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• (1610)

[English]

The Chair (Mr. Emmanuel Dubourg (Bourassa, Lib.)): Welcome to meeting number 68 of the House of Commons Standing Committee on Veterans Affairs.

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

For the second hour, we will discuss the national monument to Canada's mission in Afghanistan.

[Translation]

Allow me to say hello to two individuals who are here today as substitutes. Carine Grand-Jean will be acting as clerk and Diana Ambrozias as our analyst.

In accordance with our usual procedure, before speaking, please wait until I recognize you by name. The connection tests have been completed, and everything is in order. Although the room is equipped with a sound system that performs well, it is possible that audio feedback will occur, which can be extremely harmful to interpreters and cause serious hearing injuries. The most common cause of audio feedback is an earpiece being too close to a microphone. So we ask all participants to be very careful when using their earpieces. In order to prevent incidents and to protect the interpreters' hearing health, I invite participants to ensure that they are speaking properly into the microphone and to avoid manipulating their earpiece.

Pursuant to our motion, we are resuming our study on the experience of female veterans. Having said that, before we welcome our witnesses, I would like to provide this trigger warning. We will be discussing experiences related to mental health. This may be triggering to people who are here, to viewers, members, or staff with similar experiences. If you feel distressed or need help, please advise the clerk.

Now, I would like to extend a cordial welcome to our guests.

[English]

For the first hour, as an individual, we have Chris Edwards, researcher; from the Canadian War Museum, we have Mélanie Morin-Pelletier, historian; and from Veterans Emergency Transition Services, by video conference, we have Debbie Lowther, chief executive officer and co-founder.

We're going to start with opening statements.

I'd like to invite Ms. Mélanie Morin-Pelletier to make her opening statement.

Please go ahead. You have five minutes.

[Translation]

Ms. Mélanie Morin-Pelletier (Historian, Canadian War Museum): Mr. Chair and members of the committee, thank you for inviting me to contribute to this important study.

You have been fortunate to hear testimony from dozens of women veterans, who have courageously shared parts of their experience. As a military historian, I can only offer a simple summary of more than 20 years of research on the lives and experiences of women veterans in the two world wars.

Studying the historical context of these pioneering women's military service helps us understand the rest of the story. We quickly realize that the challenges these women dealt with in that era's social and military structures persisted for a long time, as did the barriers, pre-conceived notions, discrimination and prejudice they faced.

Until 1941, the only title a woman in the Canadian army could have was "nursing sister". A total of 2,845 nursing sisters served in France, Belgium, England, Greece and Russia during World War I, 60 of whom died as a result of injury or disease. They were given a military rank corresponding to that of lieutenant, which gave them some authority over their patients in hospitals, but not over the men outside them. As you can imagine, that caused some confusion at times. As officers, however, they were forbidden to fraternize with soldiers outside hospitals. That was one way to protect their public morality. They were also required to wear a different uniform, including a long blue dress and white veil, which very much resembled a nun's habit of that era. These women were thus portrayed in the contemporary and media as white angels and universal mothers, and their behaviour was to reflect those stereotypes.

The rules required military nurses to be single at the time they enlisted. There were a few exceptions for married women and widows, but they had to have no dependents. Until 1943, those who got married were released from their duties. Until the 1970s, the Canadian Armed Forces viewed marriage and maternity as major problems and valid reasons for relieving women of their duties.

These pioneers wanted to serve their country in both world wars. I would like to say that there were always more women volunteering than there were available positions. The main reasons they gave for enlisting were that they wanted to serve their country and help win the war. These women had to struggle through a social, political and military system that considered their presence tolerable for the duration, but mostly unwanted.

Even during World War II, when over 50,000 Canadian women wore the uniform and served mostly in Canada, the army continued to describe their contribution as an emergency measure. They served in order to free up men so that they could do the fighting. As you know, women were barred from combat roles until the late 1980s. As a then-popular saying put it, these women were “the girls behind the boys behind the guns”. They were not employed because of their right or need to work, and which was often the case after the economic crisis of the 1930s. They were really employed because the situation was urgent, exceptional and temporary. This emphasis on their status as time-limited guests had a dramatic impact on the way they were treated as veterans after the war.

• (1615)

Veteran nurses, for example, were expected to rejoin the civilian health care system as soon as possible, whereas some of them hadn't done the same type of work for nearly four years. Women veterans who had served in other roles during World War II were expected to favour marriage as a career option. Steps were also taken to ensure they did not compete with men veterans, who were given priority for jobs.

In closing, this very brief summary shows that the social and military context in which Canadian woman's military service evolved, which, by the way, includes the hypermasculine warrior culture, marginalized women and minimized their more than 100-year-long contribution to Canada's military history.

Thank you very much.

The Chair: Ms. Morin-Pelletier, thank you very much for that historical information that you have presented.

[*English*]

Now I'd like to invite Ms. Chris Edwards to take her five minutes, please.

Ms. Chris Edwards (Researcher, As an Individual): Thank you for the opportunity to speak to all of you today. This is a very important subject area for me, so I'm very grateful.

I'll be speaking to you today as a researcher and a civilian who supports members of the Canadian Armed Forces, our first responders and veterans.

My research focus at this time is how biological sex, reproductive health and occupation are related to musculoskeletal injuries. I will likely be referring to musculoskeletal injuries as “MSKI”, because it's a lot easier to say.

Women have been serving in Canada for over a hundred years in both military and RCMP contexts. Research, training, infrastructure, equipment and resources for both serving and retired female members do not reflect this. In fact, when I conducted my first literature review in 2018 to build evidence-based rehabilitation and

physical training programs for the CAF members I was supporting, there wasn't a single study published on the common injuries among Canadian servicewomen. As a world leader for the integration of women into careers that are historically open only to men, we need to do better.

What do I mean by “do better”? I'm now going to share, with permission from the sources, some examples and quotes from female members.

One says, “The sexism that is systematically built into our medical care also makes it so that any female-specific medical issues aren't taken seriously. I also hear that's health care in general though, so I guess it doesn't matter if it's documented. It won't really help.”

Another says, “I had my breasts basically removed to fit my kit. Yes. Having a surgically modified chest designed specifically to be flatter has helped me better fit my kit and that is super messed up because women shouldn't have to cut their boobs off to be able to do basic military tasks without the injury risks by just wearing their kit they're forced to wear.”

This is another: “I went in with bad cramping and asked to have my IUD removed. They wouldn't look at me because I was being posted out soon and they said just to do it when I get to my next posting. When I got there, it took eight months before someone would take out my IUD and they just gave me naproxen. They offered me more drugs, but I just wanted the thing out because I'm pretty sure it wasn't put in right in the first place. This experience has stopped me from going to the MIR when needed, I would rather pay out of pocket to be taken seriously.”

This one says, “I am avoiding putting my claims in through VAC because they're notoriously horrible to deal with and I don't have the bandwidth to do that on top of everything else.”

Finally, this says, “No woman I know wears the front plate. I end up just wearing two back plates on my frag vest because at least it kind of fits.”

I'm now going to speak to the research that I've been a part of at the Adamo Lab at the University of Ottawa.

Females serving in the CAF experience higher rates of pelvic floor dysfunction when compared to the civilian population. Female CAF members experience higher rates of overuse injuries when compared to their male colleagues. Female members experience higher rates of injuries during their annual physical force test compared to their male colleagues. Female members who have given birth are more likely to sustain overuse injuries than their nulliparous peers and also males. Only 6.7% of CAF members who have been pregnant while serving received specialized physical training support—that's 6.7%.

To conclude, Canada has taken a gender-neutral and female-inclusive approach. Unfortunately, evidence-based “gender-neutral” means “man”, because of the lack of women representation in research. Until the physiology, biomechanics and anatomy of females are included in the CAF health services training courses, prioritized in research and required to be supported by the defence team, the needs of female CAF members and veterans will not be understood, and they will continue to be invisible.

• (1620)

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

Now I'd like to invite from Veterans Emergency Transition Services, Ms. Debbie Lowther, to open the mike and begin.

You will have five minutes. Please, go ahead.

Ms. Debbie Lowther (Chief Executive Officer and Co-Founder, Veterans Emergency Transition Services): Mr. Chair and committee members, thank you for inviting me to speak with you today as you undertake this very important study on the experience of women veterans. Honestly, I find it disheartening that in 2023 there is an overwhelming need to even have this conversation.

As a national registered charity with an aim to provide immediate, on-the-ground support to Canadian Armed Forces and RCMP veterans who are homeless, at the risk of becoming homeless or otherwise in crisis, VETS Canada has had the privilege to interact with thousands of veterans since our inception in 2010. According to figures based on the 2021 Statistics Canada census, women represented 16.2% of veterans but women veterans currently account for just over 19% of our caseload. Because of this, we are in a position to have many experiences shared with us.

The stories we hear are all unique, but there are many common themes. First of all, almost every female veteran we have worked with has disclosed having experienced military sexual trauma and sexual harassment. The other common themes we hear are that women veterans feel invisible, they feel a strong sense of betrayal and they feel more judged by VAC than their male colleagues.

We have many women veterans who tell us that by the time they released from the Canadian Armed Forces, they were so physically and mentally exhausted from working twice as hard to earn half the respect as their male counterparts received that they didn't have the capacity to effectively manage their own lives and they completely fell apart. Many women veterans have told us that their time in the CAF wounded them, and then they went to VAC only to have salt added to the wounds.

We hear from numerous male veterans that their erectile dysfunction is an approved, pensioned condition through VAC, but then we have women veterans who tell us that they experience sexual dysfunction but have been regularly denied any recognition of their condition. Some women veterans have told us that when they are discussing their situation or their symptoms with health care providers or VAC case managers, they have been told, “It's all in your head,” or “You're being dramatic.” We have never had a single male veteran tell us that they have been called “dramatic”.

If we could provide any recommendations to improve the experiences of women veterans, a couple would be as follows.

The first recommendation is for the CAF, not VAC. They say prevention is the best medicine, so if there was a segment of training included in basic training around what constitutes sexual misconduct or sexual harassment, maybe we could prevent some of the military sexual trauma. I realize that we shouldn't have to train people to be decent human beings but, sadly, it seems that we do.

Next, there are six ministerial advisory groups but none specific to women veterans, and there should be. I think it's important for VAC to listen to women veterans, but a good representation of women veterans. Last year, VAC held a women and 2SLGBTQI+ veterans forum, which consisted of a series of panel discussions. There were 11 veterans and currently serving CAF members on the various panels. One was a retired sergeant and one was a retired master corporal, the rest were all officers. I don't think that was a realistic representation of women veterans' voices.

Finally, there is something that just hit me last week as I was preparing a report for VAC as a requirement of our funding from the veteran and family well-being fund. There is a question in the report, as there was in the original application for funding, around GBA+. When I got to that question, I thought, with all of the inconsistencies and deficiencies in the experiences of women veterans, maybe VAC needs to apply a GBA+ lens to their own policies and programs.

Thank you all for listening. I look forward to your questions.

• (1625)

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

Now we're going to start the first round of questions.

I'm pleased to invite Mrs. Wagantall for six minutes, please.

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

Thank you, all, for being here today. I know that what we're hearing today is going to make a big difference to this study.

I'm going to begin with our friend Deb Lowther with VETS Canada.

Thank you for all the work that you've done since 2010. I note that you began as a service for those who were homeless and since then have expanded, Deb, into helping those in financial need or mental health crisis, specifically in regard to women but also in general.

On those two areas of need, have you found that they play a role in homelessness? Is it the chicken before the egg or which...? What have you learned since taking on those areas as well?

Ms. Debbie Lowther: We've learned that there are lots of circumstances that lead to homelessness, with financial need being one of them. We do support veterans who are not homeless but could possibly be on the trajectory to become homeless because of a financial crisis. Lots of mental health issues have led veterans to need our support—mental health and addictions. Those are almost always related to their service.

We've also, in the last little while, started supporting a number of still serving members, as we see the rising prices of everything. Everybody seems to be struggling, so we're trying to help as many people as we can.

Mrs. Cathay Wagantall: Sure. Thank you.

Can you tell me how many are women? What's the ratio, or what have you found in the past while? There's a little bit more recognition of the fact that our women veterans are suffering. They're suffering in ways we hear today, of course, that are contrary to what other veterans may suffer.

Ms. Debbie Lowther: We actually see that about 20% of the veterans coming to us looking for support are women. That's been an increase over the last couple of years. I would say, probably about seven or eight years ago, we were only at about 13% of female veterans on our caseload. Now we're between 19% and 20%.

They deal with lots of other challenges that male veterans don't face. Lots of them are fleeing domestic violence. In the situations we see, most of them have children with them. They're more apt to come forward, not stay in shelters and sleep rough, because they have children. They're more likely to come forward and ask for help.

• (1630)

Mrs. Cathay Wagantall: Ms. Edwards, I would like to ask you a question. Probably some of my colleagues wouldn't necessarily know the answer to it.

You talk about overuse injuries. Can you define that for us, please?

Ms. Chris Edwards: Often when we're looking at musculoskeletal injuries we classify them in two different ways. When we have an acute injury, there's a clear mechanism. You fall off a curb and break your ankle. We know what happened.

Overuse injuries are the accumulation of microtraumas over time. Something that's common in the news right now is MTBI,

mild traumatic brain injury. It's subconcussive trauma over time. Fractures, tendinitis and bursitis would be examples of that. Those types of injuries are what I'm talking about.

Mrs. Cathay Wagantall: Thank you very much.

That is an issue that we're finding, of course. Lots of times what CAF or VAC responds to are more of the critical incident injuries.

Can you speak a little bit more to the importance of recognizing—especially in women and the challenges they're facing—these repetitive tasks or circumstances where they find themselves being injured on a long-term basis and it's harder to deal with?

Ms. Chris Edwards: To start, overuse injuries are preventable. By definition, they occur over time. There are many time points where we can intervene and stop these from becoming a really big issue.

They impact females at a greater rate than they do males. In the Canadian Armed Forces it's 76% of females, compared to just around 70% of males. The disparity doesn't seem that big, but when you break it down into occupational roles, that actually expands.

For females, everything that they do isn't designed for them. We have this in other contexts as well, such as a female interacting with a keyboard. A keyboard is designed for a man's hands. We have to stretch. A female is more likely to get carpal tunnel in a non-military context.

Mrs. Cathay Wagantall: Thank you very much. I appreciate that response.

I have a short minute left.

Ms. Morin-Pelletier, I wanted to just ask very briefly how you determine what you study in regard to those often overlooked by history.

Ms. Mélanie Morin-Pelletier: Can you repeat the question?

Mrs. Cathay Wagantall: I'm sorry. How is it that you determine what you're going to study and write about?

Ms. Mélanie Morin-Pelletier: At the War Museum—

Mrs. Cathay Wagantall: You can use French if that's more comfortable for you. I can take the interpretation.

Ms. Mélanie Morin-Pelletier: At the War Museum, I'm a trained historian in women's history. I came with that passion. I started studying military nursing more than 20 years ago. I brought that expertise with me. Now my mission is to give these women a voice that they didn't necessarily have in traditional military history. I'm very lucky to be able to do that at the War Museum.

Mrs. Cathay Wagantall: Thank you so much.

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

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

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

Thank you to all the witnesses joining us today, online and here, including all the guests.

Through the chair, I'd like to direct my first question to Ms. Edwards.

Thank you for being here.

In your research, you have been particularly interested in how childbirth and occupational roles influence injury risk in service members. We have heard from previous witnesses about the need to have more research about women in the CAF and about women veterans. Can you please share with us more about your research on that particular topic?

What we can do to influence how women veterans should be treated?

Ms. Chris Edwards: First of all, we're navigating systems that haven't been built to support a female through their lifespan in a career in the CAF. Female reproduction wasn't considered in the medical system when we stood it up, and it's not captured in the supports we have.

Again, for the 6.7% of CAF members who have received physical training support during or after a pregnancy, that includes through a pregnancy and the postpartum period. They can take a year to 18 months after childbirth, if they want. It's really up to them when they return to duty. They have to complete their FORCE test—which is our physical fitness standard—to be able to DAG green, which means that they're able to deploy.

We notice that after pregnancy, there is a decrease in physical fitness, so they need to take time, just as they would after an injury, to rehabilitate the body to be able to again perform the tasks to the same capacity they would have before.

We have these females who are preparing for their FORCE test, and they also have to be adapting to their life demands, which have changed. Realistically, most of the time they are the primary parent, providing services to their kids. If they're in a dual-service relationship, their partner is probably gone, so they're having to prepare physically for a test that may or may not pertain to the duties in their job. They have to then also prepare for the tasks of their job. They're doing all this without specialized support.

Most of these females have never gone through a kinesiology or physiologist training program—that's a fairly unrealistic expectation. Their medical support doesn't have women's health training, so when they go to their medic and explain that they pee themselves whenever they're running and ask if it's normal, they're told it is. However, they've never actually gone through training to understand that, after six weeks, if we gradually return someone to a running program and provide pelvic floor physio, urinary incontinence is not actually a normal thing. It's a common experience postpartum, but it's not normal.

We don't have medical support that can ask appropriate questions. I'm getting a little off track here, but I'm talking about the physical demands for occupations as well.

• (1635)

Mr. Wilson Miao: Thank you for sharing that.

What can we do to influence how women veterans should be treated? If you—

Ms. Chris Edwards: How would this influence women veterans?

Imagine showing up at your doctor with a problem that you think is a problem. Again, urinary incontinence is a great example. They say that everyone has it. For you, it's like, "Okay, I guess I have to wear a diaper to work because I run, I have to go in trenches and I carry a rucksack", which exacerbates pelvic dysfunction. Then you say that you have back pain and it wasn't there before your pregnancy. Again, the medic says that everyone has back pain.

Eventually, to what end...? Do you just keep going back and being told that your experience doesn't matter, that they're not going to be able to help you because everyone has it, so deal with it? Do you just keep being dismissed and feeling invalidated in your experience?

If I had to go to work every day and I was peeing myself every day, I wouldn't really want to be there either. I don't know if anyone else feels that way, but.... If there are alternatives and supports that exist for civilians, why can't I have access to that?

Mr. Wilson Miao: In your opinion, what is research lacking in order to better help our women veterans right now, especially when they're medically released?

Ms. Chris Edwards: There's actually very little on Canadians. Right now, typically there are a few things. Veterans Affairs uses a different classification system for diagnosing than the international classification of disease, which is what's used by our health care system in Canada and also in the CAF. That alone makes it challenging when we're talking about any issue, regardless of whether it's women's health-related or not.

When we get into women's health definitions, we're working with a medical system that doesn't have women's health-specific training. Then it's being interpreted by someone who works at VAC who doesn't have a health background, and they're using a different definitions classification. Even with that alone, before we even start researching, there are existing definitions that we need to line up. Then we need to understand what is actually happening with our females in the military, and also the RCMP. They're actually not the same. Their job demands are quite different. The supports that they have access to are quite different.

We need to understand what injuries are happening and what physical health conditions exist for both military and RCMP. Then we can build systems to support that.

• (1640)

Mr. Wilson Miao: Thank you.

The Chair: Thank you very much.

Thank you, Mr. Miao.

[*Translation*]

Now I turn the floor over to Luc Desilets for the next six minutes.

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

Good afternoon, colleagues.

Thanks to our guests.

Ms. Edwards, I've been here for four years. For some time now, we've been hearing about problems involving equipment for women, but what you're saying beggars belief. You're telling us that women are undergoing mastectomies. Is that a frequent occurrence? Is it recent? When did it start?

[*English*]

Ms. Chris Edwards: Because we haven't been asking these questions and we haven't been tracking these, I can't give you a number. However, I do know a number—those are just the people I've spoken with, but I'm one person—who have had this surgery so that they can do their job.

We don't ask about breast injuries in basic training. We don't ask about breast injuries when we go to our medic. In sport we do or we have started to. The bruising and the ischemia, or the lack of blood flow to the area that actually causes tissue death, are way more common than you would think. Maybe if you put on one of these vests you would understand.

I can't give you numbers, but it's alarmingly common among the people I support. Again, I'm just one person. I've only lived in Ontario and New Brunswick. I've only supported the bases there.

[*Translation*]

Mr. Luc Desilets: So it's quite common.

[*English*]

Ms. Chris Edwards: Isn't it disappointing that we're allowing females to surgically alter their body to fit into a piece of kit when we actually have female-specific alternatives on the market? Other nations are buying them.

I'm passionate about it, obviously, but it doesn't make sense. Imagine going to work and having to wear women's pants, made for females. You get the largest size, yet it still doesn't fit really well. Would we accept you altering your anatomy for that? But that's what we do.

[*Translation*]

Mr. Luc Desilets: I'm astounded. I never thought the equipment problem could be that acute.

You say there are solutions. What are people thinking? My understanding is that it might involve adjusting vests. Is that happening? Is the department working on it?

[*English*]

Ms. Chris Edwards: We have a team that is tasked to this. They are taking a female-inclusive approach. I'm not real sure what that

means, but they are not looking at female-specific vests. We don't have female-specific rucksacks either.

In a female frame, the shoulders are narrower than a males, so their straps should be narrower. Right now the rucksacks that we have available are designed for a male frame, so they will sit wider. Imagine having to wear 80 pounds on your back in a position that isn't ideal for you. It pushes your head forward, so you get additional stress on your cervical spine.

Then you have the ballistic vest, which is not designed to accommodate breasts. Usually it doesn't fit. They'll only have mediums when you're an extra small, but you're a “small target”—a quote that actually came from what was told to one of my friends. She was on deployment in an active combat zone, and they didn't have ballistic plates for her that fit. She was told, “It's a good thing you're a small target.”

[*Translation*]

Mr. Luc Desilets: Will military doctors go so far as to suggest women undergo mastectomies? Does it go that far?

• (1645)

[*English*]

Ms. Chris Edwards: It's a medical issue. If you have repeated trauma to your breast and that's the alternative they can give you, eventually, that's the alternative.

[*Translation*]

Mr. Luc Desilets: That's the solution that a military doctor may suggest.

[*English*]

Ms. Chris Edwards: This is paid for by the CAF, yes.

[*Translation*]

Mr. Luc Desilets: Wait a minute. Are you saying that the Canadian Armed Forces pays for the operation?

[*English*]

Ms. Chris Edwards: You're wondering if medical services are paying for these operations. It's through the CAF health services. They're not paying for it out of pocket, if that's the alternative you're asking about.

[*Translation*]

Mr. Luc Desilets: A woman might pay for that kind of operation in some circumstances, but, in this case, it's paid for by the Canadian Forces. I understand.

I find these answers somewhat disturbing. We've previously seen situations in which military doctors didn't enjoy the same status as civilian doctors. We've even heard of cases in which military doctors refused to accept the medical credentials of civilian doctors.

Do you agree? Have you experienced that?

[English]

The Chair: Ms. Edwards, you have 15 seconds, please.

Ms. Chris Edwards: I actually have a story. One day in 2016, a member started experiencing mild discomfort in her left rib cage. At first, she didn't think much of it, but she started having shortness of breath, so she followed up and went to MIR. She had severe chest pain. During her intake, the medical staff reviewed.... I'll skip a lot of this.

A few days passed. She started feeling even more ill. Left arm pain and the pain in her chest was more intense. Fast-forward to three days later. At this point, she must have looked like hell. She went up to the counter in tears and said she couldn't breathe. They finally took her seriously and she went for blood work, X-rays and an ultrasound.

Her blood work must have tipped them off or something. They sent her to a Fredericton hospital, where she received a CAT scan and an MRI. She deteriorated overnight, and they told her that if it got worse, to go to the emergency room. She eventually went to the emergency room, where she was immediately admitted to the ICU and they diagnosed her with a pulmonary embolism.

It was her first major experience with the medical care system outside of routine medical checks. To this day, she has minimal faith in the care provided to her by military members.

The Chair: Thank you very much.

[Translation]

Thank you, Mr. Desilets.

[English]

Now I invite Ms. Blaney for six minutes, please.

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

Thank you, everyone, for being here and testifying.

It's heartbreaking to hear again and again how invisible the women who serve us and become veterans are. Today, it's even clearer.

Ms. Edwards, if I could come to you first, you said in your statement that 6.7% of CAF members who were pregnant while serving received specialized physical training, meaning a large number did not. You expressed shock at this. Can you explain why you were shocked? I hope you can tie it into your earlier questioning about peeing yourself.

I'm just wondering if you can clarify this. Are there specific health interventions that could help with this for serving members? How is this documented so that it can be understood when women become veterans?

Ms. Chris Edwards: You will probably have to ask me that second part again, but I'll start with the first part: Why was it shocking that only 6.7% received specialized exercise support?

The Canadian guideline for physical activity throughout pregnancy came out, and that was a first in the world. Our physical activity guidelines during pregnancy have been adopted by a number

of countries, so since we're leaders, you would expect that it would be adopted by our military, because it just makes sense.

We recommend 150 minutes per week for a pregnant woman to exercise. Fifty per cent didn't have modifications to their PT—they just continued on—and 27.6% stopped their physical training altogether. It's no wonder they are having issues returning to duty afterwards and meeting the physical fitness standard if we're not actually supporting them through pregnancy.

A number of females in Canada—there's a study out of the University of Alberta—are lifting up to 80% of their repetition max. They have, obviously, been training before pregnancy, but they can continue lifting through. The fact that only 6.7% received support is very disappointing, especially when you have a physical employment standard that you have to achieve and when you have a health services assistant that is supposed to support you through this process.

When I was doing this analysis, over 90% wanted support and would have taken support if they had it. To be fair, there are initiatives that have been started to address this issue, but when we're talking about veterans, we can't look at what's happening now. We have to look at the systems that were in place while they were serving and how those systems are affecting their physical health now.

With regard to the urinary incontinence and pelvic floor issues, there are a number of different things we can do. There's pelvic floor physio, which is quite common, and you don't just have to have had a baby to need or benefit from pelvic floor physio. This does treat and greatly reduce the symptoms of pelvic floor dysfunction, whether they be pelvic organ prolapse, fecal incontinence or urinary incontinence. You can do those during pregnancy, and after childbirth, it also assists.

• (1650)

Ms. Rachel Blaney: My next part of that question is this: Is that being properly documented so that, when they become veterans, they can claim on that?

Ms. Chris Edwards: We don't have women's health training, so if you don't know to ask the question, why would you ask the question?

Ms. Rachel Blaney: Yes.

That leads me to another question about your perspectives on the disconnect between the CAF's and VAC's terminology for diagnoses.

Ms. Chris Edwards: If you look just at pelvic floor, you will see that there is a category on the VAC checklist. This document is massive. They have tables of criteria asking, “Do you fit this? Do you fit this?” However, I don’t know anyone who has successfully put in a claim for this. The reason is that we only.... Research from the Adamo Lab on the pelvic floor dysfunction in the Canadian Armed Forces’ members just got published in the last year.

If you’re a non-commissioned member—so, if you work as a vehicle tech, for example, you’re in and out of your vehicle quite a bit—you’re at a greater risk of sustaining or experiencing pelvic floor dysfunction, regardless of parity status—whether you’ve had a baby or not. Then, if you have had a baby, your likelihood of experiencing at least urinary incontinence is pretty high.

If you’re relying on data and research to make these case claims, we haven’t had any. If you look at other nations, the argument could be made that, well, it’s another country and its occupational demands are different. Either there is no research done and that’s the excuse that has been given, or it’s that it hasn’t been done on Canadians but it has been done by others, so it might be the same but not.

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

We have one hour with the witnesses, but the last round I’m going to have to cut a little bit. It’s going to be four minutes, four minutes and then two minutes for both of you.

I’m going to start with Mr. Blake Richards for four minutes, please.

Mr. Blake Richards (Banff—Airdrie, CPC): We’ve heard a lot of very shocking things today. I really appreciate Ms. Edwards’ testimony in particular.

You have brought us a lot of really valuable information, including this idea that women are actually going and altering their bodies rather than CAF altering the equipment they need. Some of these things are incredibly shocking. I don’t know that I have any additional questions, because I think you’ve been able to address very well all of the questions I had, but I really want to thank you for those immense and incredibly valuable contributions.

There was something else we heard today that I want to follow up on, and that was from you, Ms. Lowther.

You talked about how, due to the rising price of everything, current members of our armed forces are coming to you for your assistance. Just to make sure that I’m absolutely clear on this, because I find this incredibly shocking, you’re telling me that inflation is so bad in Canada that active current members of our Canadian Armed Forces cannot afford the cost of living and are having to come to you for help.

• (1655)

Ms. Debbie Lowther: That is correct. I can also tell you that we have active and currently serving members of the Canadian Armed Forces living in cars.

The housing crisis is such that over the past year we have seen three veterans who have been posted to areas where they cannot afford housing and are living in their cars—getting ready for work in

the morning, putting on their uniforms and going to work in the Canadian Armed Forces.

Yes, that is in fact very real.

Mr. Blake Richards: Things are incredibly bad.

Our housing crisis and our inflation crisis are horrible in this country if it comes to the point where we have serving members of our armed forces in those kinds of predicaments, not to mention the thousands of other Canadians. Thank you for sharing that with us.

Can you maybe tell us a bit about some of the services you’re providing to our current members as a result?

Ms. Debbie Lowther: Yes.

For currently serving members, the ones we have found living in their cars, we’ve helped them with temporary accommodations—put them in hotels—and then helped with finding affordable housing. We assign a volunteer to help them diligently look for housing. The housing is out there if you have the time to look for it. It’s difficult but....

We would help with things like that. We help with food and with gas cards for transportation and those sorts of things. That would be for the serving members living in their cars.

Other than that, for other veterans, we would help with rent to prevent evictions, groceries, clothing, utilities and those sorts of things—anything we can do to prevent somebody from losing their housing.

Mr. Blake Richards: It’s horrible that it’s at the point where those services are needed, but thank you for being there for them.

I’m going to turn the bit of remaining time I have over to Mr. Dowdall.

The Chair: Go ahead, Mr. Dowdall.

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

In my quick one minute, thank you, witnesses, for being here today.

I have just a quick shout-out to you, Ms. Edwards. I hear that you won the Sir Frederick Banting award. His birthplace is in my riding. I was there for his 100th anniversary of the Nobel Prize a couple of weeks ago. Congratulations on that.

My question for you, quickly, is that we’re hearing a lot about these overuse injuries for a lot of the females who have been in the CAF. Do you think it would be beneficial to perhaps adopt a presumptive injury list—I know that insurance companies are a pain and I’m dealing with one myself right now—whereby women veterans can automatically be approved for certain disability claims? What are your thoughts and comments on that? What do you think?

Ms. Chris Edwards: I think it’s a great idea.

I also think that it would be great to know what injuries are actually impacting our members. We don’t have an injury surveillance system.

Mr. Terry Dowdall: We have a lot more work to do is what you’re saying.

Ms. Chris Edwards: Yes.

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

Now I'd like to invite Carolyn Bennett to take her four minutes, please.

Hon. Carolyn Bennett (Toronto—St. Paul's, Lib.): Thank you very much.

Thanks to all of you.

I think we heard from you, Ms. Lowther, that it would be advantageous for the minister to have an advisory committee for women veterans. I think we're all a bit shocked about what we've heard today. I guess a lot of what Ms. Lowther said is also that the prevention is the important part. I think we all agree that somehow, for the treatment that's happening in CAF, it's not really understood, when they get to be a veteran, what has been missed.

I like the idea from Mr. Dowdall around a presumptive diagnosis, because you said that sexism was built into our medical care and also that no one was trained in women's health, which means that nobody knows how to take out an IUD—oh my word. If the questions aren't asked when someone is a CAF member, then it isn't documented. If it's not documented, they then get turned down by VAC. Is that what you're saying?

• (1700)

Ms. Chris Edwards: Yes.

Hon. Carolyn Bennett: Moving to presumptive diagnosis, in particular, I was interested in what the difference is between female-specific and female-inclusive. If the rucksack should be here on a woman and they're getting neck injuries because it was there.... There are certain things the research is saying should now be automatic.

Ms. Chris Edwards: I would say that we've started.

For an injury surveillance system, you need to identify what problems exist. Then you need to identify who is actually experiencing those problems—who's the most vulnerable. Then you can start to break it down to look at what's actually causing these injuries. However, we haven't done that, so....

Hon. Carolyn Bennett: On the issue of mental health, certainly in my practice we found that sometimes it's during labour and delivery that you find out somebody was previously sexually abused or that there is PTSD.

In our interest in having a perinatal mental health strategy, can you tell me a little bit about what your research is showing on the link between sexual trauma, pregnancy and perinatal mental health?

Ms. Chris Edwards: I'm a physiologist, so I study the physical body. I'm not a psychologist.

Some of my research has looked at the relationship between postpartum depression and injury risk. There is a relationship between postpartum depression and increased susceptibility to overuse injury. We see miscarriage as well and an increased susceptibility to MSKI.

I do think it's a great idea, actually, to have mental health support and physical health support simultaneously through pregnancy and

the postpartum period, so that we can actually identify MST, which is also important there, and postpartum depression. If we don't have practitioners who are specialized in women's health, they're not going to ask or they think it's normal. Postpartum depression, while common, is not normal. There's a lot of support and a lot of evidence-based practice that can support women through that.

Again, if you don't ask....

Hon. Carolyn Bennett: As part of a mental health strategy or perinatal mental health strategy for Canada, you would want to make sure that the experiences of CAF members and veterans are part of that perinatal mental health strategy.

Ms. Chris Edwards: They're Canadians.

Hon. Carolyn Bennett: Yes, but it sounds like they're invisible from what you've been saying today.

Ms. Chris Edwards: Yes, they are. We've left them behind.

The Chair: Thank you very much.

[*Translation*]

I know invite Mr. Desilets to take the floor for two minutes.

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

Ms. Edwards, as I understand it, there aren't a lot of statistics on health issues that women may suffer in the armed forces. I'm still thinking about what you said about mastectomies.

What organization would be responsible for examining this issue? We have to get to a point where we can put numbers on this. Are you the only woman in this situation in Canada? Are there 200 of you? Is this a common practice?

Who should be responsible for studying this phenomenon?

[*English*]

Ms. Chris Edwards: Some of it didn't come through, but I think I got what you're saying.

You're wondering who should be responsible for researching the physical health of women veterans. If that is the case, we need to first have an injury surveillance system through the CAF, so that when they come out of service, we can understand. If it wasn't documented in their medical chart....

Seventy-five per cent of overuse injuries were reported by females. That means 25% of the overuse injuries are not being reported. That's a pretty substantial number. If we have injury trends per military trade, we can assume that the likelihood of someone having a certain injury because they worked in a certain trade is pretty high. I would say that, on the CAF level, we need to identify what's going on.

There's also VAC. On the first day of basic training, a CAF member potentially could be someone who relies on VAC, so why don't we have that connection right away instead of waiting until they're injured or releasing to start building that connection? It would make a lot of sense for VAC to be involved in monitoring the injuries that are happening during service, or they could document what injuries are being reported to them afterwards. If they start noticing trends, we can start intervening on that.

Again, we need to start tracking what's going on with our members and our veterans before we can start to build any solutions.

• (1705)

The Chair: Thank you very much.

Now, Ms. Blaney, you have the floor for two minutes.

Ms. Rachel Blaney: Thank you, Mr. Chair.

Perhaps I will come back to you, Ms. Edwards.

Can you explain what you mean by including female biology in training and—in that context—clarify what this means for both service in CAF and the reality of VAC?

Ms. Chris Edwards: Yes.

I am speaking about training the medical side. Our medics should receive women's health training. They are supporting our female members. They are their first line. Our doctors also should be receiving women's health.... If we don't want to allocate resources to that, provide a women's health specialist. Some bases used to have a women's health nurse practitioner. A lot of them don't have that anymore. That would be an alternative. If you aren't comfortable having certain people ask those types of questions, allocate someone to do it.

We don't train our leaders in how to support their female members either. They won't know how to support a female who is, maybe, experiencing postpartum depression when returning back to duty. Leadership should notice when their members aren't doing well. However, if they don't know the questions to ask, they won't ask. How do we support a female who is...?

Another aspect is RED-S, which is relative energy deficiency. Females are at a greater risk of experiencing this. For anyone who has a daughter or who has played sports, this is a common issue brought up in sports right now around girls and women athletes.

Actually, female service members are in the same category. They're at high risk for this. It increases their risk of repetitive strain injuries, including stress fractures. A pelvic stress fracture or a hip stress fracture impacts females at a higher rate in basic training and throughout their careers. If we're not asking the question, "Hey, is your menstrual cycle regular?".... That question is actually too late. We see the physiology actually change before that symptom arises to indicate RED-S is possible. Irregular menstrual cycles also have a risk of increased injury. It also impacts reproductive health.

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

[*Translation*]

That concludes the hour that was allotted to us to discuss the experience of women veterans.

On behalf of the committee members, I would like to thank the witnesses for coming.

We heard from Chris Edwards, who testified as an individual, as well as Mélanie Morin-Pelletier, from the Canadian War Museum, and Debbie Lowther, chief executive officer and co-founder of Veterans Emergency Transition Services.

We will suspend for two minutes so we can greet the witnesses and move on to the second hour.

• (1710)

(Pause)

• (1715)

The Chair: We will resume.

[*English*]

Mesdames et messieurs, for the second hour, pursuant to Standing Order 108(2) and the motion adopted by the committee on Thursday, March 9, 2023, the committee is commencing its study of the national monument to Canada's mission in Afghanistan.

[*Translation*]

Before welcoming my colleagues, I would simply like to provide a brief reminder regarding ground rules.

The following routine motions were adopted at the committee's first meeting of this session:

That only the clerk of the committee be authorized to distribute documents to members of the committee and only when such documents exist in both official languages, and that witnesses be advised accordingly.

That all documents submitted for committee business that do not come from a federal department, member's offices, the office of the clerk of the committee and the office of the analyst or that have not been translated by the Translation Bureau be sent for prior linguistic review by the Translation Bureau before being distributed to members.

That's what we've been seeing recently. We can't prevent people from sending emails directly to other members, but it's important that those emails be translated in order to be official. If the report mentions it, then those reports can subsequently be cited.

With that, I want to greet our colleague Mr. Paul-Hus, who is replacing Mr. Dowdall. I would also like to welcome witnesses who are here with us for the second hour.

Ladies and gentlemen, we have the Honourable Ginette Petitpas Taylor, Minister of Veterans Affairs, and the Honourable Pascale St-Onge, Minister of Canadian Heritage.

From the Department of Canadian Heritage, we also have deputy minister Isabelle Mondou. She is joined by Emmanuelle Sajous, assistant deputy minister, sport, major events and commemorations.

From the Department of Veterans affairs, we have Paul Ledwell, who is a committee regular, and Amy Meunier, assistant deputy minister, commemoration and public affairs branch.

There will be a period of questions, but first the ministers will deliver their opening statements.

I would like to invite the Honourable Pascale St-Onge to make her presentation.

You have five minutes.

• (1720)

Hon. Pascale St-Onge (Minister of Canadian Heritage): Thank you, Mr. Chair.

Good afternoon, Mr. Chair, committee members and colleagues.

First, I'd like to acknowledge that we are gathered on the traditional territory of the Algonquin Anishinabeg.

At your request, I appear before you today to discuss the selection of the design for the National Monument to Canada's Mission in Afghanistan.

My presentation will be shorter than the five minutes you have allotted me.

I must say that the Department of Canadian Heritage played a strictly administrative and support role in this project.

The department shared its expertise on the organization of the design competition with Veterans Affairs Canada, and that is why I am going to yield to my colleague, the Minister of Veterans Affairs, who will explain why the government has made this decision.

Thank you very much.

The Chair: Thank you, Minister.

I now invite the Honourable Ginette Petitpas Taylor to deliver her statement.

You have the floor for five minutes.

Hon. Ginette Petitpas Taylor (Minister of Veterans Affairs): Thank you very much, Mr. Chair.

Mr. Chair and members of the committee, thank you for inviting me to appear before you once again to discuss the National Monument to Canada's Mission in Afghanistan.

From October 2001 to March 2014, Canada took part in its most complex mission since the Korean War. More than 40,000 uniformed Canadians and hundreds of civilians and government representatives served in Afghanistan and the surrounding region, from the departure of the first ships until the last troops returned.

[English]

Tragically, 158 members of our Canadian Armed Forces died in service to the mission along with seven Canadian civilians. Thousands more returned physically and psychologically wounded, many with permanent scars that they have had to live with ever since.

In 2019, our government announced that a national monument to Canada's mission in Afghanistan would be designed and built at LeBreton Flats, right here in Ottawa. Its purpose would be to give Canadians a permanent place to reflect on the service, commitment and sacrifice of those who served in Afghanistan and the support provided to them at home.

[Translation]

Veterans Affairs Canada and the Department of Canadian Heritage opened a joint design competition in August of that same year. Teams of professional artists, architects and landscape architects, as well as other urban design professionals, were invited to submit references and samples of previous projects for consideration.

It was understood from the outset that veterans, the families of members fallen in combat, serving members and the public at large would be invited to consider the finalists' proposals before a design concept was selected by an expert jury.

Five team finalists were ultimately selected. After their design concepts were unveiled in May 2021, Canadians had an opportunity to express their opinion of their preferred design concept from among the five finalists selected by the jury.

[English]

After 12,048 valid online surveys were analyzed, the entry from Team Stimson was found to have resonated most with respondents, receiving between 52% and 64.8% support across all questions. In other words, a preferred design concept emerged from the online survey, at least among veterans, those who served in Canada's mission in Afghanistan, their family members, serving members and the public. The results were compelling, and, as such, the Government of Canada decided to listen to veterans and those with a connection to the mission in Afghanistan in selecting the preferred design concept.

[Translation]

Based on that information, and following a careful review, the Government of Canada selected the design concept of Team Stimson for the National Monument to Canada's Mission in Afghanistan, and that selection was announced at the Canadian War Museum in June of this year.

We thank the five teams for the time and effort they put into this important project. We deeply appreciate and respect the work done by the members of the jury who reviewed the many entries before selecting and evaluating the five design finalists.

The professionalism and personal experience of the jury were much appreciated and were an integral part of the process. However, it became clear as the process advanced that the contribution of veterans and individuals associated with the mission had to be a decisive factor in selecting the design concept.

• (1725)

[English]

Mr. Chair and members of the committee, as we approach Veterans' Week and Remembrance Day next month, Canadians will soon be reflecting on what so many have given up in the name of peace, freedom, human rights and democracy in the world.

In Afghanistan, our troops suffered devastating losses of life and debilitating physical and psychological injuries.

[Translation]

We owe these veterans a debt that we may never entirely be able to repay. Consequently, the least we can do is select the design that best corresponds to the monument that the veterans and individuals associated with the Afghanistan mission wish to see erected. This is an excellent way to express our gratitude for their service.

Thank you once again for inviting me to be with you today.

We will be pleased to answer your questions.

The Chair: Thank you very much for your remarks. In both cases, you used all of your five minutes. Consequently, we will be able to ask more questions.

I'd like to invite committee members to check their timer to see how much time they have left. They don't often look at me when I signal to them that time is up.

Ms. Petitpas Taylor, since you speak extremely quickly, I would ask you please to speak more slowly so the interpreters can follow you.

And with that, we will proceed as we did in the previous session, when we had great discussions without interruptions.

So, without further ado, I invite Mr. Paul-Hus to take the floor for six minutes in this first round of questions.

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Thank you, Mr. Chair.

Good afternoon, ministers and members of the committee.

We are here today mainly to discuss the selection process for the National Monument to Canada's Mission in Afghanistan.

I wouldn't say the process was botched. On the contrary, it was very well executed by the jury members and the team of professionals, who did their job and selected Team Daoust, from Quebec, with Luca Fortin, an artist from the Quebec City region, where I come from.

The big surprise, the shock, was seeing that the decision changed. In our view, the decision to change teams and select Team Stimson was an arbitrary one on the government's part. We're trying to understand it, but no one understands it. The community doesn't understand it either. Businesses working in the design world at the national and international levels don't understand it. No one understands how this work, which was done by a professional jury, could have been dismissed out of hand.

You talked about veterans. I'm a veteran. You don't need to explain veteran world to me? I know all about it. We're here today to understand how the decision was made.

You mentioned the survey. The Léger firm conducted a detailed study that completely demolished that survey. I saw the table of figures and data that were collected. It makes no sense from the point of view of professional statistics. You can't rely on it to make this kind of decision and completely disregard a professional jury that did its job in selecting the project of another team.

In that connection, Ms. St-Onge, I'd like to go back to what you said earlier. You said that the Department of Canadian Heritage washed its hands of the matter because the department played a more administrative role. I would note that, in early 2023, your predecessor, Mr. Rodriguez, received a memo from the assistant deputy minister stating that his permission was required in order to authorize a change. I of course can't see all the most interesting parts of the memo because they're obviously redacted. Whatever the case may be, the permission of the Minister of Canadian Heritage was required.

We're talking about artists and designers. You are responsible for everything pertaining to monuments in Canada. This kind of project can't simply be dismissed out of hand. Don't you have an opinion about the way this was handled?

Hon. Pascale St-Onge: As you said, the Minister of Canadian Heritage has the authority and it's up to that minister to ratify the government's decision to abide by the consultation that took place.

Mr. Pierre Paul-Hus: You mentioned the government's decision to accept the recommendation of the Department of Veterans Affairs, which requested a change to the project. That's what happened.

Hon. Pascale St-Onge: I'm talking about the consultation that was conducted of veterans and the government's decision to accept their preferences.

My predecessor simply ratified the government's decision.

• (1730)

Mr. Pierre Paul-Hus: As Minister of Canadian Heritage, you can now see that the work of professionals and a jury was dismissed out of hand even though the veterans' comments had been considered. The team had taken the survey into consideration. The jury nevertheless selected Team Daoust from Montreal. Suddenly, in May, we saw that Mr. Rodriguez had signed a memo on February 15 and said there was no problem, that the other team could be selected.

Why? What's the real reason? We want to know why the other team was selected, when everything had been properly done.

Hon. Pascale St-Onge: My colleague the Minister of Veterans Affairs clearly explained the decision that was made in her introductory remarks. She clearly explained that the veterans, their families and the people who took part in the Afghanistan mission on Canada's behalf were consulted and that the government made this decision to accept their preferences.

Mr. Pierre Paul-Hus: Léger determined that the survey had no scientific value. Anybody could have voted without really being a veteran. The data really weren't reliable, but that was apparently enough to completely dismiss the work of a professional jury and its decision to select Team Daoust. Instead an arbitrary decision was made to rely on data that wasn't really reliable.

There are other reasons. Why was Team Stimson selected? It wasn't based simply on an unscientific survey.

Hon. Ginette Petitpas Taylor: It seems very clear to me. We talked about surveys, questionnaires and consultations. We never said it was a scientific survey.

We wanted to hear veterans' opinions because this is about a monument commemorating the Canadian mission in Afghanistan. The Department of Veteran Affairs is the project leader for this monument.

First, we sent messages out to veterans who had access to My VAC Account. We wanted to ensure that veterans were aware that the consultation was being conducted.

Then we sent a message to families that had lost loved ones in the Afghanistan mission. We also sent messages to all stakeholders working with veterans, such as Canadian legions, to ensure that the message would be put out there.

To our great surprise, more than 12,000 Canadians responded to that survey.

Mr. Pierre Paul-Hus: Minister, I don't know whether you've seen the report prepared by Jean-Marc Léger, of the Léger firm, the largest survey firm in Canada.

[These numerous methodological errors show that this online survey was unscientific and does not in any way represent the opinions of our armed forces members, or their family members, or even of Canada's population. The results of the online survey cannot be generalized to Canada's population and ought not to be given consideration in an objective process to select a design for the national monument to Canada's mission in Afghanistan.]

Hon. Ginette Petitpas Taylor: We nevertheless—

Mr. Pierre Paul-Hus: A jury of experts was completely abandoned for a survey which, according to you, represented the opinions of veterans, even though the Léger firm analyzed the data and told us it was worthless.

Hon. Ginette Petitpas Taylor: Mr. Paul-Hus, first of all, we never set aside the jury. It did extraordinary work, at the end of which there were five finalists. However, for the final decision, the key factor was what veterans told us. That's why we chose—

Mr. Pierre Paul-Hus: And yet, the Daoust team had been selected—

The Chair: Thank you very much, Minister.

Thank you, Mr. Paul-Hus.

Mr. Casey, you have the floor for six minutes.

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

I'd like to welcome the two ministers and their teams.

All my questions will be for Ms. Petitpas Taylor. I'd like to begin with the process, for a better understanding of why we are here. You said that a jury had chosen a winner from among the five finalists, but that further to a consultation launched by the minister, the veterans chose a different design.

I understand the criticisms from Mr. Paul-Hus and Mr. Desilets with respect to the survey, but I believe that our purpose here on the Standing Committee on Veterans Affairs is to move important matters forward on behalf of veterans, and that doubtless is precisely your role too, Ms. Petitpas Taylor.

On the other hand, the most vociferous criticisms came from Quebec. I want to understand why only the jury's point of view was being considered, and not the veterans' point of view. Can you help me understand that?

More precisely, Minister, can you discuss the results of the survey carried out by your department, solely for the province of Quebec? What did people in Quebec think about it?

• (1735)

Hon. Ginette Petitpas Taylor: Thank you for your question, Mr. Casey.

I think it has to be acknowledged that it's only to be expected, when the Department of Veterans Affairs is planning for a new monument, that it should establish a jury. As the project proponent, the department also has to always plan for a consultation period. You can call it a survey, a questionnaire, or a consultation, but we wanted to hear what veterans thought about it. A jury was selected and we thanked its members for the work they did. They worked tirelessly. At the outset, 25 groups submitted different designs. The jury worked hard on winnowing down the number of applicants to eventually come up with a list of five finalists, which is what we had asked them for.

We then began the survey process. We wanted to hear what veterans, and Canadians from coast to coast, thought about it. We also wanted to have proper representation from veterans, both women and men, as well as from the families of those who had served on this mission. To do so, the Department of Veterans Affairs sent out messages through My VAC Account. As members of this committee, you are no doubt fully aware of that. We did it to make sure that people knew there was a survey.

We also contacted families who had lost a loved one during the Afghanistan mission. We sent a message to a group of facilitators who were working with veterans to make sure that the message would get out. To our great surprise, as I said, we received twice as many responses as usual for survey questionnaires of this kind. More than 10,000 people responded. A jury combined with a survey is the normal practice. What was unusual in this specific case was that the survey and the jury went in opposite directions. When we looked at the survey results, we found that between 52% and 62% of respondents chose the Stimson submission, while only 23% to 40% preferred the one selected by the jury, the Daoust team design.

To answer your question about Quebec, it's important to point out that the vast majority of Quebecers who responded to the survey also supported the Stimson design. Veterans told us that this design provided a better depiction of bravery, sacrifice, loss, and the role of the family.

As the Minister of Veterans Affairs, I felt it was very important to make sure that we were going to listen to veterans. We really wanted to factor in the needs and opinions of veterans in creating the national monument to Canada's mission in Afghanistan. That's why we made this decision.

As Canada's Minister of Veterans Affairs, I take full responsibility for my decision to listen to our veterans. That's my priority. That then is precisely what we did and why we did it.

Mr. Sean Casey: Thank you, Minister.

I'm watching the timer and can see that I have less than 20 seconds left. That's probably not enough time to ask you another question and get an answer to it. Thank you.

Hon. Ginette Petitpas Taylor: Thank you.

The Chair: Thank you, Mr. Casey.

Next up is Mr. Luc Desilets, who has 10 minutes.

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

I'd like to thank our guests for coming.

Ms. St-Onge, you have been seriously downplaying your role in all of this. But you are responsible too. You set up the jury. You chose the experts. You had control over the survey. Let's start with that.

Do you acknowledge, Ms. St-Onge, that your minister asked the Department of Justice of Canada for a legal opinion in connection with rejecting the Daoust firm's design?

• (1740)

Hon. Pascale St-Onge: Thank you, dear colleague.

I'd like to begin by reminding you that it was a joint process. So we helped—

Mr. Luc Desilets: Agreed.

Hon. Pascale St-Onge: —with the backing of the Department of Veterans Affairs Canada, but it was responsible for the project.

I'll ask my deputy minister to answer the other part of your question.

Mr. Luc Desilets: Briefly please.

Ms. Isabelle Mondou (Deputy Minister, Department of Canadian Heritage): Yes, thank you, Mr. Chair.

We request legal opinions for nearly all of our projects. It's just the usual process.

Mr. Luc Desilets: Did you read that legal opinion?

Hon. Pascale St-Onge: No, I didn't read the legal opinion.

Mr. Luc Desilets: All right.

An opinion prepared by your department in November 2021 says that after informing the Minister of Veteran Affairs Canada and the Minister of Canadian Heritage of the jury's decision, the Department of Canadian Heritage would get into direct contact with the Daoust team to move on to the next phase of building the monument.

Are you aware of that?

Ms. Isabelle Mondou: Veterans Affairs Canada and Canadian Heritage contacted members of the Daoust team to advise them of the decision and to request a meeting with them.

Mr. Luc Desilets: However, the opinion says that its purpose was to move on to the next phase of building the monument.

Ms. St-Onge, if the ministers simply wanted to be informed of the jury's decision, and not be responsible for deciding on its behalf, it's because someone else made the decision.

Are we to conclude that the Prime Minister's Office made the decision?

Hon. Pascale St-Onge: The decision was supported by the government, and I'm in agreement with it.

Mr. Luc Desilets: What's the government? Does it mean your department or the Prime Minister's Office?

Hon. Ginette Petitpas Taylor: As I said last week, Mr. Desilets, the decision was made by the government, at the recommendation of the Department of Veterans Affairs.

Mr. Luc Desilets: Okay.

Ms. St-Onge, can you confirm that nowhere is it written, either in the jury members' contracts or the competition rules, that the survey questionnaire mattered more than the jury of experts?

Hon. Pascale St-Onge: I don't have that information. Perhaps—

Mr. Luc Desilets: Is it in writing anywhere?

Ms. Isabelle Mondou: I'll pass that question on to my colleague from Veterans Affairs Canada.

Mr. Paul Ledwell (Deputy Minister, Department of Veterans Affairs): Several things can explain the decision-making process, including the criteria that were to be assessed by the jury. Frankly, it's set out in detail and it's clear. The issues of vision and representation by—

Mr. Luc Desilets: I apologize for interrupting you, but that's not what I'm asking.

Is it in writing anywhere that the questionnaire, or survey, should take precedence over a jury of experts?

Hon. Ginette Petitpas Taylor: Mr. Desilets, I, as the Minister of Veterans Affairs, believe that it's important to listen to veterans. What they think is the decisive factor. We saw that the vast majority of veterans supported the...

Mr. Luc Desilets: I don't even agree on that. There's a veteran here in the room. He wrote us a fine letter, which you may have seen. He didn't see his own views reflected in this project at all. Not only that, but he didn't even know whether he had been identified as a veteran in the survey. So—

Hon. Ginette Petitpas Taylor: Mr. Desilets, I just want to—

Mr. Luc Desilets: Ms. Petitpas Taylor, I'm the one asking the questions this time. Why do you think that was never done?

Let's move on to something else. The survey accounted for 90 seconds in each respondent's life. It's completely anonymous.

Can you tell me how many women completed the survey?

Hon. Ginette Petitpas Taylor: No, I can't answer that question.

Mr. Luc Desilets: That's because we can't know. It's impossible to determine whether a woman responded to the survey.

Can you tell me that the 300 hours of work by the jury were not worth as much as a survey that has been completely trashed?

And I haven't even mentioned the technical committee's evaluation, which covers the remaining 30% of the total score.

Hon. Ginette Petitpas Taylor: I believe that the outstanding work done by the jury needs to be recognized—

Mr. Luc Desilets: You, Minister, did not show any appreciation of this outstanding work.

The Chair: Mr. Desilets, please allow the minister to answer the questions.

Hon. Ginette Petitpas Taylor: The jury evaluated 25 concepts, and then determined the five finalists. We absolutely recognize the work that has been done.

Mr. Desilets, I think the members of this committee can understand that the deciding factor for me, as Minister of Veterans Affairs, is the voice of our veterans. I think listening to them is the least we can do, especially when it comes to a monument that will commemorate their sacrifices.

• (1745)

Mr. Luc Desilets: You know as well as I do, Madam Minister, that we respect and work for veterans. The problem isn't the veterans, but the process you've put in place, which you've completely disregarded.

As a result, your government's decision caused an uproar. The challenges aren't just coming from us on the committee. They're also coming from cultural associations. There are 300 organizations and individuals who support the Daoust team. It's not an anonymous survey. We have names.

Hon. Ginette Petitpas Taylor: Mr. Desilets, once again, I fully accept the decision to have listened to our veterans before choosing the monument project.

Mr. Luc Desilets: Thank you.

The Chair: Thank you for your interventions.

[English]

Now, I'd like to invite Ms. Blaney for six minutes.

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

As always, all my questions go through the chair.

My first question is this: I read the proposal package. As a person who ran a non-profit for many years, I'm very well versed in these. I didn't see anything in here about the process that was going to happen, in terms of consultation through an online survey. It says in here, "The jury will have overall responsibility for selecting the winning design, based on the combined scores of the jury and technical committee evaluations."

I'm just asking for clarity. Was there anything in there that I somehow missed? If there isn't anything outlined in this proposal process for all the people who submitted, how was this decided upon—that there would be an online survey?

Hon. Ginette Petitpas Taylor: Thank you so much for that question, Ms. Blaney.

I wasn't there during that process. I'm going to turn to my officials. Perhaps they can provide you with some of the details regarding the process.

Mr. Paul Ledwell: If I could, Mr. Chair, I would say this in response: The context of engagement around the monument, right from the outset and announcement, was one that consulted with veterans in order to get their perspective. First, there was a visioning exercise in 2014 about what the monument should represent. There was engagement around the location of the monument, with the views of veterans winning the day and the choice being to place it at LeBreton Flats. There was an engagement around what themes should underlie the monument. All of this was fed to those coming forward to apply and put forward submissions.

Right from the outset, the engagement with veterans—and understanding the importance of the perspective of veterans, especially those who served in Afghanistan, both in uniform and in civil society—was paramount.

Ms. Rachel Blaney: My next question, then, is this: I understand there was an online survey, and I see the results of the online survey. I'm wondering how information was verified. I heard the minister talking earlier about places where the survey was advertised, asking people to participate. How was their information verified? How do we know these were actually Afghan veterans, Afghan service people from the civilian side and folks related to Afghan veterans?

How was that verified through the process? What I'm hearing—through the chair, of course—is that it represents Afghan veterans' opinions. I'm not clear how that was verified, so we know that, in fact, this is what we're looking at right now.

Mr. Paul Ledwell: The individuals who responded were asked to self-identify and indicate their representation, history and connection. All those who were connected through the department, as the minister indicated, were through networks we had already established with veterans, and they were invited to come forward. It was very important to hear from the veteran community about this. They were asked to self-identify and to indicate that.

It's our experience that veterans seldom misrepresent their service. They're very faithful about that representation.

Ms. Rachel Blaney: I have absolute faith in veterans. I don't know whether I have the same faith in every other person in the world, but I have faith in the veterans.

When you say they were self-identifying, what does that mean? Was there a section in the survey where they said, "This is who I am"? Was there any link to people being able to identify, so it could be verified on the other end?

• (1750)

Mr. Paul Ledwell: I'll ask my colleague Amy to address that.

Ms. Amy Meunier (Assistant Deputy Minister, Commemoration and Public Affairs Branch, Department of Veterans Affairs): Thank you.

They had an option to choose whether they were a veteran of the Canadian Armed Forces, a family member of someone who participated in the Afghanistan mission, an individual who participated in the Afghanistan mission or a member of the police. They had some options to choose from—one of those selections.

I did not undertake the survey myself, but it was self-reporting, as the deputy mentioned.

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

I'm also very curious about how the jury was included in this. Sadly, this seems very confusing. I've heard again and again that this was a political decision. That is heartbreaking to me. We're doing our study on women veterans. We're hearing about how utterly invisible they feel. I think their experience should concern us all. I would hate to be doing to Afghan veterans what has been done for so long to women veterans.

Could you explain why it wasn't in the proposal outline that this was going to be included? Was the jury aware of this consultation process? How were they included in deciding the best way to get the information?

Hon. Ginette Petitpas Taylor: Again, not having been there during the process of all of this, my colleague and I have over three months here.... Of course, it's our responsibility to make sure we can answer your questions. However, I'm still going to pass it on to my deputy, as I want to make sure we get the process per se right.

There is only one comment I am going to make. Making sure that we listened to the opinions of the majority of the veterans who answered this survey, to me, was a top priority.

Minister MacAulay was here at the time, but, again, I really stand by the decision that was made by the minister. I think you can't go wrong when you're listening to the opinions of veterans. When individuals tell me that when they see the concept that was

designed and selected, for them it represents the sacrifice, the loss of the mission, it says a lot. That is really why we chose this concept as opposed to Team Daoust's design.

Paul, do you want to perhaps...?

[*Translation*]

The Chair: I'm sorry, but your time is up. It'll be possible to come back to this in the second round of questions, which will last 25 minutes in total.

Go ahead, Mr. Richards. You have five minutes.

[*English*]

Mr. Blake Richards: Has construction on the monument to Canada's mission in Afghanistan started?

Hon. Ginette Petitpas Taylor: No, it has not.

Mr. Blake Richards: It hasn't started. Okay.

Do we have any idea when the monument will be completed?

Hon. Ginette Petitpas Taylor: I'm going to pass that off to my deputy, but I can tell you that the contract was signed with the NCC. Work will be under way very soon.

Mr. Blake Richards: Can you give me a completion date? That's all I'm asking for.

Ms. Amy Meunier: The current tentative timeline would be for an unveiling in 2027.

Mr. Blake Richards: Okay. It took this government eight years to announce a design. Nothing has been built—nothing. It took eight years. Then when the design comes out it has been bungled so badly that it's absolutely mired in controversy at this point. Who knows? Maybe it will end up in court, which will further hold this thing up.

I'm actually wondering at this point, at the rate this government is moving, whether any of the Afghanistan veterans will still be with us to see the monument when it actually gets built. That's how bad this is at this point.

What do you have to say to the more than 40,000 Canadians who served as part of this mission? What do you say to the families of the 158 Canadians who gave their lives in Afghanistan about how badly this has been handled and how badly you've honoured the memory of those 158 Canadians?

Hon. Ginette Petitpas Taylor: Mr. Richards, first and foremost, we can't forget that when this process first started your government had chosen a location that really was not convenient to the veterans at the time. They really complained and indicated that they didn't want that location to be the location of choice. When we formed government, we changed the location. That's why we made—

• (1755)

Mr. Blake Richards: Is this what you're going to say to the families of the 158 Canadians who have given their lives for this country? You're talking about eight years. We only have a design, and there's no construction at all. It's mired in so much controversy, and that's what you have to say to those families. That is disgraceful.

Hon. Ginette Petitpas Taylor: I'm answering your question, actually, Mr. Richards.

From there we'll continue on by indicating that our message to the veterans and to the family members who have lost loved ones is that we are listening to the veterans, and we want to make sure we get this right. That is why we are moving forward with the Stimson concept, because veterans have told us across the country that the concept represents best the sacrifice, their loss and also their families' involvement with respect to their day-to-day lives.

I will always be ensuring that I respect that decision that has been made. Again, listening to veterans is what I will do as the Minister of Veterans Affairs.

Mr. Blake Richards: I certainly hope we'll see some action soon.

I'll turn the rest of my time to Mr. Paul-Hus.

[*Translation*]

The Chair: You have two minutes left.

Mr. Pierre Paul-Hus: Thank you, Mr. Chair.

Ms. St-Onge, let's go back to the morning of June 19, 2023, when the choice of project was announced. An hour before that announcement, in a videoconference meeting with the Daoust team, the former minister congratulated them on having won the competition, but informed them that, unfortunately, their design wouldn't be selected. In the same meeting, the Daoust team was told that it would be offered financial compensation for the loss of profits associated with the project.

Can you tell us how much money you gave them?

Hon. Pascale St-Onge: I'd like to set the record straight. As I understand it, it was people from Veterans Affairs Canada who spoke to the Daoust team, not the Minister of Canadian Heritage.

Mr. Pierre Paul-Hus: So, can you answer my question, Ms. Petitpas Taylor?

Hon. Ginette Petitpas Taylor: Again, I will give the floor to the deputy minister, since I was not in my position at the time.

Mr. Paul Ledwell: Yes, that's true. The same day, an hour before the announcement, we contacted the four other teams that had taken part in the competition. We let the Daoust team know that we were ready to discuss the amount of financial compensation. We offered them the equivalent of 10%, which is normal in such cases. That was communicated to the team. We told them several times that we were ready to meet with them to discuss the matter, and we had no response from them at that time.

Mr. Pierre Paul-Hus: Okay. Thank you, Mr. Ledwell.

Ms. St-Onge, I have one last question for you. Léger evaluated the survey and completely destroyed its credibility. According to Léger, the survey is worthless. Those aren't my words.

An extremely important process of the Department of Canadian Heritage that involved a call for tenders and having a jury of experts manage the competition, was thrown out. Don't you think that shouldn't have happened?

Hon. Pascale St-Onge: As my colleague the Minister of Veterans Affairs said, we have never referred to a survey. That said, a consultation was held with veterans, including those who took part in the mission in Afghanistan, and with their families.

Mr. Pierre Paul-Hus: However, it—

The Chair: Thank you, Mr. Paul-Hus. You have to look at me from time to time to know that your time is running out.

I'll now give the floor to Mr. Sarai for five minutes.

[*English*]

Mr. Randeep Sarai (Surrey Centre, Lib.): Thank you.

I'm just going to have Mr. Casey finish off a question, and then I'll come back in for the rest of the time.

The Chair: Okay.

Go ahead, Mr. Casey.

[*Translation*]

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

Thank you, Mr. Sarai.

Ms. Petitpas Taylor, during that meeting, you were very clear that your primary concern was to hear the opinion of veterans. However, most of the questions you were asked were about the process.

The last time you came to testify here, on October 19, just 12 days ago, my honourable colleague Mr. Desilets, from the Bloc Québécois, for whom I have a great deal of respect, said: "...this issue isn't about veterans, in my opinion."

Can you respond to that comment?

Hon. Ginette Petitpas Taylor: Mr. Casey, once again, I find it rather curious that members of this committee are questioning the validity of veterans' opinions. There's been a lot of talk about the survey today. Whether scientific or not, 12,000 Canadians responded, and the vast majority of those people were veterans. The vast majority of them told us that the Stimson team's concept better represented their bravery, their sacrifices and their contribution to the mission.

So, I'm baffled when I see that, once again, veterans' opinions are being questioned. We're in the process of creating a memorial for veterans, so it's essential that we listen to them.

As I said, it's rather unusual for 12,000 people to respond to such a survey. That means there were a lot of people who were very interested in expressing their opinions. As Minister of Veterans Affairs, my priority is to make sure that we listen to them.

• (1800)

[*English*]

Mr. Randeep Sarai: Thank you, Mr. Casey.

Thank you, Minister.

I've been listening and hearing a lot about this consultation and the survey, and commemoration is a big component of Veterans Affairs. Commemorating the sacrifice that veterans have made is one of the pillars of Veterans Affairs.

In this consultation, what I heard from Mr. Ledwell as well as that you consulted using groups and contacts that were already available to you, which were veterans, veterans' families and people who had received veterans services. Would those things be readily available to Leger? Leger would not be able to get that because we've actually heard testimony before that connecting with veterans and getting lists of actual veterans is not that easy. We have them in Veterans Affairs as well as more contact points.

How would a consultation with veterans in the manner that was done by Veterans Affairs differ from a random poll or survey done by somebody like Leger, which would not have specific data on actual veterans in Canada?

Hon. Ginette Petitpas Taylor: I'll give a part of the answer and then from there, I'll turn it over to my deputy minister.

Again, we wanted to make sure that the information got out to veterans, and that is why we used the My VAC Account. There's a link there to make sure that the message got out to the veterans in question and to make sure that they were aware this questionnaire, survey and consultation were going to be going on. It's because we wanted to hear from them.

We also made sure that family members who lost loved ones during the mission were notified, and that stakeholders that work with veterans day in and day out were also made aware of the survey. It's the best way to make sure that we can get the information to folks. When we look at the results, we had over 12,000 people respond to the survey. We saw that it was an effective way to reach veterans.

I don't know, Paul, if you have anything else to add.

Mr. Paul Ledwell: I would just add if I could, Mr. Chair, that the sampling—and oversampling, perhaps—of veterans and those who served as part of the mission in Afghanistan was very much an objective in this. It's not to have a representative sample of all Canadians. It's really to get that sample and that perspective from veterans and others who served in Afghanistan.

Of the greater than 12,000 respondents—12,048 respondents—greater than 3,000 of those respondents were directly part of the mission to Afghanistan. It was critically important to hear from them.

Hon. Ginette Petitpas Taylor: If I could just add to that as well, we still heard from 12,000 Canadians, so just because it wasn't a scientific survey doesn't mean that it's not valid. We still heard the opinions of 12,000 Canadians.

Mr. Randeep Sarai: I want to make sure that all veterans in the VAC system were given the opportunity to respond to the survey. The families of the 158 people who sacrificed their lives in

Afghanistan were connected with this—and those who suffered casualties as well.

Virtually every single person who was involved in that mission or broadly in Veterans Affairs had the opportunity to participate, plus everyone else. Am I correct?

Mr. Paul Ledwell: That is correct. I would say two things in that regard, if I could, Mr. Chair.

One is that, when the monument was announced in 2014, many families of the fallen were there for that announcement. We were extremely touched. I wasn't there, but I've heard from and spoken to Afghanistan veterans who were there that evening, and the impact on them, because of the family members who were there, was tremendous.

In June, when we announced the design, there were also family members who had lost brothers, sons and daughters in Afghanistan.

The Chair: Thank you so much, Mr. Ledwell.

[*Translation*]

The next two interventions will be shorter, meaning that they will be two and a half minutes.

I invite Luc Desilets to take the floor.

• (1805)

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

Ms. Petitpas Taylor, in connection with your last comment, which focused a little on me, I'd say that you can never go wrong when you listen to veterans. You can never go wrong. However, you can be wrong when you use veterans—which is what you did—for a survey like this. You can be wrong. That's all.

Now I have another question for you, Ms. Petitpas Taylor.

When you last appeared here, you said we had to decide, in the end, or something like that. Who were you referring to? Who was around the table?

Hon. Ginette Petitpas Taylor: Once again, the decision was made by the Government of Canada, after all, taking into consideration the recommendation of the Department of Veterans Affairs.

Mr. Luc Desilets: Was the Prime Minister's Office kept informed throughout this process?

Hon. Ginette Petitpas Taylor: Once again, as I clearly said, the decision was made by the government, although the recommendation, Mr. Desilets, came from my department, the Department of Veterans Affairs. The recommendation comes from our department.

Mr. Luc Desilets: The recommendation comes from your department. So it was your recommendation to hire the Stimson team. Is that what you're telling me?

Hon. Ginette Petitpas Taylor: It wasn't me, since I wasn't the Minister of Veterans Affairs at the time.

Mr. Luc Desilets: So it was your predecessor.

Hon. Ginette Petitpas Taylor: My predecessor recommended supporting the Stimson team's concept, since the vast majority of respondents to the questionnaire had supported the Stimson team's concept.

Mr. Luc Desilets: This is a \$3.5-million project, and the Prime Minister's Office was never made aware of it during the process.

Hon. Ginette Petitpas Taylor: I'm sure the Prime Minister's Office was made aware. However, it wasn't his office that made the decision. I repeat that it was the Department of Veterans Affairs that made the recommendation and that it was a government decision.

Mr. Luc Desilets: Okay.

Did people from the Prime Minister's Office ask any questions during the process?

Hon. Ginette Petitpas Taylor: Again, I wasn't at Veterans Affairs at the time.

I don't know if my colleague knows the answer.

Mr. Paul Ledwell: I don't think they asked questions directly.

Mr. Luc Desilets: Okay.

What I find a little troubling in all of this is that you're not honouring veterans. Once again, you're ignoring them and using them for a completely bogus survey.

To answer an earlier question, I would point out that 12% of the respondents to this survey were Quebeckers, whereas we represent 23% of the population. What's more, a huge proportion of the respondents, 40% or 50%, were concentrated in the National Capital Region, which in no way represents the veteran population.

Thank you.

The Chair: Thank you, Mr. Desilets.

Mr. Ledwell, you have 15 seconds to respond to Mr. Desilets' intervention, if you wish.

If not, I will give the floor to Ms. Blaney for two and a half minutes.

Go ahead, Ms. Blaney.

[*English*]

Ms. Rachel Blaney: Thank you.

My last question really circles around this idea of nothing about us without us, which is something that I really try to practise in the work that I do. I understand there was an open public survey where people were able to self-identify who they are, but it wasn't something specifically for Afghan veterans and their loved ones. That's where my concern is, because we're hoping that representation was there but we don't know for sure.

My question is, basically, why there was not an investment in a survey that would outreach specifically. We've heard testimony today that you had information and that information was put on the

My VAC Account. I know a lot of veterans who would never look at their My VAC Account because of other issues. I'm just wondering. Was it too expensive in the perspective of the department to actually hire an organization that would call those folks, reach out to them, find ways to identify and connect with them and ask their opinions? What we would know, then, is that those veterans were represented and that their voices were heard.

In this system I really appreciate the self-identifying, but it doesn't actually meet the need that I have—and this is nothing personal. I have no opinion. I'm not an Afghan veteran, and I am not a person who lost somebody, but it worries me that the outreach... This seems to be an issue with VAC. All too often the way that veterans are consulted is a general online process, but that doesn't actually connect directly with veterans where they are to find out how things can be done better.

I'm just wondering. Was it an issue of money? Why was it not looked at to have something more specific?

• (1810)

The Chair: You have 30 seconds.

Mr. Paul Ledwell: If I could, Mr. Chair, the real objective was to try to hear from as many veterans as possible and from as many veterans who were attached to the Afghan mission as possible. It wasn't a question of money. It was a question of reach and of getting the message out and the response back from as many as possible.

As I indicated earlier, right from the outset and the announcement of the monument, the engagement with the veteran community was consistent. It was regular. There was great awareness amongst those who had served in Afghanistan. When we reach out, there would be general awareness. That doesn't mean that everyone would respond, but we had a tremendous response—greater than 3,000.

The Chair: Thank you, Mr. Ledwell.

[*Translation*]

There are only two interventions left, and they will be five minutes each.

Go ahead, Mr. Paul-Hus. You have five minutes.

Mr. Pierre Paul-Hus: Thank you, Mr. Chair.

Ms. Petitpas Taylor, I sent you a letter asking you about the process. In your response, which you sent on October 18, you said that, "as the project proponent", you "felt the need to give greater weight to the results of public opinion".

What did you mean by "felt the need"?

Hon. Ginette Petitpas Taylor: Between 52% and 62% of the respondents in our survey supported a concept. So I really feel the need to respect that outcome.

Mr. Pierre Paul-Hus: In November 2021, the selection had been made, and it was decided that the Daoust team would win the competition. What happened between November 2021 and May 2023, when Minister Rodriguez agreed to change the project?

Aside from the famous survey—everyone knows isn't valid—what outside pressure was exerted to change the team?

Hon. Ginette Petitpas Taylor: Mr. Paul-Hus, as I said before, I wasn't there at the time; I've only been in this position for three months.

Mr. Pierre Paul-Hus: Yes, I know, Madam Minister. However, you know how things work: you took over from Mr. MacAulay, who was in the position before you. Still, you must know what happened. Perhaps Ms. St-Onge, the Minister of Canadian Heritage, knows. My impression is that nobody knows anything.

Hon. Ginette Petitpas Taylor: Mr. Paul-Hus, there was no outside pressure in connection with the decision. I think the pressure came from the fact that we had to make sure we listened to the veterans. I think, as has been said so well today—

Mr. Pierre Paul-Hus: The jury had made its decision and had chosen the Daoust team's concept. In November 2021, the issue was resolved. However, something must have happened between November 2021 and May 2023.

• (1815)

Hon. Ginette Petitpas Taylor: Still, we did see—

Mr. Pierre Paul-Hus: What happened that caused the decision to be questioned?

Ms. St-Onge, my question is for you, because your department is the one responsible for these competitions. How can a jury's decision be overturned? What kind of discussions need to take place? Who discusses with whom before questioning the choice and making a recommendation? A recommendation was made in February 2023, and Minister Pablo Rodriguez issued a final decision in May.

Hon. Ginette Petitpas Taylor: If I may, I will answer your question, and then I'll turn it over to Ms. St-Onge.

As I mentioned, the Department of Veterans Affairs is the lead on this project, the one that will ensure the installation of the monument. We made this decision after listening to what veterans had to say. They clearly told us that they thought the Stimson team's concept was better matched the mission.

Mr. Pierre Paul-Hus: You're talking about discussions with veterans. However, the pseudo-scientific survey was conducted before the decision was made in November 2021. Everything was done before the jury made its decision.

In fact, the jury members were aware of the results of the survey. They took that into account before they made their decision.

What happened after that? Why was a memo sent in early 2023? Who did your predecessor speak to? Who said the concept had to be changed? Was there any pressure from veterans groups, for example? The decision wasn't public knowledge at the time. What happened to change it?

Hon. Ginette Petitpas Taylor: Personally, I have no further information to give you.

Mr. Pierre Paul-Hus: Could the deputy minister tell us what happened?

Mr. Paul Ledwell: A lot more analysis was done, and it showed that the situation in Afghanistan had changed a lot.

Mr. Pierre Paul-Hus: Was that in August 2021?

Mr. Paul Ledwell: Yes.

At that time, we asked ourselves how we could recognize the sacrifices and service of Canadians in Afghanistan. We've put more emphasis on that.

Mr. Pierre Paul-Hus: As I understand it, the whole process that was carried out beforehand was set aside, including the choice made based on all the technical and professional considerations, as well as the 2021 event. Some people working internally have said that the choice made was not satisfactory to everyone and that we should do something else.

Is that correct?

Mr. Paul Ledwell: We did—

Mr. Pierre Paul-Hus: In your opinion, it no longer represented the sacrifices made in Afghanistan.

No one from the outside made this request. No veterans or organized groups went to see you, because nobody knew the choice that had been made.

How do you respond to that?

Mr. Paul Ledwell: We saw that the situation had greatly affected the people who had served in Afghanistan.

Mr. Pierre Paul-Hus: I know, but it's because people didn't know that the decision had been made.

Mr. Paul Ledwell: We heard that from a lot of veterans. That's why we've put more emphasis on how to recognize the service of veterans.

The Chair: Thank you for your interventions.

Last up is Bryan May, who has the floor for five minutes.

[English]

Mr. Bryan May (Cambridge, Lib.): Thank you very much, Mr. Chair.

Thank you, Ministers, for being with us today.

I will have to go on a bit of a tangent here for a moment, because in preparation for today and in reading some of the background information, I was reflecting on my time in that fantastic chair over there and the studies that were done on commemoration and some of the work that was done. I would be remiss if I didn't take advantage of this opportunity to remind this committee and Canadians of the amazing work that's already being done by dozens if not hundreds of artists across Canada commemorating Canadians during the Afghan war.

One of those amazing artists was a gentleman by the name of David Sopha, who unfortunately passed away not that long ago. David was a member in my riding, a constituent in my riding. He took it upon himself to create an organization called Portraits of Honour. If you've not heard of it, look it up. It's an amazing non-profit organization commemorating fallen soldiers. Specifically, the cornerstone of that organization was a painting that he created, which is 40 feet long and 10 feet high, commemorating all 158 fallen soldiers in the Afghan war.

David taught me a lot about commemoration and the importance of communicating with those soldiers and, in this case, the families of the soldiers. He spoke at length to Afghan vets to get a sense of what they wanted to see and how to best commemorate them.

I think it's incredibly important for us to learn from that and to celebrate the courage, sacrifice and loss of those who fought valiantly during the mission in Afghanistan. Quite frankly, it's important to support them as well.

I'm wondering, Minister, if you can tell us what was done to help them transition into civilian life and what programs are available to them today.

Hon. Ginette Petitpas Taylor: Thanks so much, Mr. May.

First and foremost, I think it's really important and very telling that we thank all of the serving members and also our veterans as we're approaching Remembrance Day. The work they did in this mission and other missions is really exemplary and for that we thank them.

With respect to the Afghan veterans, some who are still serving and some who are exiting, it's truly important to make sure as the federal government that we continue to support them in their times of need. We certainly recognize that many Afghan veterans have suffered physical injuries and psychological injuries, and they have to live with that.

As a government, it's truly important to make sure that we ensure that these services are in place and that they get the services when they need them in a timely fashion. As the Department of Veterans Affairs, we continue to work hand in hand with those veterans in order to make sure that we meet their needs.

I have several nephews who served in the Afghan mission, and I have seen the toll that the mission has taken on them personally and also on their families. As such, it's really important to make sure we're there for them in their time of need.

As the Minister of Veterans Affairs, it's a portfolio that I take very personally, and I certainly want to do all that we can to make sure that we support our veterans now and in the future.

• (1820)

Mr. Bryan May: Thank you, Minister.

On the specific aspect of this memorial, I've talked to veterans who are impatient. They want this built.

I think you talked a little bit about the process today. You were asked about deadlines, but I'm wondering if you can update us on

where we're at with this process. What does that look like moving forward, and what big hurdles do we still need to overcome?

Hon. Ginette Petitpas Taylor: Having worked and met with veterans over the past three months, when the issue of the Afghan monument becomes an area that I'm questioned on, oftentimes I hear that people are very anxious, and they want to see this done sooner rather than later. People are concerned that there are going to be delays.

I'm pleased to report that the National Capital Commission has signed the contract, so that hurdle is done. Now we need to start making sure that the construction can start in a very timely fashion.

As I've indicated, there was a bit of delay in the past with respect to the location where the monument was going to be. When we formed government, we made sure that we found an appropriate location for the monument, and from there we've gone through this process. The next step will be to make sure that we have the individuals who are going to build the monument in place.

The Stimson company, of course, developed the design, but they are not the ones who are going to be building the monument per se, so that's the next phase of the work that needs to be done.

The Chair: Thank you, Minister. That's all the time we have.

Thanks to all of you for the testimony. It was great.

I have to inform members of the committee that this week we're going to have our training on trauma. Next week, we plan to come back to the monument for an hour, and we're going to have one hour on women veterans. For that meeting, the clerk said that we're not going to invite women veterans. We're going to invite researchers and academics at the same time. We know how special it is when we have women veterans testifying here, but that's what we are planning to do.

[*Translation*]

I'd like to thank the witnesses who are with us today.

[*English*]

We had, from the House of Commons, the Honourable Ginette Petitpas Taylor, Minister of Veterans Affairs, and the Honourable Pascale St-Onge, Minister of Canadian Heritage. From the Department of Canadian Heritage, we had Ms. Isabelle Mondou, deputy minister, and Ms. Emmanuelle Sajous, assistant deputy minister, sport, major events and commemorations. From the Department of Veterans Affairs, we had Mr. Paul Ledwell, deputy minister, and Ms. Amy Meunier, assistant deputy minister, commemoration and public affairs branch.

[*Translation*]

I'd like to thank the entire technical team.

Is it the pleasure of the committee to adjourn the meeting?

I'm getting nods.

The meeting is adjourned.

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