HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

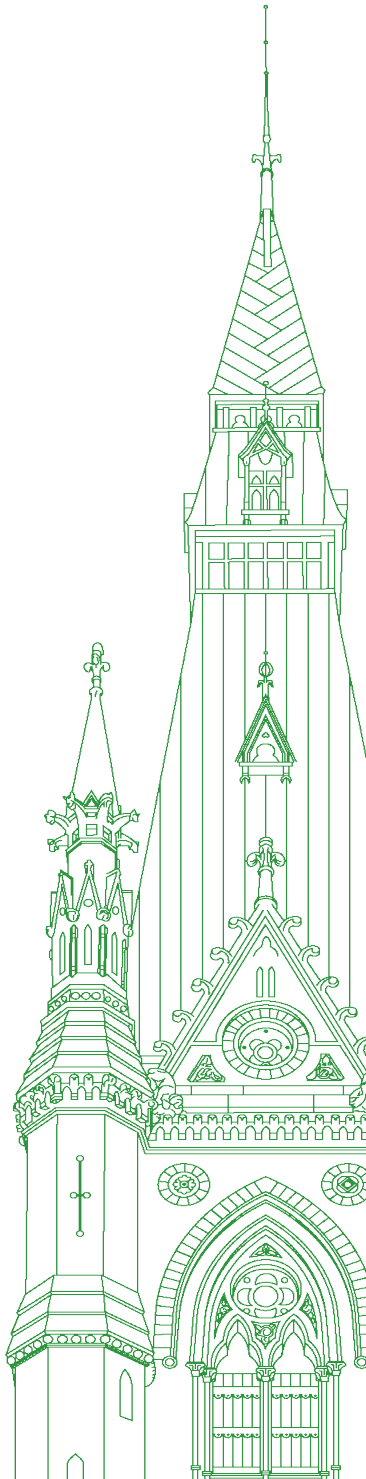
44th PARLIAMENT, 1st SESSION

Standing Committee on Veterans Affairs

EVIDENCE

NUMBER 054

Thursday, June 1, 2023



Chair: Mr. Emmanuel Dubourg

Standing Committee on Veterans Affairs

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● (1840)

[*English*]

The Vice-Chair (Mr. Blake Richards (Banff—Airdrie, CPC)): I call the meeting to order.

[*Translation*]

Welcome to meeting number 54 of the Standing Committee on Veterans Affairs.

We are continuing our study on the experience of women veterans, and we have three witnesses with us today from the Department of National Defence.

[*English*]

We have with us Major-General Marc Bilodeau, surgeon general, Canadian Armed Forces; Commodore Daniel Bouchard, commander of the Canadian Armed Forces transition group; Lieutenant-General Lise Bourgon, acting chief of military personnel; and Lieutenant-Colonel Andrea Tuka, national practice leader, psychiatry, who is with us by video conference.

We will have opening remarks.

Lieutenant-General Bourgon, I think you're giving the opening remarks on behalf of the group this evening, so we'll give you roughly five minutes for opening remarks.

If you want to turn on your microphone, you can give those remarks now, and then we'll go into questioning from the members.

Lieutenant-General Lise Bourgon (Acting Chief of Military Personnel, Canadian Armed Forces, Department of National Defence): Thank you, Mr. Chair.

[*Translation*]

Good evening.

[*English*]

First I would like to acknowledge that we are gathered here on the traditional territory of the Algonquin Anishinabe nation, and I would like to take this opportunity to recognize our commitment to meaningful reconciliation with indigenous leaders and peoples across the land.

[*Translation*]

I am joined today by Major-General Marc Bilodeau, surgeon general.

[*English*]

Major-General Bilodeau is the functional authority when it comes to the professional and technical aspects of medical and dental care for our members.

With us virtually is Lieutenant-Colonel Andrea Tuka, one of our mental health professionals.

[*Translation*]

I am also joined by Commodore Daniel Bouchard, commander of the Canadian Armed Forces Transition Group.

[*English*]

Within DND and the CAF, I am responsible for recruitment, training, retention, education, career management, policy, pay and benefits, health services, military career transition, morale and welfare programs, and a host of other support services.

My day job is quite busy, as you've just heard.

[*Translation*]

I am also the defence champion for women.

[*English*]

Equity, inclusion and women's health are issues we take very, very seriously, and we are pleased to be here to talk tonight about the health and wellness of women veterans.

[*Translation*]

I would like to thank the committee for this important study.

I want to start by highlighting the work we have done so far to improve the health and well-being of women in the military, and to talk about the issues we're still tackling.

[*English*]

With the expertise of my team, I have the privilege of leading an important initiative to improve health care for women in the military by identifying barriers within our current service delivery models and tackling those issues head-on.

Currently, we are focused on four main lines of effort.

[*Translation*]

The first is injury and illness prevention.

[*English*]

The second focus is about providing evidence- and needs-based care.

The third is quality and performance assessment within our health care clinics and our programs.

[*Translation*]

Our fourth main line of effort is research and engagement, which is the foundation of the three others.

[*English*]

Within the forces, we know that illness and injury prevention and access to timely health care are linked to long-term physical and psychological well-being. For women in uniform, prevention begins with relevant, targeted and evidence-based initiatives, such as our physical fitness requirements for women and our many mental health supports.

[*Translation*]

Prevention also includes standardized screening processes for serious illness, such as early cancer detection.

[*English*]

When it comes to caring for our members, the CAF continues to maintain a world-class evidence-based medical system. We do this by adopting best practices for clinical care and integrating policies and programs that are specific and tailored to women in military settings, such as by adding clinical staff to our care delivery units within our own health clinics.

Through our performance assessments, we regularly examine how well our clinical services are meeting the spectrum of women's health care needs.

[*Translation*]

And it's through research and engagement that we continue to seek a better understanding of health and mental health risk factors, and how these are influenced by occupational demands.

[*English*]

On the subject of occupational demands, it is important we talk about military families as a whole. I often say that we recruit members but we retain families. The demands we place on families are significant, so we continue to work on solutions to reduce the impact of military service on our families.

Currently we are rethinking how and why we move and sometimes separate families due to military service. Through “Seamless Canada”, a federal-provincial-territorial initiative that looks to address the impact that moving within Canada has on our military families, we are improving access to health care and child care services for our members and their families when they move to a different province or territory. We are also examining prenatal and postnatal support and occupational assessments associated with fertility and reproduction.

However, as we continue to care for the complex health care needs of women and families through our many initiatives, it remains clear that a comprehensive approach is what is required. Women and gender-diverse personnel deserve to have their health and wellness made a national priority from the time they put on the uniform through to transition and retirement.

[*Translation*]

Veterans have given their best to Canada.

[*English*]

Therefore, the health of women veterans requires and deserves a special focus of the kind that my team and I have initiated. To be frank, women have not always received the special attention they deserve. As women, our needs are different from men's—not better, not worse, simply different. Let's recognize these differences as a strength.

Indeed, the CAF is changing for the better. If we have healthier serving women, we will have healthier veterans. After all, we are all part of the military family.

[*Translation*]

We look forward to your questions.

[*English*]

Thank you very much. *Merci*. *Meegwetch*.

● (1845)

[*Translation*]

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

For the first round of questions, we have four interventions, one for each party, in the following order: the Conservative Party, the Liberal Party, the Bloc Québécois and the NDP.

From the Conservative Party, Mr. Tolmie, you have the floor for six minutes.

[*English*]

Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC): Thank you, Chair, and thank you to our guests for your interventions and for joining us tonight.

As we said in the short preamble to this meeting, we're here to find facts and get some information. I do have a list of questions, but one has recently popped into my mind, so I'd like to start off with a question for Lieutenant-General Lise Bourgon.

I was recently given some information that we have some pilots who used to be wing standard in the military, and they would like to re-enrol. They're not being able to re-enrol right now.

The CDS used to be able to waive the fact that they didn't have a university degree. The CDS used to be able to waive that. Now it's the ministry of national defence. That's taking four to six months, so we have a backlog of pilots needing to be trained.

Have you heard of that? If so, why is it taking four to six months? Why has the ministry of national defence stepped in when it's a requirement that it should be the CDS?

LGen Lise Bourgon: The requirements for officers to have an officer corps degree comes from the Somalia inquiry and the recommendations made to ensure we had a better professionalized military officer corps. That came after the Somalia inquiry, and it is a ministerial authority to grant waivers for that.

We clearly understand that with reconstitution, in the space where we are right now, we are working to facilitate this. Hopefully, there will be a solution forthcoming. We're tracking this issue and we're working hard on finding a solution.

Mr. Fraser Tolmie: Thank you for clarifying that and for validating that question.

As you know, the DND and Veterans Affairs have different standards when assessing injuries and disabilities and determining whether or not they are service related.

This can lead to situations of veterans being medically released from the CAF, yet when they go to VAC for help, they're told their injury is not, in fact, service-related. This creates a huge gap, and many veterans end up falling though the cracks, as we've learned through numerous meetings.

Why do DND and VAC have different injury assessment standards? What needs to be done in order to harmonize these injury assessment standards?

● (1850)

LGen Lise Bourgon: I'll give the floor to Major-General Bilodeau to comment on the differences between VAC and CAF.

The one thing we clearly need to understand is that some of our military members are being released medically for causes that are not linked to duty. If I develop diabetes today, I will be released medically in the future. It cannot be attributed to military duty, but it's still a reason to be released medically from the CAF. There are slight differences.

I'll give the floor to Major-General Bilodeau to talk about those differences.

Major-General Marc Bilodeau (Surgeon General, Canadian Armed Forces, Department of National Defence): The process to adjudicate and the criteria used to adjudicate are different between the two departments because we have different mandates.

The Canadian Armed Forces mandate is to care for our members, and not so much to look at benefits but at the health care they need. The Veterans Affairs mandate is different; they have more of a pension benefit mandate. Our criteria are looked at through a different lens. Our lens is really related to the health care they need, while Veterans Affairs looks more at the law that drives benefits.

I do not have to make a determination on whether it's service-related because it doesn't matter for the care I provide them, with some exceptions for our reservists. Only our reservists require determination, and that determination is made to decide it they are eligible or not for the care.

Mr. Fraser Tolmie: I'm going to merge a couple of points that were made in the first question with regard to previous service when you were talking about reservists.

Veterans automatically lose their security clearance on the day they are released from the CAF, unless they start a new job that requires it the very next day. Many veterans lose their security clearance upon being released. They then find civilian employment that requires security clearance shortly after their release. Unfortunately, this means they have to go through the whole process again to get their security clearance.

What would need to be done in order to speed up this process or to extend top secret security clearance for military personnel who already have it in order to keep it a bit longer, should they find employment? What would need to be done to speed up the process and reduce bureaucracy?

LGen Lise Bourgon: That is a very good question.

Sadly, this is not within the chief of military personnel's authority. This is more for the vice chief of the defence staff and our director of general security. We can't really answer this question.

The Vice-Chair (Mr. Blake Richards): You have about 10 seconds.

Mr. Fraser Tolmie: I have about 10 seconds, so I'm going to say thank you very much for joining us. We do appreciate it. I'll leave some room for others to be able to ask some questions. I'm being kind tonight.

The Vice-Chair (Mr. Blake Richards): You took 14 seconds to say that. We'll subtract it from your next round.

For the next six minutes, we have Mr. Darrell Samson from the Liberal Party.

[*Translation*]

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

[*English*]

Thank you all for being here today, and, of course, for your service.

We've had a number of meetings that were very much focused on veterans after they leave the military. The opportunity to speak with you today is that much more important because we can deal with the transition process that begins while the member is active.

Lieutenant-General Bourgon, you talked about the barriers women face during transition and some of the strategies your team is putting together. Can you expand on that, please?

LGen Lise Bourgon: Are you asking about the barriers during transition or the barriers to services?

Mr. Darrell Samson: You referred to barriers to services in your presentation. We can talk about transition afterwards.

LGen Lise Bourgon: This is super-interesting, because this is a question very close to my heart. In 36 years in the military as a maritime helicopter pilot, I always felt like a square peg that had to fit into a round hole. I never felt like the rest.

I spent a lot of time on a fellowship looking at inclusion and diversity in the CAF. I wish there was one answer, one thing that we could identify as what is required, but it's across the spectrum. Inclusion is across the spectrum. When we look at our human resources policy, when we look at our health services, when we look at our equipment, when we look at our succession planning, when we look at our careers and family services, we see that the Canadian Armed Forces were designed by men for men. It's a reality to which we have to adjust.

However, now we have to go back and look at everything we do—all our policies—and look at each and every one of them to make sure women and diverse people feel like they belong in the CAF. It's not only one piece; there are a gazillion—that's a mathematical term—pieces that need to be changed.

● (1855)

[*Translation*]

Mr. Darrell Samson: So there are a number of differences to consider. What strategies have you put in place over the past two or three years to facilitate this transition or to deal with these challenges?

LGen Lise Bourgon: Thank you very much.

When I came into this role, as you heard, we took the time to look at the overall responsibilities of the chief of military personnel, and then to draw up an action plan for inclusion and diversity throughout my service.

What could we do better? For example, we launched the women's health care initiative. We're also looking at infrastructure and equipment. As part of the new contract with LogistiCore for new equipment, we are careful to provide better support to women, for example by offering them better boot sizes. Last year, we also launched a refund for waterproof underwear. It's the same thing for the bras: we need equipment that works for us.

The same is true for the transition to civilian life. How do we eliminate the bias in our system so that everyone has a chance to succeed? Now, at every transition meeting, there is a person in charge of diversity and inclusion who is there to promote that perspective, from civilian employees with the military. They listen to make sure that what we're saying makes sense.

Let's also not forget the feminization of ranks, breastfeeding policies and other measures. We've made a lot of changes in the past two years, but there's still a lot more to do. We're not done yet.

[*English*]

How do you eat an elephant? One bite at a time.

[*Translation*]

The elephant is big, but we'll get there.

Mr. Darrell Samson: I still have two minutes.

You talked about moving. I've always found that very difficult to understand. As you know, in the past, members of the Canadian Armed Forces were mostly men; barely one-sixth were women. So it was often the woman who had to be transferred with her husband. If she was a teacher—I was in the teaching profession—she didn't have a position once she got to where the family had been transferred. These transfers therefore always raised the issue of the lack of employment and support for women.

You referred to that in your opening remarks. What can you tell us about that, in addition to the fact that we're trying to reduce the number of moves? We've just completed a study on the employment of veterans after their military service. Are you working on this issue and perhaps developing a strategy?

LGen Lise Bourgon: That's a great question. I will try to answer fairly quickly, because if you had two minutes, there is quite a bit less left.

We're doing this with the Seamless Canada initiative, and its steering committee is holding discussions with the provinces and territories on how to facilitate employment after a transfer. As you say, relocating spouses arrive in a new province and their professional qualifications must be recognized to facilitate their job search. Every time they move, they start all over again.

We are working very hard on this issue with the provinces and territories. We are making progress, slowly.

Mr. Darrell Samson: So you are making efforts to have the provinces better recognize the professional qualifications of the people who accompany the military members, as they already do for immigration.

Thank you, Mr. Chair.

[*English*]

The Vice-Chair (Mr. Blake Richards): Excellent. You did much better than Mr. Tolmie. You were bang on.

You have 14 extra seconds next time. There you go.

[*Translation*]

Now, from the Bloc Québécois, we have Mr. Desilets for six minutes.

● (1900)

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): Good evening, colleagues.

Thank you to our guests.

Ms. Bourgon, you represent a wonderful balance between the extraordinary professional, the strong woman, the experienced woman and the good life, because when we talk to you, we see that you are a funny, down-to-earth woman, which I think adds to your credibility.

You made a video about your journey as a helicopter pilot, which is called *Sea King*, if I'm not mistaken. I watched it twice. I understood it the first time, but I wanted to watch it again to take it all in. I found it really fascinating. I invite everyone to watch it. It's really interesting, because you explain it all so simply.

After watching this video, are we to understand that we'll never again have to fight to have women's equipment adapted to their particular morphology?

LGen Lise Bourgon: We continue to fight every day. Every procurement program for new equipment requires a gender-based analysis, or GBA plus. We really have to look at our population. It continues.

For the past two years, we have had an anthropometric database. We really studied all the women in the Canadian Armed Forces, their height, their measurements and so on, so we have a better idea of what we need in terms of equipment. That's part of the challenge.

The second part of the challenge is to ensure that the industry is able to deliver what is requested. There are certain pieces of equipment that are difficult to obtain. When you look at the cockpit of an aircraft, in terms of the size, the length of arms required and so on, you can't tailor the dimensions to 100% of the Canadian population. Where do you put the box so that everything fits? It's a difficult choice.

There are also things like ballistic protection plates, where the technology isn't yet adapted to our needs because we represent only a small percentage of global purchases. That's also a challenge. We're aware of it, and we're working on it.

Mr. Luc Desilets: So we understand that there's still a lot of work to be done to adapt equipment to women.

LGen Lise Bourgon: Yes. We're continuing to work on this, knowing that it's a challenge and that it needs to be addressed head on.

Mr. Luc Desilets: What percentage of women can now have equipment tailored to their physical needs?

LGen Lise Bourgon: It would be difficult to know.

Mr. Luc Desilets: Would it be 10%, 15% or 50%?

LGen Lise Bourgon: I can't really say. Again, it depends on the profession. The needs are different between a pilot, a driver or a firefighter.

Mr. Luc Desilets: Okay.

In your current role, what more do you hope to put in place for women? What do you have left to do? Let's say you have a year of work left.

LGen Lise Bourgon: I think we need to understand women's needs, which are different from men's, and look at the gap analysis. Personally, I think that Canada is still a traditional country when it comes to gender roles. Women are often responsible for doing household chores, raising children and so on. Women's demands are real. How do you respond to that?

If I had a magic wand, for me, with my experience, I would choose child care for all military children. It should be accessible as and when needed. We know that about 45% of military families have trouble finding child care services for their children. It's a huge challenge.

Mr. Luc Desilets: I don't have much time left. I think child care is a very interesting issue. Are there any other priority issues you'd like to pursue while you're in your position?

LGen Lise Bourgon: I think the women's health file has just been launched. It will be very interesting to see what we do about that.

We're also continuing to work on the equipment issue, so that we can be at our best to do the work we need to do. If you don't have the right equipment, you can't be at the top of your game, and you're going to get hurt.

For me, it's about child care, health care and equipment. Those would be my three priorities.

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

● (1905)

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

[*English*]

For the fourth round of questions in the first round of our questions this evening, we have Ms. Rachel Blaney from the New Democratic Party.

You have six minutes. The floor is yours.

Ms. Rachel Blaney (North Island—Powell River, NDP): Thank you, Chair.

I thank you all for being here today. I really appreciate your testimony, and I found some of the things you were talking about earlier today rather inspiring. Thank you for your service and thank you for giving us a little bit of hope within the challenging study we've been sitting through.

I'm going to come to you first, Lieutenant-General Bourgon.

One of the things we have heard again and again from women from their history of service is that they often felt invisible. Now, in their experience in VAC, they're feeling similarly that issue, where they're trying to prove again and again that the things that happened to them while in the services had an impact. Because it wasn't being measured very well before, it's really hard to prove it on the other side. I hear them really clearly and hear that concern and that there's something we have to do.

The other thing I found really interesting about their testimony, though, is that they've talked about the opportunity for women if they're provided the proper equipment and the acknowledgement of who they are when they serve. It's this interesting opportunity that comes from some severe struggle, and I really appreciate so many women veterans coming forward and sharing that experience.

I am wondering if you can talk a little bit about the role that you are playing and what you have seen in the last few years, so that women veterans who have served our country could hear this from you today. They may not be aware of those changes that are happening and what that looks like.

LGen Lise Bourgon: Thank you very much, Mr. Chair.

I hear your comments, and I hear the comments of the women veterans because I've lived it. That's the reason I'm so enthusiastic about that inclusion.

The CAF of today is not the CAF I joined in 1987. We've made a lot of progress. There's still a lot of progress to be made, but now we're aware of that progress. We have, again, the gender-based analysis that is mandatory on everything we do, from policy to equipment to infrastructure. There is a fail-safe that we need to address every time we want to do something.

We have GENADs, or gender advisers, in all of our commands, who are there to advise. The chief professional conduct and culture is there too, to provide that expertise.

I don't think, honestly, that women are invisible anymore in the Canadian military. We are part of the CAF, the same as the different employment equity groups. We are taking our place, and we are being supported.

Is it perfect? No. Do we have improvements to make? Absolutely, but our voice is being heard. We have the defence advisory organizations. When we look at indigenous peoples, visible minorities, LGBTQ and women, we meet regularly at the tactical level. On each of the bases there's a level across Canada where we hear them and we hear about the gaps, what they want us to change and, as much as we can, given resources, priorities, sequencing and everything, we try to deliver on what they need.

I think we're here to hear and to change. That's the big difference that I would note from 35 years ago when I joined.

Ms. Rachel Blaney: Thank you for that.

My next question—and I've heard this as well and I'm trying to wrap my head around it—is that, as things change in the CAF and as there's more clarity about the impacts and what needs to change so those impacts are less disabling to women, how is that information shared with VAC?

What I'm hearing again and again is that veteran women are coming forward and they're talking about the challenges they have. They're talking about how they think, based on their medical records, the impact was from their service. I hear clearly that you're working collectively to say, yes, those things do have impact, and how do we lessen the impact by changing what we're doing? How is that getting to VAC so that when they do the assessment they actually know how to support those women veterans most effectively?

LGen Lise Bourgon: Thank you very much.

I'll give the floor to General Bilodeau to talk a bit about the medical side. One thing we've just initiated is a better understanding and joint research between VAC and CAF to understand the needs of women from the medical side, but also from the physical, the psychological and the wellness side, so that working together we can make progress.

I'll give you the floor, Marc, and maybe Dan might have something about the transition services that are focusing on women.

● (1910)

MGen Marc Bilodeau: There's a steering committee between Veterans Affairs and us that is basically trying to align our services so that we reduce the gap between the two departments when a member transitions, because we serve the same community, just at different times in their careers, as you would imagine. There are subcommittees to that steering committee, and one of them is about health care. How do we align the health care services we provide to our service members, and how do we make sure the same level of service is available to our veterans after release?

Obviously, a component of that belongs to the provinces because our members, then, once they leave, become citizens and health services are covered by the provinces and VAC is supplementing that care with whatever we provide that is missing there.

Our goal is to align as much as possible to minimize the gap. We know there was a significant gap several years ago, and slowly we're trying to better align our programs so this gap is as small as possible, or non-existent. The goal would be to make it non-existent.

The Vice-Chair (Mr. Blake Richards): That's the end of our first round.

We'll move to our second round of questioning now. We have a bit of a different order here. We'll have five minutes for each of the Conservative and Liberal parties, and two and a half minutes for the Bloc Québécois and the NDP. We'll then finish the round with another five minutes for both the Conservative and Liberal parties.

We'll now move to Mrs. Cathay Wagantall for five minutes.

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

Thank you very much for being here this evening. I very much appreciate it. Thank you for your service as well.

I have some concerns around the issue of sexual misconduct. It's disproportionately affecting women in the Canadian Armed Forces. Instances are on the rise in the Canadian Armed Forces. In the 2018 fiscal year, there were 256 cases reported, and that number has risen every single year. There were, in this last fiscal year, 444 cases reported.

In your most recent departmental plan, there isn't a determined goal to reduce cases. It just says, in that column, “Target to be determined”. Could you expand on that a bit and explain what that means? That seems very undetermined.

LGen Lise Bourgon: Thank you very much.

I can't really answer the question, because it's more of a “chief professional culture and conduct” area.

However, I want to point out that an increase in sexual misconduct is different from what is being reported. Saying there is an increase is wrong. People are reporting, which is a good thing. Am I right? It's a good thing. Does that mean there's more sexual misconduct? No, I can't say that. The people are coming forward and reporting. For me, it's a clear sign we are doing something right if people have the confidence to come forward and report so we can take action.

Mrs. Cathay Wagantall: I appreciate your clarifying that, because I think that is very important: the freedom to feel you can come forward and not suffer any consequences for doing that. That is powerful. Thank you very much.

I have to ask this question. It is always on my mind.

We're dealing with things somewhat, now that there's this realization and movement. However, how were women brought into the military? It was in the 1980s, some time ago. It seems there was no forethought about the fact that there would need to be significant adjustments made for their service, especially, I'm thinking, within combat roles and whatnot.

Are you aware of the past, in that time frame, and what was predetermined to make that entry less painful?

LGen Lise Bourgon: Thank you very much for the question.

There's a long story of how women came to be accepted in the CAF. From my research, it was not always welcome. The military had to be told to take women into its ranks and all military occupations. I will be honest. There was resistance. Therefore, assimilation was more important than inclusion.

That's where we're seeing the difference now. It's not about assimilation. I don't have to change who I am in order to belong. I can belong as who I am: a woman, a mother, etc. That is the switch we did, I would say, in 2010: Inclusion is the key, not assimilation.

● (1915)

Mrs. Cathay Wagantall: When you began the system of identifying the four barriers you mentioned.... When was that actually implemented? When did you say, “Okay, here are the things we've determined and we're going to move forward in this way”? Was there a...?

LGen Lise Bourgon: Barriers...?

Mrs. Cathay Wagantall: You talked about your identifying barriers, the four things you look for, injury or illness, physical requirements.... You named them off quite quickly at the beginning.

LGen Lise Bourgon: Yes, it's the four lines of effort.

Mrs. Cathay Wagantall: That's right.

LGen Lise Bourgon: The four lines of effort were announced two years ago with the new women's health initiative. It's relatively recent, but budget 2022, I think....

Of course, my notes are not here.

Mrs. Cathay Wagantall: It's recent.

LGen Lise Bourgon: Yes, it's about two years old. It's $144 million over five years, with $31 million ongoing. This is, again, a big initiative.

Mrs. Cathay Wagantall: Thank you. That was very helpful.

I have one more quick question. I have about 20 seconds.

The women who came to speak to us about the challenges they faced, which were severe and significant, talked about the gender-based analysis that was supposedly done but no report was provided.

The Vice-Chair (Mr. Blake Richards): That answer will have to be quite quick, because we are at the end of the time.

Mrs. Cathay Wagantall: There's no report that they can refer to on the gender-based analysis.

LGen Lise Bourgon: I'm sorry, but on what report?

Mrs. Cathay Wagantall: It's the report that every department is required to do as part of government, the gender-based analysis of your program and how it impacts women, gender—

LGen Lise Bourgon: I know that everything we submit now must have a gender-based analysis attached to it, any policies, any new federal—

Mrs. Cathay Wagantall: Is it available for people to see?

The Vice-Chair (Mr. Blake Richards): We'll have to stop there.

Mrs. Cathay Wagantall: I'm sorry, Chair.

The Vice-Chair (Mr. Blake Richards): I can appreciate it. If I was in your chair, I would be doing the exact same thing. We can only let it go so far, so maybe you'll get another chance.

We'll move now to Mr. Churence Rogers from the Liberal Party. He's online.

Churence, the floor is yours for the next five minutes.

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

As well, thanks to our witnesses for taking part in tonight's meeting and contributing to this very important study. I want to thank you for your service.

This could go to any member on the panel.

One of the major themes we've been hearing is on the transition piece, moving from military life to civilian life. We've heard many witnesses talk about this and the challenges they've had with it.

In order to make that more efficient and effective, maybe Lieutenant-General Bourgon could explain the transition process that CAF initiates and is offered when serving members leave the military to enter civilian life. If there are gaps, what are the gaps in the process that you feel may still need to be addressed to better position these vets for success post-service?

LGen Lise Bourgon: Thank you very much, Mr. Chair.

This is an excellent question.

To my left, I have Commodore Bouchard, whose job it is to do transitions.

The CAF transition unit was born out of SSE in 2017. It's a jewel. We recognize the service of our military and we facilitate their transition. You can imagine, after removing the uniform after 35 years of service, it's like being naked. It's an adjustment.

The transition unit is doing fabulously, and I'll get Dan to go through the steps.

Commodore Daniel Bouchard (Commander, Canadian Armed Forces Transition Group, Canadian Armed Forces, Department of National Defence): Thank you for the question.

Indeed, in 2018, the transition group was stood up. As was just mentioned, it's a very stressful moment in someone's life when transitioning to being a civilian. We work closely with VAC to deliver personalized, professional and standardized services, either in casualty support or transition services, to the members but also their families. We do that with a variety of partners that are co-located with us in our transition centres.

I understand that you were briefed earlier in the sessions by Colonel Lisa Noonan, who touched a little on the transition centres and the services. Essentially, we oversee.... A transition adviser is assigned to somebody who is transitioning. They make a transition plan over seven domains of well-being, whether that be a sense of purpose, finances, health, social integration, life skills, housing and physical conditions, or cultural and social environment.

It's a team approach to making sure that the CAF members who are transitioning to veteran and civilian life will have a good plan to ensure that there are no gaps. Veterans Affairs Canada is embedded with us at our transition centres.

I need to caveat that by July, 75% of our transition centres will be established. At this time, we expect to be at full operational capability by April 2024.

● (1920)

Mr. Churence Rogers: Thank you very much. I appreciate that information.

From some of the previous witnesses, we heard some pretty heart-wrenching stories in the initial stage, when women became members of the military in the first 10, 15 or 20 years.

I ask you this question. What mechanisms do women, who may be experiencing abuse, harassment or discrimination while in uniform, have to ensure that their voices and their experiences are being heard and acted upon by superiors in a manner that is fair and compassionate to them?

Again, any member of the committee who wants to jump in on that question may do so.

LGen Lise Bourgon: Thank you very much. That's a very valid question.

The stand-up of professional conduct in culture is really formalizing all the tools, because it is multi-faceted. It's having trust in your chain of command. It's having trust and justice. It's having trust in the military police investigating. There are a whole bunch of things that come into the establishment of that trust, reporting along with the different mechanisms.

General Carignan would be the best one to talk about this but, again, there's not one solution because every victim's needs are different. We need to ensure that we allow every individual to do something they're comfortable in doing. They can approach our chaplain because they feel better, approach their chain of command, approach the medical side, approach the military police or call the sexual misconduct...the SMSRC. I'm getting confused with the acronym because we've just changed it.

There's a multitude of ways to connect and to report. That is a game-changer, because people are more comfortable. They have that trust that they will be listened to, that they will be believed and that justice will take its toll.

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

That concludes that intervention.

Mr. Churence Rogers: Thanks, Mr. Chair.

Thanks to the witnesses.

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

[*Translation*]

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

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

Since my time is short, I would ask for short answers.

Mr. Bouchard, you're an expert on transition. I'd like your perceptions or your reading of what the transition from the Canadian Armed Forces to civilian life is really like. Is it easy? What are the challenges? What needs to be done?

Cmdre Daniel Bouchard: Thank you for that excellent question. I'd say that it really depends on the individual. That's why the process now calls for face-to-face meetings with family members.

This includes a transition counsellor to help the family through the process and to fully understand the individual's challenges.

It's really about making a plan that covers seven different areas. This ensures the well-being of individuals and that they are ready to make that transition to civilian life, whether it's retirement or a return to the workforce. It's really a personalized approach.

● (1925)

Mr. Luc Desilets: Basically, what are those seven areas? Can you name a few? Also, does a psychologist make the assessment?

Cmdre Daniel Bouchard: The assessment is done with the transition adviser. In terms of areas, it could be finances, home or future plans, for example. If the individual is in Ottawa but wants to retire in Saguenay—Lac-Saint-Jean, they will have to move. So we need to have a plan and find out what services can be offered there.

Mr. Luc Desilets: Perfect. Thank you very much.

Ms. Bourgon, do you have a message for women who are considering joining the Canadian Armed Forces? Recruitment has not lived up to expectations. I'd simply like to hear what you have to say about that. There are concerns about the harmful effects of the culture that still exists within the Canadian Armed Forces. Could that be a deterrent?

LGen Lise Bourgon: Thank you for your question.

I spend a lot of time trying to sell the Canadian Armed Forces as an employer of choice. There are incredible opportunities in the CAF. I had an absolutely incredible career. My daughter studies at the Royal Military College of Canada in Kingston and my son just graduated two weeks ago.

We have to stop looking back and focus on the future. As I said, the Canadian Armed Forces today are not what they were when I joined in 1987; there have been a lot of changes. So we really have to focus on opportunities and stop focusing on the negative, because that's not the current reality of the Canadian Armed Forces.

Mr. Luc Desilets: Thank you.

[*English*]

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

Now we'll go with two and a half minutes for Rachel Blaney from the NDP.

Ms. Rachel Blaney: Thank you, Chair.

Lieutenant-General Bourgon, I want to come back to you.

Just to follow up on the question that I asked last time, is there a way that women veterans could offer feedback on their lessons learned to support quality assurance? I hear very clearly about the steering committee and that there's a lot of work happening. I appreciate that and will probably ask you a question about that in a moment.

What are the ways—or are there ways—that women veterans can actually give feedback to the CAF on what would have been helpful for them and made their journey a lot better? I think that is such an important essence, because they have lessons for us to learn from.

LGen Lise Bourgon: Thank you very much.

That's a very good point. We do stakeholder engagement, so maybe we have to be a little bit more diversified in that engagement and give voice to our women veterans to come back and say that this is their experience, so that we can listen to them and potentially share with them.

One thing we forget is that our veterans are our best recruiters, because women and visible minorities, especially, join the military based on advice from people they know. It's not like they need permission, but they like being told that they should apply to the CAF because they're going to have a great career. The more we can enable veterans to have that voice and really talk positively about their experience, the more we're going to recruit. That's important.

There's that exchange of lessons learned, and maybe we have to share also what has changed in the last five or 10 years so that they better understand and can maybe say, “Okay, I feel good, because you've changed what happened to me. Now I'm not invisible anymore.” Then they can be a positive voice.

I take that point and will try to get more stakeholders and veterans into our stakeholder engagement to get their feedback.

Ms. Rachel Blaney: Thank you.

I have 10 seconds left, so I won't have an opportunity...but I do think it is profoundly important. When you talked about that recruitment aspect, we know that it's getting harder and harder for the CAF to recruit. We need to heal some of those wounds so that we can see that opportunity.

I'm excited to see that happen.

● (1930)

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

We will now move to Terry Dowdall for five minutes.

Mr. Terry Dowdall (Simcoe—Grey, CPC): Thank you, Mr. Chair. I just want to say what an excellent job you're doing tonight.

The Vice-Chair (Mr. Blake Richards): That's not going to get you any extra time, but nice try.

Voices: Oh, oh!

Mr. Terry Dowdall: I'm hoping to get next week off.

First of all, I want to thank all of you for your service and for being here on such a hot night to talk to us and hopefully help with our study.

Before this committee, I was on national defence for quite some time. I'm going to follow up with Ms. Wagantall's comments about our study on sexual misconduct in the military. It was certainly a tough story for everyone to talk about and to go through.

I was looking at the numbers. I know you're saying that it's good and that there's more reporting than there was earlier, but I'm just curious as to how many.... You said also that justice is taking its toll. Out of those reports—a lot were reported—how many actually happened? Is there an increase in justifiable cases?

LGen Lise Bourgon: Again, this is not my field of expertise. I'm in military personnel command. Chief professional conduct and culture is more the agency that is tracking that, so I wouldn't be able to answer your question, sir.

Mr. Terry Dowdall: Okay, so a follow-up to that is that, if there are more being reported, we're having a problem with the offenders, not so much with the victims.

What is the CAF doing to get that message out to those who perhaps aren't taking it seriously enough, and what did we learn from that?

We studied this for quite some time. I don't know out of the study what's actually been implemented. I don't know if you could give me an idea of what new things have been implemented to change that so the offenders know exactly their role, their responsibility and what it means.

LGen Lise Bourgon: Thank you very much.

When we look at sexual misconduct, there are many causes, but again, it's looking at the environment, the training, the education and the support that we provide.

We've put into place a lot of initiatives, especially during training and education throughout our careers at specific points, on that culture evolution of what is and is not acceptable. We just released our new ethos, “The CAF Ethos: Trusted to Serve”, which clearly established what is acceptable and what is not acceptable, with inclusion as a characteristic. It's not one little answer, but it's across the spectrum of that culture evolution and that behaviour that it's not acceptable. I think we're seeing a difference on the ground, because people better understand what is acceptable and what is not acceptable.

The reporting piece, again for me.... I know that I don't want to see more, but I feel that, if people are more confident in coming forward, it's a good sign.

We will work on our numbers, and I think, as we look in the future, we will see those numbers decrease. Again, my expectation is that they will start to decrease because people understand. Clearly, we are dealing with every situation that is reported, so there are clear actions taken on cases. You can't get away with it anymore. That is absolutely unacceptable. That's a positive change.

Mr. Terry Dowdall: I hope that's the case. I hope that we are getting better.

Certainly, I can tell you, as a father of two daughters, I think that is a big moment when we're trying to recruit more people. I think it's a real spot we have to work on, with the offenders almost as much as with the victims, to know how serious it is and what it means to their careers. I don't know if that's being reminded enough because certainly the numbers are going up. That would be my comment.

LGen Lise Bourgon: Yes, and as I said, my daughter joined the military. As a mother, if I had any doubt about her safety, I would not have encouraged her to join the military. I feel confident that we're making great progress.

Mr. Terry Dowdall: Do I have any time left?

The Vice-Chair (Mr. Blake Richards): You have about 15 seconds.

Mr. Terry Dowdall: I'll cede it to my next round. Thank you.

Thank you very much.

● (1935)

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

We'll now turn to Rechie Valdez for five minutes of questioning.

Mrs. Rechie Valdez (Mississauga—Streetsville, Lib.): Thank you, Chair.

Thank you to the witnesses for joining. I do appreciate everything you've done for our country and all your sacrifices. I appreciate the perspective you brought, which is a very look-forward, very hopeful message. I really do appreciate it.

I'll start by directing my questions to you, Lieutenant-General Bourgon, and then feel free to redirect if needed.

I've been curious about, specifically, the adjustments we're making to uniforms or to equipment for women. I just want to have reassurances that, as we're making those adjustments, it not only will be less abrasive for their bodies but also will not compromise their safety. Can you touch on that?

LGen Lise Bourgon: Thank you very much.

That's absolutely vital. Women need to be able to do their jobs. They need to be safe while doing their jobs, to be protected and to be enabled to be all that they can be.

I always go back and say that we asked women to deploy in the field with boots that did not fit their feet and with rucksacks that were way too big. How can you be the best that you can be if the equipment is designed for a six-foot tall man?

It's hard enough.... We have to be honest. Physically, we are at a disadvantage against some men. If we're put at a disadvantage additionally because of the poor equipment we have, how can we be equal to or as good as, or even better than men? It's super important that we have the right equipment to protect our women.

Mrs. Rechie Valdez: Thank you, Chair.

We heard from past witnesses about women veterans' issues, such as the lack of gender-specific health care facilities, the lack of mental health support and the military trauma. It makes it difficult for women vets to have access to health support.

Earlier, in your opening, you mentioned your focus on improving health care. Can you share what adaptations you've made to help vets in this space?

LGen Lise Bourgon: Thank you very much, Mr. Chair.

Again, we're looking at measures to help serving members. That's the CAF mandate. From a health perspective, I guess I'll give the floor to Marc, who can talk specifically about what we're doing.

MGen Marc Bilodeau: There is a lot to do, and we don't have all the data yet to determine what needs to be done because we lack research. It's not unique to the military. There's a lack of research about women's health in society overall. Most of the research in medicine has been designed for male populations, and, obviously, it's not always possible to extrapolate the impact to women. We have a great example of that with cardiac disease. It's definitely not designed for women.

We need to start there. We need to have a better database to monitor research. We are partnering with many organizations in order to do that research, including the Canadian Institute for Military and Veteran Health Research. Forty-three Canadian universities that are part of that group are helping us to figure out what needs to be done from a research perspective. That will subsequently inform prevention, what we need to do for prevention to reduce injuries and reduce illness for our military women, but also what we need to do better from a care perspective.

We're following the Canadian guidelines for treatment of women, so I think we're aligned from that perspective, but what is unique to uniformed women, we don't know that for sure. We have a bit of research from international partners on that, and we're trying to import, I guess, the expertise that is out there, but there is definitely more to do in order to better inform the progress.

Our women's health program is just starting. It started last year. We're now staffing a team. We're hiring people. Then, subsequently, we're going to start investing more in research and health care and then, hopefully, improve health outcomes for military women.

LGen Lise Bourgon: I'm just going to add, in case anyone is interested, that there is an incredible book out there. It's by Caroline Pérez, and it's called *Invisible Women*. It's about the world that was designed by men for men, and now women are invisible in society. The CAF and the military are the same. It's a very interesting book, in case you're looking for summer reading at the beach.

Mrs. Rechie Valdez: I just so happen to be looking for a book, so I appreciate the referral. I don't have much time, so I'll just say thank you again for your service.

I just want to say a shout-out to the witnesses who are witnessing the witnesses who have joined and who have also served. Thank you so much.

[*Translation*]

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

I think we have time for two more rounds, just like the second round.

We were supposed to start this third round with Mr. Tolmie.

● (1940)

[*English*]

He is not in the room, so we will pass that to Ms. Wagantall for the next five minutes.

I'm sure we would have lots of volunteers, but Ms. Wagantall had her hand up first, so we'll go to her for five minutes.

Mrs. Cathay Wagantall: All right. Now I've lost what I had up on my phone here, but...

Mr. Luc Desilets: Do you want my question?

Mrs. Cathay Wagantall: No. I'll go another route. Thank you very much.

General Bilodeau, this is for you. Somalia came up in conversation tonight, and this committee did meet with individuals who experienced the challenges of being administered mefloquine while they were there. We did another major study on that issue.

I was thinking about it. We've had no feedback from women in the military, and this drug has been used right up through Afghanistan and is now a drug of last resort. However, it was made clear in the report that this did not impact civilian use. I lost a friend who was a considerable and amazing veterans' advocate, who had taken it with her husband on a trip to Thailand. She eventually did take her own life.

Every other country—U.K., Germany, Ireland, Australia and the U.S.—has identified this as a concern, as a brain stem injury, and is treating specifically for that, yet we do not have that in Canada. There is no recognition of the results of that particular drug. I know part of the inquiry was to do with a number of other things, but then the inquiry was shut down before mefloquine was approached.

Are you aware of women who were administered mefloquine when serving, and is there any feedback at all as to its impact on them?

MGen Marc Bilodeau: Thank you for the question.

Yes, there are women who took mefloquine during their careers, for sure. I don't have the data on women specifically. Many of our men in uniform obviously took mefloquine as well.

A significant large study was done for our military members about mefloquine several years ago, informing what needed to be done from that perspective. It was reported to my predecessor, the surgeon general. Obviously that study was aligned with evidence in the research community—both Canadian evidence and international evidence. There have been many research activities all around the world on mefloquine.

Based on that evidence, a recommendation was made to basically put mefloquine as a last-resort choice, as you mentioned, because of some potential impacts of mefloquine on the brain. This hasn't been officially proven. There is still a lot of debate in the scientific community about that, but to be prudent, we have decided to basically make it a last resort.

Why is it still in the formulary? It is because for some people it's well tolerated and they have done well with it. The beauty of mefloquine is that you take it once a week instead of every day, so compliance is much better. Having said that, we keep monitoring the corps of members who have taken mefloquine over their careers and we're—

Mrs. Cathay Wagantall: Are you aware of everyone who would be on that list of individuals who were administered mefloquine during their service?

MGen Marc Bilodeau: I'm sorry. What is your question?

Mrs. Cathay Wagantall: Are you aware of everyone who was administered mefloquine during their service? Do you have that list of individuals you're monitoring?

MGen Marc Bilodeau: It is in their health records. It was prescribed to them and we monitor everything we do in health care, obviously.

Mrs. Cathay Wagantall: Okay.

I am just a little confused because I do follow Dr. Nevin and the Quinism Foundation in the States and the research that has been done in these other countries. We don't seem to be in line with them on that issue.

It's come to my heart and mind today because we have studied this before any of.... Were you there? It was very significant. I appreciate the feedback. I do hope that those who need assistance will eventually get that identified as a need within our Veterans Affairs community.

The other thing I would like to refer to is that gender-based analysis. It was specific to one area. I don't have it on my phone. I don't know what I did with it.

What I would like to do is provide it to you and then you could follow up. It was a motion that was brought to the floor here. We want to get the information that was found out in that analysis, so that we can assist those who have struggled with a clear picture of what has been determined through the study. It doesn't seem to be available to those who have served, to see what the results were of that particular analysis.

● (1945)

The Vice-Chair (Mr. Blake Richards): Mrs. Wagantall, we'll maybe have to just pass that to one of your colleagues when you find it. Your round is up. You can ask them to share the information and check with the witnesses, if you'd like.

We'll move now to Sean Casey for the five-minute round.

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

I'd like to bring Lieutenant-Colonel Tuka into the conversation.

You're the national practice leader for psychiatry for the Canadian Armed Forces. Is that the correct title?

Lieutenant-Colonel Andrea Tuka (National Practice Leader (Psychiatry), Canadian Armed Forces, Department of National Defence): Yes.

Mr. Sean Casey: We have heard an awful lot of very powerful testimony during the course of this study from people who, after having served, had a long course of PTSD, depression and many other psychiatric and psychological conditions. We heard today about Seamless Canada, which facilitates the transition from the military medical system to the civilian one. I am particularly interested in your area of expertise and in anything you can tell us about what women veterans need, specifically in your field of expertise, to be able to continue to have a reasonable standard of care.

I expect you're going to tell me that the standard of care in the military is top-notch. Why don't we start with that?

Let's talk about the level of care in the military, the level of care in civilian society and that in-between step, from your perspective.

LCol Andrea Tuka: Thank you.

First, I would like to acknowledge that I am situated in Vancouver on the unceded traditional territories of the Musqueam, Squamish and Tsleil-Waututh nations.

To answer your question, thank you, and yes, as you stated, in the Canadian Armed Forces we do have robust mental health care, services and programs available to everyone. I can go into detail, but what I would like to emphasize is that, yes, we follow evidence-based care for every mental health condition, every psychiatric and psychological condition, including PTSD.

Also, I would like to mention that we have studied this, and people with PTSD very frequently have comorbid conditions. That means they have not just PTSD but anxiety disorders or depression, and some of them, unfortunately, have substance-use disorders as well. We are usually dealing with complex clinical pictures for those individuals who unfortunately cannot continue their military service and are released from the military, so we encourage people—including women—to seek help as early as possible, because research shows that early intervention has a way better outcome.

We treat people with evidence-based treatment modalities in multidisciplinary care. We have a multidisciplinary team with psychiatrists, psychologists, social workers and addiction counsellors in our mental health care plans, so our outpatients or members get comprehensive care when they are ill.

When the realization comes up that unfortunately the member cannot continue their service and will be released on a medical basis, quite early we start the transition process that you've heard about. As soon as members get permanent employment limitations that are not compatible with continued military service, at that point they are connected with a nurse case manager. We work with them through the transition process.

As clinicians, our responsibility is to work closely with the primary care clinician and the nurse case manager to establish follow-up care for those members by the time they release from the military. We try to do it as early as possible. We see how comfortable our members are with their new providers in the community and we try to ensure that by the day they leave they already have the appointments set up with the psychiatrist, psychologist, social worker or whoever they need. This is what we can do. Many of the psychologists who are treating our members in the community are not just Blue Cross providers and not just providers for the Canadian Armed Forces. They are providers for Veteran Affairs Canada as well, so this transition is quite smooth.

Probably you've heard about the operational—

● (1950)

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

Can you try to wrap up your response? We're quite a bit over time with this round.

Finish up your thought quickly.

LCol Andrea Tuka: Thank you, Mr. Chair.

Also, I just wanted to mention the operational stress injury network, a similar multidisciplinary team that we have in the Canadian Armed Forces.

[*Translation*]

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

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

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

I realize that we are hearing from three senior Quebec officers here in Ottawa this evening, and that impresses me. It's nice to see.

Ms. Tuka, I really like you, but my question is not for you.

Mr. Bouchard, you are a transition expert. In this study, we've seen all the difficulties related to the transition from military to civilian status, which means medical services are cut off when the records are not transferred. I've been hoping for three years that some kind of connection will be made, and in my wildest dreams, a military member's physician will continue to see them during the first year of their transition in order to facilitate the transition. How do you feel about that?

Ms. Bourgon, please don't answer for him.

Cmdre Daniel Bouchard: Thank you for your question, but I think Mr. Bilodeau would be in a better position to answer it.

MGen Marc Bilodeau: I am. Thank you.

There's no doubt that transitioning from the Canadian Armed Forces to civilian life presents medical challenges. The transfer of records is also a challenge, because we have to negotiate it, so to speak, with the 10 provinces and three territories. Only Alberta and Nova Scotia keep electronic medical records. So the electronic transfer of records is almost impossible, because there are too many different systems. As a result, we transfer medical records directly to members on a USB key or CD-ROM. So the information is available, but the transfer is not as smooth as it could be.

Mr. Luc Desilets: I've attended Veterans Review and Appeal Board hearings a couple of times, and it's shocking to see veterans showing up and being sent home because of something like the copy of their x-rays is not clear enough. In 2023, I don't understand why we can't transfer those types of documents electronically. That's why I don't accept that response, although I do like you very much.

MGen Marc Bilodeau: Mr. Chair, we've invested a great deal—

● (1955)

[*English*]

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

[*Translation*]

MGen Marc Bilodeau: We've invested a great deal of money into setting up a team to help us transfer files, since we got behind at one point. We now have a team working full-time on file transfers and scanning our documents so that they can be read by civilian electronic systems.

The problem is that we're still in a hybrid stage where some of our documents are on film from back in the day, that is to say negatives, while others are electronic. Not all machines are able to read these old films, of course. We have the same problem with files, which contain some documents on paper and others in an electronic format. So these are hybrid files.

When Ms. Bourgon started her career 36 years ago, there were no electronic documents. So some of it is on paper and some of it is electronic. Therefore, some members who are transitioning have hybrid records. This situation will continue until all our members whose files are on paper have transitioned to civilian life. So it remains a challenge for sure.

Mr. Luc Desilets: Thank you, but this is an urgent challenge for many veterans.

LGen Lise Bourgon: I would just like to clarify that I'm Franco-Ontarian.

Voices: Oh, oh!

Mr. Luc Desilets: So you are a francophone.

LGen Lise Bourgon: I wouldn't go that far.

Voices: Oh, oh!

[*English*]

The Vice-Chair (Mr. Blake Richards): Now that we know where we all are, we will go to Ms. Blaney for two and a half minutes.

Ms. Rachel Blaney: Thank you, Mr. Chair, and good luck keeping this group in order.

Voices: Oh, oh!

Ms. Rachel Blaney: This is interesting. I will put this to whoever is the best to answer it. I will let you guys be the experts, as always.

When members transition from military to civilian health care, I wonder who is in charge—if anyone is in charge—of educating the health care system receiving them on cultural and military awareness. It seems as if that's a very specific reality. I think it's in the United States where health care is seamless between the service and becoming a veteran.

I am wondering whether anyone is in charge of it. Is that a gap, and is there a place that would be best served to do that role?

MGen Marc Bilodeau: Yes, there is still a gap, but it is slowly closing, I would argue.

First, we need to realize that a majority of our members are releasing in areas where there are lots of members releasing, because they usually live near a base or wing. The community gets familiar with our members as a result of that. They see more of our veterans, I guess, in those locations.

That is not the case, obviously, when a member decides to release remotely. That is where we have challenges. In order to address those challenges, we recently worked with Veterans Affairs and the College of Family Physicians of Canada to develop a best-advice guide, as they call it, to help family doctors in the community better understand what it is to be a veteran, what our military members are going through in their career area, what kinds of stressors they are exposed to, what types of conditions they develop as a result of those stressors, how best to take care of them and what resources are available to them after release. That goes for the different supports and health care resources available. Therefore, family doctors out there are able to make sure veterans are offered the best support possible, wherever they are in the country.

Are there still gaps? Of course there are still gaps, but I believe we are moving toward improvement. My colleagues in Veterans Affairs are definitely making a lot of effort to try to address that.

Ms. Rachel Blaney: Is there a feedback loop? Are veterans and women veterans reviewing this advice and then giving feedback to see if it actually is effective in its delivery?

The Vice-Chair (Mr. Blake Richards): Please make your response brief.

MGen Marc Bilodeau: It was done in consultation with former members. Some veterans were involved in the consultation on building that document. Feedback will be collected through surveys, as Veterans Affairs does on a regular basis, to seek feedback and see if there are any improvements to make.

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

We will move for five minutes to Mr. Fraser Tolmie, who is actually in the room and ready to go here.

Mr. Fraser Tolmie: Forgive me, Chair. I was getting my hair fixed there.

We have spent numerous meetings speaking with vets. When they go to Veterans Affairs, they're being evaluated on their hearing, their knees, their hips and their back. When we interviewed female veterans, they talked about the equipment and, as Lieutenant-General Bourgon spoke about, the integration and assimilation and the differences.

What strikes me as we sit here tonight is that a lot of veterans, when they leave, are afraid to ask for help, because they've been part of units and they've been independent. The challenges they're facing are PTSD and things that we don't see. I'm wondering if there has been a change in the medical release to include a psychiatric or mental evaluation.

● (2000)

LGen Lise Bourgon: First of all, before I give the floor to Major-General Bilodeau, I think we need to look at the transition support we provide now, the formalized support throughout the transition that we didn't used to have. You were military one day. The next day you returned your ID and the commissionaire escorted you to the door. It was thank you for your service and that was it.

This is gone. We're now looking at weeks or months to accompany someone through their transition, and we make sure they have to show up in a brick building, talk to different people and have the chance to talk about their issues. It's an environment where we listen. There's no judgment. There's sharing and support being provided. The opportunities to come forward are there.

I'll give the floor to Marc, and then I think Dan wants to add something.

MGen Marc Bilodeau: Thank you.

I think you're referring to members who have not already been identified as having health issues when they release. We have a process where we do a medical assessment for each of our members before they release. That's part of the administrative process. That gives us an opportunity to look at whether anything has been unaddressed from a health perspective with those members. Obviously, physical and mental health issues are being looked at. There are supplementary questionnaires. That allows us to provide the care they need.

I'll ask my colleague to comment from a transition perspective.

Cmdre Daniel Bouchard: Thank you very much.

I would like to add that we also have a partnership program, the operational stress injury social support program, where group peer support is provided by coordinators and volunteers—70 coordinators and 70 volunteers—with lived experience. They can do so virtually or in person. In that group they're introduced to the transition process and the release process. They make these connections and then they can partake in them.

Approximately 2,000 peers participate in these services monthly—20% of them serving members and the other 80% veterans. We're encouraging their participation and increasing the communications.

Mr. Fraser Tolmie: Okay. Thank you.

I want you to know that from our perspective, the person who's served and the person who's a vet is the same person. We've seen that there's been an area of responsibility where there's been a challenge. The military says, “That's not our problem anymore.” Veterans Affairs says, “You know, this happened here.” We need to address the person and not these two institutions. We have to have a line there, and that's what we're looking for.

I thank you very much for your answers.

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

We will now move, for the next five minutes, to Mr. Wilson Miao.

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

Thank you to all the witnesses for being here today. It's very important for getting your input into our important studies.

One question I have, through the chair, is regarding a program that we currently have, which is the My VAC Account online. Is there an increase of usage among current members, and even veterans, in applying for an account through the My VAC Account?

LGen Lise Bourgon: Thank you very much.

I'm not sure if Dan can answer this, because this is more of a VAC-targeted question, but we'll give him the floor.

Cmdre Daniel Bouchard: Thank you very much, Madam.

I do not have the statistics per se on the update for the applications, but through the transition process now, it is part of the services we offer and we make the members aware. We strongly encourage everyone to enrol in the My VAC Account.

● (2005)

Mr. Wilson Miao: Is this usually shared with them at an early stage when they join CAF? From my understanding having an account enables current members to also update their medical records and input that existing record in place instead of waiting until the transition period starts.

Can you share your thoughts on that?

Cmdre Daniel Bouchard: Yes, indeed it is part of our outreach programs, as we discussed, at the various training education courses. It's also part of our outreach program where the chain of command of the transition centres will provide that awareness in their local regions to make sure to encourage people to register early.

Mr. Wilson Miao: Thank you for sharing that with us.

I think I'm the last one on the list. Are there any other recommendations or any comments you would like to include in our studies that you can share with the committee?

LGen Lise Bourgon: I'm sorry. I'm going to have to call.... Can you repeat that question?

I'm not contagious, by the way. I've been tested about 12 times. It's laryngitis. It makes me cough. I tried a pressure point, in case you're wondering what I'm doing. It's to stop me from coughing.

Mr. Wilson Miao: No problem.

Basically I want to ask if there are any other things you would like to share that can be included as part of our study. Maybe each of you can take a turn and share with us things that we haven't included in our conversation this time but you would like to add to our report.

MGen Marc Bilodeau: I'd like to highlight the excellent collaboration that is currently happening between us and our colleagues from Veterans Affairs. From a health perspective, I speak to my colleague who is the chief medical officer for veterans—and was a former military member, by the way—on a monthly basis at least. We're sharing challenges. She's seeing things on her side obviously that are very critical for us, specifically for women's health because she's seen some trends on her side that allow us to address those issues and try to prevent women from suffering after release by preventing injuries and diseases while they're serving.

I would say that this is, to me, a game-changer from my perspective, because it wasn't like that 10 years ago for sure.

LGen Lise Bourgon: Thank you very much.

I'm going to elaborate. When we look at veterans, for me, my mission is to ensure that we don't break women. We want them to have a very long career where they contribute and they feel safe. Those are the changes that we're doing.

However, we look at the stats today and I did a deep dive. Forty-seven per cent of our women who are retiring from the military are released because of a medical issue. This is a huge concern for me, and we need to do better, first, in understanding why and then in putting in initiatives and closing the gaps so that we don't hurt our women. It's super important. Again, it's the question about equipment, the question about procedures, how we train and having the right procedures and the right services in place for women so that we don't see those stats.

Again, when we look at the stats for men, about 30% release medically, and the fact that it's 47% for women is an issue that we need to target so that we can change that.

Mr. Wilson Miao: Thank you.

The Vice-Chair (Mr. Blake Richards): Your time is up.

I was going to move us into a full fourth round. I sense that maybe the committee might find it more useful if we were to take a speakers list for anyone who has one or two last questions, and we'll use up the rest of the time.

Maybe I misread the room. We have lots of hands up, so we'll go back to the order then.

We will go with five minutes for the first round, and it will go to Mr. Terry Dowdall for the next five minutes.

● (2010)

Mr. Terry Dowdall: Thank you very much, Mr. Chair, but I'm willing to pass it over.

There's no “I” in team, so I'm going to pass. Cathay had it last time, so I'm happy to pass it back to Cathay, though I would love to give it to either one of you as well.

The Vice-Chair (Mr. Blake Richards): It seems as though you had lots of volunteers, but we'll give everyone an opportunity.

We'll go to Mrs. Wagantall for five minutes.

Mrs. Cathay Wagantall: I think what I want to hear when we're finished this whole report is everything that's happening to improve the quality of women's lives while serving and, then, to have that quality still there when they retire, choose to leave or, in some cases, medically leave.

On that basis, what are the things that you see right now and hear are being done that weren't being done initially and that are going to make that significant difference in the lives of women who are choosing to sign up? There's the same situation, I believe, with women as with men. We hear from those who are significantly injured, and I don't understand sometimes why it takes so much to take care of that cohort when there are literally hundreds of thousands of others who are doing just fine. We should be doing everything we can.

What are the things that you see very honestly that we are going to be making more and more progress on and that make life better for those who are choosing to join?

LGen Lise Bourgon: It goes back to my point that we've changed from assimilation to inclusion. I could probably talk for days about what we're doing about inclusion. I did my fellowship, and I did all the research on things that we need to change to really look at the differences and not look at the strengths and weaknesses. They're just differences. How do we recognize those differences? How do we ensure that we have programs to provide opportunities that are not the same? They're different, but they need to be provided. That is really what we're changing. I guess it's across the spectrum of everything that we've talked about tonight.

Again, many of the things we're putting into place will make a difference, but it's the change in mentality that I don't have to change who I am to be a person serving in the military that's the big step. That is a huge step for all of us at the diversity and employment equity group.

Mrs. Cathay Wagantall: Thank you. I have two minutes.

I'd just like to read into the record the motion that I was speaking about earlier. I hope you're able to assist with getting this information available, because it was very important to the women who have testified. It is:

> That the Department of Veterans Affairs provide the committee with any results, findings, conclusions, and recommendations related to the Sex and Gender Based Analysis (SGBA) of Disability Benefits Adjudication research conducted by Dr. Barbara Clow.

We amended it by adding:

> Barbara Clow reports, completed while she was on contract with VAC:
>
> 1. Description of Disability Adjudication at VAC – 13 Sep 2019;
>
> 2. Findings from Key Informant Consultations – 1 Oct 2019;
>
> 3. Analysis of Adjudication Instruments and Process – 20 Dec 2019;
>
> 4. The Evolution of Adjudication Tools and Rules at VAC – 20 Dec 2019; and
>
> 5. Sex and Gender-based Analysis of Disability Benefits Adjudication at Veterans Affairs Canada (Summary Report) - 11 Feb 2020.

There are reports that were written in 2019 and 2020, and somehow they don't seem accessible to these women.

The Vice-Chair (Mr. Blake Richards): Just before you respond, I'll clarify that this is a motion that has been moved in this committee. The amendment that was read, as well, was moved. It has not been passed by this committee, but it is something that obviously the committee is discussing and has heard about. I think that's why he have the question, and I would welcome an answer if you have one.

LGen Lise Bourgon: Thank you very much. I don't think you're going to like my answer, but all of those reports are Veterans Affairs reports, so they're not ours. You will have to ask Veterans Affairs for those reports.

Mrs. Cathay Wagantall: I appreciate that. As I was reading down the list, I was looking at you all and going, “Oh, I think I know the answer to my question.” Thank you so much.

I do appreciate all the work you have done, Ms. Bourgon, to be so very reassuring in what you have studied and researched and are now doing on behalf of the women serving.

Thank you, and thank you to both the men as well, to all of you.

● (2015)

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

We will now move for five minutes to Darrell Samson.

Mr. Darrell Samson: I'm going to give it to Sean Casey.

The Vice-Chair (Mr. Blake Richards): We're going to have a change there. Mr. Sean Casey will take this round.

Mr. Sean Casey: Thank you, Mr. Chair. I'm actually just going to pose one question and then share my time with Ms. Valdez.

Lieutenant-General Bourgon, earlier in the meeting in response to a question from Mr. Desilets, if I understood correctly, you said that probably the biggest and best thing we could do for serving female members is child care. Did I understand you correctly?

LGen Lise Bourgon: Personally, when I talk to women, one of the biggest gaps remaining is the access to child care, because as we move from province to province, we end up on a waiting list. We don't have the luxury of waiting for two years to get a spot, because two years later we're posted again. The uncertainty of getting access to child care when serving members move has a huge impact on them.

It's not about the cost of child care. Of course, less is great, but it's not the cost. It's the availability of child care and also the availability of child care that supports our needs. We don't work seven to four. We work 24-7, on weekends and on call, so having secure access to child care is very important.

Again, I go back to my story as a maritime helicopter pilot flying a Sea King in Shearwater. My husband was deployed. I had to land a Sea King in the parking lot in an emergency. It was quarter to six, and the day care was closing at six. Who could pick up the children? Those are the stressors that, honestly, we don't need. There are enough stressors in the military. Having access to child care should not be one of them.

My wish would be for better child care access for all of CAF members, women and men.

Mr. Sean Casey: Thank you.

Ms. Valdez.

The Vice-Chair (Mr. Blake Richards): You have about three minutes remaining.

Mrs. Rechie Valdez: Thank you, Mr. Chair.

Lieutenant-General Bourgon, you mention that you don't want to hurt women. What I'm curious about is how you are assisting women, or trying to assist them, without retraumatizing them. With lots of witnesses, even just in sharing their testimony, you can see what they have to go through to just open up. Can you share some insight there?

MGen Marc Bilodeau: I can start by saying that we're providing training to our health care providers from a trauma-informed care approach and in how to do that in a safe manner, a welcoming manner and a respectful manner. I think that training is a good step for us to make our care more accessible to our women.

I might ask Lieutenant-Colonel Tuka to add to that from a mental health perspective.

Andrea.

LCol Andrea Tuka: Thank you very much, sir.

There are a couple of other things I would like to add. Our psychologists, for example, in the Canadian Armed Forces mental health services have at least one evidence-based, trauma-focused treatment modality that they can use to treat people. Also, we provided a webinar for the entire health services about a year ago, focusing on military sexual trauma, what it means and where the resources are. We also included trauma-informed care with that.

Also, we do have opportunities to attend different continuing educational events, and we bring those events to the clinics as well, so that everyone can get those new training opportunities. We would like to get our clinicians up to date with the newest and most up-to-date, evidence-based treatments.

● (2020)

Mrs. Rechie Valdez: Thank you.

Quickly, how can we address some of the stigma for women who are seeking mental health services?

MGen Marc Bilodeau: Stigmatization is an issue not only for women but for men as well.

I think we've made a lot of progress over the last few decades in reducing that stigma by having senior leaders sharing with the rest of the CAF members what they have been through, the fact that they reached out for care and the fact that they were able to recover as a result of that.

Again, we're trying to focus on early intervention and early consultation. We know that the prognosis is better for that, and we're more likely to keep members in uniform instead of having to release them if they do so.

[*Translation*]

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

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

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

Mr. Tolmie, I really liked your question. For once, it was really relevant. I'm only joking. I'm in a teasing mood tonight.

Mr. Bilodeau, I was surprised when you said that there was excellent cooperation between the Canadian Armed Forces and Veterans Affairs Canada, because I swear to you, that is absolutely not what the committee has heard so far. I've been on this committee for three and a half years. It's not because of you or any of you, but the two departments are not sufficiently connected.

A soldier on the ground, who is also an individual, a person, a human being, sees their status changed overnight as soon as they leave the Canadian Armed Forces. I'm getting goose pimples as I say this, because I know you're all going to go through this. It bothers me that these transitions don't go well. The crux of the problem is the connection between the two departments. You're doing what you can on your end, and Veterans Affairs Canada is doing what it can on its end, but there's no link between the two. There's a separation, a fissure, a divorce, and that troubles me. For years now, the committee has been hearing veterans tell us about all the hardships they're facing.

I'm speaking to you because you talked about excellent cooperation. However, I don't see it and I don't get it. In your area alone, if you had full authority, you would have to facilitate the transfer of files and follow up on them. In fact, you didn't answer the question I asked you earlier. In an ideal world, a Canadian Armed Forces doctor would see new veterans for a few months. Since they would be familiar with the person's pedigree, that is to say their file, they could facilitate their transition and help them with their multiple applications.

Do I have any time left, Mr. Chair?

The Vice-Chair (Mr. Blake Richards): Please keep your questions short and request brief answers.

Mr. Luc Desilets: I rarely ask so many questions, but this is something near and dear to my heart.

Mr. Bilodeau, what's your take on all this? What needs to be done from a medical perspective?

MGen Marc Bilodeau: We have to distinguish between the cooperation that exists between the department and Veterans Affairs Canada and the transition experience. They are two different things.

We can't deny that the transition experience is a major stress factor for many of our members. When you're a member of the military, that's your identity. When you lose that identity, it's a huge shock to the system.

In terms of the transition, we're kind of doing it the other way around, actually. Often, we'll allow a family doctor, for example, to start seeing a member before their release date, to facilitate their transition to civilian life.

As the surgeon general for the Armed Forces, I'm not allowed to provide care to someone after their release date. However, because we have a contract that allows us to purchase that care, a family doctor can often be brought in to look after someone before their release date, which makes the transition easier.

Cmdre Daniel Bouchard: We also work in a personalized way with people and health care services. When someone is facing difficulties, we let them stay on longer. We let them stay in the Canadian Armed Forces a while longer. We work hand in hand with the authorities.

● (2025)

[*English*]

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

We now have Rachel Blaney for two and a half minutes,.

Ms. Rachel Blaney: Are you sure it's two and a half minutes? I think he got a bit more than that.

The Vice-Chair (Mr. Blake Richards): He did get away with it there, or the chair was very generous.

Ms. Rachel Blaney: He got away with it. The chair was very lenient.

The Vice-Chair (Mr. Blake Richards): I won't cut into your time with it, though. I promise.

Ms. Rachel Blaney: Okay, thank you.

I just want to say that I do believe things are getting better. I represent 19 Wing, and right across the street there's the transition centre. I've done tours of both places. I do see that there is a lot of work being done, and it's important that we acknowledge that. However, I think it's also important that we acknowledge that we still have a way to go. We're working hard, but we still have a way to go.

If I can come back to you, Major-General, you answered my last question, but I want to ask for a bit of clarity. Who was in charge of that training? You talked about a medical booklet. Who was in charge?

Also, you said that there's a survey, but those booklets would be going to health care professionals, so how are you surveying veterans, including women, for feedback? I'm just wondering, because I'm not clear on the process. What I really want to understand is whether veterans are included in this. If they are not, I think it's important that we recognize that so that it's something we can talk about in the future.

MGen Marc Bilodeau: I'm not aware of any training, specifically; I'm aware of a document that was shared with family doctors. It was developed by Veterans Affairs with the College of Family Physicians, with our support. This is supported by the transition group as well. The survey is not specific to that.

Veterans Affairs is doing regular surveys of their veterans. One of the examples was released several years ago, the Life After Service survey, which highlighted many of the challenges that our veterans have from a health perspective after transition, for example. It has allowed us to focus a bit of our efforts there.

I suspect that through those surveys, veterans will be able to monitor whether access to family doctors who understand their needs is better or not. However, I am not aware of the specifics of how they are going to assess that access.

Ms. Rachel Blaney: Okay, that's helpful. Now we know that it's just not happening, and it might be something we want to explore in the future.

If I can come to you, Commodore, you didn't mention anything about transition services for MST, military sexual trauma. Are there transition services for MST?

The Vice-Chair (Mr. Blake Richards): That will be the final question for this round, but I'll give you time to respond, of course.

Cmdre Daniel Bouchard: Thank you very much, Mr. Chair.

Specific transition services for MST are a more personalized transition service with the individual. Therefore, if there are specific requirements and specific needs, the service can be tailored. If they are released in an injured manner, as in a medical release, they also have a service coordinator who facilitates that transition piece with them and makes them aware of all the services that are available.

LGen Lise Bourgon: I just want to add that the SMSRC is the expert on that MST support. I know that with their support team, they are a bit similar to OSISS, with restorative engagement. Their team works with victims of MST to try to help them get better.

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

We have just enough time, I think, for the last two rounds that we have left. The rounds are about four minutes each for the Conservatives and the Liberals.

We'll go to four minutes for Mr. Fraser Tolmie.

Mr. Fraser Tolmie: Thank you, Chair.

When I was serving with the military, we went through—forgive me if I have the wrong acronym—SHAPE training.

A voice: SHARP.

Mr. Fraser Tolmie: Okay, SHARP training. Obviously, I wasn't sharp.

In our conversations tonight, you've talked about assimilation and inclusion. Has SHARP training changed to accommodate this new way forward?

LGen Lise Bourgon: That's a very good question. If you remember the SHARP training, it was one day when everyone focused.

Honestly, as a woman, it was very...because I was the cause. I was in a squadron full of men, and then they'd turn to me and say, "We're here because of you." It was not really the right spot to be in.

SHARP training has been replaced. Now we're doing training and education throughout someone's career. When they join the military, they need to sign a piece of paper saying, "These are the values of the CAF. These are the behaviours that we expect. These are the behaviours that we don't tolerate." It's right from the get-go. When they arrive in Saint-Jean, it's the same thing.

Throughout each step of someone's training and education, we add a tiny little bit, because we all change, and it has to be tailored to the level of individuals throughout their entire careers. It's no longer that mandatory one-day training or that one-hour training that you could have lived through in the past. It's embedded into everything we're doing.

● (2030)

Mr. Fraser Tolmie: Okay, I'll be very upfront and honest with you: I thought it was great training.

It wasn't that I looked forward to doing it, but I thought, "Wow, this is going to be beneficial." I've always used it and gone back to it. We go through similar training as members of Parliament.

It's not just one day, so what are the criteria? What is the course like now? Is it two days? Is it ongoing? Could you share that?

LGen Lise Bourgon: The answer is that it depends at which level we are seeing this. It's a lot more about vignette and discussion versus PowerPoint presentations and saying you shall do this and you will not do this. This is a discussion on a group basis.

We also have a great app that we just launched about ethos. We put our people in different situations, and they can decide which CAF values apply in which circumstances. Then we can discuss it as a group. Instructors can educate and all those things.

It's more of a daily living event of learning and growing together, versus a mandatory one-hour PowerPoint presentation that you get on the Friday of a bad weather day. This is in everything that we're doing.

Mr. Fraser Tolmie: Okay. That brought back some memories.

Major-General Bilodeau, you mentioned earlier that when someone is released, there's an issue with their medical files.

One thing with the military—and this is a challenge that we're dealing with—is standardization. You're saying when someone is released and they go to a different province, there's an issue because there's not a standard you can use in order to transfer those medical files. Only Alberta and Nova Scotia seem to be able to adapt.

The Vice-Chair (Mr. Blake Richards): I'll ask that your response be as brief as possible.

MGen Marc Bilodeau: Mr. Chair, I was referring to the electronic health record systems, which are different in each province or each region of the same province. That prevents us from being able to develop an interface that would transfer the file directly from our records to the provincial or regional or local hospitals that are out there. That's a challenge.

Does that answer your question?

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

For our final round of questioning for the meeting, we will have four minutes from Mr. Churence Rogers.

Mr. Churence Rogers: Mr. Chair, I don't have a particular question for the witnesses.

I do want to say a big thank you for your testimony and for giving us the benefit of your experience. Many of you are very experienced and in senior positions, so it was great to hear from you this evening.

I would ask, though, as I've done many times, that if you think there's something we need to know or there are recommendations you want to present to our committee, please do that and forward that information to our clerk so that we, as committee members, will make sure we don't miss what might be some very important points.

We talked about witnesses who have given past testimony and have identified some very challenging issues that they faced. We keep focusing on how we can deal with their transition from the military to a retirement or back into civilian life. I would appreciate any information that you can provide.

Mr. Chair, that's the extent of what I wanted to do in the final slot here this evening.

● (2035)

Mr. Darrell Samson: Mr. Chair, is there any more time in that four minutes?

The Vice-Chair (Mr. Blake Richards): I don't know whether the witnesses have anything they want to say in response. If not, you have about two minutes and 15 seconds.

Mr. Darrell Samson: I thought so. Thank you.

I want to follow up on Mr. Tolmie's question.

Mr. Fraser Tolmie: That's because it was a good question.

Mr. Darrell Samson: I won't make the mistake that Mr. Desilets made.

Voices: Oh, oh!

[*Translation*]

Mr. Bilodeau, my question is along the same lines as Mr. Desilets' and it concerns electronic medical records. If I understand correctly, only two provinces, Nova Scotia and Alberta, have electronic records. Our government's investments in health care this past year will encourage other provinces to follow suit.

What are those two provinces doing differently? Give me some examples, if you could. I know how things should be, but I'd like to know how they actually are.

MGen Marc Bilodeau: I cannot comment on what's happening in the provinces with respect to their medical records.

Mr. Darrell Samson: I'm just talking about the two provinces that have this service.

MGen Marc Bilodeau: All I can say is that electronic health records are going through a transformation. We're now in the second and third generation of these files and we have a better understanding of what we need. Better standards are also in the works, which will allow us to transfer data more easily in the future.

There are some issues with our own electronic health record system, which is now over 15 years old. It's starting to get a little wobbly, so to speak, and we're currently modernizing it. We have no choice but to modernize it if we want the various systems to work together. We need to be able to transfer medical data to the provinces.

[*English*]

The Vice-Chair (Mr. Blake Richards): Thank you very much, and thank you to all of our witnesses for your excellent contributions tonight and for the responses to all of the questions.

We will adjourn the meeting. We'll see everybody back here to continue this study on Monday.

Thanks again to our witnesses and to everyone.

The meeting is adjourned.