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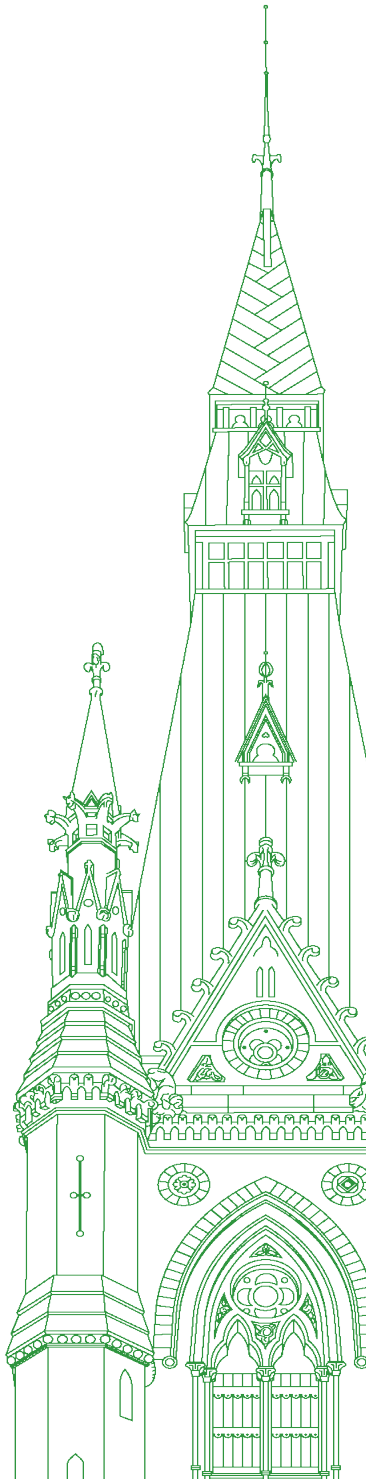

Chair: Mr. Emmanuel Dubourg

Standing Committee on Veterans Affairs

Thursday, May 4, 2023

● (1835)

[*Translation*]

The Vice-Chair (Mr. Blake Richards (Banff—Airdrie, CPC)): Good evening. Welcome to meeting number 50 of the Standing Committee on Veterans Affairs.

This evening, we are resuming our study on the experience of women veterans.

We have a number of witnesses, but before we welcome them, I have a reminder.

[*English*]

During this study we have occasionally heard testimony that has been difficult for some to hear and that may have brought back memories for others, and so it can be difficult on our mental health. I just want to remind everyone that this committee does have resources in place for anyone who needs them. If testimony brings something to light that you need to address, please see our clerk to avail yourself of those resources if needed.

With that, we will turn to our witnesses. We have a number of witnesses here with us this evening, some in person and others who are online with us tonight.

Here in person, from the Atlas Institute, we have MaryAnn Notarianni and Dr. Sara Rodrigues. We also have with us tonight, as an individual, Dr. Mary Beth MacLean, who is a consulting research associate, and then from the Department of Veterans Affairs we have Dr. Cyd Courchesne, chief medical officer, and Trudie MacKinnon, who's the acting director general, centralized operations division.

We will get right into hearing from our witnesses. Each individual or organization will have five minutes for opening remarks, and then of course we will turn to our questions from members for the remainder of the meeting.

We'll start with Dr. Mary Beth MacLean.

Dr. MacLean, the floor is yours for the next five minutes to make your opening remarks.

Dr. Mary Beth MacLean (Consulting Research Associate, As an Individual): Thank you very much for the opportunity to speak with you today about this important topic.

I appeared before this committee on January 30, and then I spoke about the veteran population and their employment experience in general. Most of my talk was on studies related to life after service. These are surveys with an income-record linkage, which are conducted every three years by Statistics Canada.

Today I'll be using that same data to talk about the employment experience particularly of female veterans.

Female veterans in Canada have been found to experience relatively large reductions in post-release income, and much of this is due to a decline in their employment earnings. That is as a result, in part, of their lower labour force participation and higher rates of part-time work compared to male veterans. In the year after release, 39% of women reported that their main activity was working, compared to 59% of men.

Women are more likely to attend school, be providing care to others and report being on disability as their main activities. This explains a lot of their lower rates of labour force participation.

Females are also twice as likely as male veterans to work part time post release. The largest employer for both female and male veterans is the public service. However, women are more likely to work in health care, while men are more likely to work in construction and manufacturing.

As I mentioned earlier, women veterans earn less than men. This is true across industries, except for mining and agriculture. Though occupation may also play a role in women's lower earnings, we do not know what occupations veterans are working in post release.

Paradoxically, although female veterans are more likely to be in a comparable civilian occupation, such as administrative work, at release than their male veteran counterparts, they are less likely to agree that the knowledge and skills used in their civilian jobs are the same as those used during their military service. However, in terms of satisfaction with employment, women and men have been found to be similar.

What does all this mean? For women, work disability is more of an issue than for men. Fortunately, there are evidence-based approaches to the prevention of work disability, such as work accommodations, case management and multidisciplinary health care. However, this necessitates that case managers, both at VAC and CAF, work closely with employers. From what I understand, that is not often the case.

Women who have caregiving responsibilities also require accommodations. It appears that many women veterans may be taking part-time work, or not working at all, to allow time to care for others. This puts them in a more precarious situation in terms of low income.

Qualitative research could help us understand the unique barriers to the labour market that women experience. We also need more quantitative research that includes larger samples of female veterans. Current data limits our detection of similarities and differences between male and female veterans, since female veterans make up only around 13% of the population. It's hard to see what differences there are between them, given those small numbers.

Also, on the record linkage of tax data to survey data—which currently exists.... The record linkages between those two datasets have not been done. This could help us to understand the lower labour force participation rates among women, and their lower earnings as well.

● (1840)

That concludes my preamble. I welcome your questions.

The Vice-Chair (Mr. Blake Richards): You must have practised that one a few times. You almost hit five minutes on the head just about perfectly, so you were well prepared. Thank you very much for that and for some very useful information.

We will turn next to the witnesses who are here with us in person from the Atlas Institute for Veterans and Families. I'm not sure which of you will deliver the opening remarks.

I will just note that many of us in this committee were at the Sam Sharpe breakfast on the Hill this week. I had the pleasure of sitting at a table for breakfast with some members of your institute, including your CEO. I'm very interested in hearing your contributions today, based on some of the conversations I had that morning.

We will turn it to you. I'm not sure which of you is making the opening remarks, but whichever of you would like to...is it Ms. Notarianni?

● (1845)

Ms. MaryAnn Notarianni (Deputy Chief Executive Officer and Executive Vice President, Knowledge Mobilization, Atlas Institute for Veterans and Families): I will be kicking things off, and then I will turn to Sara. We're splitting our time.

Mr. Blake Richards: We will start with you then. Between the two of you, however you would like to use it, you have the next five minutes.

Ms. MaryAnn Notarianni: Hello, everyone, and thank you for the opportunity to speak here today.

As our name suggests, at the Atlas Institute we work with military and RCMP veterans and their families, along with service providers and researchers, to identify and close research gaps and mobilize evidence widely to improve mental health care and supports for those who have given so much to Canada.

Key to our approach has been how we engage with veterans and families and those who work with them. We continuously strive to ensure that the voices of lived experience are embedded in our work.

On our staff, we currently have two strategic advisers for veterans and two strategic advisers for families. We're adding a new position soon of a strategic adviser for women veterans, to ensure a clear lens on women veterans' issues through all we do.

We have four community-based reference groups composed of veterans, veteran families, service providers and researchers, respectively, from across Canada. We have endeavoured to have a makeup that ensures diversity, including gender diversity, as well as service, family structures and geography, among others. Their influence is key to how we operate organizationally. We invite input from these groups to influence our strategic planning and work planning processes.

We also bring lived experience to the fore through our board, our many project advisory committees and our cadre of lived experience volunteers, which is a 33-member group and growing. It's representative of different veteran and family perspectives from across Canada. Of them, currently, about one-third are CAF women veterans.

We also apply an IDEA lens to our work—that's inclusivity, diversity, equity and accessibility. We recognize the importance of bringing together people with different voices, experiences, expertise and identities, including gender identities, to better understand, respond to and serve veteran and family mental health needs, including those of women veterans.

The topic of women veterans is of significant interest to our stakeholders, and we at the Atlas Institute recognize that this warrants special attention. One in six veterans is a woman. There are 75,000 women veterans in Canada. Despite the number of women who serve, the system supporting both the CAF and the RCMP was initially designed for men.

We know there are issues that have impacted the experience of women and that continue to impact their life after service as well. For example, women veterans face different mental health issues from men veterans. Research has shown that women CAF veterans are more likely to report a difficult transition out of the military than men CAF veterans.

There is clearly a significant need for immediate action in multiple areas, such as care, research and access. There's a need, through research and advocacy, to better understand women veterans' mental health needs and experiences with service systems, so that tangible change in both policy and legislation, if needed, can be made, and so that women veterans' well-being can improve. As such, we commend this committee for this intensive study, which prioritizes understanding the unique needs of women veterans.

I will turn this over now to my colleague, Dr. Sara Rodrigues, Atlas's director of applied research, to speak to some of the work we have undertaken to understand the needs of women veterans, and to some of the exciting work we're set to embark on as we make this an organizational priority.

Dr. Sara Rodrigues (Director, Applied Research, Atlas Institute for Veterans and Families): Thank you for the invitation to speak to you today.

Over the past few weeks, the committee has heard about critical gaps in data collection and research on women veterans' health across many areas. Researchers at the Atlas Institute have observed this as well through a recent research gap analysis that we conducted, which also prompted a need for us to identify specific areas for further investigation. Accordingly, we are prioritizing research on women veterans' well-being and engaging women veterans in the process.

To identify a relevant topic for study, we hosted a consultation series with a group of women veterans between September 2022 and January 2023. The objective was to understand their perspective on what areas are important to study. We know that for research to be relevant to and resonate with women veterans, it needs to be guided by their insights.

Twelve women veterans from across Canada shared their experiences, prudent recommendations and timely ideas. We synthesized their input into a study topic and held a follow-up meeting with some of them to verify and validate that topic.

Through this engagement, we determined that our new study will explore how women's experiences in service might relate to mental health outcomes as a woman veteran, something that has been emphasized in these meetings. Informed by the principles of community-based research, our study—the Athena project—will involve women veterans in all aspects and stages.

At present, we are forming a working group of CAF and RCMP veterans who will collaborate with us on the design and execution of this study. The call for members received 78 responses, including 10 from women veterans of the RCMP. This extraordinary response underscores the significance of this topic and the eagerness of women veterans to help shape and contribute to research.

In addition to our engagement with women veterans, we asked our research counterparts in government and academia for help in developing the consultation series. We value collaboration and information sharing across organizations and departments, and we are fortunate to have relationships with researchers and leaders at VAC and OVO and in academic institutions.

As the Atlas Institute is committed to publicly sharing information about our research, the details of this new study, including the approach we are taking, are already available on our website. We ensure that our research findings are accessible to veterans and their families by publishing our work in open access journals and prioritizing knowledge mobilization through the co-development of resources and by hosting events about new findings.

While it's still in the early stages, it is our hope that our study will contribute new evidence to improve mental health outcomes for women veterans and identify opportunities to enhance post-service quality of life. Because it will inquire about women's experiences during service, the findings may be able to inform upstream approaches.

Women veterans of the CAF and RCMP deserve mental health care and support that is responsive to their sex- and gender-specific needs. To get there, decision-makers and service providers need accessible, current and relevant research, which the Atlas Institute is striving to provide.

Thank you for your time. We look forward to your questions.

● (1850)

The Vice-Chair (Mr. Blake Richards): Thank you very much. I appreciate those remarks as well.

For our final opening comments, we'll turn to our witnesses from the Department of Veterans Affairs.

I'm not sure who is going to begin, but I'll turn it over to you, and you can jump in as needed.

Dr. Cyd Courchesne (Chief Medical Officer, Department of Veterans Affairs): Good evening. Thank you, Mr. Chair and committee members, for inviting us to appear before you today.

I am Dr. Cyd Courchesne, the chief medical officer and director general of health professionals for Veterans Affairs Canada. I'm also a 30-year veteran of the Canadian Armed Forces, having served from 1984 to 2014 and retired at the rank of Captain (Navy). I'm joined today by my colleague Trudie MacKinnon, director general of centralized operations, also a veteran, who served six years with the reserves.

As both veterans and leaders at Veterans Affairs Canada, we are pleased to appear today for this study on the experience of women veterans.

My career started in Cold Lake, Alberta, providing care to service members and their families. I looked after fighter pilots and ground crew—both male and female—and delivered their babies. I can tell you that it was the most exciting and rewarding posting of my career and is probably the reason I stayed in the forces for 30 years.

I worked in flight safety. I worked as wing surgeon in Trenton and at the Canadian Forces Environmental Medicine Establishment in Toronto. I served as the Royal Canadian Air Force surgeon and eventually as a senior leader with the CF health services headquarters. I deployed to Djibouti, Africa on a mission with the UN High Commission for Refugees. I accompanied many fighter squadrons on exercises to the Arctic and the U.S. and participated in the domestic Operation Assistance during the Manitoba floods of 1997.

[*Translation*]

After eight years at Veterans Affairs Canada, or VAC, I can say that the department is committed to ensuring that women veterans have access to supports, programs and services that meet their unique needs.

According to the 2021 census, nearly one in six veterans is a woman. We know that women veterans have distinct experiences in the military and have unique needs after their service. Female veterans are more likely to experience challenges in all seven domains of well-being, including difficulties in transitioning to civilian life, different reproductive and sexual health challenges and needs, barriers to accessing services, and reluctance to identify as a veteran.

● (1855)

[*English*]

The Office of Women and LGBTQ2 Veterans was created in July 2019 to work horizontally within the department, and with partners and veteran stakeholder groups, to help identify systemic barriers impacting women veterans and contributing to inequitable outcomes.

The office is also the departmental functional lead for GBA+. We now have a GBA+ strategy that identifies key actions and a GBA+ policy that sets clear roles and responsibilities within the department.

We have also strengthened our data collection, leveraging national survey data and qualitative storytelling of lived experiences like military sexual trauma, the LGBT purge, women's health issues and so on.

[*Translation*]

Following the first Women Veterans Forum in 2019, the minister committed to regular conversations with women veterans, resulting in a virtual series in 2020 and the recent 2SLGBTQI+ Women and Veterans Forum, held in February 2023.

Veterans Affairs Canada is committed to taking action and developing a departmental action plan to achieve equity and inclusion goals for women veterans and other under-represented or marginalized groups, to create a culture of equity and inclusion with measurable goals and outcomes.

The minister created six advisory groups on families, policy, mental health, service excellence and transition, care and support, and commemoration. These groups are made up of stakeholders, and 40% of those are women.

[*English*]

That's not to mention the establishment of the Atlas Institute for Veterans and Families, which is doing a lot of excellent work in this field. We've already heard from them. I will let them speak to their successes and their work, as they mentioned in their opening remarks.

In addition to enhanced awareness and understanding of the specific needs of subpopulations, targeted engagement with women and 2SLGBTQI+ veterans, and concerted efforts to integrate the use of disaggregated data, we've made advancements in the following areas: a veteran identifier in the 2021 census, in addition to a gender identity marker; a VAC women veterans research plan; the veteran family well-being fund, with targeted funding to support women and other marginalized groups; the implementation of sex and gender equity research principles in VAC-sponsored research; fairness in disability benefit adjudication, with a dedicated unit focused on women veterans' claims; improvements to the table of disabilities and the entitlement eligibility guidelines; and inclusive commemorative activities and products.

Also, in partnership with the sexual misconduct support resource centre, we're developing a military sexual trauma peer support program, and more recently—

The Vice-Chair (Mr. Blake Richards): Dr. Courchesne, I'm sorry to interrupt you.

We are a fair bit over time. I don't mind if you just need 30 seconds or so to wrap up. That would be great.

Dr. Cyd Courchesne: Yes.

I just want to finish on this. Recently, we launched a community health needs assessment to better understand population health needs across diverse subpopulations like women veterans.

Thank you very much for your time. We'll be happy to take your questions.

The Vice-Chair (Mr. Blake Richards): It looks like I just needed to give you a few more seconds of patience. My apologies. It's sometimes hard to know when someone's arriving to a conclusion.

I appreciate your remarks. We, as a committee, certainly appreciate them.

Thank you to both of you for your service to our country during your time in the forces and for continuing to serve your fellow veterans in Veterans Affairs. It's great to see two members of Veterans Affairs who are veterans themselves here with us tonight. It's something we hope to see even more of in the future. Thank you for being here with us.

We'll now turn to our questioning rounds.

With our first round of questions, there are six minutes allotted to each of the four recognized political parties in the House of Commons.

The first round goes to the Conservative Party. Mr. Fraser Tolmie will have the next six minutes for questions.

● (1900)

Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC): Thank you, Chair, and thank you to our guests this evening.

To those who have served, thank you very much for your service, and thank you for joining us by Zoom.

A lot of information has been shared with us today. I apologize—I know we'll have quite a few questions for you.

I'd like to start off with Ms. MacLean.

One of the questions I have for you is.... Last year, you co-authored an article published in the Frontiers in Public Health journal, entitled “Lessons Learned From Presumptive Condition Lists in Veteran Compensation Systems”. In this article, you discuss presumptive condition lists used by the U.S., the U.K., New Zealand and Australia in their departments of veterans affairs. What has stood out for us is that all these countries have presumptive condition lists, yet Veterans Affairs Canada does not.

Can you speak to your findings on this, and elaborate a bit for this committee?

Dr. Mary Beth MacLean: I suppose I could, though I haven't looked at that paper for a little while. Also, I was the second author on that paper.

Mr. Fraser Tolmie: Make it your own.

Dr. Mary Beth MacLean: Dr. Amy Hall is the first author on that paper. If you want to know more.... I prepared myself to speak on the women veteran employment area, not the area of presumptive rulings. I can get back to the committee on that paper if you like.

I think the presumptive rulings, overall, are not the panacea. They're very difficult to implement....

Mr. Fraser Tolmie: Okay. Here's what I'll do. I'll switch bait, and make it a bit easier for you. How's that?

If you prepared in equity, I have a few questions concerning that as well. Why don't we go down that pathway?

You talked about equity after the military and the challenges facing women once they've been released from the military. You talked about part time work and how women will become caregivers.

Who are they becoming caregivers for? Is there a link here? Is that something we should be looking at?

Dr. Mary Beth MacLean: It's probably, given their age.... It's not asked. It's just caregiving in general. We don't know exactly what caregiving they're doing, but given their average age at release, it's likely to be children. It could be parents as well, but it's much more likely to be children. They may potentially be releasing to start to have children.

As I said, what I'm speaking to mostly is from quantitative data. Actually, it's exclusively quantitative data, but I also suggested we needed more qualitative data from female veterans.

There was a study done following veterans pre and post release. It was 80 veterans, and women were overrepresented in that study. However, they didn't specifically look much at employment, although it was one area. They didn't look at barriers to participation in employment.

● (1905)

Mr. Fraser Tolmie: Okay. Thank you.

One of the numbers you threw out—not threw out. I apologize. That sounds derogatory. One of the numbers you used, and it was difficult to get in your research, was that 13% of the population is female veterans releasing from the military. Is that from the military?

Earlier on, Atlas talked about the Athena project and using 10 RCMP veterans. Do your numbers include that?

Dr. Mary Beth MacLean: Those are regular force veterans.

Mr. Fraser Tolmie: Have you included female veterans from the RCMP? Have any of your studies or research done any of that?

Dr. Mary Beth MacLean: No. Veterans Affairs is not responsible for doing that research. The research I did was as an employee of Veterans Affairs. It would be the Solicitor General who would do that type of research.

Mr. Fraser Tolmie: As a quick summary, do you see a difference in equity between officers and NCMs who have released?

The Vice-Chair (Mr. Blake Richards): We have only a few seconds, but you can give a brief answer.

Dr. Mary Beth MacLean: Yes, rank makes a huge difference. In terms of satisfaction with employment and employment rates, it is much higher among officers than among non-commissioned members.

The Vice-Chair (Mr. Blake Richards): Great, thank you very much. I appreciated your brevity at the end there as well.

For the second round of questioning, we will go to the Liberal party and Mr. Sean Casey for the next six minutes.

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

I'm going to come back to Dr. MacLean, but I'd like to start with the Atlas Institute.

I see that you came into being because of a mandate letter requirement of the minister, followed in 2017 by funding.

I want to understand your relationship with the department. Perhaps I'll start with how you were funded.

Ms. MaryAnn Notarianni: We were named in a 2015 mandate letter and in budget 2017. We had our contribution agreement with funding from Veterans Affairs Canada start in 2019.

We're still a very young organization, which is why we're excited about the path ahead and what we can do, hopefully, to make an impact in the area of better understanding the needs of women veterans.

In terms of our relationship, we are guided by a contribution agreement. The bulk of our funds are from Veterans Affairs Canada, and our mandate is laid out in that contribution agreement. The mandate includes conducting research, mobilizing knowledge, training and capacity building for service providers who care for military and RCMP veterans and their families. To expand on the mobilizing knowledge, it's putting information out there for the benefit of veterans, veteran families and service providers.

We also have a partnerships aim in our mandate. Part of our contribution agreement, and the expectation, is that we can use our national platform to connect stakeholders across the veteran mental health ecosystem and convene an umbrella network of partners. We put a large emphasis on that engagement as well.

Mr. Sean Casey: You did a piece of research last year on intimate partner violence in military and veteran populations. There is also some work being done within the department in connection with McMaster University and It's Not Just 20K to assess the impact on military sexual trauma survivors and institutions.

Are they connected? Are Atlas and McMaster working together on this issue? Two organizations associated with Veterans Affairs are working on something that appears to be comparable.

Maybe you can enlighten me on that.

Ms. MaryAnn Notarianni: I'd love to know the specifics, because there are a few things that we have going on.

We are indeed doing research on intimate partner violence. We've done a couple of research projects in that area, starting with a systematic review that was done in partnership with Phoenix Australia, and another literature review.

We have a couple of them under way, including one that we are leading, again in partnership with Phoenix, which is a qualitative study, to look at the experiences of Canadian veterans and their families with respect to intimate partner violence. That's an area we don't know a lot about. The literature shows that we don't know much about the situation in Canada, so that's something we're leading.

We have another project under way on intimate partner violence with folks at McMaster University, and that's more to evaluate a training intervention. It's taking an existing made-in-Canada, evidence-based intervention for domestic violence, family violence, and evaluating and assessing how that would work and fit for providers who are interacting with veterans and families.

You mentioned McMaster and INJ20K and MST. These are partners we engage with. We have different partnerships and relationships under way with folks at McMaster. We sit around the table with some of these stakeholders.

I need to understand the specifics before I can confirm which is which, but for sure there's work that we have under way collaboratively with some of these stakeholders.

● (1910)

Mr. Sean Casey: Thank you.

Dr. Courchesne, you mentioned changes that have been made at Veterans Affairs, in which you were involved, around the table of disabilities. We've had witnesses come before this committee and plead for changes to be made to the table of disabilities to be more sensitive to the needs of women.

Could you explain what those changes were and whether there is an ongoing process for further changes to answer these pleas?

Dr. Cyd Courchesne: If you would allow it, Mr. Chair, I will defer to my colleague, Trudie, because this is work that is being done in her division.

Mr. Sean Casey: I would be happy to hear from someone from Prince Edward Island.

Ms. Trudie MacKinnon (Acting Director General, Centralized Operations Division, Department of Veterans Affairs): Thank you, Mr. Casey.

Good evening, everyone.

You're correct—we are conducting a multi-year, multi-jurisdictional review of the table of disabilities. We started that a couple of years ago, and we anticipate having it completed at the end of this fiscal year, so by March 2024. Part of that review involves consulting with our Five Eyes partners and other jurisdictions across the world to see how their similar types of instruments and decision-making instruments compare to what we're doing.

Perhaps most importantly as it relates to women, we are also applying a GBA+ lens to the table of disabilities to ensure that equity-seeking groups are not facing any barriers when they come forward to look for benefits and we use that table of disabilities in adjudicating their claims for disability benefits.

I should say that the table of disabilities also goes hand in hand with our entitlement eligibility guidelines. We use those two instruments to determine entitlement, and we use the table of disabilities to determine the level of disability. Both of those instruments are being updated, and they are also both being looked at under the GBA+ lens to ensure, again, that there are no barriers to access, for example, for women veterans and equity-seeking veterans when they come forward.

That work is ongoing, and we anticipate that we will have that work completed by the end of March. I would also note, in regard to the entitlement eligibility guidelines, that we continue to work on and to update those. There are 43 that we use in terms of decision-making, here in the centralized operations division.

In January 2022 we implemented new entitlement eligibility guidelines for sexual dysfunction, which is a condition that affects both male and female veterans coming forward, but in very different ways. That's a good example of how we will be updating those. As veterans come forward and are presenting with the same condition, the impacts can be very different depending on whether a veteran is male or female. We are going through our entitlement eligibility guidelines and the table of disabilities at the same time.

[*Translation*]

The Vice-Chair (Mr. Blake Richards): Thank you, Mr. Casey.

Next, we go to the Bloc Québécois.

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

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): Thank you, Mr. Chair. You're doing a great job as chair, by the way.

Good evening to my fellow members and to the witnesses.

Mr. Chair, I have a motion to put on notice. It's pretty straightforward. I believe the clerk has a copy as well as the translation.

Since I haven't provided 48 hours' notice, I'm just putting the motion on notice, unless I have unanimous consent from the committee to move it.

May I read it, Mr. Chair?

● (1915)

The Vice-Chair (Mr. Blake Richards): Yes. It's probably a good idea for you to read it, and then we can see whether there is unanimous consent for you to move it.

Mr. Luc Desilets: The motion reads as follows:

> That the committee invite for one hour the Minister of National Defence to one meeting as part of the study on the experience of women veterans.

That's it.

I think everyone got the translation.

[*English*]

Mr. Blake Richards: There is a hard copy being distributed. As Mr. Desilets has indicated, he has not provided 48 hours' notice, but he would like to see if there is unanimous consent for him to move the motion at the present time.

I'll let the members have a second or two. Before I take any hands on it—

There is a point of order. Okay.

Mr. Sean Casey: It is my understanding that he does not require 48 hours' notice when the subject matter of the motion touches on the business at hand.

The Vice-Chair (Mr. Blake Richards): That is correct. Without considering that, you are correct, Mr. Casey. He does not require notice. He is able to move it.

Mr. Desilets, did you want to move the motion at the present time?

[*Translation*]

Mr. Luc Desilets: Yes, definitely.

[*English*]

The Vice-Chair (Mr. Blake Richards): You have moved it.

As the mover, are there any other remarks you would like to provide?

[*Translation*]

Mr. Luc Desilets: I don't think there's a lot more to say. We would like, I would like, for the committee to have a meeting with Minister Anand. The experience of women veterans concerns her directly, especially when women in the Canadian Armed Forces transition to the veteran world.

[*English*]

The Vice-Chair (Mr. Blake Richards): Thank you.

Just for the information of our witnesses, in particular, if you haven't been at a parliamentary committee before, I will note that there is an opportunity for members to move motions. Sometimes, unfortunately, it is required that we interrupt proceedings with our witnesses.

Hopefully, this can be dealt with fairly quickly and we can move back to you. Please be patient with us.

I see that I have Mr. Samson looking to comment on it. I will turn the floor over to him.

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

In the spirit of passing this very quickly, we support that motion.

The Vice-Chair (Mr. Blake Richards): Thank you for that. That brevity is appreciated, I'm sure, by our witnesses.

Mr. Tolmie, did you have a comment?

Mr. Fraser Tolmie: Yes. I'll be brief. I concur with this motion. We're good with this.

The Vice-Chair (Mr. Blake Richards): Ms. Blaney, being from the only party that hasn't had an opportunity to do so, do you have anything you want to add? It sounds as if you're in agreement. We may even have unanimous consent and not need to have a vote.

Ms. Rachel Blaney (North Island—Powell River, NDP): Absolutely. I'm in agreement.

The Vice-Chair (Mr. Blake Richards): I'll just canvass quickly: Do we have unanimous consent to pass the motion?

It looks like we do.

(Motion agreed to)

The Chair: Thank you, Mr. Desilets.

You still have about five and a half minutes for your questions.

[*Translation*]

Mr. Luc Desilets: My apologies for that brief interruption.

My first question is for Ms. Courchesne.

Ms. Courchesne, does VAC collect data on the number of claims received in relation to military sexual trauma experienced by women?

Dr. Cyd Courchesne: Thank you for your question.

My division doesn't receive the claims. My colleague Trudie MacKinnon's does, so, once again, I'm going to have to pass the question over to her. She will have more information on that.

[*English*]

Ms. Trudie MacKinnon: In regard to military sexual trauma, we were responsible for processing all the claims in the Heyder Beattie class action suit. I have some statistics in regard to that. Of all the claims that came forward, 72% were from females. Although the claims period is closed for those claims, we continue to work with the parties in order to finalize them.

I will also say in regard to military sexual trauma that we have a unit dedicated to dealing with those claims, and they have developed an expertise over the course of the past several months in dealing with those claims. Our intention is to maintain that unit going forward, so that as those claims come in, we have staff who are trained and have a competency and a sensitivity in dealing with those types of disability applications.

That is our plan moving forward. We anticipate that we will continue to receive those, outside of any type of class action, and will continue to support members as they come forward with those types of issues.

● (1920)

[*Translation*]

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

Would you be able to forward the data you have now to the committee, specifically, the number of claims and anything else that might be relevant?

[*English*]

Ms. Trudie MacKinnon: Is that for females in general, or just for military sexual trauma?

[*Translation*]

Mr. Luc Desilets: It would be good to have the data on military trauma in general, but right now, the committee is focusing on women.

[*English*]

Ms. Trudie MacKinnon: In the past fiscal year, 2022-23, we received just under 1,400 claims for military sexual trauma. Some of those would have been in relation to the Heyder Beattie class action. Others would not have been. They would have been just people coming forward on their own.

The year prior to that, it was just over 1,500. In 2020, we received 500.

[*Translation*]

Mr. Luc Desilets: Again, I'd like you to provide those helpful data to the committee, if you could.

Dr. Courchesne, since we began this study on women veterans, we've heard a lot about data—the fact that they aren't always shared and that a lot of organizations collect the data.

Would you say all the organizations concerned share the information or data sufficiently?

Dr. Cyd Courchesne: Thank you for your question.

Our colleagues in research and the people at research institutes work in partnership. The information flows back and forth.

I think there's a high level of co-operation. That's why the centre of excellence was set up. The idea was to foster connections within the community in order to access as much information as possible. My fellow witnesses Ms. MacLean or the Atlas Institute representatives may have views to share. From my standpoint, the level of co-operation is quite good. Internationally, even, we have information sharing and a lot of co-operation, specifically with our Five Eyes partners.

Mr. Luc Desilets: Thank you.

[*English*]

The Vice-Chair (Mr. Blake Richards): Thank you.

To our witness, our analyst has put a bug in my ear, and we'd like to get a sense.... Of the 3,500 claims you mentioned, how many were accepted and how many were denied? Do you have that information?

Ms. Trudie MacKinnon: I don't, unfortunately, right now, Mr. Chair, but I'm happy to come back with that.

The Vice-Chair (Mr. Blake Richards): If you could send that information to our clerk, it would be appreciated. I think that would help our analyst with the report we will write when we conclude the study.

Thank you very much for that. We'll expect that information from you.

We now have the New Democratic Party for the next six minutes, for the final portion of the first round.

We'll go to Ms. Blaney.

Ms. Rachel Blaney: Thank you so much, Chair, and thank you to all of our witnesses for being here.

To those of you who served our country, I deeply appreciate the service that you provided then and provide today.

I'm going to start with Atlas first. You decide who should answer the question, but I will be asking everyone. If you can listen to the question and decide who is the best to answer, I would really appreciate it.

What we've heard repeatedly in this study from women veterans is that they feel invisible and that data isn't collected, so they don't know the trends of what's happening. They find that a lot of their health care challenges are not recognized and their employment challenges are not recognized. There doesn't seem to be a clear pattern.

We also know that it's a low number we're looking at.

How do we address the issue, specifically about research, when we have such a small dataset? How do we make sure that in that reality, we don't make invisible the real issues that women veterans are facing?

● (1925)

Dr. Sara Rodrigues: This notion of invisibility is something that we've also heard about anecdotally in conversations we've had with women veterans and with partners in other organizations. This committee has also heard about their not feeling like a veteran or not identifying as a veteran, or a reluctance to do so.

In terms of the data that is collected, perhaps it's important to clarify that the challenge we see is with the quality of some of the data that is available. The committee has heard about small sample sizes. This is also something that we are aware of. In many cases, the small sample sizes or low cell counts make it quite difficult to provide findings that are reliable, meaningful and interpretable and that can help us draw conclusions to provide reasonable recommendations or salient conclusions on a particular issue.

Perhaps there's an important question to be asked, not about what data we collect but about what questions we ask. Many of the studies where data is currently available to us, such as the life after service survey, are designed for performance measurement and for surveillance. They are population-based studies that, as you've heard in prior witness statements, give us the ability to compare across the population or compare female veterans to male veterans, but perhaps we need questions about women veterans in their own right—questions that take gender as a category of analysis, that look at the sex- and gender-specific needs of women veterans, that focus exclusively on their experiences, and that are relevant to them.

I hope that's helpful.

Ms. Rachel Blaney: Thank you.

Go ahead, Dr. MacLean.

Dr. Mary Beth MacLean: I agree with Dr. Rodrigues. When you're doing population health research, you're getting a random sample of veterans, so you're going to get 13% females. A lot of the indicators of well-being—at Veterans Affairs, 21 indicators are used—are not gendered indicators. Across the seven domains of well-being, all of those should be disaggregated by sex. That's the ideal way to analyze the data. However, as she mentioned, they're small sample sizes, so the confidence intervals are wide. It's hard to tell if there is in fact a difference between women and men.

As Dr. Courchesne mentioned, there is some hope there in terms of getting larger sample sizes of veterans with the 2021 census data. There have been releases of some of that data already, but there haven't been enough releases yet to look specifically at women. Yes, data does need to be disaggregated.

Ms. Rachel Blaney: Thank you.

Dr. Courchesne.

Dr. Cyd Courchesne: Thank you.

I want to preface by saying that I'm not a researcher. We rely heavily on our research colleagues to provide information. I find that they provide a lot of excellent information. We learn so much about the experience of veterans around transition especially, but there are some gaps.

It's an excellent question about the women feeling invisible. That's why another step we're taking is to do this community health needs assessment. It will go and look for those who are under-represented, and women specifically, to ask them about what needs are not being met and all that. We use all the information to build a picture. It's sort of like a puzzle. Everybody has part of the information, but we want to put it all together to paint a clear picture, especially for under-represented veterans and women.

Thank you.

● (1930)

Ms. Rachel Blaney: Thank you.

The Vice-Chair (Mr. Blake Richards): We've arrived at the end of the round, Ms. Blaney.

We'll move now to our second round. We will have two different sets of questions from the Conservative and Liberal parties for five minutes each, sandwiched around two-and-a-half-minute rounds for the Bloc Québécois and the NDP.

We will start the second round with five minutes for the Conservative Party.

Mrs. Cathay Wagantall, please go ahead.

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

Thank you all for being here. For those of you who have served, I deeply appreciate your commitment to Canada in whatever role you're playing.

First of all, I would like to ask Dr. Courchesne some questions in regard to conversations we've had here with the CAF on this new move to the military-to-civilian transition process. It's apparently in place now. We've been waiting for the seamless transition program for some time.

Specifically for those who are medically releasing, it moves from a transition adviser to a release administrator. Then the individual who is transitioning moves to a VAC service agent, if—as was commented—that's required.

Can you tell me whose responsibility it is to determine if they need a VAC agent? Is it your experience that veterans transition and then over time start to realize what some of their conditions are?

Do you feel that this is something they should have in place as they make that seamless transition, yes or no?

Dr. Cyd Courchesne: The CAF transition group has...I don't want to say beefed up.... They've always had transition centres. They were called joint personnel support units. They're now evolving to transition centres, where everybody works under the same roof.

Every service member must have an interview before release, whether they're medically released or not.

Mrs. Cathay Wagantall: I understand that, but my question is directly in regard to...as they come to that final step, they will get a VAC service agent, if required. We're not even talking about a case manager; we're talking about a service agent.

Is it VAC that is making that decision as to whether or not they need that service? The frustration is that they are medically released—I'm talking about those who are medically released.... They struggle to get the care they need, yet they aren't allowed to serve anymore.

I want your perspective. Do you think that a service agent should be supplied, at least for, honestly, the first five years as they transition? They think they're ready to go, and then they discover these conditions and things. They don't even know necessarily what they qualify for.

Would it not make sense to be supplied a service agent to make that transition smooth and so that they have less sanctuary trauma and whatnot?

Dr. Cyd Courchesne: I'm not in those centres. I'm not a hundred per cent familiar with the process, but I think veteran service agents are perfectly well suited to provide those interviews to veterans at the time of transition.

Mrs. Cathay Wagantall: Who from Veterans Affairs Canada was part of the compilation with the Canadian Armed Forces? Who came up with and decided on the substance of these transition centres?

Dr. Cyd Courchesne: I'm sorry. I missed the first part of the question.

Mrs. Cathay Wagantall: Who from Veterans Affairs Canada was engaged in determining the process, the transition centres and the decision-making around how this transition process from military to civilian life was going to take place? There was a pilot study, and now it's implemented in 13 out of 27 transition centres.

What role did VAC play in that? Who were the individuals that contributed from VAC's perspective to the seamless transition?

● (1935)

Dr. Cyd Courchesne: Several people from the department were involved in that. There's a seamless transition working group—

Mrs. Cathay Wagantall: Okay.

Can you provide us with information as to who those individuals were?

Dr. Cyd Courchesne: Yes, I can.

Mrs. Cathay Wagantall: We received a letter from the minister in regard to the number of professional health care providers who were engaged and now will be engaged with the new approach to the Partners in Canadian Veterans Rehabilitation Services. In the letter he states, “Veterans Affairs Canada does not register health care professionals by specific program area.”

I find that interesting, because the Auditor General mentioned that there's a lot of trouble in trying to come up with any clarity on how effective different programs are.

Do you not think it would be important to organize those by specific program in light of the need for research on whether or not things are effective and whether needs are being met by how many of those professionals you have in each area, how many are being used and what the needs are based on that kind of information?

Mr. Blake Richards: I'll have to ask that the answer be quite brief.

Dr. Cyd Courchesne: We'll have to get back to you on that, because the rehab program is under another division. I can get you that information.

Mr. Blake Richards: Thank you. If you could send to the clerk that information and the other information you were going to provide about the names of the individuals who were involved with the transition centres, that can be distributed to the committee.

Thank you for that. We appreciate your willingness to follow up.

Mrs. Cathay Wagantall: Chair, can I just clarify that it isn't just that particular program? None of them are registered for any of the programs and services that Veterans Affairs provides.

Mr. Blake Richards: Okay.

Was that understood, Dr. Courchesne, what Mrs. Wagantall was looking for?

Dr. Cyd Courchesne: Yes. Thank you.

Mr. Blake Richards: If you can provide that to the clerk, that would be appreciated.

We will now move to five minutes for the Liberal Party, with Mrs. Rechie Valdez.

Mrs. Rechie Valdez (Mississauga—Streetsville, Lib.): Thank you Chair, and thank you to the witnesses for joining us today.

I have a special thank you for those who have served our country. I appreciate all your expertise in supporting veterans.

Through you, Mr. Chair, I will direct my first questions to Atlas.

If you are able to, could you summarize the Athena project findings with the committee—your key learnings from your consultations with women veterans?

Dr. Sara Rodrigues: I apologize if it wasn't clear from my remarks that the Athena project is a study that we are just embarking upon. At the moment we are recruiting women veterans from the CAF and the RCMP to form a working group to help us design the study. We hope to have findings 16 to 18 months from now. We would be more than happy to share those when they are available. We're excited to get started.

Mrs. Rechie Valdez: Thank you. You're welcome to come back to this committee.

Based on your research and experience, what role do you believe mentorship and networking opportunities from your organization play in helping women veterans access career opportunities, particularly in male-dominated fields?

Ms. MaryAnn Notarianni: We're aware that there's been some research done in looking at the role of mentorship for women veterans. It's not research we've done directly, but we're aware that it exists in the literature. We're not fully up to speed on that, but we would be happy to follow up and share, if that's not something that's been made available to you.

In terms of our organization, I think what we're proud of is the ability we have to provide a platform for folks who have left the military or RCMP service, both for veterans and for their family members who may be looking for a platform to use their voices to build their capacity through project advisory committees. We also, when we hire, state explicitly in our job postings that we encourage applications from folks who are veterans and veterans' family members, so I think there are ways we are trying to approach that, as well as keeping an eye on the GBA+ lens through our hiring and through opportunities we provide.

Given our mental health focus, we for sure recognize the benefit that mentorship, employment and all that have in terms of the domains of well-being. It's not an explicit program focus area of ours, but I think there are ways we touch that through the opportunities we can provide through, again, those volunteer opportunities, and through employment as well. That's something that we extend broadly.

I don't know if that answers your question, but I'm happy to follow up more, if that would be helpful.

● (1940)

Mrs. Rechie Valdez: It does. Thank you.

We've heard lots of heartbreaking testimony from women veterans in this committee. Can you tell us how mental health resources or supports can better be tailored to meet the needs of women veterans, particularly those with unique challenges related to trauma or military sexual trauma?

Ms. MaryAnn Notarianni: Yes, absolutely. We've tuned in to the experiences that have been shared. We are connected with veterans who have been impacted by military sexual trauma and other forms of trauma. These are experiences we hear and have listened to.

We also provide a platform for veterans—including women veterans—to get that story out, because that is key to the visibility issue, isn't it? We've been hearing that theme about women veterans in particular feeling invisible, so we see ourselves as having a platform through our online hub and our social media channels and whatnot to raise that broader awareness among the Canadian population in general.

In terms of your question around mental health supports and needing to tailor them, this is something that is recognized. In fact, I would start by saying that what we're hearing from the veteran community generally is a need to ensure that service providers of various professions are equipped with an understanding around that military cultural competence, so that they can build trusted relationships and it can lead to better care. This is an area we are working within.

We're also creating resources that could increase awareness among mental health service providers and others who are caring for veterans on these very topics. Military sexual trauma is very much in the news, so that's an area in which we've started creating resources, some specifically designed for service providers, as well as some codesigned with veterans who've been impacted by military sexual trauma. That's so service providers have a resource they can give to their clients or patients that is tailored to them and that recognizes their experiences, because there is a uniqueness to going through that experience in a military context.

Again, I'm happy to elaborate on that. I know we're short on time, but this is definitely an area we see ourselves playing a role in.

Mrs. Rechie Valdez: I don't have time for another question, but I would like to thank you so much for the details.

The Vice-Chair (Mr. Blake Richards): Thank you very much.

We will now move on.

[*Translation*]

Next, we have Luc Desilets, from the Bloc Québécois.

Mr. Desilets, you have two and a half minutes.

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

My question is for you, first, Ms. Rodrigues.

In the general population, the number of suicides among males is 22 per 100,000 and just seven per 100,000 among women, but obviously seven suicides is seven too many.

In the veteran population, there are 50% more suicides among men than in the general population and 100% more among women.

How do you explain that? Can you explain it?

[*English*]

Dr. Sara Rodrigues: I'm sorry. I missed the last part of the translation in English.

Was the question what explains that difference?

[*Translation*]

You'd like to know why there's a difference. Is that right?

Mr. Luc Desilets: How do you explain the difference between the male suicide rate and the female suicide rate?

More men take their lives than women in the general population and the veteran population. That is far too many suicides.

Dr. Sara Rodrigues: Thank you for your question.

I'm going to answer in English.

[*English*]

This is something that we have observed, as well, in our reviews of some of the literature. It's more so in the U.S., where there's a bit more information and data that women are twice as likely to be at risk for suicide. We haven't investigated directly in data that we have collected or in studies that we have done, but it is an observation that we've made as well, in our reviews of the literature.

In terms of what explains the difference, it is very difficult to say from the research that is available, because that research tends to be about prevalence rates. What we have observed—and there may be more literature available that I have not read—looks at rates and doesn't dig into why that might be the case. We have a sense of what the numbers are, but not the explanatory factors.

Dr. MacLean may have more insight into this.

[*Translation*]

Mr. Luc Desilets: Do you have any theories, Dr. MacLean?

● (1945)

[*English*]

Dr. Mary Beth MacLean: There have been studies of suicide mortality in Canada. As Dr. Rodrigues said, these focus on prevalence rates. They may also be broken down by length of service, age and other factors, but they do not focus on explanatory factors.

In Canada, the suicide mortality rate among female veterans is 1.8 times the odds in the general Canadian female population. For male veterans, it's 1.4 times.

What I'll make clear is that male veterans still have higher rates of suicide mortality than female veterans, which is also the case in the general population, but the rates are higher among female veterans compared to the female Canadian population.

[*Translation*]

The Vice-Chair (Mr. Blake Richards): Thank you, Mr. Desilets.

I gave you a bit more time because of the interpretation issues.

We now go to the New Democratic Party for two and a half minutes.

[*English*]

Go ahead, Ms. Rachel Blaney.

Ms. Rachel Blaney: Thank you. My next question goes back to Atlas and Dr. Rodrigues.

There was some talk about research being done on the needs of women veterans around health care. I think that's what I heard. I want to check if that's something that can be shared with the committee.

It's okay. If you don't know, I'm not going to waste time with it.

Are you doing any work on the issue of care for women veterans with PTSD during pregnancy?

Dr. Sara Rodrigues: We are not at the moment, but it is something that has been identified to us and shared with us as an issue that is important. It has been noted to us by members of the women veteran community that reproductive health, sexual health and mental health are inextricably linked in many cases. It's certainly something that is of interest to us.

It may be something that we explore with the working group for the research project that we are currently embarking on, so we are open to that possibility. Although our focus is on mental health, we would, arguably, be pretty careful about how we approach that. It's something that we're certainly open to exploring.

Thank you.

Ms. Rachel Blaney: I'm curious about when a woman veteran has PTSD and gets pregnant. Do we have any national standards on what types of therapies or medications can be safe to use while pregnant?

I'm just curious because I've heard about this so many times, and it has long-lasting impacts.

Dr. Sara Rodrigues: Unfortunately, I'm not in a position to comment on what is known or not known there. I apologize.

Ms. Rachel Blaney: Dr. Courchesne, do you know anything?

Dr. Cyd Courchesne: This is not just an issue for veterans. There's a prevalence of PTSD in the Canadian population. Certainly a psychiatrist would be better positioned to answer this.

All drugs have side effects and would be taken into consideration.

Ms. Rachel Blaney: Thank you.

Dr. Courchesne, I'm coming back to you.

We know that Atlas is a VAC centre of excellence on PTSD and, if I understand correctly, a DND sexual misconduct support and resource centre. Can you explain which is the federal government subject matter on MST issues?

How are messaging, research and supports for those impacted, including peer support, coordinated among CAF, DND, VAC and the VAC centres of excellence?

The Vice-Chair (Mr. Blake Richards): I'll just have to ask that the answer be quite brief, please.

Dr. Cyd Courchesne: Thank you.

The sexual misconduct support and resource centre is the lead for all matters of military sexual trauma. We work in collaboration with them, and so does Atlas.

Mr. Blake Richards: Thank you very much for your brevity there.

We will now move to the next round of questioning.

The Conservative Party has five minutes for Mr. Fraser Tolmie.

Mr. Fraser Tolmie: Thank you, Chair. I'd like to focus on and to question the Atlas group.

When you're in the military, and if you're in the search and rescue area, you go as fast as your slowest person when you're trying to find someone who is lost or downed. We've spent a lot of time focusing on veterans, and when we talk about veterans I think we've been focusing a lot on the military.

You brought up the RCMP. In your conversation, you were very surprised that you had 10 female RCMP vets who are going to be a part of your Athena project, if I'm not mistaken. Is that correct?

● (1950)

Dr. Sara Rodrigues: I'd be happy to clarify that.

We had 78 expressions of interest from women veterans of the CAF and 10 expressions of interest from women veterans of the RCMP. At the moment, we are reviewing those expressions of interest. We're hoping to meet an initial subsection or segment of that group to help us form that smaller working group.

I just wanted to highlight that we had an interesting or surprising proportion of expressions of interest from women veterans of the RCMP, because we know that they are smaller in comparison, in terms of percentage, than women members in the CAF.

Mr. Fraser Tolmie: I hope you're following my line of thinking. They are a minority of a minority, so I just don't want them to be lost in this. As a committee of veteran affairs, we're suppose to be looking after veterans of the RCMP as well.

Could you elaborate a little on their response and what kind of feedback you have had so far with them?

It's just very early stages. Is that what you're saying?

Dr. Sara Rodrigues: It is very early stages. All I will say at this time is that we had a lot of interest from women in the veteran community. We were really excited and overwhelmed by the enthusiasm of the response, and we look forward to working with the group.

Mr. Fraser Tolmie: Okay. I'm going to go back to Ms. MacLean.

I'll try to word my question a little differently. We've heard about how a presumptive injury list, like those used in the U.S., the U.K., New Zealand and Australia, would reduce wait times and make life easier for our veterans.

What are your thoughts on implementing this in Canada?

I thought I heard you say it would be difficult. I'm just wondering what the difficulty would be if it's already implemented in four or five different countries. Why would it be challenging to implement it here in Canada?

Dr. Mary Beth MacLean: It would depend more on conditions. The militaries are not the same from one country to the other. For example, skin cancer is more common in Australia. There is research on that in Australia that is particular to military veterans and under what conditions you can presume. There is not much research on the potential for particular presumptive conditions in Canada.

There would have to be a bit more research—probably a lot more research—to do the literature review to be able to generalize that information to the veteran population in Canada.

It's not impossible, but it's difficult.

Mr. Fraser Tolmie: We have someone who is serving in the military, and they are under care in the military. Then they're released and they're dealt with by Veterans Affairs. They are the same person.

We keep hearing that tinnitus, hearing loss, hips and knees are all common things. Cancer, I understand, is a horrible disease, but these issues that are common could be a base for us.

I find it interesting that you would say it's difficult for us to even start with those issues.

The Vice-Chair (Mr. Blake Richards): I'll ask that the answer be quite brief, please.

Dr. Mary Beth MacLean: Certainly some of the conditions you mentioned would be easier, although it would be costly to have presumptive conditions. You'd save on the administrative side, but you'd pay a lot more on the program side.

I understand that Veterans Affairs is looking into this. That was the reasoning for that study in the first place, to look at what other countries were doing in terms of presumptive rulings.

I have been retired from Veterans Affairs for a year and a half, so I am not sure where that is right now.

Dr. Courchesne or Ms. MacKinnon might know more about that.

● (1955)

The Vice-Chair (Mr. Blake Richards): Perhaps if they do, we will have an opportunity to have a further round for that.

Thank you for your response and for keeping it fairly brief.

For the last round of the second round of questioning, we have the Liberal Party and Mr. Darrel Samson for five minutes.

Sorry, are we changing that up?

Mr. Darrell Samson: Yes, Churence will go first.

The Vice-Chair (Mr. Blake Richards): We'll go to Mr. Churence Rogers, and it sounds like he may be sharing his time with Mr. Samson.

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

First of all, welcome to our guests today.

Thank you for sharing with us some important information, which hopefully will help us put together a very strong report following this study.

Ms. Notarianni, when you were speaking earlier, one of the comments you made was that women vets warrant special attention.

What I want to ask for the benefit of the committee is, why would you say that, and what are some examples of the kinds of special attention that women vets deserve? If you could drill down on that a bit, I'd appreciate it.

Ms. MaryAnn Notarianni: I think that's why we're all around the table today. That's what the witnesses have been bringing to bear.

Women have served in military for a very long time. In terms of women being in a majority or almost all of the roles in the military, it's been several decades now, yet there are still a lot of gaps in the research. You've been hearing that from a number of witnesses who have come forth.

There are a lot of gaps in veterans mental health in general. However, if we don't take a focus on the needs of women—who are, again, a fast-growing group of veterans—I think we risk further marginalizing them.

We don't want to miss the opportunity.... When I say that it warrants special attention, we also recognize that what brings you folks to this study to begin with is that we need to look at it. We need to take a look that's considerate of sex- and gender-based analysis plus when we're looking at veterans' issues, and it's long overdue. We recognize that it is for us, organizationally, among our priority areas. We've honed in on women veterans as well.

If you aren't asking the questions, and if you aren't engaged with the women veterans specifically, you're going to miss that opportunity. We don't want to miss that. We want to be advancing the knowledge and ensuring that there is an ability to tailor care to meet the unique needs of women veterans while still serving and that all veterans have enhanced care and opportunities.

Mr. Churence Rogers: Thank you very much for those comments.

Dr. Rodrigues, both of you mentioned some of the gaps in data and data collection. Some of the past witnesses we've heard from have said the same. To your mind, what is needed for better research? Are there data variables that need better focus or refining to promote better or more accurate data collection in the future?

Dr. Sara Rodrigues: As I mentioned in an earlier response, it's not that there's a shortage of data about women veterans. We have some challenges when it comes to the quality of that data. That isn't a comment on study rigour, by any means. We have many good-quality studies. We just don't have enough women in them. Many of the studies that are available don't have enough women in the sample, which makes it very challenging for us to conduct in-depth analyses beyond comparisons between men and women.

Further to that, because cell counts in some of these studies are so low, it makes it difficult to actually do an analysis or interpret findings with confidence. Further to that, it makes it even more challenging to do intersectional analyses—for example, of women of colour, or women who might live in rural areas—because your cell counts are even lower than that. That presents an additional challenge if we want to do sex- and gender-based analysis plus in that respect.

As I mentioned, many of those studies are population-level studies designed for performance measurement and surveillance. That is valuable information to have. We really believe in complementing quantitative research with qualitative research, because qualitative research has the power to change the nature of the questions that we ask in quantitative findings. We can use qualitative work to inform the quantitative studies that we do.

We also believe in the power of community-based research and participatory action models of research that can bring the interest and the needs of the community into the study design. We can then empower communities to help shape research, which then empowers them to participate in research in the numbers that we need them to participate in.

I hope that's helpful.

● (2000)

Mr. Churence Rogers: That's excellent. Thank you very much.

If you have any special recommendations for our committee that you want to articulate, we'd certainly like to see them.

The Vice-Chair (Mr. Blake Richards): I think what Mr. Rogers is trying to get at is that if you have some recommendations, you could send them to the committee.

I believe that's what you were getting at.

Mr. Churence Rogers: That's it.

The Vice-Chair (Mr. Blake Richards): That would probably help us with our time, so that would be appreciated. You can certainly do that through the clerk. We welcome that at any time, whether it be now or later. If things come up at some point later, or things come to mind that you think would be good recommendations for our committee, please do share them at any time.

That goes for all our witnesses, of course.

[*Translation*]

That concludes the second round, and we have time for a third. We'll go in the same order as in the previous round.

Starting things off is the Conservative Party for five minutes.

Over to you, Mrs. Wagantall.

[*English*]

Mrs. Cathay Wagantall: Thank you again, Chair.

I'm excited to ask some questions now to the two ladies with Atlas.

You worked through your process to come up with a relevant topic for study. I'm really pleased to see you determine that our new study will explore how women's experiences in the service might relate to mental health outcomes as women veterans. We have talked a lot about military sexual trauma. That's clearly been a key issue for women in the military—and not just women, but that was a big part of many of their experiences.

I would like to ask you a question around a previous witness we had. I don't know if you've read or studied anything that we've already looked at. Donna Riguidel has developed a business, a consulting group called Survivor Perspectives Consulting Group. In real time in the military, she had these experiences. As a result, desiring healing and a change in the culture, they have developed this program that is in real time in the military. You would be looking at individuals who faced military sexual trauma or were perpetrators. They have found a way to bring them together. The healing taking place, and the testimonials and whatnot are significant.

I wonder if that could be part of your study, so you literally would see the difference in those who have already left under that added stress of military sexual trauma versus those who have had the care they needed in the midst of being in the military.

Dr. Sara Rodrigues: Can I ask you to kindly rephrase the question, please, for my understanding?

Mrs. Cathay Wagantall: Sure. Military sexual trauma is happening, and we know it has a significant impact on women in the military and how they deal with life after serving. There is now a program created by veterans who were in the military or are still serving, and it has been implemented in the Canadian Armed Forces. You have a situation here where you would have an opportunity to see healing taking place and impacting that sense of worth before they become veterans. I think what we want to do is follow this research to find a way to have healthy women serving and coming out of the military.

Is the mental health of the women who serve in the armed forces something you would see as important to engage in, to see if it has a purpose moving forward?

Ms. MaryAnn Notarianni: I'll comment on that. We heard that testimony and have an awareness of that program, and there may be other interventions. I think, from what I'm hearing you say, you're giving an example of something that's happening, whether it's evaluation data or some program data that's come out to suggest what is powerful and what can be helpful for people.

From Atlas Institute's perspective, part of our mandate is to look at evidence-based practices and increase their uptake or increase information and awareness about them. While I won't commit or comment and say specifically we'll be doing something about that, military sexual trauma is another priority area of focus for us. It's important that we are aware of programs that have good evidence and that have program models that are informed by evidence that we could share information about.

Again, I'm not commenting specifically on that one, because my awareness is minimal, but the spirit of that is something we have an opportunity to look at. In Canada there is an opportunity to do that. What are the made-in-Canada programs that are happening that could be helpful towards veterans' feelings around MST? How do we get the word out? Knowledge mobilization is key, and it's a key role for us.

● (2005)

Mrs. Cathay Wagantall: I really appreciate that, thank you. You explained what it was I wanted to say.

Ms. MaryAnn Notarianni: I'm glad I helped interpret. Thank you for the question.

Mrs. Cathay Wagantall: This question is for Dr. Courchesne.

My colleague spoke with Ms. MacLean about presumptive conditions lists. We know that when paratroopers jump out of planes 100 or 200 times, or whatever it is, they are going to have knee problems. I've heard concern about this.

You've worked extensively. Are there things you would recognize, based on the type of service the individual gave, that would definitely fit into a list like that and would meet the needs? This is what we're about, the needs of our veterans.

The Vice-Chair (Mr. Blake Richards): Keep the answer fairly brief, please. Maybe what I can ask you to do is try to summarize it the best you can, and then, if you want to share some more information with the committee, again, you can share that with the clerk, since you're going to be sending some information anyway.

Dr. Cyd Courchesne: I will. Thank you, Mr. Chair.

I would say that we have changed a lot of our decision-making algorithms to the point at which—tinnitus was mentioned—the rate of approval is so high that you would consider it to be presumptive. My understanding is that there is some legalese around that, which I don't understand—things about regulations, acts and things like that, and I would not be the person to answer that, but PTSD, tinnitus, hearing loss and cumulative joint injury are all things that are at very high approval rates.

Thank you, Mr. Chair.

The Vice-Chair (Mr. Blake Richards): You did quite a good job there of summarizing it quickly. Thank you for that. We appreciate it.

We will now turn to the Liberal Party for five minutes. Mr. Samson.

[*Translation*]

Mr. Darrell Samson: Thank you, Mr. Chair.

I would like to thank the people who provided us with information today, as well as the two people who chose a career in the military.

Before I get to my questions, I'd like to put forward a motion, if I may.

It's already gone out to the committee members. Here it is:

> That the committee ask the analyst to prepare a travel plan as part of the study on the experience of women veterans. This proposal would include options for places to visit, as well as possible witnesses and organizations that the committee could meet.

I can explain the rationale for the motion, if the committee likes.

Does everyone have a copy of the motion?

[*English*]

Very quickly, because I don't want to take time from our presenters, I feel that this would enrich and enhance our study. If we go to visit women veterans in their communities, in front of their people and in a less formal environment, we're going to hear and gather a lot of very good information.

With the trip we did in 2017 on indigenous veterans right across the country, they were extremely happy that our committee would displace itself from Ottawa, go into their communities, listen to their stories in front of their people and visit their cemeteries and their monuments, etc.

In the analysis that could be done, we could keep in mind regions that maybe have not come forward in testimony here, so that we can capture a much greater focus right across the country.

I move this motion. Thank you.

● (2010)

The Vice-Chair (Mr. Blake Richards): Thank you.

Mr. Samson has moved a motion. The motion is in order. He has given 48 hours' notice. However, in this case it's not even required for him to do that.

I will point out for our witnesses once again that this happens sometimes. Unfortunately, we are given only two two-hour meetings a week, and members have to move motions. Unfortunately, it does sometimes interrupt the proceedings we would otherwise have. Hopefully, we can deal with it as quickly as we did the other one and move back to testimony.

He has moved a motion. I will take speakers.

I see Mr. Tolmie and Mrs. Wagantall. I guess Ms. Blaney was on Zoom—I didn't see—so I think she was first. I'll go in the order of Blaney, Tolmie and Wagantall for a list of speakers.

Ms. Blaney, the floor is yours.

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

I'm not sure I'll support the actual trip, but I'm more than willing to have a look at what the analyst puts forward. I will vote in support and hope we can get this done quickly, so we can get back to the witnesses.

Thank you.

The Vice-Chair (Mr. Blake Richards): Thank you, Ms. Blaney, and I'll go to Mr. Tolmie.

Mr. Fraser Tolmie: Very similarly...Mr. Samson, I think what you've explained is more clear than what was brought forward a couple of weeks ago. I'm willing to support it for the analyst and then see where we go from there.

Thank you.

The Vice-Chair (Mr. Blake Richards): Mrs. Wagantall.

Mrs. Cathay Wagantall: Yes, thank you, Chair.

I'll comment as well. I believe I was on that same trip, and it was very well done.

I want to make sure that if this is something we're looking at.... I deeply appreciate the analyst for putting this together for us. I would also like to encourage us to have the steering committee, which has representation from all parties around this table, meet with him to discuss and possibly even make contributions in terms of suggesting who we should see and where we should go.

The Vice-Chair (Mr. Blake Richards): That's a good suggestion as well. Thank you for that.

[*Translation*]

Go ahead, Mr. Desilets.

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

I don't want to put any pressure on the analyst, but since we're at the end of April and the trip—which is more of a mission than a trip—would likely happen over the summer, we need to get a move on.

In principle, I am fully in favour of this type of mission. It's different, and I think it's very relevant to see people in their communities and to visit the organizations that we talk about, hear about and read about. Being there, on the ground, would be a major boon to our study.

[*English*]

The Vice-Chair (Mr. Blake Richards): Thank you for those comments.

I hope that gives our analyst what he needs. I think there was some direction from a couple of the members on what they'd like to see.

I didn't really see anyone disagreeing with those things, so you could try to incorporate that into preparing a plan, particularly around trying to make sure you get input from all the members or all parties through the steering committee, as needed, so we can ensure that we have something together that reflects what everyone hopes to see. If we can do that, we'll do that.

I didn't get a sense that I needed to call a vote. It looks like we have unanimous consent to go ahead.

(Motion agreed to)

The Vice-Chair (Mr. Blake Richards): We can go back to our witnesses. We still have some time left for some questioning.

Mr. Samson, first of all, you still have four and a half minutes.

Mr. Darrell Samson: Thank you, Chair, and again, thank you to all the presenters.

I would like to begin with the institute. I'll make a comment prior to going to questions.

Research is crucial to helping us move forward and create programs, supports and benefits right across the table, but research is more recent in the centres of excellence based on chronic pain and PTSD. It is somewhat new in a sense. We are learning more and more about it and we are moving towards that target, but we can't forget the challenges to women. The purpose of this study on women is to make sure our focus ends up being on those challenges.

First of all, how are we doing with the sharing of information? In Dartmouth we have the OSI clinic, which is extremely important and supportive of our veterans. We have two centres of excellence. Are we talking to each other? One is for PTSD, and the other one is for chronic pain, but if we're talking about women, we need the two of them. What discussions are being had? What sharing is taking place between the OSI clinic and others? That was the objective of the centres of excellence—to share the wealth of knowledge.

I will start there. If we have time, my second question will be about data, because I think Dr. Rodrigues made reference as well to some of the challenges that are more particular to studies on women.

Let's start off.

● (2015)

Ms. MaryAnn Notarianni: I'll start with the first question.

Absolutely, partnerships, mobilizing knowledge and sharing information are core parts of our mandate. You gave a couple of examples of systems stakeholders. We have an organizational memorandum of understanding with the chronic pain centre of excellence. We meet frequently. We collaborate on projects. There is regular information sharing. We actually have projects under way that are looking at chronic pain and PTSD. That's work we're doing together.

Mr. Darrell Samson: I'm always careful. I know there is great work being done in transition and great work being done in sharing, but do we have a lens on women?

Ms. MaryAnn Notarianni: Yes. Both our organizations are looking to apply a sex- and gender-based analysis plus lens to the work we do. Even if the example I gave wasn't specifically about women, it's about including that lens throughout whatever work we're doing together.

You mentioned operational stress injury clinics. Those are other examples of stakeholders we have relationships with. A couple of us have had the pleasure of meeting with folks at Dartmouth who have different work under way, at the moment not specifically on women.

What I'll comment on, though, again, is a newer organization. It's about building these relationships and hearing from them about what they're seeing. It's important to have those relationships so we can understand their needs and mobilize some of the research and some of the training opportunities that may take a specific focus on women to that audience.

Again, we're connected with the operational stress injury clinics. They're a great resource in terms of providing quality care to veterans.

Mr. Darrell Samson: Thank you.

Madam Rodrigues, with respect to that point, you talked about the importance of asking the right questions in surveys. I think that's crucial. I agree 100%. I know that we need to be asking the right questions, and often enough we're not.

When we talk about small samples, why can't we survey all women who have left the military in the last 10 years? When I talk to Statistics Canada, it says you have to have a significant number to draw some information, so I say ask all of them the questions, instead of asking just 20% of the population.

Are we able to maybe expand that to every woman who in the last 10 years joined or left the military?

The Vice-Chair (Mr. Blake Richards): I have to ask that the response be quite brief, please.

Dr. Sara Rodrigues: I'll try to be brief.

Ideally, you would survey the entire population and try to get as large a sample as possible when you are doing quantitative studies. However, finding the population and encouraging them to participate in research can be difficult. While you might have a very broad recruitment effort, you might see small numbers of people, particularly if the researchers have a very sensitive topic or if the population is difficult to reach. If you don't know how to find them, that can pose challenges to serving more people or getting a larger sample size.

We're hoping to overcome some of those challenges by working directly with the community to design that community and help us identify where we find people to participate in research.

Mr. Darrell Samson: Thank you. That was lots of information in a short period of time.

Thanks, Chair.

The Vice-Chair (Mr. Blake Richards): Thank you.

[*Translation*]

We started about five minutes late, so I think we still have time to wrap up the third round.

Mr. Desilets, you have two and a half minutes. Go ahead.

● (2020)

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

Earlier, Dr. Rodrigues, you said more research happens in the States. You mentioned the quality of the research, and I really appreciated that. It's about more than just gathering figures. Scientifically speaking, the data have to be usable.

Since the Americans do more research than we do, do they have better outcomes? Do they have lower rates of mental health problems or suicidal ideation?

Is everything okay, Dr. Rodrigues? Is your answer going to be lengthy?

[*English*]

Dr. Sara Rodrigues: I apologize. I'm not familiar enough with the data to comment on whether or not the rates are lower in the U.S. population. I'm sorry.

[*Translation*]

Mr. Luc Desilets: Is someone able to answer that question? Does having a significant body of research lead to lower prevalence rates?

No? All right.

I have another question for you, Dr. Rodrigues. My understanding is that we nevertheless collect quite a bit of data in Canada and that we do a decent job of it. We gather the information, but we have trouble reaching the populations and identifying the causes of higher prevalence rates, for example, the higher suicide rate among women. What do you say to that?

[*English*]

Dr. Sara Rodrigues: I apologize. I don't have the translation.

[*Translation*]

Mr. Luc Desilets: Is there a problem with the interpretation?

The Vice-Chair (Mr. Blake Richards): Is there a problem with the interpretation?

All right.

Mr. Desilets, would you mind repeating the question?

Mr. Luc Desilets: Very well. I'll take it from the top since I don't know when the sound cut out.

My understanding from the comments we've heard is that we collect a lot of data and the organizations collecting the data co-operate well. That's the foundation. That's good.

Once we have the data, they should help us understand the causes of certain issues, but that's easier said than done. That's what I've gathered from the witnesses we've heard from during our five or six meetings on this study. For instance, why is the suicide rate higher among women? Logically, once we've identified the causes, we should be able to come up with solutions.

I don't want to sound pessimistic, but after five or six meetings on the issue, I get the feeling that we are still at stage one. Am I wrong?

Dr. Rodrigues, can you answer that?

Dr. Sara Rodrigues: Sorry, but I didn't get the interpretation.

[*English*]

The Vice-Chair (Mr. Blake Richards): I'll ask that you keep it fairly brief.

Dr. Sara Rodrigues: I'm sorry. I didn't have the interpretation.

[*Translation*]

The Vice-Chair (Mr. Blake Richards): I think the interpretation is working. I don't seem to be having any issues with the sound. I'll ask the clerk to check the equipment.

Mr. Luc Desilets: It seems that, over there, they don't know what's wrong.

[*English*]

The Vice-Chair (Mr. Blake Richards): Maybe what you could do is try...see if you can take the earpiece from the next microphone over and try it. Make sure you're on channel 1. It says “01 English”.

Dr. Sara Rodrigues: It seems to be cutting in and out, but MaryAnn was able to summarize the question for me. I apologize for the delay.

The Vice-Chair (Mr. Blake Richards): Do you think you're comfortable to respond at this point?

Dr. Sara Rodrigues: I believe so, yes. I believe the question is, if there's so much data being collected, why don't we understand the causes of some of the issues that people are experiencing, specific to suicide?

I can't comment specifically on suicide. It isn't data that I've looked into myself, but in general—I'll elaborate on a point that I made earlier—most of the studies that are being done tend to trend in the direction of examining things like correlates, prevalence, rates of certain things and differences between men and women, if we're thinking specifically of women veterans. That data tends to be population-level data that uses dichotomized or categorical variables, so it asks if something is this way or that way.

Many of the studies that we have available in Canada don't ask questions about explanatory factors. For example, if I'm thinking about questions asked about MST in the life after service survey—just because I was looking this up recently—the line of questioning is this: Did a certain event happen, and under what circumstances did it happen? There isn't a line of questioning about the quality of support that somebody may or may not have received.

It's difficult for us to make any kind of assessment or conclusion about how to support people and improve programs and services, for example, if we're not asking that question.

● (2025)

The Vice-Chair (Mr. Blake Richards): Thank you very much.

We will turn now to the NDP for a round of two and a half minutes.

Please go ahead, Ms. Blaney.

Ms. Rachel Blaney: Thank you, Chair.

That was really interesting in terms of making sure we ask the right questions so we can get the information required to actually understand the issue and then move forward.

I'm going to ask Dr. Courchesne a question. I have only two and a half minutes, so if I interrupt you, I apologize.

When a new injury is approved and a benefit is attached to that injury—for example, a service-related case of female infertility—I'm wondering if you can explain how that information gets disseminated to VAC staff, case managers, adjudicators and the veteran community at large, and to health care providers.

I ask because of how many women are supporting other women veterans who have a similar health issue and are not getting the support that their friends have. Now they're working together, and what they're telling me is that people don't know. I'm just wondering if you can explain that process.

Dr. Cyd Courchesne: If we were to implement a new process or, as in your example, we were approving a new injury, we would start with the staff who received those applications. We would provide them with a new process and the reasoning and all of that.

Then we would work to disseminate it within our department to the frontline workers who work with the veterans directly—the case managers and the veteran service agents. We work with our communications colleagues to put it out to our social media. We also have My VAC Account. We have a large number of people who have now registered for My VAC Account.

We use several mechanisms to disseminate the information, to get it out there.

Ms. Rachel Blaney: If there's a complaint or somebody feels like that has not happened, who do they complain to? Answer very quickly, please.

Dr. Cyd Courchesne: It's 1-800-Cyd-Courchesne.

Ms. Rachel Blaney: Okay. That's perfect.

Dr. Rodrigues, I will ask my last question.

In your research, I just want to clarify this. It sounds like you do sex aggregation and data collection. I want to make sure that's happening. When there are comparisons, are they being made to other women veterans, to spouses of military personnel, to civilian women or to male veterans?

The Vice-Chair (Mr. Blake Richards): The answer will have to be quite brief, please.

Dr. Sara Rodrigues: We haven't yet embarked on data collection for this study. As we look to embark on the study design and further develop the study, we'll have a better sense of the sample size and the research questions. I apologize that I don't have more details at this time.

The Vice-Chair (Mr. Blake Richards): If there's anything that you want to send to the committee for more detail on that one, please send it through our clerk.

We have two five-minute rounds left.

The first one is for the Conservative Party, with Mr. Fraser Tolmie.

Mr. Fraser Tolmie: Thank you, Chair.

I have two questions. They will be for Ms. Courchesne.

There are cases in which veterans are medically released from the Canadian Armed Forces with service-related injuries. They are deemed too disabled to serve, yet when they get to Veterans Affairs Canada, they're ineligible for disability benefits. What would need to happen in terms of coordination between the CAF and VAC in order to enable veterans to get care?

Dr. Cyd Courchesne: We've done a lot of work in the past five to eight years to work more closely with our colleagues in the Canadian Armed Forces. In fact, I kept an office in the CF health services headquarters, to have direct access to my colleagues there.

Very often we have informal discussions as well as participating in formal working groups. We have close collaboration with respect to benefits, treatments and the drug formulary that we administer—everything related to the seamless transition—so issues would be raised at that level.

Without a specific example of why you would be released for medical reasons and it wouldn't be recognized.... Again, there's been evolution in this area. These things can happen. When someone develops a chronic disease that wasn't related to their service, like diabetes or an infectious disease, without ever having ever deployed, that could render that person as not meeting the universality of service principles anymore.

I would say that if they are injured, it would be rare that Veterans Affairs would not recognize that injury. It would be more in the realm of illnesses that they wouldn't meet that threshold.

● (2030)

Mr. Fraser Tolmie: We heard testimony previously that veterans who have been serving have been released with service-related injuries. I appreciate your answer, but it does not jive with what we've heard from people who have brought testimony before.

Let me ask you this in closing. Veterans fall through the cracks during the often lengthy time between their release date and when they start receiving benefits from Veterans Affairs Canada. Could you shed some light on what would need to happen in order to enable coordination between the Canadian Armed Forces and VAC to reduce that time?

Dr. Cyd Courchesne: It would be multifactorial. It would depend on whether the individual had applied for our services. They might be released, and they might not have put in an application.

We know that 25% of our clients are still serving members. That's the ideal time to put in applications, while they're still serving, so when we work together in our transition centres, all of that can be put into place.

Mr. Fraser Tolmie: Okay. I appreciate the testimony that has been brought here today.

One thing I heard earlier on was that transition for a vet would be costly, and that's a concern for me, because these are veterans who have put their lives on the line for our country. They have been away from their families; they've made huge sacrifices and they've faced difficult challenges. I hope this is not a barrier when we look at how we treat our veterans and what they've done for our country.

Thank you very much for your testimony today, and thank you very much for joining us.

The Vice-Chair (Mr. Blake Richards): Thank you, Mr. Tolmie.

We have one final round of questioning.

I'll go to the Liberal party and Mr. Casey for five minutes.

Mr. Sean Casey: Thank you, Mr. Chair.

At the beginning of my first round, I said I wanted to get to Dr. MacLean, and I never did, so I appreciate the chance to circle back around.

Dr. MacLean, earlier in the meeting you talked about the lower rates of participation in the labour force by women, generally by women veterans specifically. You indicated that one of the reasons for that was leaving the service to be a caregiver. When pressed by Mr. Tolmie on whether that was for parents or children, you indicated that it was more likely for children.

Have I fairly summarized what we've heard on that topic?

Dr. Mary Beth MacLean: Yes, you have.

Mr. Sean Casey: Your conclusion in that regard would be based on research that you did when you were a health economist with Veteran Affairs. I understand that you had a 15-year career at that.

Dr. Mary Beth MacLean: I had a career of more than 20 years there.

Mr. Sean Casey: Oh, okay. My notes were 15 plus.

That means the research would be at least a year and a half old. Is that right?

● (2035)

Dr. Mary Beth MacLean: Yes. It would be a few years old, but it would be based on the life after service studies that are conducted every three years. That finding has been consistent every three years.

Mr. Sean Casey: The data that you would have been relying on would have been more than a year and a half old, though. Is that right?

Dr. Mary Beth MacLean: Yes.

Mr. Sean Casey: As you know, there has been a transformational investment in accessible, low-cost day care in this country in the last couple of years. What impact would it have on the labour force participation factor that you identified if all of a sudden there were a lot more child care spaces at a much lower cost?

Dr. Mary Beth MacLean: It likely would have an impact, because for 8% of the women veterans, their main activity was caregiving post release. That was quite a bit higher than for male veterans, which I think was 1% or 2%, so it could have a significant impact on their participation in the labour market. I'm sure caregiving can be quite a barrier to labour force participation among women veterans.

Mr. Sean Casey: The investment is too new for it to be reflected in the research thus far. Is that right?

Dr. Mary Beth MacLean: Yes.

Mr. Sean Casey: Dr. Courchesne, you indicated earlier in your testimony that you're not a researcher, so I'll ask you this from your perspective as someone who's served for 30 years and is in the medical field. Feel free to rely on anecdotes.

My question is around your experience and the most common reason for challenges with transition from service to civilian life. Can you talk about your experience in that regard, personal and professional, based on your service to our country and your work at Veterans Affairs?

Dr. Cyd Courchesne: I would say that my anecdote would not be illustrative of transition, because I had one week between leaving the military and joining Veterans Affairs Canada as a public servant. I experienced practically no transition. There was no time. I jumped from one job to the next. My journey would not be typical.

Mr. Sean Casey: In the course of your work, you would have interacted with hundreds of people. What has been your experience in your circle? I didn't mean it to be as direct and as personal as you answered.

Dr. Cyd Courchesne: What we hear from veterans around transition, especially for those who leave not for voluntary reasons but for medical reasons, is the loss of identity. It's the loss of leaving the family and not having the regimental brothers and sisters there to support them. That is the number one reason we hear for the difficulty in transition.

The Vice-Chair (Mr. Blake Richards): Thank you. That's a good way to conclude, and it will be where we conclude.

First, I want to thank all of our witnesses. It was quite clear that a lot of expertise and experience, in this room and online, were provided to this committee tonight in terms of the information we were given. Thank you very much for the quality of your testimony and your responses.

I know there is some information that you're going to follow up on and provide to us. Thank you in advance for that.

Thank you to the members. We dealt with a couple of motions, and we were able to do that quite quickly. I'm sure that was all because I was here in the chair, rather than over there. Either way, thank you very much to everyone for being quite expeditious in how we handled those.

With that, we'll close the meeting. We'll see you all next week.

The meeting is adjourned.