding, goals, transparency in reporting and accountability to achieve the desired objectives across relevant departments. What we ask Veterans Affairs to adjudicate is directly linked with what happened during service or how the armed forces and the RCMP take care of occupational health and well-being.

The committee must be congratulated on the focus and breadth of this study, but success of the study will be defined by what you and your colleagues decide to do with the evidence being brought to you. With focus and will, it's possible to ensure that future generations of Canadian military women and veterans have very different stories to tell.

Thank you.

• (1845)

The Chair: Thank you so much, Ms. Montague.

Now I'd like to give the floor to Dr. Karen Breeck for five minutes or less. Please go ahead.

Dr. Karen Breeck (Major (Retired), Co-chair, The Women Veterans Research and Engagement Network): As a physician who served in uniform for over 20 years, I will begin by thanking, through the chair, all the members of the standing committee for agreeing to this first-ever study on women veterans. Thank you.

I have followed the health of hundreds of military and veteran women over the last three decades and look forward to discussing specific recommendations during the question period. I want to first share with the committee three things that I find helpful to frame my thinking around women veteran issues.

Number one is the problem definition. What is the problem we are trying to solve? It's important that we start by situating the need for this study on women veterans. I'd like to remind the committee and all Canadians listening in today that not all women veterans are seriously injured, suffering from military sexual trauma or having transition problems after leaving the military; however, I hope we all can agree that we want all veterans to be doing well, not just some.

One problem this study could look at is how to best ensure that government is optimizing the well-being of all women veterans. The question then becomes how we will know when we've solved that problem. How do we best measure quality of life or well-being? Furthermore, what exactly is the present-day social contract between Canadians and the post-Second World War generation veteran? Without a very clear understanding of what it is that's too much for veterans to be asking for, how can a new military recruit make an informed decision about what they are signing up for?

Problem number two is terminology. Are all the terms we're using being defined? Words matter. Biological sex, gender identity and sexual orientation are all related and overlapping, but they are not interchangeable terms. Words must be defined contextually and used precisely. When this is not done, especially around women's well-being issues, it tends to stall the forward progress on all the problems trying to be solved.

Number three is the ability to fix. Who is best placed to address this specific problem? There's no shortage of important, often heartbreaking problems that are experienced by women veterans. However, it must first be remembered that, just because you're a woman veteran with a problem, that doesn't automatically mean that your problem is because you're a woman veteran.

When we look at women veterans' specific problems, they need focused political will with dedicated funding to allow the legacy systems that were designed by men, for men to equitably accommodate women. In retrospect, it was government's decision to enforce a gender-blind approach to integration for women into the military that has forced the invisibility of most of the military women-specific issues.

Military women, especially of the 1980s and 1990s, have worked long and hard, often at great personal expense, to not only live with the inequities of a gender-blind approach but to name them and fix them for the sake of the next generation of women coming up behind them.

Although many of the inequities have now been addressed from the bottom up, there remain problems that can be fixed only at the government level or top down. This is the level I encourage the committee to focus its efforts on, because only you can fix those problems.

Canada was a world leader in the integration of women into the military 30 years ago. The Canadian government has an opportunity right now to regain its leadership status by strategically planning on how best to mainstream, normalize, enable and optimize the well-being of women who wish to serve their country in uniform.

I close my remarks with a call to action. I ask, if not plead, both as a physician and as a veteran myself, for every member here today to commit to working together without politics on finding the best solutions for the health and well-being of military members, serving and retired.

• (1850)

I, and many others, are willing to work together with all parliamentarians to secure a stronger, more resilient military.

Women make up half the Canadian population. It's rapidly becoming an issue of national security importance to develop a strategic, whole-of-government plan on how to do better on including and caring for the women of this nation when they join the military and thereafter.

Thank you.

The Chair: Thank you so much, Dr. Breeck. Thank you also for your service in the military.

Right now, we're going to start the round of questions.

[*Translation*]

I just want to let committee members know that around 7:30 p.m., we will take a small break at the request of the witnesses, so that everyone can have a little breathing space.

[*English*]

Let's start the first round of questions, for six minutes.

I'd like to invite Mrs. Cathay Wagantall for six minutes please.

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

I appreciate what we've heard already this evening and look forward to our conversations. Thank you so much for your service and for being here tonight to inform us better.

Ms. Montague, reading about the report you did in 2017, 600 pages is a lot of report. It's interesting to me that you came to the realization that the term "gender-blind" applied here. I really appreciate that you recognized that.

I just wonder if are you aware of how many women veterans actually participated under the whole group. Can you give just a rough idea? You say "hundreds" were engaged.

Ms. Sayward Montague: We had roughly 600 veterans participate. Because of our own blindness at the time in terms of the issues, we did not track back the demographics of participants.

Mrs. Cathay Wagantall: When you talk about the surveys and whatnot, was nothing targeted specifically to women in the study?

Ms. Sayward Montague: That's correct. There was nothing targeted specifically to women.

In addition, I think the impact of in-person meetings and the quality of that must be understood when you perhaps have an event or an open town hall-style meeting in an environment where there isn't specific space for women who have been harmed or have had terrible experiences. Having that space be appropriate was not something we cared for. We've learned since.

• (1855)

Mrs. Cathay Wagantall: Exactly. Were there no women on the research team that did this work?

Ms. Sayward Montague: We are a membership-based, non-profit association. We are not research or academic. Staff developed this, and that was the outcome.

Unfortunately, it was a lens that we viewed things through, which we've since corrected.

Mrs. Cathay Wagantall: Okay, that's great.

Now, as you've moved forward, you've changed your approach. How many women are engaged in making those changes to that approach?

Ms. Sayward Montague: In terms of our staff team, we have a leadership team that includes three women, including me, out of five senior positions. Our board is well represented by women, including not women who are serving, but service members. We also work closely with the women veterans research and engagement network to engage and understand, and to ensure that lens is included.

Mrs. Cathay Wagantall: Thank you.

The second point you mentioned was about helping to secure "political meetings and discussions...to ensure that equity issues such as improved intersectional data collection and publication...." Can you just tell me just a quick yes or no? In your mind, has this happened?

Ms. Sayward Montague: In our view, it has happened. We're an advocacy organization. We have lobbying meetings frequently with some of the members around this table, and we consistently raise these issues.

Mrs. Cathay Wagantall: Has it improved the intersectional data collection and publication, yes or no?

Ms. Sayward Montague: That would be a question best answered by Dr. Eichler, who can speak to the state of research and how that's changed over time.

Mrs. Cathay Wagantall: Perfect, okay.

I want to go to your second comment, around the budget. You indicated that money was allocated in 2022, but it was to be spread out over five years. I'm confused. Was that money then provided in 2023 as well, yes or no?

Ms. Sayward Montague: My understanding is that was provided over the 2022-23 fiscal year.

Mrs. Cathay Wagantall: Okay. You said, "\$144 million over five years", so in 2022 to 2023...?

Ms. Sayward Montague: That would perhaps be a question best put to National Defence.

Mrs. Cathay Wagantall: That's interesting. Okay.

You also mentioned that there were concerns around budgeting in 2023. Veterans are hearing that VAC had unexpected cuts to some of its budget requests, including for making temporary jobs permanent. I'm assuming from that, then, that VAC did request funding to transition to permanent workers, which is something this committee had strongly encouraged it to do, but then it was denied—that did not come to fruition in the 2023 budget. Is that correct?

Ms. Sayward Montague: That is my understanding. It would need confirmation from Veterans Affairs Canada.

Mrs. Cathay Wagantall: Thank you.

You talked about how what we ask Veterans Affairs to adjudicate is "directly linked with what happens during service". I can't affirm that more. It's so true that everything that a veteran is experiencing after service is related to their service, and we need to know those parameters.

We heard from the AG report that VAC has failed significantly on measuring any outcomes of the programs it has, so it is a big concern to us that VAC can go and change things, but if it can't measure what it has done and whether or not that has made an impact, that presents a serious problem with trying to move forward, even for VAC itself in determining things.

I appreciate what you're all saying with regard to the success of the study being defined by what we and our colleagues decide to do with the evidence being brought by you. As a committee, we have been doing report after report after report with major recommendations to the government, so I would say it has to go further than here. It needs to be determined which of those recommendations, when they do say they're going to implement them, actually get done. That's something I've tried to encourage our committee to look at—responding to what has been asked already to see if things are improving. That is something that your organizations could be

doing as well—looking at those recommendations, looking at which ones the government said they would work on, and then doing research to see if those things have been done.

Thank you.

● (1900)

The Chair: I'm sorry, Mrs. Wagantall, but time is over.

[*Translation*]

Mr. Samson, you now have the floor for six minutes.

Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.): Thank you, Mr. Chair.

[*English*]

Thank you all for your presentations to get us started and set the table, if you want.

Dr. Breeck, I'd like to thank you for your service as well, for your continued work in supporting our men and women who serve, and for your focus on this study, which is so crucial. It's historic, as we said, because it's the first major study on women's challenges in the military. It's a great opportunity, as well, to do things right, and we should take that upon us. We're very happy as well to be part of this.

I'll start off with Dr. Eichler from Mount Saint Vincent. Of course, you're working in the province of Nova Scotia, as I am, and it's a pleasure to see you again. Thank you for the work you're doing.

I want to touch on something you said in your presentation, and maybe you can expand on it, because I feel it might be a key area we should focus on. You're saying there are more and more groups, people and researchers, doing research on women now, but there seems to be a lack of coordination and collaboration. Can you expand on that, to see if we can dissect a little more information as to how we could do this better?

Dr. Maya Eichler: I'd be happy to elaborate on that.

In Canada the approach we have taken to filling the existing gaps in knowledge on women veterans and military women more broadly has been mostly reactive—responding to problems that arise or media reports that arise—but there hasn't really been that paradigm shift that I think needs to happen whereby we see a whole-of-government approach that is proactive and that looks at coordinating between research happening at DND/CAF and research happening at VAC and really creating a pan-Canadian research strategy.

Some of the things that would really help us to move forward on this would be to have a full-time dedicated position on women's research at DND/CAF and a full-time dedicated position on women veteran research at VAC, and then to think about how to collaborate across those lines. For example, there is the DND/VAC steering committee that looks a bit at coordination across departments, but it would be really helpful to have a focus there on the women's health issue and also to have input from experts and from women veterans.

Mr. Darrell Samson: I appreciate that answer. That gives us a good area, I believe, to move forward.

In your research, have you been able to see that type of coordination in other countries? Can you share some of what is happening in other countries and how maybe we can look at those best practices?

Dr. Maya Eichler: The country that really stands out as having the most coordinated and proactive approach is the United States. They've been at this the longest. They have actively addressed women veterans' issues in policy and research since about 1983, when they set up an advisory committee of women veterans working with Veterans Affairs. Of course, since 1951 they've also had the DACOWITS, which is the defense advisory committee on women in the services.

The approach is a very different one, in which government actively leads those efforts. I think that's one of the reasons we see such a difference in research on women veterans between Canada and the U.S., because in the U.S. it's Veterans Affairs and the veterans health administration that actually leads a lot of the research that's happening, coordinates it and sums it up.

That's very different from in Canada, where individuals apply for funding and where a lot of research is contracted out. That's the way we do things in Canada, but it is not a very effective way of filling the gaps that exist.

Mr. Darrell Samson: Thank you very much for that information.

In the Canadian Armed Forces we're focused on trying to increase women's participation to about 25%. We know we're much lower than that. Would you share why you think that's happening, or is it a lack of recruitment? I'll ask that to all three of you.

Maybe we'll start with asking Dr. Breeck to share why she feels we haven't achieved our 25% yet. What can we do to recruit more women in the military?

Be very quick, because you have to share among the three of you, and I have a minute left.

• (1905)

Dr. Karen Breeck: It's a nice, easy question, which if I could solve....

I think these are really complex, multifactorial issues. There are many different reasons. There isn't any one thing to fix it all.

I'll focus on commemoration and how much Canadians know about their military, how much Canadians know about women veterans. When you don't know you have a military and you don't know what your military does, I think that's already a starting point. Perhaps you haven't seen women veterans. You need to see it to believe it. You need to see it to be it.

When we're not included already from step one in some of the programs, what girl is growing up saying she's going to join the military? This is already a part of it.

As a female veteran, I know all of us share these stories. Even on Veterans Day, when you go to Tim Hortons to get your free coffee because you're a veteran, the very lovely person will still look at you and ask if you're picking that up for your husband, even though you're wearing the medals. On Remembrance Day, even when you're sitting there proud with your medals, you will still have

Canadians coming up to you saying, "Oh, did your husband die, or are those your husband's?"

It's a very common phenomenon. We don't know who we are. We're invisible, still, to the average Canadian.

I'll start it there—they don't know we exist.

Mr. Darrell Samson: My time ran out, but I appreciate that answer, because that's one piece. Maybe the others will get an opportunity throughout the meeting to share some information on that.

Thank you.

The Chair: Exactly. Thank you so much, Mr. Samson.

[*Translation*]

I will now give the floor to the second committee vice-chair.

Mr. Desilets, you have six minutes.

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

I would like to thank the witnesses for being here with us.

I would also like to say hello to my colleagues.

Over the last three meetings, we have spoken about the importance of data collection. Indeed, many witnesses have lamented the lack of data. And yet, such data would allow us to understand the impact of military life on the health and well-being of women in particular.

Doctor Eichler, you quite probably agree with the importance of research and data collection, because this is your field of study.

Do you believe that the government is doing enough in this field?

[*English*]

Dr. Maya Eichler: That is a very difficult question for me to answer, because there is the law on transparency around the data. I would say the lack of transparency has been a major obstacle to research developing more richly in this field of military women and women veterans. These are departments, especially the Canadian Armed Forces and the Department of National Defence, that are not very open and transparent externally. Veterans Affairs Canada publishes some things. We know what they're working on, and they have certainly improved over the last couple of years in terms of posting some of their reports online and sharing some of the research they do, but I think a lot more could be done to really be transparent about the research that's happening, the data that is being collected. A lot more could be done in terms of really breaking down the data by sex, gender and other intersectional factors.

The mandate is there to do the sex- and gender-based analysis plus and to have more open government. However, I don't think we're there yet. I think if you could stress the need for that, that would be really crucial to further the research.

• (1910)

[*Translation*]

Mr. Luc Desilets: What do you think the problem stems from?

Is it the political will of government to avoid transparency and prevent the sharing of data? Is there a problem somewhere that escapes me?

[*English*]

Dr. Maya Eichler: A large part of it is the lack of political will. Historically there haven't been a lot of researchers who have been asking for this data, so now we are watching and we are certainly demanding more transparency around it.

I also think there's a lack of coordination. Even, for example, when I speak with researchers within the Department of National Defence, the Canadian Armed Forces and Veterans Affairs Canada, they're not even necessarily coordinating among themselves, let alone coordinating with us externally.

It just hasn't been a priority area, but it's certainly doable. It needs to happen.

[*Translation*]

Mr. Luc Desilets: Three weeks ago, we learned that Veterans Affairs Canada has set up a research team comprised of a dozen researchers to study the various aspects of women veterans' lives.

Are you in contact with this research team?

[*English*]

Dr. Maya Eichler: I think Karen could speak to that.

Dr. Karen Breeck: I'm sorry, but can you repeat the question? About three weeks ago—

[*Translation*]

Mr. Luc Desilets: A few weeks ago, we learned that Veterans Affairs Canada has set up a team comprised of a dozen researchers who would focus on women and the difficulties that they may face, amongst other things. Are you in contact with this team?

[*English*]

Dr. Karen Breeck: If I understood the question properly, it was specific to within VAC, if there was women's research. I'm not sure I'd be the best one. I'm not aware of it. I am aware that we had Nathan Svenson speak on March 30 and that he identified that there was no strategic women veterans research program presently at VAC.

[*Translation*]

Mr. Luc Desilets: Okay.

The Chair: Doctor Eichler has raised her hand. She may be able to answer.

[*English*]

Dr. Eichler, go ahead, please.

Dr. Maya Eichler: I'm sorry, but I misunderstood the question, because my audio is not very good and there is a lot of feedback. I just wanted to say that I can respond to your question.

The way I understood what the director of research at VAC shared, he was talking about the members of his team, the research directorate. Not all of those, as far as I understand, are dedicated to women veterans research; however, they have developed a women veterans research plan.

The other thing that was mentioned is the military women's health research interest group, which is something that the women veterans research and engagement network has been organizing. It brings together individuals working in the field of military women and women veterans research. It is an informal networking and information-sharing group that we have been involved in, so those are two different things that I think maybe we're getting mixed up.

[*Translation*]

Mr. Luc Desilets: Are you in contact with the research team? Have you shared any data?

[*English*]

Dr. Maya Eichler: Yes, I am in contact with members of the veterans affairs research directorate. I have done some research for them, some contracted research. I did one follow-up study for them, looking specifically at the transition experiences of women veterans.

There is some collaboration and contact. It is not a very close, coordinated kind of relationship, but certainly we are aware of each other's research.

The Chair: Thank you, Dr. Eichler.

Now, let's go to Ms. Rachel Blaney for six minutes or less, please.

• (1915)

Ms. Rachel Blaney (North Island—Powell River, NDP): Thank you so much. I assure you, Chair, it will be at least six minutes.

I want to thank all of the witnesses for being here today. This subject is incredibly close to my heart, and I'm really grateful you're all here to shed a light on this most important issue.

My first question is going to be for Dr. Karen Breeck.

I want to thank you so much for your service. I'm confirming that it's okay if I call you Karen when I ask you questions. Okay.

Could you tell me what the women veterans research and engagement network is?

Dr. Karen Breeck: In case it isn't evident, especially in our environment, we often wear multiple hats, so we have three co-chairs. It is tonight your privilege to meet all three co-chairs: Dr. Maya Eichler, Ms. Sayward Montague and I are the three co-chairs of WREN. We call it WREN. It is spelled differently from the navy Wrens. If you look at the women veterans research engagement network, you will notice it's missing a "v". That was done very consciously. It was, in our minds, the systemic silencing of the "v", the veteran, hence part of the name.

We came together in around 2019 to try to help amplify the voices of the women veterans who we were finding were falling through cracks on a consistent basis. Often, when you looked at them individually, you could see the organizational...the trends and the recognition of the actual root issues they were bringing forward.

Especially in my case—I'm going to feel old now—I would see women falling through cracks still today for the exact same reasons that I was identifying already as one of the many physicians 30 years ago. The pain of seeing unnecessary, preventable issues that have been identified up our chains to our different governments for over 30 years is what breaks my heart, knowing we can do better, knowing this maybe wasn't necessary. In order to try to amplify that voice, we knew we needed research, because we were constantly told, "No, never heard this before. No, there must be research. We would have had research telling us this was important if it were important." The absence of proof, however, is not proof of absence. Again, it's with Dr. Eichler's work and study that we can come to a group like this and say that there is no research in this area. That's why you haven't heard about it. It's not because it's not important. We haven't had the research that is specific to us yet.

Again, to have the voice, especially for people who are military, we are apolitical. We are here to serve our country. We are here to equally serve every government, regardless of what party they are in, so we're very uncomfortable coming forward in this manner. We come forward to speak at a political level only when we've tried everything else. It is our last stop to be here. It is very hard for me personally to be here. I do not wish to have to bring these problems up. Again, it's been 30 years, though, so if not me, who? If not now, when? That's why we have WREN.

We've been trying, through groups like Sayward Montague's, to understand how politics works, how we can amplify our voice, how we can get heard at the only level that can fix these problems. We have had this on our backs to fix for all of these 30 years, and I know I speak for many in my generation. We're tired. We can't keep doing it alone. We need your help to finish this off for the next generation of women.

That's why we have WREN.

Ms. Rachel Blaney: Thank you.

It's interesting, because I've been talking to a lot of women veterans in the last several weeks, and one of the things I've heard repeatedly is that not having the proper integration occur means we're losing a huge opportunity, because women aren't feeling they can engage. If they could engage in a more meaningful way, there would be a lot more innovation, perhaps, in our military. I think an important part to talk about is the heaviness of this weight and the opportunity that there is on the other side of it.

I don't have a lot of time, but I know your specialty is the field of reproductive health.

One of things I've learned, just from the conversations I've had, is that there are particular ramifications for the reality of how invisible women who serve our country are in terms of their service and then later on as veterans. I'm just wondering if you could give us any examples of where this would be the case, so that we could better understand it as a committee.

• (1920)

Dr. Karen Breeck: In one minute—so hopefully someone else will allow me to finish this off—if I can, I'm just going to go straight at it.

When I was a brand new physician in Greenwood, Nova Scotia, very early in my career, one of my first calls was to the flight line for a medical emergency, and it was a pregnant woman who had been up flying—because we had said it was fine to fly—and she was miscarrying in flight. When we're in the military, these aren't just patients. These are the people we live with, we breathe with and we go to the grocery store with. It's a very tight connection, and for the rest of my life I will still remember—and this was 30 years ago—her looking up at me and asking, "Karen, did I just kill my child? Am I safe to be doing this kind of military flying on this plane?"

I was new and I looked at her and I still remember I said, "I do not know the answer to this question, but I promise you I will find out." It is with her permission.... I spoke to her today to say I might talk about this and to ask if it was okay. She said, "Yes, it has to be done."

It's these kinds of memories.... I'm 30 years from that, and I don't know the answer to these questions yet, and neither do the other women. For 30 years we've been asking, "Can we please find the answers?"

Maybe it's unrelated. Maybe it wasn't related, but we don't know, because we haven't been gathering the data and we haven't been asking the questions. Doing so is a political inconvenience. We are an inconvenient truth, and we need to address these things directly in order to fix them, so that we can have our daughters and our sisters joining the military.

I feel very strongly that we need a military, but we need to do it better.

The Chair: Thank you so much.

Dr. Breeck, do not hesitate to—

Dr. Karen Breeck: That was probably more than one minute.

The Chair: It's no problem at all. Members of the committee understand that we are dealing with a special subject, so it's tough for me to interrupt you.

Now I'd like to go to Ms. Michelle Ferreri, for a round of five minutes.

Ms. Michelle Ferreri (Peterborough—Kawartha, CPC): Thank you so much, Chair, and thank you guys so much for having me here. It's an honour to serve.

Thank you to the witnesses.

Thank you for your service, Dr. Breeck.

I sit on a couple of committees, one of which is on the status of women, and there are definitely a lot of intersections here between what I'm listening to you talking about and many of the studies we have done on abuse in sport and many other things.

I will go through this as quickly as possible, even though I would like an hour with each of you. I will start with Ms. Montague.

I feel you have an opportunity, and I will ask you first. Do you feel that female retirees feel more safe once they're out, sharing what they have experienced in terms of trauma?

Ms. Sayward Montague: I think that's highly dependent on the individual and the supports they've had since release, which can be a challenge depending on transition.

There is evidence as well that transition can be very different for women. There are more medical releases and there are different needs. There are different risks that can come with that, so what that looks like is highly dependent on the individual.

Ms. Michelle Ferreri: I ask you that because one of the things I've seen is that in the systems of actually reporting abuse, it seems to be a significant problem. If they were able to feel safer later, some of these retirees would be very helpful in pointing out where the gaps in the system are in terms of accountability when they go back to make a statement or a complaint.

It's been two years since the Chief Professional Conduct and Culture change was implemented. I am just curious as to whether you guys have heard if there have been any observed changes in the culture of the Canadian Forces with respect to women.

Ms. Sayward Montague: I don't want to put Dr. Breeck on the spot, but I think Dr. Breeck would have the correct answer to that question.

• (1925)

Dr. Karen Breeck: Obviously, I'm a veteran. I can say without question that CAF has made quite significant efforts to include stakeholders and engaged people, and it has held a number of town halls and stakeholder engagements—almost too many—which brings up a whole pile of issues.

For people like us who are trying to help, how many times can we keep being asked to be part of these? There's an emotional labour for us to be part of these all the time as well.

Again, to me, to some degree, it comes back to the importance.... When we look at other countries, we see that they have standardized external advisory groups. People apply for it; they get screened for it—there are no conflicts of interest—they get honorariums if they need them, so that the burden isn't on all the same people to do this kind of work voluntarily. Having said that, I must admit, CPCC has done so much work over this last bit to the point where, again, as a physician, I worry about the burnout of the people involved. Things are changing.

If I can again be a little brutal, I think we are at a pivot point. We really are at a pivot point now where we understand enough and are far enough along. We really need to start integrating men into this and stop having the women be the only voice and the only inclusion and be in charge of these “pink roles”.

We can't fix this without the men. We cannot fix this without the men being allies, and the men in the locker rooms when they are alone, saying, “Dude, that ain't cool,” and, “You gotta stop it.” Until that happens, we're not going to go forward.

Ms. Michelle Ferreri: I agree with that. We've also heard that in many other instances: You can't measure success if you're not collecting the data. We've heard that in other studies. The data collection seems to be a massive gap.

You touched on something that I think is really interesting. I wanted to ask your opinion on this. One of the greatest strengths of the Canadian Forces is its homogeneity—you are all one.

How do you maintain that homogeneous culture while also recognizing that there are diverse needs of women and other people under the umbrella of the main group?

Dr. Karen Breeck: That's a nice, easy question.

To me, it's about mission. We share the same mission. We are here to support Canada and Canadians. That's what keeps us on the same team. I think what we are still working on is how to ensure individual respect, so that every member of the team feels respected.

These are some new skill sets for all of us, aren't they? We're all learning new vocabulary. We're all learning to understand different ways of being, with some more education, the right vocabulary and understanding individual respect. At the same time, we need to be really clear where that line is for people who maybe shouldn't be in the military, and when we're clear that they shouldn't be, we need to have a more effective way for them to go.

Ms. Michelle Ferreri: Thank you so much.

The Chair: Thank you so much, Ms. Ferreri.

Now, I would like to invite Mr. Churence Rogers for five minutes. After that, we will take a five-minute break.

Mr. Rogers.

Mr. Churence Rogers (Bonavista—Burin—Trinity, Lib.): Thank you, Chair.

Welcome to all three of our witnesses. It's good to have you here, and for you to give us the benefit, of course, of your experience and knowledge, and of the work you've been doing on this issue.

We listened to a panel in the last meeting we attended. One of the things that was said at that last panel that really shocked me was that some of these women, following their leave from the CAF, said that they did not know they were considered veterans, for whatever reason.

Is this an experience that you've heard from other female veterans? Why might this be?

Dr. Breeck, you can start, because you were telling a Tim Hortons story, which I really wanted you to carry on with. To comment on this question, maybe I'll invite the other two guests as well.

Dr. Karen Breeck: Thank you.

As a proud grad of Memorial University, I have to do the shout-out for Newfoundland, or I will get into trouble there.

Unfortunately, I think it is very common that women leave the military and want nothing to do with that chapter of their life at all. In order to move forward and close that chapter, they would not self-identify as a veteran if they had institutional betrayal, military sexual trauma or negative experiences.

When we think of the full spectrum of age groups, we have a number of women who—especially in the earlier generations, when women couldn't be part of combat—would say, “Well I gave 15 years or 20 years, but I didn't go into combat. I didn't deploy. I didn't do those real roles, so I can't consider myself a veteran.” That's not an uncommon terminology for people, especially from the fifties and sixties. “I didn't go to Korea. I would have, but I wasn't allowed to, so I'm not a veteran.”

Unfortunately, a lot of the women had to leave quite early in their careers after a sexual misconduct event. Again, they haven't felt the right to call themselves a veteran, because they left earlier than they wanted to. Their vision of who they thought they were going to be never manifested, so there is a lot of work...

I believe that Christine Wood is here today, and she said it very well. It took several years after retirement of processing it, thinking about it, getting involved with the community and advocating before you felt that you owned the right to use that word. We have such reverence for that word. We have such reverence for the World War I, World War II and Korean vets, and if we weren't that, how can we call ourselves veterans?

● (1930)

Ms. Sayward Montague: I would like to touch on three or four different things—quickly, I promise.

One of them was something that Dr. Breeck mentioned about WREN. One of the reasons that developed was to provide some in-

stitutional support to women veteran advocates. Some of them would walk into a room and be ignored and shut out or shut down. It was not acceptable, but having some of that organizational support gave credibility. It was quite unfortunate, but it was a role that we were, if not pleased to fill, then there to fill.

VAC is doing better on commemoration in many respects, in terms of reflecting veterans and who they are. I would encourage everyone to take a look at an event that we sponsored on veteran identities, which, as I mentioned, highlighted some of the people you heard from on Monday.

Have a look around at Remembrance Day and think about the women who are front and centre and the organizations they are part of, the women veterans community. How included are they in national events that are significant, and what is the policy on that? I think that's a question that needs to be asked.

To Dr. Breeck's point, in terms of taking time to process and understand and find a place, there's also a sense of moral injury and institutional betrayal. There is some disconnect there in terms of how people feel able to identify as a veteran, and certainly to connect to Veterans Affairs, sometimes, to receive the supports they should be accessing, which weren't always very transparent or clear to them as they transitioned out of the military.

Mr. Churence Rogers: Thank you very much.

To our online guest, do you want to take a moment to comment on that question?

Dr. Maya Eichler: If there is time, I will.

It is certainly something I hear a lot about in my research with women veterans, that they don't readily self-identify as veterans. I also hear that they encounter situations in their day-to-day life where they are not recognized as veterans: having a veteran's licence plate and someone commenting on how many years their husband served, or going to Remembrance Day with their medals and being asked whether those are their father's medals. Those are stories that I hear a lot. I think that makes it all the more difficult to self-identify.

Again, this hierarchy of service exists, which is a gendered hierarchy that is linked to length of service, type of service, combat or not, deployed or not. That's a reality for a lot of veterans, not just women but also veteran men, who may not identify as readily if they have not served in combat and been deployed. I think that is part of the broader culture that needs to change as well.

I think there is also a lack of a clear-cut woman veteran identity that you can step into in Canada. There's no social imagination of who a woman veteran is. If you talk about veterans, people will see the image of an elderly Second World War veteran. I think that's part of what needs to change at a broader national and societal level, that we see women as service members and as veterans.

• (1935)

The Chair: Thank you, Dr. Eichler.

Thank you, Mr. Rogers.

[*Translation*]

As I said, we will take a short five-minute break.

[*English*]

You can go to the washroom or get a coffee.

The meeting is suspended.

• (1935)

_____ (Pause) _____

• (1940)

[*Translation*]

The Chair: We are now in session and members may ask their questions.

• (1945)

[*English*]

Right now we're going to have two quick interventions, for two and a half minutes each.

I'd like to invite Mr. Luc Desilets for two and a half minutes.

Mr. Desilets, go ahead, please.

[*Translation*]

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

Ms. Breeck, you say you've been repeating the same things for 30 years, and you added that there should be men and women sitting at the same table. Am I quoting you correctly?

[*English*]

Dr. Karen Breeck: I apologize, but the translation had a gap halfway through your sentence. I just want to make sure I understood the sentence properly.

[*Translation*]

Mr. Luc Desilets: Mr. Chair, there is a problem on the interpretation front.

Can you restart the clock?

The Chair: All right.

Mr. Luc Desilets: It's Mr. Samson's fault.

The Chair: The interpretation makes things a little longer.

Mr. Desilets, you have the floor for two and a half minutes.

[*English*]

Just repeat your question.

[*Translation*]

Mr. Luc Desilets: Ms. Breeck, you said you've been saying the same things for 30 years. I understand your desire to see things change. You also mentioned that it would be important to get men and women at the same table to talk about these issues.

In your opinion, have the Canadian Armed Forces evolved enough? Have the men in the Canadian Armed Forces evolved enough to allow for a discussion that would have constructive effects?

Would you prefer that I ask another question?

[*English*]

Dr. Karen Breeck: That's a doozy of a question. Thank you.

I have been accused of being a broken record, because I'm often saying exactly the same thing all the time. I always talk about women's issues and the importance of things such as gender-based analysis, which I actually think, if it's done right, will answer a lot of stuff.

Although it has fallen for a long time on deaf ears, I want to clarify that we're here. We're sitting in a committee on women veterans. For me, in my lifetime, this is the first time that the ducks are beginning to actually give me hope. They're all lined up now. We're getting money. We're getting attention. We're getting stuff.

I am hopeful that things are moving forward, but I think that as women leading that parade, we now have gone as far as we can. We need the men to participate.

[*Translation*]

Mr. Luc Desilets: Ms. Breeck, you sound like a politician.

Do you believe there has been some evolution?

Personally, I have a lot of faith in the new Minister of National Defence, in her willingness to change things, to move things forward to avoid sexism in the Canadian Armed Forces.

You said you wanted to see men and women at the table. Are the armed forces there yet?

[*English*]

Dr. Karen Breeck: I think it's important. There's no question that there are amazing men in the Canadian Armed Forces, and there are amazing women in it. We have some people who still need to get more training in these kinds of areas.

I think, still, we can do only so much when we don't have the resources and we don't have the money, especially for women's issues. That needs dedicated funding. When we're given money that's generic, it does not go to gender-specific areas, and that tends to be a conflict area, I think. We don't have enough directed support, directed funding, to address these issues. That lack of resources then causes some of the conflicts. Then we become a problem and a burden, because there's no money for women-specific issues.

[Translation]

Mr. Luc Desilets: Thank you, Ms. Breeck.

The Chair: Thank you, Mr. Desilets.

[English]

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

Go ahead, please.

Ms. Rachel Blaney: Thank you so much for your enthusiasm. I guess my next question will be going to Dr. Eichler.

I was really curious about some of the things you talked about in terms of what is happening in other countries, international lessons that have been learned about how they work with and research women veterans. I'm wondering if there is anything you could direct us to that would be helpful in enabling us to get an idea of what's happening in other places and what we need to follow here in Canada.

• (1950)

Dr. Maya Eichler: Yes. I'm happy to speak to that.

I completed a scoping review on research on military women and women veterans last year. That was focused on Canada, but I put that into the context of international research so that I got to see some of the real differences that exist. The country that has the most developed research on military women and women veterans is for sure the United States. What stands out about their research is just the breadth of topics that are covered across mental and physical health, reproductive and sexual health, questions around community and social integration, and a whole host of topics.

The big difference, really, is just that the government decided to strategically intervene and create a strategic research plan led by researchers within their veterans affairs and veterans health administration. I think that is why we're arguing so strongly, all three of us, for a national pan-Canadian research strategy to address the gaps. Otherwise, you cannot undo a system that has been in place for over 100 years that has made women and their sex- and gender-specific needs invisible. We really need a coordinated, government-led approach. That's why I'm arguing so strongly for that, because we see a real difference in the U.S. compared with even Australia, Canada, the U.K. or New Zealand.

Ms. Rachel Blaney: Sayward, perhaps I can come to you really quickly. One thing I heard in your testimony that had a big impact on me was that you transitioned from being passive to active in the engagement of women.

How do you do that?

Ms. Sayward Montague: One of the key ways for us was supporting and working with Dr. Breeck and Dr. Eichler on WREN, so

that those voices were heard and included in our new policy recommendations and positions and so on, but it's really about active listening and being intentional.

The Chair: Thank you, Ms. Blaney.

Let's now go to the first vice-president of the committee, Mr. Blake Richards, for five minutes.

Please go ahead.

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

Dr. Breeck, I want to come to you for one quick question, and then I'll share the rest of my time with Mr. Tolmie.

First of all, in your opening remarks you mentioned that you were looking forward to our questions during what you called the "question period". I have to say that your version of question period here is much better than the version we usually get in the House of Commons, because you guys actually gave us some answers, and they were really good answers. I think you're going to really help us in our study, so I thank you very much for that.

I want to give a little shout-out to your mom and stepdad, Jill and John, because they're constituents of mine. I know that your mom was a huge supporter of yours while you served. I think it's important for everyone who serves to have that supportive family there for them, especially when overseas. I wonder if you could just talk to us a little about how important that role of family is in terms of helping with the health and well-being of service members.

Dr. Karen Breeck: Thank you.

My mom just recently broke her hip, so it's been a bit of a challenging time. As a physician, I have to do an absolute shout-out, if I can, for Alberta Health Services. Of course, living here in Ottawa, it's at those moments that you're devastated at being so far away. Foothills Hospital was amazing. Carewest was amazing. I know that Carewest does a lot of work for veterans in Calgary and Edmonton. I had the chance to spend a month down there, and I want to do a shout-out for the work and for the health services.

There's no question that none of us can do this alone. It's a team effort. It's always been a bit hard. Especially for a lot of women veterans, although we have family we don't always have as much support and caregiving as some of the males get. It's often assumed that we're independent and that we can take care of ourselves, so a lot of women, especially, are more likely to be divorced, widowed, single or what I call "functionally" single. That's especially the military women who are married, about 85% of whom are married to military men. Again, often you have family, but then your own family could be deployed or away or have their mental health issues as well. I think it's often even more of a challenge for women.

I think Stats Canada recently showed that at least three out of 10 veterans are single. We know that the women are even more likely than the men to be single, and even more so as we grow older. It isn't just our biological family. It's also often our family of choice—our peer group, our fellow veterans. It takes a whole community to help support us.

Thank you for that shout-out, and thank you for that opportunity to...as a Calgary girl.

• (1955)

Mr. Blake Richards: Absolutely. I just want to join you in that. We often thank our veterans and our military members for their services, but families serve as well. We thank them for that.

With that, I'm going to turn the rest of my time over to someone else who has served our country—Mr. Fraser Tolmie.

Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC): Thank you very much, Mr. Richards, and thank you, everybody, for being here.

Ms. Breeck, thank you very much for your service. We appreciate it.

Unfortunately some of the testimony that has been shared tonight we've heard in previous meetings, when people who have served have said they don't feel as though they're actually veterans. That's being re-emphasized. We're hearing some similarities.

I'd like to ask you a question. Given your experience in the military, have you ever encountered a condition that both a male and a female serviceperson have had, and how did you deal with it? Was the treatment different or similar?

Dr. Karen Breeck: Thank you. That is an interesting question.

The joy of being military, I think, is that I can probably talk to any of you and say that I'm from wherever you're from. Moose Jaw is, of course, a place where I have spent two years.

Mr. Fraser Tolmie: You can say that again.

Dr. Karen Breeck: Within this context and thinking back to Moose Jaw, there's a specific incident that comes to my mind.

Of course, Moose Jaw is a training base for student pilots. Student pilots in Moose Jaw haven't made it yet—if they have three flights that they don't do well on, they're gone. This is their life. This is their dream. They go up for a flight and then they come down and debrief. That's when they find out if they've passed or failed.

I have a really stark memory—because the incidents were only about a week apart. In one case, a gentleman student pilot found out he had failed. He disagreed with that and had a bit of an angry outburst. He picked up a chair, threw it against a wall and broke a window. We all heard about it. That kind of stuff goes across the base and we hear about it—if nothing else, just even the anger control issues for someone who's going to be a military pilot. We just heard about it and that was it.

It was about a week later that something similar happened with a female student pilot who came down from her flight. She was told that she did not pass, and she felt very strongly that it wasn't appro-

priate. Of course, social training didn't allow her to pick up that chair, so instead, as she was processing, she started to cry. It wasn't an ugly cry. Some tears just came out, and I think every woman knows those tears. Those are tears of frustration. As she stood there, not knowing what to do, unfortunately the person who was her pilot instructor reacted very strongly to seeing a woman crying. As she went into the hallway, he started screaming that, "See, women shouldn't be here. I've got one crying. I've never seen this before—crying." He went and reported her to his boss, and his boss ordered her—again, in the military you're ordered—to come into the MIR for a mental health assessment, because clearly she wasn't appropriate for the military.

That was within one week. I found that to be a very good example to understand why women are not allowed to show emotion in the military. Instead, we turn our anger inwards. Again, especially on the medical side, we will show up with all kinds of internal stress-related issues, as we were hearing about on Monday—the headaches, the stomach aches, the fibromyalgia—this is turning that anger inwards. We present differently, with different issues that still can be mental health- or stress-related, but they present as physical.

That's quite an obvious example to explain how men and women present health issues differently.

• (2000)

Mr. Fraser Tolmie: Thank you for sharing that with me. I appreciate it. I think that's very helpful for this committee.

The Chair: Thank you, Dr. Breeck.

Now I'd like to invite Mr. Sean Casey for five minutes.

Mr. Casey, go ahead, please.

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

This is an absolutely fascinating panel. Thanks to all of you.

I'd like to start with something that was raised at the last meeting by Christine Wood. She advocated very forcefully for a top-to-bottom review of the table of disabilities.

I would be interested in your views on that. My expectation, Dr. Breeck, is that you're probably in the best position to speak to it. I'll start with you, and I'll ask the others to chime in if they have something to add.

Dr. Karen Breeck: Thank you.

I do not claim to be an expert on the table of disabilities. However, I am aware that Lisa Campbell in particular, when she was involved with Veterans Affairs Canada, certainly left her door open to enable women to speak to her and to identify different issues. I know that during her time there was work by a contractor—I believe it was Dr. Barbara Clow—to do a whole pile of reviews of that. I know that action was taken and reports were made. Unfortunately, we've never seen those documents publicly, and I know that certainly the veteran community would love to see what that subject matter expert found on those reviews.

My understanding is that they are acting on it. Maybe a whole pile of her recommendations are already actioned, but again, we don't know, so it's transparency.... I think things are happening and things are changing, but for anything that's women-specific, that's a new category.

It's easy when we tweak a male issue, but women-specific issues, such as female service-related infertility, didn't exist. To get that added to the books was many years of work. I think that tweaking something.... In prosthetics, women need slightly different prosthetics from men, but then the prosthetics are already there because it's part of the male disability issues. Anything female-specific is still a gap area that needs dedicated review. In fairness, it may be happening, but we don't know.

Mr. Sean Casey: Thank you, Dr. Breeck. I had the pleasure of meeting Lisa Campbell when she was in that role, and I agree with you. She made some very significant contributions. The ones I noticed most were on morale within the department. She really was an excellent leader, and it's good to see that she's done so well.

Dr. Karen Breeck: She's still an excellent leader, as head of the Canadian Space Agency.

Mr. Sean Casey: Yes, I have no doubt. I just don't get the chance to talk to her about it.

I'm going to cede the rest of my time to Ms. Vandenberg.

Ms. Anita Vandenberg (Ottawa West—Nepean, Lib.): Thank you very much.

Dr. Eichler, Ms. Montague and Dr. Breeck, I want to thank you very much, not just for your testimony here today, but for years and years of advocacy, of expertise and of trying to be heard. I want to let you know that right now, today, you are being heard, and I thank you very much for being here.

I'd like to direct my question to Dr. Breeck.

I know you are a veteran. You are a woman and you are a physician, and you're in a unique position to look at what are the needs and the gaps in terms of women's health, both in the Canadian Armed Forces and certainly after. Many of these things may not present until after, when the women are veterans.

This committee will be coming up with recommendations. If there are particular things or particular gaps that you really feel we need to work on, what would those be?

Dr. Karen Breeck: Thank you. Again, it's an easy question.

Before I forget, because I want to make sure it's here somewhere, I want to acknowledge that veterans can also be RCMP members.

RCMP women have been of great help and service to the military women, especially on the sexual misconduct claims. We learned a lot from them and their claim. Of course, it is now more RCMP women than CAF women who are doing UN deployments, and they are having a number of different issues there as well.

I know that there's an RCMP women veterans council, which I'm certainly hoping is going to be on your witness list so you can hear some of their issues. We've learned from them, and I know they're hoping to learn from us. I just wanted to shout out and name RCMP women as well.

If I can focus, as I said in my testimony, there's no question that there are lots of problems. I don't want to make a hierarchy out of the problems, but at your level, the things we are having the hardest problems fixing from the bottom up are the things that don't exist already. That will be, by definition, the things that are not male, that are totally different, so service-related infertility.

With the permission of the person who again, hopefully will be a witness later in this study, I met a female veteran who in that moment had given up. She had tried as much as she could. She couldn't do it anymore and she was giving up. She had spent over four years trying to get a service-related infertility recognized, without understanding that it had never happened before. It was a precedent case. She didn't know that. Again, with the help of bringing it up to a political level.... She couldn't do it herself. It was bringing it to a political level and getting people like Lisa Campbell involved to look at it that got it approved.

We had the first service-related infertility case approved, only to then find that there was nothing there for benefits. We had to start over again from zero to figure out what would be the benefits. They are different worlds. Even though for four years she had been trying to get this through...no concurrent activity, no acknowledgement ahead of time, proactively, that this obviously could have happened. Finally, after two years of fighting, she got the benefits.

Especially for infertility issues, as every woman would know, these years matter. You can't go into getting help and support if you get too old. These years matter. She was told over and over again that this was not viewed as something that needed to be time-sensitive; this wasn't something with which she could go to the front of the line. We just squeaked it in.

One concern for all of us, though, is that we haven't seen any news of this anywhere. How does any other woman know that this happened? How do we know when these precedents happen? How do we know when new policies are in place? How do we know when there are new benefits? There is no mechanism for sharing that information, not only with the women veterans, but with health care providers, adjudicators, case managers.

People who knew this person went to their case manager, saying, "Hey, I think I might be this too." Their case managers laughed at them and said there's no such thing and there's no way that it could be female service-related.

How do we get the information flowing? This comes up over and over again. When we find something of concern.... In this specific case it was with her specialist—I'm not saying this was the cause—who said it was the permethrin in her combats. Again, how do we pass that to CAF? If, God forbid, that is true, that's an ongoing issue. How do we prevent this? How do we stop this? How do we get the information upstream? We don't have a mechanism for any of this stuff.

• (2005)

The Chair: Thank you, Dr. Breck.

You can take a good breath, and I'm going to ask Mrs. Cathay Wagantall to ask the next questions, for five minutes, please.

Mrs. Cathay Wagantall: All right. That's wonderful.

I'm so impressed and so grateful that we get to hear from you ladies tonight. I have to say that I'm a little frustrated, because I like things to happen and get done, and to hear that it's been 30 years.... We are at a significant crossroads at this point, so I have a question for the three of you, and I'm thinking especially for Dr. Eichler.

We know from testimony at our last meeting that an organization called the Survivor Perspectives Consulting Group is already working in the field of military sexual trauma, with men and women in the military, at that level where the choice is for a "permanent, independent external oversight mechanism", informed by the voices of lived experiences. Is that something that you would see as absolutely vital? That's my first question, because I was so overwhelmed with excitement over that program.

Secondly, there's the research that we're hearing we do not have in Canada. If we start at the ground level, how long will that take? I am wondering if, for you, as researchers, you would be at the place where you would tell the government that in the United States they have robust research that they have worked on. Would we not be wise to inform the government with a recommendation that our researchers get that information and be able to review it, while at the same time survivors are sharing their life experiences and beginning to heal throughout the military?

Have they used all these various types of research? What have they found out? What can we use or draw on for our best practices, at least to a certain level, while we look at the gaps that are still here for women in Canada who serve in the military? What is the perspective on that?

Are we looking at starting at the ground level again, rather than taking advantage of what already exists with regard to women in the military? That's my question.

• (2010)

Dr. Maya Eichler: I can get us started.

We're definitely not starting from zero. It is absolutely crucial to draw on the existing international research, but it is also important to develop some Canadian-specific research. The institutional conditions are not exactly the same. The deployment cycles are not exactly the same. The medical care system isn't exactly the same. When veterans transition, of course, they have a different health care system in Canada. The research findings are not transferable one to one, but we should build on them.

Mrs. Cathay Wagantall: I'll interrupt very briefly and say that we should be able to build on them. On the infertility issue, if they've been dealing with that, that would be a research gold mine for us, I would think.

Thank you so much. I appreciate that.

Go ahead, either one of you.

Ms. Sayward Montague: Maya's point about relatable research is very important. One thing I'll come back to is Canadian research and making sure that it is following SAGER and GBA+ guidelines and there's transparency and accountability reporting back on that. Government-funded research through VAC and through CAF should adhere to those principles. There should be, as Maya mentioned, a pan-Canadian plan for this that provides better coordination across departments but also lays a road map for what's necessary.

Thank you.

Dr. Karen Breck: I'll quickly make two points.

I remember an indigenous elder at a policy conference, who said, "Everyone's doing really good here at making quilt pieces, but what I don't see is who the quiltmaker is." I think that's what we keep finding over and over again. There are a lot of very good people doing the quilt pieces, but there's no coordination. There is duplication. There are areas that aren't being addressed.

When we do research right now, we consistently only get the women's research compared to the men, and yet by definition, again, anything that's women-specific will never come up in that format of women versus men. Women versus civilian women is still very rarely seen in our research, yet it's more interesting. However, for a lot of what we do in the military, there is no civilian equivalent. Again, a lot of this very military women-specific occupational research has to be ideally with the Five Eyes, with our allies, and working together on our numbers for things like military types of flying and submarines and things where there is no civilian equivalent. We have this opportunity in this relationship.

If it were a topic of political will and focus, we have enough women now across the other allies to come up with some real data of meaning for things that should be simple by now, such as reproductive issues in flying, or pregnancy in the military context, or being at sea and pregnant.

The Chair: Thank you.

Now we have five minutes for Mr. Wilson Miao.

Go ahead, please.

Mr. Wilson Miao (Richmond Centre, Lib.): Thank you, Mr. Chair, and thank you, everyone, including the witnesses who are joining us today for this very important study.

I have to say, being brought up mostly by women, that I have full respect for them. There are a lot of things that women can do much better than men, I have to admit, and I think this makes no difference anywhere, including in our veterans.

I also want to acknowledge that I just learned of the passing of a long-term veteran in my constituency, Rene Orris, who passed away just last year, in her 98th year. Her birthday was on Christmas, and she passed away on December 26. It's really sad to know that we can't share her story of how she contributed and served our country in her air force years.

It's very important in the discussion we're having today in terms of how we recognize women serving for us, protecting our country and allowing Canadians across our nation to enjoy what we have today. We need to recognize that. It's sad to have that stigma of how people interpret a medal being worn by a woman veteran and who say something silly like, "Oh, was that your husband or your grandparent who served?" I think there is a lot more awareness that we need to create.

I'd like to ask the following question. It's really a simple question: How can we change this gender culture in the armed forces and in our veterans?

The question is for all of you. Thank you.

• (2015)

Dr. Karen Breeck: Maya, go ahead.

Dr. Maya Eichler: Okay. Thanks.

One of the ways your committee can change the culture is to become an agent of change yourselves and to become the voice that makes women veterans more visible. You're beginning to do this in this study, but I would really encourage you to also self-reflect on the ways in which this committee itself has in the past maybe also

reproduced the male veteran norm and contributed to this culture problem and what that can mean moving forward. I would be really sad if this great study you're doing right now is just a one-off, and then it's a return to business as usual.

For me, that would be really positive for you to think about: how, moving forward, we're going to change the way we do things. You are a key agent in changing the culture, just as we heard about how NAFR became active, and as we see how the veterans ombud has taken an active role in talking about women veteran issues and how the Veterans Review and Appeal Board is starting to take action. I think each of these agents has a really important role to play. That would be my response.

Thank you.

Mr. Wilson Miao: Thank you.

Dr. Breeck, maybe you can chime in on this.

Dr. Karen Breeck: I think it's still important, although we've all kind of grown up with the binaries of male and female, to again remember that there's actually more variation within the sexes than between the sexes—that there is no one woman and there is no one man. There's a wide spectrum.

When we start thinking about the spectrum, for me, then, it's how we include all the spectrum. I'm again focusing on especially when we do the women-specific health issues. That's on the spectrum; it's on that three standard deviations. We haven't looked at it. It's not easy to fix. Don't get me wrong. It's not easy to fix: That's part of why it's still here. It is hard and complicated.

The rest of the stuff is kind of self-resolving, but we know representation matters. We know that the more people can see themselves at the higher levels—whether it's racialized, indigenous, women at different levels—then we're inspiring the next generation up. Representation also matters within public service and within VAC—having more women veterans in things like commemoration at VAC. I think that having that kind of change in the face of commemoration would have some natural addition of how to better represent women through these different areas.

In the end, it's about participation as well and allowing the veterans a voice—giving us a way to speak and to be part of this. We want to fix things, but we need a way to speak.

Mr. Wilson Miao: Thank you.

Ms. Montague, would you like to add something?

• (2020)

Ms. Sayward Montague: In addition to what Dr. Eichler and Dr. Breeck have mentioned, I think it's about continuing to identify some of the problems that the CMP and others have started to work on, that Justice Arbour's report revealed and that some of those additional studies have shown. Again, I come back to the pan-Canadian plan around this issue, around the research, but also around how it translates, in terms of reporting and transparency, into better coordination across departments and funding.

Thank you.

Mr. Wilson Miao: Thank you.

The Chair: It's over. Thank you, Mr. Miao.

[Translation]

Mr. Luc Desilets has the floor for two and a half minutes.

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

My question is for Ms. Eichler.

Ms. Eichler, do you believe that the Canadian Armed Forces and Veterans Affairs Canada perceive and address health issues specific to women in the military differently? Do they have different positions?

[English]

Dr. Maya Eichler: I don't see a huge difference. Both of those departments have been part of the same gender-blind institutional culture, so a lot of the culture we see at CAF, at DND, translated into that at Veterans Affairs.

If we look back historically a bit further, for so much of Canadian history DND, CAF and VAC have thought of women as “lesser soldiers”. We saw this in the early days of the veterans support programs being set up, and even in the way the early architects of the programs were talking about it. Women were not seen as fully-fledged soldiers. Then, in the 1990s, the institutions decided to take a gender-blind approach, and we see that across DND, CAF and VAC. My great concern now, which I see and I want to make a point of here, is that the trend I'm seeing is that all of these institutions are beginning to look at women and recognize women, but there's also this trend to lump together everyone who is not a white heterosexual male service member or veteran. We have a new problem emerging, in that everyone who differs from that norm is lumped together, and that's going to cause huge problems in the future as well.

I see this new trend across institutions, so what we really need is a sex- and gender-informed approach that does look at intersectionality—for example, the experiences of diverse women or how an indigenous woman in the military experiences service differently from how a white woman does—but does not lump everyone together.

[Translation]

Mr. Luc Desilets: My time is running out. I have a question that you will not have time to answer, but I have an assignment for you.

You said that a strategic research plan is needed. The further things go, the clearer this seems. Studies are scattered. There is duplication and redundancy and all of this needs to be cleaned up.

Since you won't have time to answer my question, would it be possible for you to provide the committee with some semblance of a strategic plan?

What would such a plan entail? Could it involve research chairs, perhaps Veterans Affairs Canada, the Canadian Armed Forces, as well as different research groups that work on women's issues?

Would that be possible? It would not be to produce a doctoral thesis, but to throw out some ideas that might be relevant to the committee. We could then consider them and use them as recommendations in our report.

[English]

The Chair: You have 30 seconds, Dr. Eichler. I'm so sorry.

Dr. Maya Eichler: I will say briefly that I have a long list of recommendations that are part of two recent reports I did related to this topic. I will share them with the committee, and I hope that a lot of those recommendations can flow into your study.

The Chair: Thank you so much. Do not hesitate to send that to our clerk, please.

Now I would like to invite Ms. Blaney for two and a half minutes.

Please go ahead.

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

We've heard from a couple of different folks who have testified that they want the gender-based analysis done in VAC to be transparent. I'm just wondering if you share that perspective and if you can explain why.

If I could start with Dr. Eichler first, I would really appreciate it.

• (2025)

Dr. Maya Eichler: I would say that gender-based analysis plus is a mandate across government departments and, to be quite honest, it is relatively poorly done. In most cases, it is done in a superficial way and not in a very transparent way.

At the same time, it is a very important tool that government has, and anything we can do to get departments to transparently share those analyses would allow for external voices and expertise to evaluate and help improve them. These GBA+ analyses are not easy things to do, and I think everyone knows that. We are all collectively learning how to do them better. Sharing them in a transparent way would allow for that feedback, which would be really important.

Veterans Affairs Canada has a GBA+ strategy, but I haven't seen a lot of the analyses shared, so I would definitely encourage you to ask for those.

Ms. Rachel Blaney: I am going to come to you, Dr. Breeck. I understand that there was a policy that ran successfully during operation Elsie. It would be very helpful if you would share that with the committee, to explain some of the challenges women face.

Dr. Karen Breeck: Thank you. I wasn't expecting that.

Part of the network we are involved with includes the Women, Peace and Security Network. I hope that lens is part of this future study as well.

With the Women, Peace and Security Network, we have had access to things like the Elsie initiative through GAC, Global Affairs Canada. With lived experience as an ex-peacekeeper myself, we were able to work with the staff there, who had an opportunity to review the documents prior to a big meeting about what equipment is mandatory on all the UN missions.

Obviously, with my lens, one of the things that came up was that things like specula were available as standard on the UN mission only at the hospital level, the high level. We were able to make a number of these kinds of easy, sex-specific recommendations that these needed to be available at a lower level. Therefore, you don't have to send a woman outside of the mission to spend a day travelling—and often in UN missions they are at great risk when they are

travelling—to access a speculum. Those recommendations, for the most part, I understand from GAC, were accepted at the UN level.

It's really heartening to be able to have a voice, as a veteran, and to find ways to be able to work together with government on things that we have lived experience with. I would love, at some point, to have an equivalent to the Women, Peace and Security Network and its relationship with GAC. Imagine what a group of women veterans like that could do to help CAF and VAC with the various issues we are still facing. We want to be part of the solution, but we need a way to speak.

The Chair: Thank you Dr. Breeck.

On behalf of members of the committee and myself, I would like to say thank you to all three witnesses for your participation and for your amazing testimony today.

I would like to name all of you.

[*Translation*]

For this study of women veterans' experiences, we had several witnesses tonight: as individuals, Dr. Maya Eichler, Canada Research Chair in Social Innovation and Community Engagement, via videoconference; from the National Association of Federal Retirees, Ms. Sayward Montague, director, advocacy; and Dr. Karen Breeck, co-chair of the Women Veterans Research and Engagement Network.

I want to thank all of you and the entire technical team that helped us tonight, our analyst, our clerk, and our interpreters.

Next week we will continue this study, and we have an impressive list of witnesses who want to come and participate.

Is it the pleasure of the committee that we adjourn? Thank you.

The meeting is adjourned.

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