HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

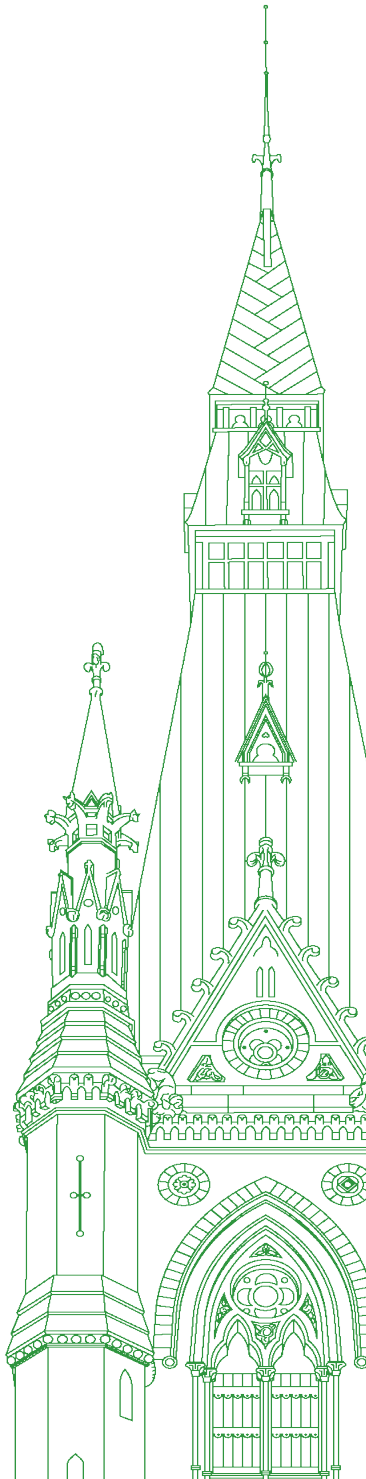
44th PARLIAMENT, 1st SESSION

Standing Committee on Veterans Affairs

EVIDENCE

NUMBER 049

Monday, May 1, 2023



Chair: Mr. Emmanuel Dubourg

Standing Committee on Veterans Affairs

Monday, May 1, 2023

● (1530)

[*Translation*]

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

Welcome to meeting number 49 of the Standing Committee on Veterans Affairs.

[*English*]

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

[*Translation*]

Today's meeting is taking place in a hybrid format, pursuant to the House order of Thursday, June 23, 2022. Thank you all for joining us today. Members can participate in person or through the Zoom application.

I would like to welcome Sherry Romanado, who is replacing Sean Casey. Thank you for being with us, Mrs. Romanado.

To ensure an orderly meeting, I invite witnesses and members to address their questions to the chair. Also, in accordance with our routine motion regarding connectivity tests, the committee informs you that the witnesses completed the required testing before the meeting and that everything is in compliance.

Trauma warning: Before we welcome our witnesses, I would like to provide this trigger warning. We will be discussing experiences related to mental health. This can be a trigger for the people in the room, the viewers, the members and their staff who have had similar experiences. If you are upset by the testimony or if you need help, please let the clerk know.

[*English*]

Please go ahead, Mr. Richards.

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

Very quickly, before you introduce our witnesses, we received a response from VAC today—at least, it was sent around to us today. I noted that the comparison was not an equivalent comparison. It wasn't apples to apples. The comparison was service providers who are available in one case—the case of the new contract—and service providers actively engaged on files, in the other case.

I wonder whether we could reply back to VAC as quickly as possible and indicate that we would like to have the proper comparison so that it's apples to apples, and so we can assess it properly.

The Chair: Thank you. Let me ask the analyst.

You saw the letter. Do you understand?

● (1535)

Mr. Jean-Rodrigue Paré (Committee Researcher): Do I agree the numbers don't compare apples to apples?

I agree.

The Chair: Are there any other interventions? I'd like to know whether I have to reply to VAC, as Mr. Richards just said.

Ms. Blaney agrees with that.

I will do it as soon as possible in order to conclude our report.

Before I go to the witnesses, I know Ms. Blaney sent a letter to the clerk. The request was to have, from DND, Lise Bourgon, Helen Wright, Marc Bilodeau and Andrea Tuka.

Let's welcome our witnesses.

From the Canadian Armed Forces, transition services and policies, Canadian Armed Forces transition group, we have Captain Iain Beck, director, and Colonel Lisa Noonan, director, by video conference. From the Canadian Forces health group, we have Colonel Helen Wright, director, force health protection, by video conference. Welcome.

The only witness who is going to have a statement is Colonel Helen Wright.

You have the floor for five minutes.

Colonel Helen Wright (Director of Force Health Protection, Canadian Forces Health Group, Canadian Armed Forces, Department of National Defence): Good afternoon. I'm Colonel Helen Wright, the director of force health protection within Canadian Forces health services and the lead on health services' women and diversity health capability.

I would like to start by acknowledging that we are gathered on the traditional unceded territory of the Anishinabe people.

I am joined today by two colleagues—Captain Iain Beck, director of mental health, and Colonel Lisa Noonan, director of transition services and policies within the CAF transition group.

We would like to thank the committee for their interest in women veterans. We are happy to be here today to outline some of the work the CAF is undertaking to ensure that we provide quality health care and career transition support to our members. The Canadian Armed Forces recognizes the sacrifices that military personnel make in the service of their country. We are committed to ensuring that all military personnel receive a high standard of health care and support.

We know that women in the CAF have unique health needs and that tailored resources and services must be available to support their health and well-being. That is why we have committed to identifying and addressing systemic health barriers in the Canadian Armed Forces that disproportionately affect women and others with diverse identity factors.

I have the privilege of leading an initiative to augment health and wellness services for women and diverse members throughout the entirety of their career. The activities will span four lines of effort.

The first area is prevention. We know that illness and injury prevention play a critical role in health and wellness. This package will include standardized cancer screening processes and relevant, targeted and evidence-based physical wellness and fitness programs

The second focus is care. We intend to sustain a world-class, evidence-based medical system for women by continuing to adopt best-practice clinical care and integrating tailored policies and programs specific to military settings. This includes adding clinical staff to our care delivery units in CAF health clinics, with a focus on supplementing such areas as support before and after pregnancy.

Our third focus is quality and performance assessment in which we will examine, objectively, how well the CAF health clinical and preventive services are meeting the spectrum of women's needs.

Underpinning these three domains is research and engagement. Understanding the health status and relevant risk factors for CAF women and diverse members, and how these are influenced by military occupations and demands, will guide our policy, program and service development. Our goal is to drive long-term, sustained improvement of women and diverse members' health, well-being and occupational performance in the Canadian military environment and contribute to a culture in which each and every member of the Canadian Armed Forces is fully enabled in their chosen career.

As mentioned, I am joined by Captain Iain Beck, who is responsible for leading a team of mental health experts who provide professional technical advice to the surgeon general, CAF leadership and clinicians. Over the last decade, we have made significant advances to ensure that CAF has the education and awareness programs to help identify people at risk for mental health issues and provide them with assistance.

We also continue to work on reducing the stigma associated with mental health through the education of CAF members, leaders, and military families. This is achieved through the delivery of the road to mental readiness program and other awareness efforts, such as Canadian Mental Health Week, which happens to be this week.

Colonel Noonan, who also joins us today, is responsible for overseeing the implementation of a modernized transition process in 27 CAF transition centres across the country that serve both medically and non-medically releasing CAF members.

Together, CAF and VAC developed the new military-civilian transition process to ensure a seamless, personalized and standardized process across all transition centres. At its foundation there are seven domains of well-being shown through research to be critical enablers of a successful transition, including health, family, housing, finance, social environment, life skills and a sense of purpose. We ensure that each transitioning CAF member is assigned an integrated support team that helps them develop a transition plan that is tailored to their unique needs and based on these domains of well-being. The transition centre offers a variety of resources and programs to address each member’s needs.

These are just some of the initiatives and programs we have been and are developing to better support our women members.

Once again, we would like to thank the committee for the opportunity to appear before you today. We look forward to answering your questions.

● (1540)

The Chair: Thank you so much, Colonel.

[*Translation*]

We will now move to question and answers.

I invite Mr. Tolmie to take the floor for six minutes.

[*English*]

Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC): Thank you very much for your presentation and your testimony. I also want to say thank you very much for your service to everybody here today.

There are a couple of things that cross my mind when I think about people leaving the military and transitioning into civilian life. We have covered a lot of this in previous questions in different studies. I apologize if some of it may seem like we're repeating ourselves, but we want to make sure it's in the record for this particular study.

When I was released from the military in 2009, over a decade ago, we had a day-long transition meeting. We sat in front of a group and were told what it was going to be like getting into civilian life and to look at a website on this. I have spoken with other people who have gotten out of the military. Accessing Veterans Affairs to get funding and programs is very easy, but the medical side seems to be a little bit less clear. Could I get your comments on that?

Col Helen Wright: You're asking about the transition from military medical services into civilian medical services?

Mr. Fraser Tolmie: When you are a serving vet getting out of the military, you get a day-long seminar. I would like to hear your comments on how we can make that better. What do people go through right now when they're exiting and transitioning?

Col Helen Wright: I'll hand that one to Colonel Noonan, she's our expert on transition.

Colonel Lisa Noonan (Director Transition Services and Policies, Canadian Armed Forces Transition Group, Canadian Armed Forces, Department of National Defence): As Colonel Wright mentioned, we are standing up 27 transition centres across the country. We're doing this in a phased approach. Right now, we have about 50% of those transition centres established, and by the summer it will be 75% across all provinces in the country. They're established on a regional basis, taking care of all the different bases and wings under their purview.

As part of that process, everyone will go see a transition adviser, TA, who will provide very personalized assistance to the individual depending on their needs, and those needs are based on the seven domains of well-being Colonel Wright outlined initially. It will be a very in-depth counselling process; they'll take them through the seven domains to ensure all of the different needs they may have or may not have even thought about before are covered off as part of that counselling session.

At the same time, they are paired up with a release administrator and a veteran service agent, VSA, from VAC, if required, to assist them in understanding all their benefits, and ensuring that they've applied for everything before they hit their date of release and know what kinds of services and programs exist.

In addition to this, a year ago we established the military transition and engagement partnership, MTEP, directorate. It provides a variety of services, including access to third party organizations that can provide programs, outreach and all kinds of different assistance to all the unique members of our CAF population. Of course, we have not just female veterans, but also people from varying cultural backgrounds and indigenous members. These third party organizations are going to work with us to establish programs for all the different unique members.

Once they meet with a transition adviser they set up a transition plan, shared between the member and the TA. It's basically an agreement between the two of them to work through the different elements of the transition plan so they can meet their goals and objectives by the date of release. However, we also do a bit of a handover. Because the VAC reps are now integrated with the transition centres, we do a handover with the VAC reps before the members get out so that, especially for those who are facing complex situations, we can agree on what kinds of things need to be made known to them.

● (1545)

Mr. Fraser Tolmie: Okay. I have two things, then.

What's a transition adviser? Is that civilian or military?

Col Lisa Noonan: The transition advisers are part of DND, and they are civilian members.

Mr. Fraser Tolmie: How is that different from what it was before, when you were releasing from the military?

Col Lisa Noonan: Previously, there were no centres that actually offered this kind of one-on-one assistance. There were individuals on the base who could provide access to seminars or workshops—the one-day piece that you probably participated in, which we called “second career assistance network seminars”—but that was the extent, basically, of the assistance that was provided. There may have been help with a resumé or something like that, but there was not this intense one-on-one assistance.

Mr. Fraser Tolmie: One of the challenges we've faced and that we've heard about is that when people get into civilian life, their military history and their qualifications don't line up with civilian qualifications. How are we going to be able to help them with these transition centres? Can you explain that a little?

Col Lisa Noonan: For about the last two years, we've been working with some digital folks to develop a database in collaboration with various educational institutes that actually equate with civilian education programs, both the common and the occupation-specific training that individuals in the military have. Or, if they're in a certain trade in the military and want to work in that same trade when they get out, they could get their apprenticeship hours written off, they could challenge a Red Seal exam, etc.

We have established a database in our program that allows members to equate their experience and their qualifications in the military, so that when they get out they can get a bit of a head start, whether it's educational upgrading they're doing or working afterwards.

Mr. Fraser Tolmie: Thank you.

The Chair: Now I'd like to go to Mr. Churence Rogers for six minutes, please.

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

Welcome to our guests today and, of course, thank you for your service.

It's good to see all of you and to hear the benefits of your experience as we undertake this study. It's great to be hearing from people with your knowledge and experience around many of these issues that we want to talk about and identify.

This is for Captain Beck, first of all.

As the chair of the NATO military mental health panel, could you discuss the mental health challenges that women veterans face?

● (1550)

Captain(N) Iain Beck (Director of Mental Health, Canadian Forces Health Services Group, Canadian Armed Forces): I'm fortunate to be the chair of that military mental health panel through NATO. I can tell you that a lot of our countries face similar problems, of course, and not surprisingly. In fact, I think we're fairly far ahead of most of those countries, and so a lot of times we do some education and listening rather than following their lead.

We're speaking of women veterans, of course, and our focus is on the Canadian Armed Forces veterans upstream from the time they leave for post-military life. It's incumbent on us to provide the best care.

One of the things we've recently started to look at is suicides in our female population. Suicide obviously is a tragic final event for some with mental health and other issues. That's certainly something we're focusing on. It's a bit difficult in the Canadian Armed Forces, because the number of suicides is quite small, fortunately, and especially in our female population.

That said, we're trying to aggregate data from the last two decades to see if there are any patterns or any differences in our population versus the general Canadian population. With that, hopefully, we'll possibly be able to identify any unique factors or risks within the military that might put our population of women at higher risk.

That's just one example of what we do upstream from when a female member becomes a veteran. I know that we talked a bit about that transition, but it's critical that we also look at having that seamless transition for those suffering from medical issues, and for mental health in particular. Prior to release, we make sure they're taken care of in the civilian community.

Mr. Churence Rogers: Thank you very much.

In the interests of time, because we have very little time, Colonel Noonan and then maybe Colonel Wright, could you give us the benefit of your knowledge and experience and provide for us—I know that some of you have in your presentations already—any recommendations towards the women veterans study that we're doing and what kinds of recommendations specifically you would like to see in that kind of report?

We'll start with Colonel Noonan.

Col Lisa Noonan: One of the things that we're currently working on with VAC and with our own research unit is trying to identify the needs of female veterans to see if there are any gaps in the services that we're providing at the transition centres. We currently have a transition support and well-being survey that we've developed internal to the CAF with our research unit, which we're merging with an exit survey that we had previously given.

There's a large demographic portion and specific questions for women that will now be part of this survey. That will allow us, as we collect data and as these transition centres start administering it to all the releasing members, to see exactly what the needs of our female veterans are.

We already know from previous research that's been done that there are unique needs starting to emerge, so it will be building upon some of those initial studies that have been done in order to enhance our services and provide more tailored services to female veterans.

Mr. Churence Rogers: Colonel Wright, would you like to comment?

Col Helen Wright: Thank you very much.

I would build on the same theme of research and engagement, because that engagement allows us to capitalize on the knowledge of our partners and not overlap too much. That research and health surveillance component are going to be absolutely foundational to our moving forward.

Of course, as you heard in my presentation, I'm delighted to say that we're already moving in that direction, and I'm very optimistic about the future.

Mr. Churence Rogers: Thank you very much.

Captain Beck, do you want to add something further in terms of recommendations?

Capt(N) Iain Beck: I don't think so. Again, I think on our side, it is researching whether there are some vulnerabilities in our female population. If we can sort that out, perhaps we can better prepare them for that transition to the civilian setting.

● (1555)

Mr. Churence Rogers: What are the biggest issues that we've identified that veterans face during the transition back to civilian life?

Colonel Noonan, do you want to comment on that?

Col Lisa Noonan: I think a sense of purpose, which is one of our key domains of well-being, is probably one of the most pronounced and profound things that we see. Individuals feel a loss of identity when they leave the CAF.

In order to properly transition our veterans, including our female veterans, we need to explore those kinds of things that will allow them to gain a new sense of purpose once they leave the CAF. All the different kinds of activities and programs we have.... We're going to be developing specific workshops to help with those kinds of exploration activities, and some of those could be tailored to female veterans as well.

As we go along, that is going to be very important.

There are also other kinds of issues that are interrelated with a sense of purpose in terms of financial well-being. We know from previous research that sometimes female veterans' wages or income drops slightly, and it's a bit more than male transitioning members. We have to be sure as we go along that we're helping them with what those next moves are to ensure their financial stability as they transition out of the military, whether that's post-CAF employment, doing some educational upgrading in order to be able to earn more or figuring out what they need to do to achieve that kind of stability.

Those are all the sorts of things I think we really need to focus on.

The Chair: Thank you, Colonel.

[*Translation*]

We will now give the floor to the second vice-chair of the committee for the next six minutes.

Luc Desilets, you have the floor.

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

I thank our guests for being with us. I also thank them for their service to Canada.

My first question is for Ms. Wright.

Ms. Wright, according to a study released in 2021 by the Office of the Ombudsman, women are more often released from the Canadian Forces for medical reasons than men, among other reasons.

In addition, another reported item that is not surprising is that women suffer significantly more from musculoskeletal conditions than men.

Other things veterans also suffer from include migraines, mood disorders, anxiety, and so on, which are also reported to be more common in women than in men.

Ms. Wright, I imagine you have seen this on the ground. If not, please let me know.

To your knowledge, has anything been done to combat the problem or eliminate the gender gap in this regard?

[*English*]

Col Helen Wright: That is a great question.

It's absolutely correct that the research that has been done does indicate that women release for medical reasons more frequently than men, and, as you alluded to in the question, we do see patterns of higher rates of musculoskeletal injuries in women than men. However, some of this data is actually balanced off by other studies that show things that are slightly different. For instance, we have studies that show that females experience no more acute injuries or repetitive strain injuries than males.

We have patterns that we're starting to understand, but we see that we simply need to learn more about the details of why these patterns are there, and then, of course, how best to address them once we understand them more fully.

That leads into the second part of your question about what we are doing about it. I do think the first thing we're doing is trying to understand better, so the actions we do take actually get to the root of the problem. However, having said that, we are doing concurrent activity; we're not just waiting for the research and health surveillance information to roll in. One excellent example is the work the Canadian Forces morale and welfare services is doing with respect to tailored exercise programs for women CAF members to help them reach their occupational goals, but it's also things like helping them get back to their occupational fitness as quickly as possible after having a baby. Also, inherent in that is, of course, avoiding injury.

I'll just throw out as an example that, really, it's the research leading to targeted interventions, but in the meantime doing what we can to optimize....

● (1600)

[*Translation*]

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

In the last few years, have you noted any improvements in that area?

[*English*]

Col Helen Wright: Do you mean improvements with respect to addressing women's medical issues specifically?

[*Translation*]

Mr. Luc Desilets: I am thinking in particular of the aspect related to musculoskeletal conditions and the fact that women are released from the Canadian Forces for medical reasons much more often than men.

[*English*]

Col Helen Wright: With respect to that specifically, I am not sure the pattern has changed, no. The pattern where we see a slightly higher rate of medical releases in females, I do not think has changed in the last few years. But we are working toward, as I said, understanding the phenomenon better, and therefore being able to change it in the future.

[*Translation*]

Mr. Luc Desilets: I would ask you to answer yes or no to my next question.

Are the Canadian Armed Forces adapting sufficiently to women's needs?

[*English*]

Col Helen Wright: I am a bit biased, of course, leading a program that's aimed specifically at making sure that in health services we are leaning forward and looking after women in an optimal way. I think we're moving very quickly in this direction. I'm not suggesting we have reached where we need to go yet. We're on our way. But we're on the leading edge of our military partners, for instance, with respect to looking after women and diverse members. I feel like we are making great strides in the right direction.

[*Translation*]

Mr. Luc Desilets: You are answering the question somewhat, but that's okay.

In October 2022, our new Minister of National Defence, Anita Anand, awarded a rather impressive $3.7-billion contract to a Saint-Jean-sur-Richelieu company to supply operational clothing and footwear to the Canadian Armed Forces.

Is this type of contract truly adapted to the needs of women and their body structure?

[*English*]

Col Helen Wright: I cannot speak to that specific contract. I'm not aware of the one you're referring to. I can say there is work under way to make sure we are adapting equipment to the female frame. An example, for instance, is the ballistic plates, which are so infamously difficult for small-statured people and women to wear. There is research going on about what design would be appropriate for those plates, and yet also, of course, continue to protect people optimally, because that's what that ballistic protection is for. That is just one example, but there is absolutely work ongoing to optimize in that area.

[*Translation*]

Mr. Luc Desilets: So my understanding is that there is still a long way to go for the Canadian Armed Forces to find solutions and adapt to the specific needs of women.

Is that right?

[*English*]

Col Helen Wright: We are working hard to make sure that we are looking after our women and gender-diverse members optimally but, yes, there is still work to do. However, I am pleased to say that I believe we are starting to do it.

The Chair: Thank you.

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

Ms. Rachel Blaney (North Island—Powell River, NDP): Thank you all so much for being here today. I appreciate your time. Of course, thank you for your service.

I'm going to do my best, but if you are not the right person for me to direct the question to, I totally accept your moving me on to the correct person.

I think the first person I want to ask a question to—and I hope it's the right person—is Captain Beck.

I'm curious about the transition process. Our serving women, upon release, are screened for women-specific issues such as being up to date on pap tests and mammograms and HPV vaccine if that is appropriate. They are screened with respect to sexual violence, IPV, MST, urinary incontinence, their reproductive history while in the military, along with their reproductive hazardous exposures. Are those also fully documented?

● (1605)

Capt(N) Iain Beck: I don't have the answers to all of that, but I would sure hope they are doing those things. Part of the key to leaving the military is transition of care to the civilian workforce. There is an exam, an appointment, prior to release, and certainly those types of things should be assured by the primary care provider, obviously, on the mental health front.

Colonel Wright might be able to answer that a little better.

Ms. Rachel Blaney: That would be fantastic. If no one has the answer, could that be provided to the committee at a later date?

Capt(N) Iain Beck: Sure. I don't want to throw her under the bus, but she may know the answer to that.

Ms. Rachel Blaney: Colonel Wright, do you know the answer?

Col Helen Wright: We are actually just in the process of revamping or adjusting the screening tools that we use for our periodic medical health exams, and that includes the one on release. We are making it much more thorough with respect to women's issues and diversity health issues as well, so your question hits right on an effort we're already working on to optimize it.

Ms. Rachel Blaney: I want to make sure I really understand this. Is this a list that is being added to, to make sure that process is done? If so, could we actually have what that preliminary list looks like or where you're going with that?

One of the concerns I have, of course, in this study is that we're hearing from women veterans that they're having to prove that the impact of their service is actually the reason for their health issue. What they're doing the vast majority of the time is fighting to get that recognized and appealing and appealing and appealing, which means they're not getting the support they need because they keep having to appeal.

I just want to clarify, Colonel Wright. Can you give us information that gives us some guidance so that as a committee we understand?

Col Helen Wright: We're in the process of making the list more robust, let's say. I wouldn't describe it as a list exactly. It's a screening form the member goes through, but it helps remind the member of things they might want to bring up with their clinician. They might not think about something that day with all of the things going on, so it helps remind the member as well as the clinician what to say. That's the goal that we're getting on both sides, to make sure these things are addressed.

Ms. Rachel Blaney: You said there's a screening form. Can we have access to that? Would you prefer that we ask for access to that, because this study is quite long, maybe in September?

Col Helen Wright: That would be perfect, because we really are working on it right now, and I'd like to be able to show you the final version as opposed to the interim version. Of course, if you would like the interim version, we can provide that as well.

Ms. Rachel Blaney: Okay. Maybe we'll have both just so we can see the change. I think that would be excellent, so thank you for that.

One of the things we've also heard—and I'm going to go to Colonel Wright on this, and advise me if I need to go somewhere else—is that often women veterans, when they leave, don't go to VAC. I'm wondering if you see a benefit to or need for a transition group to offer barrier-free mental health support—no claims, no paperwork—just for a period of time, say maybe the first two years, so that we can fill that gap and make sure that people transition smoothly. It seems as though currently there's a process in which they're getting lost and sometimes being found many years later. I'm just wondering if you have any thoughts on that.

Col Helen Wright: Given that your question involves mental health, I'm going to direct it to Captain Beck.

Ms. Rachel Blaney: Excellent.

Capt(N) Iain Beck: Well done, Helen.

No, that's obviously an important process. As I mentioned, we need that smooth, seamless transition of care.

One of the things we try to do is that, if somebody's going to have long-term care—particularly if they're going to be medically released, but even if they're not—we ensure that there's a civilian provider. For instance, if it's seeing a psychologist in the civilian community, then let's get that established before they are released from the military.

We do have a very close relationship with our community civilian providers, whether it's in psychiatry or psychology. I think that we have a mandate to treat military members. We lose that mandate once they are released, which I'm sure you're aware of. However, it doesn't mean we forgo our responsibility in taking care and smoothly transitioning them to a mental health provider in the community. There has to be very good communication, just like if I referred somebody to the emergency department. I would pick up the phone and say why I was sending you.

It's really about communication, both with civilian providers and with our Veterans Affairs colleagues, through our nurse case managers and their case managers. We're really trying to close the gap by having some continuity and also some alignment of services and benefits. That work's been ongoing for several years, to be honest, but I think we're getting there.

● (1610)

Ms. Rachel Blaney: How many clinical psychologists actually work for the CAF, then?

Capt(N) Iain Beck: That's a good question. I was trying to pull that up before we started.

I can't answer that. I can certainly get that back to you, as far as the number within the clinics.

All of our psychologists are civilian providers. They're not uniformed. We use a lot of community psychologists, particularly in more remote areas.

Honestly, I wish I could give you that number right off, and I should be able to, but I certainly can provide it afterwards.

Ms. Rachel Blaney: Thank you. I would appreciate that.

Thank you, Mr. Chair.

The Chair: Now I invite the first vice-chair of the committee, Mr. Blake Richards, for five minutes, please.

Mr. Blake Richards: Thank you.

One of the challenges that I quite often hear about from veterans kind of relates a little bit to what you were just discussing with Ms. Blaney. It's the alignment of the CAF and VAC in terms of how things are assessed and treated. I think there certainly needs to be a lot of work done to ensure that they're better aligned.

One of the areas that I hear quite frequently about is when a member of the military is assessed with a service-related injury that then causes them to be deemed to no longer be able to serve; they're too disabled to be able to serve. Then they go to Veterans Affairs. When they're assessed there, it's determined that, perhaps, the injury isn't service-related. We have one assessment saying that the member has a service-related injury that's not allowing the member to be able to continue to serve, and we have another assessment from Veterans Affairs saying that it's not really service-related, so VAC can't provide the member with benefits. You can obviously see where the huge problem is in that.

Obviously, we see veterans who are falling through the cracks as a result. I wonder if you could tell us a little bit about that. Why can't we use the same standard for injury assessment or perhaps even the same doctors? It seems to me like this is a really problematic—we'll put it nicely—situation.

I don't know who wants to address that. Is there any way that we could better align that so that we don't see those kinds of things where veterans are falling through the cracks as a result?

Capt(N) Iain Beck: If you're okay, Mr. Chair, I can start.

I was the medical adviser for the transition group for a couple of years some time back. It's definitely one thing that we'll work on very closely with our VAC colleagues—the alignment of services, benefits and the drug formulary, in fact. I understand.

One thing that the CAF does not do is attributions of injuries or illness to service. One would think that that's not intuitive, but that is something with regard to services and benefits, which VAC is responsible for.

However, obviously, there has to be that close communication.

Mr. Blake Richards: Why is that? Why is that not happening? Why is the CAF not determining a service-related injury?

Capt(N) Iain Beck: Again, we're not responsible for attributions and services of benefits. It doesn't mean we don't document in our files that it is service-related.

Mr. Blake Richards: I'm sorry. I hate to interrupt you again.

What I'm trying to understand is why that is. I understand you're telling me you're not responsible. At the end of the day, this is someone who has come forward and they are serving our country. When they are serving, they are in your care. When they leave, they are, of course, in the care of Veterans Affairs.

I don't understand why we have to act as if there are two different situations here. The same person has served this country, whether they're actively serving or now a veteran. You would think there would be a desire to try to align these things—that you all would find a way to work with Veterans Affairs to ensure this is happening. We want to ensure these men and women are getting the services they deserve and need.

I guess I'll be blunt. I don't want to hear about whose responsibility it is. I want to hear about what we're going to do to make sure we address it so that they're getting the services they need. Can't CAF and VAC work together to figure this out, so we can make sure the services are there when they're needed?

● (1615)

Capt(N) Iain Beck: Sure.

I'm going to let my colleagues respond—certainly, Colonel Noonan—but I will say that we do work closely. We document our medical providers in our charts, then have that communication with VAC. They certainly have access to our charts for the VAC adjudicators. It does happen.

Should we say whether it's service-related? I don't know, but I definitely think we should be working together to come up with this solution for those members. Obviously, being one, I believe in that.

Mr. Blake Richards: Absolutely. On that, we can certainly agree. I hope some more work will be done in that regard.

I think I have a bit of time.

I want to talk about this again: When a member is being released, there's generally a fairly long period of time—I think up to about six months—until they have a release date. From what I understand, often, to be able to apply for benefits at Veterans Affairs, they have to wait until the actual day of their release, or maybe the day after.

Is there anything you could be doing to be more proactive—to work with Veterans Affairs to ensure veterans can begin to apply for those things before the actual release dates, so they can be adjudicated? Then, hopefully, we don't have this gap where veterans are waiting for six months, a year or two years after they've been released. Is there anything you're working on there, or that you could be working on, to ensure that happens in a smoother transition process?

I'm not sure, again, who that should be answered by.

Capt(N) Iain Beck: I don't want to pass the buck, but maybe Colonel Noonan can speak to that.

Col Lisa Noonan: I think we're almost out of time, but I'll be very quick.

To your first question, I am co-chairing a working group with VAC and our insurance provider, Manulife, as well as SISIP—SISIP is part of the CAF—in order to make sure nobody falls through the cracks, whether it's service-related or non-service-related.

We're doing that sort of work in an ongoing fashion. I can provide more details to the chair, if you require them.

Mr. Blake Richards: Are you going to touch on the second part?

Col Lisa Noonan: I think we're out of....

Mr. Blake Richards: If the chair will allow it, I think it's pretty important information. If she has it available, give her a second to answer it.

If you can't answer it in the time you have, send it in, please.

Col Lisa Noonan: Part of our co-location and integration with VAC in the transition centres is to ensure members are becoming aware of all the benefits they may get—not only through the CAF but also through VAC—before the date of release, and that they're applying for those prior to the date of release. Obviously, the actual benefit can't be administered until they're a veteran, but it's an early warning system to let them know all the things they're entitled to.

This is for non-medically releasing, not just medically releasing, because there were lots of people in the past who weren't aware of, say, the education and training benefit VAC has, etc.

It's awareness that we're creating within the transition centre process.

Mr. Blake Richards: Can they actually apply, or is it just awareness?

Col Lisa Noonan: They can apply for some of the benefits, but I think that's probably a better question for VAC when they come.

The Chair: Thank you, Colonel Noonan. I'll stop right here.

[*Translation*]

Mrs. Romanado, you have the floor for the next five minutes.

Mrs. Sherry Romanado (Longueuil—Charles-LeMoyne, Lib.): Thank you very much, Mr. Chair.

I am pleased to be with you today.

[*English*]

I have to say that the last time I was in the veterans affairs committee I was PS for Veterans Affairs. Since that time, my platoon has grown. Not only are my two sons still serving, but I have a daughter-in-law who's also serving. As I said, the force generator in me is continuing.

One of the questions I have is following up on Mr. Desilets. We talked a little bit about prevention in terms of modified equipment. Female serving members were allowed as of 1989 to take on combat roles. We're talking over 30 years ago, and yet we're hearing that we still do not have the proper equipment for women soldiers, for instance the Kevlar vest or the backpack. I went and visited a QM. I put the backpack on. It's too long for me, so it rubs on the back of my lower back. Obviously, I'm not a serving member so wearing it for half an hour is one thing, but carrying around an 80-pound pack on your back that is not adequately made for the frame of a female.... I'm sure the two colonels here know exactly what I'm talking about.

What is it going to take for the Canadian Armed Forces to be able to equip women in the military with the proper equipment so that they can prevent injuries? If we're hearing that musculoskeletal injuries are happening more predominantly in female military members, what can we be doing to help you make sure you have the necessary equipment in the military adapted for women we want to recruit and retain?

● (1620)

Col Lisa Noonan: I think, Colonel Wright, with some of the work she's doing and some of the extension of the musculoskeletal work perhaps could respond to that.

Col Helen Wright: Thank you.

It is not an area that I am specifically working in, but I absolutely acknowledge that there is work to be done there. I think the good news here is that the system now widely acknowledges that there is work to be done in this domain, and it's already started.

Now, finding the solutions is not an overnight endeavour, unfortunately, but I do know that the work is already under way. As I said as I started the answer, even more importantly, because it is generally acknowledged that this gap needs to be filled, I really am optimistic that the pendulum is swinging in that direction and that the work will be done.

Unfortunately, the solutions aren't always straightforward. That's the problem. We can often find the things that don't fit, but it isn't necessarily that easy to find how to address it.

Mrs. Sherry Romanado: Thank you for that. I'm sure that this committee will probably put forth recommendations in terms of getting this addressed once and for all.

In my previous life when I was a PS, we had heard about the transition and that no military member should transition out into the civilian world without a family doctor. We all know the health care situation across Canada. If we have a serving member who is transitioning out, it's great that we provide the information regarding the benefits that are available to them. However, if it's a medical release and they need to have the diagnosis, that means they need to have a medical doctor. They need to have a specialist, and so on.

Are the Canadian Armed Forces working with provincial counterparts in helping military members find health care professionals before they release? They need to have those diagnoses in place prior to being able to get the services from Veterans Affairs. They actually need to make sure they have a medical doctor. I know that's something that—depending on where they move after they leave the forces—might be an issue. Could you elaborate on what we're doing in that regard?

Col Lisa Noonan: Thank you very much. Maybe I can start, Mr. Chair, and then hand over to Colonel Wright.

I co-chair the seamless transition task force, STTF, with a VAC counterpart at my level, and the higher-level committee is the joint steering committee that the CMP co-chairs with Steven Harris.

For the STTF, we're working on a telehealth initiative for ill and injured members. It started in January 2022 and it's ongoing for another couple of years. For the ill and injured members in particular, it's very important that they have continuity of care as they search for a family doctor, and the telehealth initiative fills that gap. It's co-funded by VAC and Canadian Forces Morale and Welfare Services. It really is providing that bridge to the longer-term care. It is a trial right now. We're continuing to discuss with health services and VAC what the longer-term option will be, if it's this or if something else provides that bridge.

We're also looking for non-medically releasing and whether that is something that's going to be required in the future as well. Those discussions are also ongoing.

Colonel Wright, I'm not sure if you wanted to add to that from a health services perspective.

Col Helen Wright: Thank you.

I will add to that with respect to ill and injured patients. I don't want to suggest that the continuity of care is more important for them. It's important for everyone, of course, but we are trying much harder now to anticipate early—when we're aware that the member is going to release—and to find and integrate them into their civilian health care even before they have left the CAF, so that the turnover can be slow and gradual. They can start seeing their new providers while they're still in the CAF, so that we really are bridging that gap.

Now, that happens more often for the more significantly ill and injured. We are not at the point of being able to make those kinds of transitions for the non-injured members. That's where the bridging techniques that Colonel Noonan just mentioned will be important.

● (1625)

The Chair: Thank you very much.

[*Translation*]

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

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

Mr. Beck, you said earlier that the suicide rate among women was fairly low.

Did I understand that correctly?

[*English*]

Capt(N) Iain Beck: Yes. I can tell you that we see about zero to two suicides per year in our female population. The problem with trying to analyze is that you're basically going to breach privacy by having such a small number.

In order to come up with an analysis of a statistical comparison with the Canadian general population, we needed to aggregate data over the last 15 to 20 years. This is a report that's not published yet that we will be putting out shortly, which is comparing our suicide rate in our female population to the Canadian general population.

[*Translation*]

Mr. Luc Desilets: Okay.

I am not questioning what you are saying, but the ombudsman's report listed three studies—in 2010, 2014, and 2020, respectively. The ombudsman concludes that, for women veterans, the risk of suicide is 80% to 90% higher than for women in civilian society.

What is your response to that?

[*English*]

Capt(N) Iain Beck: I can't explain that. I don't see that kind of data, so I'm not sure where that's coming from. I know you mentioned three different reports.

We don't see that in our statistics.

[*Translation*]

Mr. Luc Desilets: This comes from the Office of the Veterans Ombudsman.

Ms. Noonan, the Office of the Veterans Ombudsman found that female veterans' pay was 17% to 22% lower than male veterans' pay in the three years after they left the military.

Can you explain that?

[*English*]

Col Lisa Noonan: I think this is where we absolutely need more research to determine exactly what is at the root of that difference. There could be several reasons behind it.

It could be that when women release from the CAF, because they're predominantly in support occupations while they're in the CAF, they go out in civilian life and do that same occupation and the salary could be lower. They are perhaps paid less depending on the occupation.

It could be that they're going back to school in greater numbers than male veterans and therefore there's a dip in their salary for a period of time while they retrain. It's unknown at this point.

I think, as mentioned before, that's where we need the research. It's to see what's at the root of some of these differences that have been released in various reports in the past and what programs are needed to address those gaps.

[*Translation*]

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

The Chair: Thank you, Mr. Desilets.

Ms. Blaney, the floor is now yours for two and a half minutes.

[*English*]

Please go ahead.

Ms. Rachel Blaney: Thank you so much, Mr. Chair. I appreciate that.

I'm going to come back to Colonel Wright.

I think I'm going to ask that you send a response to the committee because I don't think you'll have all of this at your fingertips.

Could you send the committee information on the current training and requirements that are in place to ensure that military doctors are up to date on how to take care of all common women's health issues that could take place on deployment in operational settings?

For example, what training do they get on menstruation suppression, dysfunctional uterine bleeding management, sexual assault documentation and management, IUD complications, breast cyst management, menopause management and counselling around military-specific occupational and environmental reproductive hazards?

Could you look into that and get back to the committee?

● (1630)

Col Helen Wright: Certainly, although I would just like to make a comment there.

Our providers are trained in the civilian system to the same standards as Canadian clinicians and with the same ongoing continuing medical education requirements, etc. Also, we are working now on additional education products for our providers to refresh their memories if it's been a while since they've done those things, but certainly, yes, we can give you a more fulsome answer.

Ms. Rachel Blaney: Thank you.

I think the challenge I'm having is that I hear what you're saying, but what I'm hearing from women veterans is that when they have these things happen and they go to VAC, VAC is saying that they don't have information from CAF to validate their experience. What I'm trying to figure out is, where is the breakdown in communication?

My next question also goes to you. On this one, I'm asking for an actual response.

I'm just curious. Data collection is something that we've heard a lot of concerns about. I'm wondering if the CAF is keeping records of infertility rates, pregnancy loss rates or any kind of anomaly rates of offspring. I'm just trying to figure that out, because it seems to me that there's not as much documentation. After 30 years, we should be able to figure out some sort of semi-balance of medical illnesses and injuries that happen to women specifically in this area. I'm just wondering if that's being tracked at all.

I understand that it's hard to study—I heard Captain Beck talk about the small component of women who are serving—but we can't ignore this, because we're hearing too many stories on the other side. I'm just trying to figure out what we are tracking and how it is being useful to make sure that women get the health care they need while they're serving and then on the other side when they're veterans.

Col Helen Wright: That is exactly the kind of work that we want to spend more time focusing on in the future. We do have the data. We are the care provider for these folks and so we have their medical records. If they are seeing a specialist outside the CAF, of course the records come from those specialist providers back to us. We have an electronic health record, which has in it the kinds of information you mentioned.

Pulling it out to do the kind of analysis you mentioned, though, is time-consuming, but it is exactly the kind of research we are planning on doing or in augmenting what has been done. We're hiring more epidemiologists to work specifically in women's health. An epidemiologist is the kind of person who would do things like draw that information out of the health record and then start looking at the population-wide patterns.

The Chair: Thank you very much.

Now we go to Mrs. Cathay Wagantall for five minutes, please.

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

I appreciate all of you being here.

Most of my questions I believe will go to you, Colonel Noonan.

I'm so excited to see this sentence: “Together, the CAF and VAC developed the new Military-Civilian Transition process to ensure a seamless, personalized, and standardized process across all Transition Centers.”

I've been on this committee since November 2015 and the term “seamless transition” has been there forever. I know that we went through a pilot project, so I'm assuming that we are now into actually providing the service. Yes?

Col Lisa Noonan: That's correct, yes.

Mrs. Cathay Wagantall: That's wonderful.

Okay. My questions are yes or no questions, and if your answer is a “yes” and you could provide the committee the information that would validate your response, I would appreciate it. These are recommendations loosely over the course of the last seven and a half years.

In regard to non-medical and medical releases under this process, do you have specific points when you inform those who are enlisting, those who are serving and those who are eventually releasing or being medically released? Are there understood times in your process when that is done?

Col Lisa Noonan: Yes, that's in progress. We are developing training and education so that all members at every stage of their career will know about these.

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

Then, for my next question, I see the process, and it involves both CAF and VAC. Who is accountable for what and when? Do you have a system set up to clearly indicate that “the ball stops here” as far as who's responsible for what the next steps are in the transition, yes or no?

Col Lisa Noonan: Yes.

● (1635)

Mrs. Cathay Wagantall: Okay. If you can provide that to us, that would be great.

Next, for this process eventually, it says that a VAC service agent is engaged before release “if required”. I'm just wondering, do you have a clear definition of what “if required” means?

Col Lisa Noonan: Yes. When the transition adviser talks to the individual, it may be clear they have some injuries they've sustained, so they might need to talk to VAC. However, even if they're not sure, they recommend that they go and see the VAC agent just to make sure they're aware of the benefits and can discuss it thoroughly with them.

Mrs. Cathay Wagantall: Okay, great.

I have a problem that I think every member who's come to testify here has had. It is, as my colleague stated, this: How do you medically release someone? Someone who doesn't want leave the forces is being told they can't stay there anymore because they have medical issues. However, there is, still to this day, this chasm between VAC and the CAF on who does what when. That will remain an ongoing problem for veterans until that is rectified.

If they are going to make a decision that they have to medically release, why is that decision not joint, guaranteed and signed off on by both the CAF and VAC before that individual faces that huge stress of knowing that the way it's worked thus far is that they get out and then they face all kinds of issues? They have sanctuary trauma. They have mental health issues, and a lot of it is related to this particular point of moving from service to being a veteran.

Col Lisa Noonan: Right.

I think that Colonel Wright probably would be better to respond to the question about the medical release process. Then I can speak to some of the other aspects that you mentioned.

Mrs. Cathay Wagantall: You have 30 seconds each.

Col Helen Wright: The medical release process has to do with meeting the bona fide occupational requirements of the CAF. Caring for our members is a separate process. We look after our members regardless of why they are ill or injured. It doesn't matter if it's service-related or not service-related. We are the care provider for these folks.

I think that maybe part of the difference here is that our goal is to look after our folks, not to worry about, at that stage while we're looking after them, what the benefit—

Mrs. Cathay Wagantall: I'm sorry. Can I just interject there?

Do they feel they are being cared for, then, when they are being medically released but know that those medical conditions aren't necessarily going to be recognized? That's just a yes or no question.

Col. Helen Wright: I can't comment—

Col Lisa Noonan: I can add to that. If the individual is being medically released and their condition and medical limitations are such that they need extra support, they can be posted to a transition centre. In that particular circumstance, they are given a case manager and all kinds of extra support as they could, perhaps, then need extra services, extra programs, extra benefits, etc.

The posting of the individual to the transition centre gets them out of the unit. It allows them to have that one-on-one assistance and counselling that they require. It also helps ease—

Mrs. Cathay Wagantall: But they are still employed and still receiving their salary?

Col Lisa Noonan: Yes. Yes, they receive all of their salary.

Mrs. Cathay Wagantall: Where does the process, here, of the transition then go into long-term care? We know that many veterans develop their needs over time. Is that a guarantee, as well? Is it a case manager, or is it with the new rehabilitation program? It's confusing.

What would the recommendation be, and who would they know would have their backs at VAC?

Col Lisa Noonan: While they are still serving, they can apply for long-term disability. We have SISIP; that's the first provider of vocational rehab. They can access that up to six months before they release and up to two years after release. At that point, VAC, depending on circumstances and the program, can take over if required. There is that hand-off to VAC of the individual and those conversations between our service provider, Manulife, and VAC.

Mrs. Cathay Wagantall: Can I ask, then, how—

The Chair: Mrs. Wagantall, I'm sorry. It's more than five minutes.

Those witnesses will stay with us. They are with us for two hours, so we have time to come back and ask questions.

Now I'd like to invite Mr. Wilson Miao for five minutes, please.

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

Thank you, all of you, for joining us today. Most definitely thank you all for all your services.

First, through the chair, I would like to address the following question to Captain Beck.

As the director of mental health at the CAF, what you say would be the best procedure to support women veterans with their mental health challenges?

● (1640)

Capt(N) Iain Beck: As Colonel Wright alluded to, I think the key is to assess whether there are some vulnerabilities. Are there some unique factors and risks in our female population that we need to address well before they ever become veterans?

I think we need to certainly put that in writing. We need to do a thorough assessment and then move forward with implementation of a well-thought-out, deliberate plan. I don't think we have that quite yet. That's partly why we have developed this directorate of women's health and diversity that Colonel Wright leads.

Mr. Wilson Miao: That's understandable, because our study is on the experience of women veterans, and most of the time women veterans are being neglected or invisible, a term that came along during our study.

There's definitely more work to be done, but would you say that more understanding of our women veterans is needed, not just from a veteran level but from a CAF level?

Capt(N) Iain Beck: Certainly, I think that, to do anything properly, you always have to go to those affected. In our health services setting, I always want to hear from the medics, those frontline folks, the nurses, etc.

We also need to hear from our female members. What do they see as issues? Where do they see solutions? It's not just on us to dictate and push things down; I think it needs to start right at those affected. I think that's something we can do, and I think that's something that Colonel Wright and her team are looking at.

Mr. Wilson Miao: Thank you.

The following question is open to the floor.

What are the biggest issues that women veterans face during their transition back to civilian life?

Maybe, Captain Beck, you could start first.

Capt(N) Iain Beck: I think Colonel Noonan nailed it earlier when she said that it's about understanding where they fit into the system, that identity and that purpose. When I was at the transition group, we created some modules on that.

Part of being in the Canadian Armed Forces is being part of a community, a family and a shared purpose. I think it's probably like male members who are released. I think it's about, "What do I do now? Where do I fit in in life? What's my purpose?"

That's a mental health, a spiritual and physical health issue.

That's what I would say to start.

Mr. Wilson Miao: Colonel Noonan, would you like to add more to that?

Col Lisa Noonan: Depending on the individual female veteran, there could be a variety of issues they're facing. We do know that military sexual trauma is more prevalent amongst women than among male veterans. We have case management to help deal with that, but we also have third party organizations that they can be referred to as part of this military transition engagement directive that I was talking about that has these resources. Some of those resources reside within the CAF, and some are better left to civilian organizations that can deal specifically with issues.

As Captain Beck mentioned, the sense of purpose is another key part. Individual psychological well-being is very much integrated with their future in terms of what they see leaving the CAF, possibilities of where they're going to work, where they're going to live and the kinds of things that are important, but also dealing with that psychological piece at the same time.

I think it's balancing the two of those, which is what we try to help with as they do their transition.

Mr. Wilson Miao: Thank you.

Colonel Wright, would you have something to add to this?

Col Helen Wright: Those were excellent responses from my colleagues, but I will add one other element.

We also need to look at these folks as individuals. Each individual will come through with their own experiences, their own identity factors and their own concerns. That's why it's important to have both the tailored transition services but also get people linked up with primary care once they have released.

Mr. Wilson Miao: Thank you.

The Chair: Now we're going to start a third round of questions. I invite Mr. Terry Dowdall for five minutes.

● (1645)

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

I want to thank all the individuals here for their testimony as well for their service. It's very much appreciated.

My first question is to Colonel Wright.

When you made your statement at the beginning, you said that there are basically four areas that you're going to focus on. The second one caught my ear a little bit, because it dealt more with medical care, clinical care and things of that nature.

Is there enough money in that budget to cover these types of ideas that are coming forward?

Col Helen Wright: Yes, we really are in the very fortunate position that we've been resourced to target all four of the lines of effort that I mentioned, including care. We have ambitious plans to hire a nurse practitioner or equivalent for each and every one—multiple in some cases—of the larger clinics across the country.

In fact, our challenge really will be hiring the right people in the very competitive health care human resources climate that we're in.

I would say that our challenge is going to be finding those right people, not that we aren't resourced to hire them at the moment.

Mr. Terry Dowdall: Okay, to follow up on that, one of the things that we heard commonly is that people have a hard time after leaving the armed forces, when they become a veteran, to get that medical care. As an example, the military base at Borden is actually in my riding, and I know that many of the individuals in the military in the medical field actually help at the local hospital, Stevenson Memorial, down in Alliston.

There have been opportunities or thoughts to perhaps expand together, and there just seem to be silos. I know some of it is provincial, but I think there are some ways that we could probably do a better job. I don't know if there's a way you could tie in with those veterans when they have those ties with those individuals during their time at the military base, because it's a big concern. I don't know, in your eyes, if you think that there are some opportunities there.

Col Helen Wright: As you alluded to in your question, fundamentally, health care is provided by the provinces and territories, yet we as DND are a federal entity.

The opportunities that I think you're referring to have to do with people who are working in both systems, as opposed to just in our system. I suppose there are opportunities. Certainly one hears frequently of retired military physicians also picking up—

Mr. Terry Dowdall: That's all I'm saying. I think there's probably a good opportunity as a collective to do a better job.

My next question, quickly, is for Captain Beck. I know we've heard time and again from veterans about their loss of purpose, all of a sudden, and loss of self-worth. They're done. Their career is done. They have a day. They're here, and then they don't hear it anymore.

I was wondering if anyone's ever thought outside the box a little bit to the fact that we do.... For students there are co-ops. In the last year that they happen to be in the military, are there opportunities where perhaps, instead of a quick cut-off point, they could almost be in a part-time scenario and still be part of the military? Could we give them that transition period so that they don't have that problem after that day that they're done? Maybe they might not have that mental stress.

You'd probably work better together on some of these issues, when we're looking at security clearances and things of that nature, if they were not done right away. You could probably come up with a better system for everyone.

Capt(N) Iain Beck: I'm not sure that we in health services have control of that. However, I think the idea is an excellent one, that true transition to a civilian life. I'm not certain—and Colonel Noonan can speak to this—whether there are actually some programs or opportunities.

I know that for medically releasing people, sometimes through the transition centre, we'll have them on what we generally call a "return to duty" program, where they may work in other environments. That certainly can introduce them to the civilian world. Unfortunately, although they're on a return to duty program, most of those members who have long-term health issues end up releasing. I think that's certainly an opportunity to see the civilian setting.

I don't know if Colonel Noonan wants to speak to that.

Col Lisa Noonan: For the ill and injured population, depending on what their career plan is for post-CAF life, that opportunity is presented to them via the vocational rehabilitation program, which allows them to start to work in another organization or to go back to school for up to six months before their release.

In addition, as Iain mentioned, the first step is always to try to reintegrate them back into the CAF. Of course, if they've had a decision that their medical condition and limitations are too severe to retain them in the CAF, that's another thing, and that's where voc rehab fits in, but if we can reintegrate them back into the CAF, the return to duty program is really critical for ensuring that we have that kind of program to take the pressure off them but also maybe to introduce them to a new career path within the CAF itself.

● (1650)

Mr. Terry Dowdall: I have one quick comment at the end. I was fortunate enough to be at a veterans' dinner on the weekend. There were 270 of them there who had served. Even though some of them did have different issues that were involved with their military time, every single one of them said that they would serve once again, which I thought was absolutely incredible.

That's it, Mr. Chair. Thank you.

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

Now let's get to Mrs. Rechie Valdez for five minutes, please.

Mrs. Rechie Valdez (Mississauga—Streetsville, Lib.): Thank you, Chair, and thank you to all the witnesses for joining us for this very important study. I appreciate your continued service to our country.

Through you, Mr. Chair, I'll ask Colonel Wright some questions first. Given your extensive experience working in the field of health and science, what is your perspective on the overall role of mental health services in supporting women veterans?

Col Helen Wright: Well, I'm a family physician by training, so I think that mental health and physical health are part and parcel, in so many cases, of the same thing. So yes, I absolutely think that supporting people in their mental health realm is important.

Mrs. Rechie Valdez: Through the transition centre, can you explain how you assist women with mental health services? Is it part of the consultation process that was talked about earlier?

Col Helen Wright: Do you mean through the formal transition process?

Mrs. Rechie Valdez: Yes.

Col Helen Wright: Maybe we should put that one to Colonel Noonan.

Col Lisa Noonan: Are you thinking of ill and injured members who are female, or are you talking about the entire population?

Mrs. Rechie Valdez: It's whomever you provide support for.

Col Lisa Noonan: Okay.

Could you say the question again? I'm sorry.

Mrs. Rechie Valdez: Sure.

Earlier we were talking about the transition support you provide. I'm curious about when the service begins and how long it lasts. What is it like when I come for the first time and ask for support with regard to mental health?

Col Lisa Noonan: If someone has submitted their release—let's say, it's a non-medical release—then they will get an appointment. They can request one with a release administrator and a transition adviser, and that's when the whole process starts. If it's a medical release and they are posted, perhaps, to the transition centre, then there is a slightly different but complementary process that brings them through the different steps as they transition out of the military as well.

Mrs. Rechie Valdez: I'm curious if there are opportunities for follow-ups or check-ins on the individual, or is there someone there for a woman veteran for a long, extended period of time?

Col Lisa Noonan: As we release the individual from the military, the transition centre does a six-month follow-up with the individual, and if there are any ongoing issues that VAC thinks the CAF can assist with, then there's that two-way communication as well. The fact that they're integrated right now with us in the transition centres helps tremendously for that communication.

Mrs. Rechie Valdez: What other changes would you like to see made that would be more welcoming and inclusive for women in the field?

Col Lisa Noonan: As we go along, we're trying to think of those gaps that may exist currently. I think any specific programs that will help women as they adjust, in terms of specific employment types of things they may face that are different from men, would be really interesting to explore. Perhaps we could offer workshops or, if we don't have the skills to do that, we could get a third party organization to offer those kinds of programs.

I think, as well, as we continue to progress the research, we'll see some of those gaps that exist even better, and be able to develop new programs as a result.

Mrs. Rechie Valdez: Thank you.

Can you share some of your biggest successes in terms of the increase in representation of women in leadership positions in CAF?

Col Lisa Noonan: Do you mean in the CAF writ large, or in the CAF transition group?

Mrs. Rechie Valdez: Writ large.

Col Lisa Noonan: I think there are quite a few. In recent years, there's been amazing progress in terms of women in the CAF. So many key appointments are happening in terms of succession planning of women—opening all those doors. Breaking those glass ceilings for the progression of women is a huge one. In addition, I think there's a recognition now of some of the things. That “invisible” thing that someone mentioned before is, I think, becoming less prominent. Now we're starting to look at specific programs, no matter what domain we're talking about, whether it be health services, transition services, recruiting, retention, etc., that are specifically geared to females in the CAF. That's a very new phenomenon over the last four or five years, in particular.

● (1655)

Mrs. Rechie Valdez: It's all very positive.

Colonel Wright, did you want to add anything else? It's more around any positive successes for women.

Col Helen Wright: Well, I think we've had a lot, and Colonel Noonan really has summarized well that not only are the opportunities for women throughout the CAF and at the highest levels of leadership open, but we're seeing more people in those positions. We're getting the role models and the inspiration, I think, for our younger members to see that there are no limits in the CAF for their careers.

[*Translation*]

The Chair: Thank you, Ms. Valdez.

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

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

Ms. Noonan, women injured in the line of duty, just like men, have to fill out the infamous CF-98 form. Do veterans who have suffered sexual trauma have to fill out that form?

[*English*]

Col Lisa Noonan: With regard to the questionnaire, do you mean in terms of the forms for VAC for benefits?

[*Translation*]

Mr. Luc Desilets: The requirement to report an injury by completing this form ensures a follow-up. Our concern is especially for women who have been sexually assaulted. We have heard here in committee that this is not really something that is desired or desirable.

[*English*]

Col Lisa Noonan: I would think this may be a better one for Colonel Wright, in terms of the medical release process for those who've experienced sexual trauma and anything related to that.

Col Helen Wright: I am so sorry; I'm not sure what form it is that you're referring to.

I would say that there is no requirement for people to fill in a form for something so sensitive as say, a sexual assault. At least from a health services standpoint, they do not need to fill in a form to come and see us to get treated or to talk to someone about a difficult experience.

[*Translation*]

Mr. Luc Desilets: Okay. I'm a little surprised.

Ms. Noonan, in your opinion, is the transition process the same for a man as for a woman? Is it experienced in the same way?

[*English*]

Col Lisa Noonan: I think the beautiful part about the transition process we have now is that it meets the unique needs of every member. Whether they're male or female, they get the same service, but it is tailored to their unique needs as they go forward and make that transition plan with the transition adviser. In terms of all the benefits and everything else, it is the same.

[*Translation*]

Mr. Luc Desilets: In your opinion, is the Canadian Forces medical release process applied fairly to men and women?

[*English*]

Col Lisa Noonan: I think Colonel Wright might be better with this one—I'm not sure—because I don't have the answer to that.

Col Helen Wright: I believe it is applied fairly between men and women, absolutely.

[*Translation*]

Mr. Luc Desilets: Thank you.

The Chair: Thank you, Mr. Desilets.

[*English*]

Now I'd like to invite Ms. Rachel Blaney for two and a half minutes.

Ms. Rachel Blaney: Thank you, Chair.

I'm not sure whether this is for Colonel Noonan or Colonel Wright. I will let you two decide.

One of the things I've heard from far too many women are that they've delayed their pregnancies until later in life or when they are released—usually very quickly after their release. What I'm concerned about is that those who have post-traumatic stress disorder are finding it challenging to get pregnant, to maintain their pregnancy, and/or get appropriate PTSD care while they're pregnant.

Again, that becomes one of those gaps, where the translation between service at CAF where they received the injury, the post-traumatic stress, and then VAC seems like it's not very clear.

Could you explain how CAF deals with that? Is there enough research to know what medication and treatment processes are safe to continue to treat their PTSD while also being pregnant and/or breastfeeding?

● (1700)

Col Helen Wright: It's sort of a complicated question, I think.

With respect to treating members when they are still serving, we absolutely treat them in a comprehensive way. That would mean looking at all of their issues at the same time. That's sort of the cornerstone of primary care, that we look at people as individuals and all of their challenges together. That would absolutely include looking after someone's mental health requirement, physical health requirements and their family planning situation and goals.

Ms. Rachel Blaney: Does that mean that if a woman is receiving treatment for PTSD while still serving, if she receives medication that could have an impact on her ability to have healthy reproduction later on, is she informed of that?

Again, I always think about intention and impact, and those sometimes are related but they don't flow the right way. I've heard from so many women who have not been able to have children. They planned for children and they waited. They had post-traumatic stress while they were serving. They were given medication. Now they're in the veteran component of their lives and they had no idea it would have this impact on their bodies, so they're having to deal with that.

I'm sorry, I feel like I'm really pestering, but I'm trying to figure out where it is broken so that we can have recommendations in this report that help so that this doesn't happen to women anymore.

Col Helen Wright: I am very sorry to hear that you are hearing these kinds of stories, but someone in a complex situation such as what you're describing would probably be seeing a specialist provider from the civilian system with respect to medications they're taking while they are trying to get pregnant, and absolutely that's the sort of thing that should be discussed with a patient. Absolutely that is what should happen.

I do respect that you're hearing stories that tell you it's not always happening.

I would add that, yes, part of our goal to understand the challenges with respect to what's happening with our women members is to understand better these combinations of challenges and how best to assist them.

With something specific like a contraindication for a medication for someone who is trying to get pregnant, it really shocks me that people are telling you that they were treated with a medication that they didn't understand. That's very disappointing to hear.

The Chair: Thank you.

Now we'll go back to Mr. Blake Richards for five minutes.

Go ahead, please.

Mr. Blake Richards: Thanks.

Colonel Noonan, you mentioned long-term disability in response to a previous question from one of my colleagues. I think it was near the end, and you didn't get a chance to explain it fully.

If I understood you right, you said that before someone is medically released, they would have the ability to potentially be on long-term disability for, I think it was, up to six months, and then you said possibly up to two years after release. Did I understand that correctly? Could you just explain that to me a little bit more ?

Col Lisa Noonan: The CAF, through their insurance provider, is the first provider of that vocational rehab. Let's say it's an educational program they're doing. They would start at six months before release, continue—let's say it's a degree they're trying to get—for up to two years after that, and then VAC could, at that point, assume the rest of the vocational rehab program.

There is a hand-off that occurs, and we're working very closely with them to make sure nobody falls through the cracks as we continue to analyze benefits.

Mr. Blake Richards: A couple of questions come to mind with regard to that.

One of them is in regard to that coordination, and I want to come back to that in a second, because I first want to ask whether that long-term disability is the same whether the medical condition or the injury is service-related or not service-related. Is the long-term disability payment the same? Is everything about that the same in either instance?

Col Lisa Noonan: I'm not an expert in the actual payments, but there will be a distinction depending on what the member's condition is. It's another part of the CAF that handles that particular benefit.

● (1705)

Mr. Blake Richards: That brings to mind another question. If you feel someone is better qualified to answer this one, it's fine if you pass it off.

Earlier Captain Beck was indicating that the CAF doesn't make a determination about whether it's service-related or not service-related, but in this instance we're talking about potentially different long-term disability payments depending on whether or not it's service-related. That tells me there must be something done at CAF to indicate whether or not the injury is service-related.

Can someone square that circle for me? I don't really understand. It sounds to me as though that is being done.

It also sounds to me as though there is some coordination that then happens with VAC, so why, at that time, can there not be a determination as to whether the injury is service-related and then that can be applied to everything, whether it be long-term disability or the hand-off to VAC, so that things can be better coordinated?

Why can't that be happening? It sounds to me as though somewhere along the way, before they're released, a determination is made one way or the other as to whether it is service-related. What's the problem here?

Col Lisa Noonan: On the CAF side, Manulife, because it's an insurance company, does the kind of eligibility piece. They will make the determination as to whether it's service-attributable—that's what they call it, SA—or non-service-attributable.

The criteria VAC uses for its benefits are different from those that Manulife uses from an insurance perspective.

It has to do with the way it's structured in each organization, so there will be different criteria for—

Mr. Blake Richards: Perhaps I can just interrupt you. You saw my frustration earlier, and I apologize to Captain Beck if it sounded as though it was directed at him specifically, because it wasn't. It's a frustration with the system.

We have all these different people, and everyone's assessing things differently.

Here's what it boils down to. What has to be done or what needs to change so that the veteran...? They just want to be able to have this dealt with in a way that's easy for them to understand. What I'm hearing is “CAF does this. Manulife does this. VAC does that.” You can imagine how frustrating that gets to be for the veteran.

What has to be done so that doesn't happen, so that there is one determination made and you all figure out how to coordinate that? What would need to be done, and why can't we do it?

Col Lisa Noonan: Some of it's already under way. There's an LTD modernization with eight different lines of effort that the CAF is currently engaged in right now. There's a lot of additional funding. Really, the VAC benefits are even more generous, to be honest with you, than the CAF LTD ones. There's an alignment occurring along these eight different lines of effort in order to ensure that those gaps don't exist, or exist as little as possible, and there is that seamless hand-off.

So it's a great point, but it is in progress.

Mr. Blake Richards: Work is being done. Okay.

Can you give us some kind of a timeline? When can we expect that veterans would be able to see that become seamless so that they can understand, for instance, this is going to be the determination and this is how it's going to follow through, from the point that it's determined that I need to be medically released, all the way through everything I do with VAC? What would the timeline be?

Col Lisa Noonan: On the timeline, they are going to Treasury Board for the additional funding and alignment I believe this fall, in 2023, so I would think that by 2024 you would start to see all of that kick in with regard to extra benefits.

Mr. Blake Richards: That's great. I certainly hope it all comes through and comes to fruition and works the way we hope it will, because that will be a huge thing for veterans if it does.

The Chair: Thank you, Mr. Richards.

I invite Mr. Darrell Samson to go ahead for five minutes, please.

[*Translation*]

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

I thank all three witnesses for their presentations and for their service to Canada, which is extremely important.

[*English*]

I would like to take this back to women veterans. We kind of got lost on the transition piece. That's extremely crucial, but there's a day for that discussion. I want to bring us back to women and women's transition.

Those who were here before you in the last two or three weeks said that they've lost their identity, and that they're also lost because nobody's recognizing them. Nobody's mentioning in announcements or monuments or anything the participation and contribution of women in the military. That stuck with me.

Colonel Noonan, you mentioned that you're leading the transition teams, I think 27 of them, that we're building toward. Can you share with the committee the women's angle in this transition group that will focus or take into consideration or continue to build on the needs of women?

● (1710)

Col Lisa Noonan: I agree that women need to see themselves represented. We're establishing a digital transition centre, DTC, through the canada.ca transition site. There's a portal that goes to the DTC. We will have there the ability for individuals to access anything transition-wise. We will have pictures there of both men and women in uniform with their families. As well, they will be able to click on services. Some of them are specific to female veterans and some are generally available to all transitioning members of the CAF. As well, there will be a link into the VAC benefits and all of the different things that VAC offers.

We have that front-facing piece in terms of the pictures of women and the programs specifically with headings on the DTC. In the transition centre we have posters and different kinds of representation that include female veterans. On the transition site, the canada.ca one, there are women in uniform on that site as well.

Hopefully, the invisible factor is diminished or eliminated as we continue to go along and have not only the programs and services that are geared to both men and women and other diverse groups as well that serve in the CAF but also the pictorial. Pictures do speak a thousand words in terms of people being represented or feeling like they are being represented as they work their way through these different tools and resources.

Mr. Darrell Samson: Thank you.

Another criticism they mentioned was that when we're analyzing data, they are grouped in with the rest of the veterans or the military or active members. They're never separated so that we can analyze them.

A few meetings ago, I also heard that often we can't do any data on them because the numbers aren't sufficient. Statistics Canada or whoever is drawing that information is not able to come to any conclusive decisions because of the lack of information. I strongly believe we should do each and every one, and not look at the significance of.... You need to have a certain number. If we're really focused on their needs, then we really have to dig deeper.

Do you have any comments on that?

Col Lisa Noonan: I can't comment on whatever research that was, but in terms of our research in CAF TG that we're doing with VAC, our research unit and sometimes health services as well, we are definitely looking at the demographic issues. There are questions even specifically on our transition support and well-being survey that are targeted to women in terms of the kinds of issues while making the release but also the kinds of experiences they're having. We will have that data analyzed by each demographic group, including female veterans.

Mr. Darrell Samson: We've also heard about efforts being made by CAF to recruit more women in the military, but many of the women who presented were asking what we are doing to retain them. I heard things like one who mentioned that she was going to wait to get pregnant until after she finished. Well, “after you finish” means you're going to have a short career in the military. What are we doing to retain more women in the military?

Col Lisa Noonan: That's a very big question. From a CAF TG perspective, I can give you my input on that. We're looking, whenever possible, to make sure that, if someone comes—let's say it's a female veteran who wants to voluntary release, and it's very early on in her career—that we would really sit down and make sure it's not a knee-jerk reaction, find out what the triggers are that are making her want to release early and see if there's some kind of mitigating action that we can take to help prevent that release.

We have something that became mandatory about a year ago that was introduced by another part of CMP, the unit retention interview. We make sure that the interview has been conducted by their chain of command. If it hasn't, then we refer them back to get it done, and sometimes the chain of command can talk to them about things. If it's something they don't want to talk to the chain of command about, the good thing about the transition centre with the transition advisers is that they can explore those issues and reasons with them and hopefully take some mitigating action to prevent that release.

Thank you.

● (1715)

[*Translation*]

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

Thank you, Mr. Samson.

We have two more interventions. We will begin with Cathay Wagantall, followed by Churence Rogers.

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

[*English*]

Mrs. Cathay Wagantall: Thank you very much, Chair.

In regard to the transition centres, I'm just curious. There are 27, and 13 are in place—18 by this summer—and they're regional. It sounds like they're on bases. Is that the plan?

Col Lisa Noonan: Yes, they're located on our primary bases and wings as well.

Mrs. Cathay Wagantall: I'm from Saskatchewan; we have weather, we have it all. We have veterans. I'm just wondering about the potential in Saskatchewan. Of course, in Moose Jaw we have Dundurn, a kind of crucial place for training and for maintaining protection of ammo and whatnot.

Will there be one in Saskatchewan, and when? Is there one there already? Have you looked at all at creating one that's specifically for women?

Col Lisa Noonan: There is a transition centre cadre in Moose Jaw. It just got implemented about a week ago. The regional headquarters is in Winnipeg. There are some regional programs that are run out of Winnipeg, but, depending on the population because it's a fairly small releasing number from Moose Jaw, they may either send a team to travel to Moose Jaw to run some of those programs or some of the Moose Jaw people may come to Winnipeg, but it's very much overseen by Winnipeg.

Mrs. Cathay Wagantall: Does the releasing member have a choice as to where they go?

Col Lisa Noonan: That's the great thing about the digital transition centres. There can be virtual appointments with a transition adviser either in Moose Jaw or, if they prefer to go to Winnipeg, that could be arranged as well. We try to keep within the regions, people referred within that region.

Mrs. Cathay Wagantall: We did hear quite a bit at committee here that a lot of them struggle with going back to the base. I just wonder if you've researched that. Looking at our studies, we did hear that they do struggle with going back.

I just have one thing I'd like to quote from Ombudsman Jardine who came to the committee to give us testimony. She said to us that when she left the forces, "...it was devastating because I didn't know who I was if I wasn't wearing a uniform".

This is a woman of high stature. In fact, one of the first things that she did once released was apply to receive a veteran's licence plate. In other words, "I'm here, I'm one of these".

I just hope that our women who have served realize how valuable they are and take advantage of every opportunity to say that they're here and that they've served. I don't know what you have in mind for that, but the more conversations we have with them, I suppose the more ways we'll come up with to make sure that they are fully recognized.

Col Lisa Noonan: Absolutely. I think anything we can do to erase that feeling of invisibility is very important.

Mrs. Cathay Wagantall: Do I have 30 seconds? I'll leave some time for my colleague then.

Go ahead.

Mr. Fraser Tolmie: Thank you very much.

That's very surprising and good news to hear about the transition centre in Moose Jaw. Thank you very much.

First of all, I'll ask you a bit about that. If you can let me know about it, we can let our people know within our ridings.

Col Lisa Noonan: Absolutely. We have a communications plan for each of the transition centres as they roll out that also lets all the members in the local region know. If you want more information on it, we can provide that through the clerk.

Mr. Fraser Tolmie: Okay, thank you.

Unfortunately, earlier on during questioning, we got cut off because we ran out of time. I asked about the military. We have electricians and engineers who come out of the military, but their certificates and qualifications don't line up with civilian qualifications.

I'd like to know what kinds of inroads are being made and what direction we're going in, in order to make that transition easier. A point was made earlier on by my colleague about the potential of a co-op.

I know there are people who leave the military, go into the reserves and then they transition out, but for people who are going directly out, in what direction are we going for those leaving the military?

● (1720)

Col Lisa Noonan: There are a couple of different initiatives on the go. There's an education consortium that's been on the go with community colleges and is now being extended to universities, so that if people need to go back to school or if they need to expand their credentials in that regard, they can do that through this consortium and get advanced standing.

As I mentioned before, there's also a program we're developing, or have developed and are continuing to enhance. It's called “My Skills and Education Translator” or MySET. It basically provides a translation of the individual's experience and qualifications they've obtained during their career. That is then provided to the employer they want to work with—let's say it's a plumber—to see if they can get those apprenticeship hours written off, and to challenge the Red Seal exam as well.

Those are the kinds of things we're working on right now.

We also have something which is a kind of occupational equivalency tool that equates what they're currently doing to civilian occupations. If they're not sure what occupations relate to their current career, they can use this as well. It's used in combination with MySET to provide those kinds of equivalencies and give them advanced standing.

It's still under development and we're going to the next level with it, so it hasn't been rolled out yet, but within the next year, that's what we're hoping to do.

[*Translation*]

The Chair: Thank you very much.

I now invite Sherry Romanado to speak.

Mrs. Romanado, you have the floor for the last five minutes.

Mrs. Sherry Romanado: Thank you, Mr. Chair.

[*English*]

I want to follow up on what my colleague was just talking about.

Colonel Noonan, in terms of preventing losing female serving members, if someone joins the Canadian Armed Forces, moves up the ranks and then decides, “I'd like to have a family as well”.... As you know, more often than not, women have that second shift where they're responsible for finding day care and taking care of the family, and so on and so forth.

If a female member wants to have multiple children while in the Canadian Armed Forces and they decide they don't want to deploy.... We're talking about universality of service, but it may be something that's temporary in terms of, “I have three children under the age of five and I don't want to deploy.”

Are there accommodations made so that the member can still meet requirements, but also have a family at the same time? Could you talk to that?

Col Lisa Noonan: I think even women who are in deployable occupations are able to balance that much better with having a family than they were 20 years ago. There are certain measures we take to ensure that this balance occurs, regardless of the occupation.

Let's say they decide, because they want to devote more time to their family, that they want an occupation that deploys less frequently, perhaps, than the one they're currently in. We have an occupation transfer program. They can apply through that to voluntarily move over to another occupation that's perhaps more stable and less deployable in nature.

Certainly, we try, and we're encouraging women to join the combat arms and other operational occupations, so that work-life balance piece is well recognized and is being attended to, even by those occupations. There is a way to do that and, if they're married to a military spouse, balance the two careers as well.

Mrs. Sherry Romanado: Thank you for that.

I have one last thing.

I know that we had announced that often in our MFRCs we will provide veterans with some of the same services. If you were on base then you had access to the MFRC while you were serving. If you then decide to release or are releasing due to medical issues, then finding day care is often not easy, as you can imagine. Would female veterans who are looking for day care facilities have access to day cares that are at the MFRCs as part of that veteran support group and the transition centres?

Col Lisa Noonan: That's a great idea. I'm not sure if that's been looked at.

One of the things we are doing is working with Military Family Services, MFS. They're kind of a co-partner with us and VAC in setting up the transition centres. There is a family transition adviser who works as early as possible with each of the military releasing members, whether they're female or male.

Sometimes females do have complex needs. They may be single mothers. They may be balancing elder care with young children care as they're releasing. That family transition adviser is there to provide those kinds of options to them, or to reach into the community to see if there are resources that can be made available, wherever that member is releasing across the country. They fall under MFS, but they are in a network in combination with the MFRCs across the country.

● (1725)

Mrs. Sherry Romanado: Speaking of a network, we talked a little bit about how military competencies don't really match up with the NOC codes in the civilian world. Often, women don't have the same professional networks that men do.

What are some of the initiatives that you're doing in the transition centres to assist women to leverage some of those networks that they may have to be able to find gainful employment after their military career?

Col Lisa Noonan: That's a great question as well.

I think as we move forward, those third party organizations that I mentioned before are going to be really critical, especially for female veterans.

I can't say who we're working with right now, but we have a couple of bidders that we're working with through a competitive process. One of the bidders actually has, as the option, a mentor approach to women who are releasing to help them establish the networks in the community that they're planning to retire in, and to help them with other post-CAF employment, or family needs as well.

I think, as we go forward, some of these programs are really going to be beneficial to all veterans. But female veterans in particular are really going to be able to benefit from this one-on-one coaching and mentoring.

Mrs. Sherry Romanado: Thank you very much.

The Chair: We're going to stop right here.

I'd like to ask Ms. Blaney if she would like to talk about the letter issued to the chair, or can we go on?

Ms. Rachel Blaney: Chair, I didn't want to take up any time with our witnesses today.

I think the letter is pretty self-explanatory. We requested a few other names. Only one of them came today. I just wanted to check in and see if those other folks are going to be coming at a different time. I was hoping that the chair would be willing to send a letter to ask about that.

The Chair: Yes, that's okay.

We will do that and ask DND to let those people come to the committee.

Thank you very much.

Ms. Rachel Blaney: Thank you, Chair.

Chair, can I be so rude?

There's a quick motion. I don't think it will have any discussion. I just wanted to move it and it's around the clerk being able to put up an advertisement to get information on this study. I can read the motion.

The motion is:

> That the clerk of the committee be authorized to place an advertisement in detailing the committee's work and inviting briefs and requests to appear in relation to the committee's study respecting the experience of women Veterans; and that the deadline for the submission of briefs and requests to appear be September 29, 2023.

I just wanted to move that, Chair. I don't think anybody will have any problem. I just want to make sure that everyone who wants to send in a brief has the capacity to do that and we make it as easy for them as possible.

I leave it to you.

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

Mr. Blake Richards: I might have missed it, but it was about placing an advertisement. Where would we be placing the advertisement?

Ms. Rachel Blaney: I think the clerk would probably be the best person to explain that. It's just that I've seen this not happen before and of course it makes it harder for people to know how and where to send their briefs in before the deadline.

The Chair: Perhaps on the website of the committee?

Okay, thank you very much.

[*Translation*]

On behalf of all the members of the committee and myself, I would like to thank the witnesses who came today.

We had a good two hours of discussion with you, which allowed us to really go in depth in terms of our study.

[*English*]

Thank you to all three of you for your service and for your input into this important study of the committee.

[*Translation*]

I would like to thank the individuals from the Department of National Defence, Colonel Helen Wright, director of Force Health Protection, Canadian Forces Health Group; Colonel Lisa Noonan, director of Transition Services and Policies, Canadian Armed Forces Transition Group; and Captain Iain Beck, director of Mental Health, Canadian Forces Health Services Headquarters.

I also want to thank the entire technical team, including the analyst, the clerk and the interpreters.

Do the committee members wish to end the meeting?

There is no objection.

The meeting is adjourned.

Thank you.