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Chair: Mr. Emmanuel Dubourg



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• (1835)

[Translation]

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

Welcome to meeting number 44 of the Standing Committee on Veterans Affairs.

[English]

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

[Translation]

Today's meeting is taking place in a hybrid format, pursuant to the House order of Thursday, June 23, 2022. Members can participate in person or via Zoom.

To ensure an orderly meeting, I would like to outline the following rules for you to follow.

Before you speak, please wait for me to recognize you by name. If you are participating by video conference, click on the microphone icon to activate your microphone. Please put it on mute when you are not speaking.

For interpretation, you now know how to select the language of your choice.

I remind you that all comments from members and witnesses should be addressed through the chair.

In accordance with our routine motion regarding connection testing, I wish to inform the committee that all witnesses have completed the required connection testing prior to the meeting.

[English]

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 viewers, members or staff with similar experiences. If you feel distressed or need help, please advise the clerk.

[Translation]

I would also like to let committee members know that Kelly Farrah, an analyst, is with us today. I thank her for being here. I am now going to introduce our guests.

Because the committee is starting this important study about veterans, we are very happy to have you with us for this first meeting.

[English]

From the Office of the Veterans Ombudsman, I would like to welcome retired Colonel Nishika Jardine, veterans ombud; Duane Schippers, deputy veterans ombud; and Dr. Laura Kelly, director of the strategic review and analysis directorate.

[Translation]

Ms. Jardine, you will have five minutes to make your presentation. I will let you know when you have one minute left or when your speaking time is up. The floor is now yours for the next five minutes.

Col (Ret'd) Nishika Jardine (Veterans Ombud, Office of the Veterans Ombudsman): Good evening Mr. Chair and members of the committee.

Thank you for inviting me to address you on the subject of the experience of women Veterans. I understand this is the first time that the Committee has dedicated a series of meetings solely focused on women Veterans. As a woman Veteran myself, I am honoured that you have chosen me to lead off this historic undertaking.

[English]

In Canada, women have had access to every occupation and trade of the Canadian Armed Forces since 1989, when the Canadian Human Rights Tribunal in *Brown v. Canadian Armed Forces* disagreed with the argument that women would negatively affect the operational effectiveness of its combat arms.

However, since its inception, the CAF is and has been a predominantly male institution. Its approach to implementing gender integration and equal opportunity was to simply absorb women into its ranks by ignoring their differences as much as possible. It seemed to make sense, and for the most part we servicewomen wanted only to be treated the same as everyone else.

[Translation]

In the Canadian Armed Forces, the policies on pay, benefits, promotion criteria, and performance requirements are applied equally to everyone. Even the physical fitness requirements evolved to a single common standard for all. However, women and men are different, and the effects of military service on women differ from the effects of service on men.

[English]

In October 2021, my office published in the Journal of Military, Veteran and Family Health a scoping literature review on women veterans of the Canadian Armed Forces and Royal Canadian Mounted Police. In this review of academic literature and government documents, we focused on the experiences of Canadian women veterans as a whole rather than on a single issue. I would strongly recommend the scoping review to the committee, as it provides a comprehensive summary of the current research findings on the experience of Canadian women veterans.

There is evidence that military service impacts women differently in terms of their physical health, their mental health, their financial security and their transition from military to veteran and from service life to civilian life. While much less is known about women members and veterans of the RCMP, there is no doubt in my mind that this group of women, with unique service to Canada, deserves equal attention.

● (1840)

[Translation]

What is missing from the research is the reason why there are such significant differences between the experiences of women and men veterans.

I would encourage researchers to look not only at these differences, but also to compare women veterans with women in the Canadian general population in order to more clearly identify the problems that are unique to them.

Most importantly, women veterans must be understood as a distinct group. While some female veterans are also spouses or widows or identify with other equity-deserving groups, just like some male veterans, they are a unique population with unique needs because of their sex or gender.

For example, the Veterans Affairs Canada, or VAC, Client Survey provides the Department with a way to gauge satisfaction with their programs and services. However, their reports don't distinguish among the female or women respondents: rather, spouses, widows and women veterans are simply lumped together. I would suggest that this is unacceptable today. VAC must do a better job of understanding the needs of women veterans and this must be apparent.

[English]

During the course of our systemic reviews, my office has consistently recommended that VAC publish the GBA+ analyses required to inform all departmental activities. GBA+, when done correctly, will allow VAC to better understand how its policies may have differential impacts not only on women veterans but on all equity-deserving groups that seek access to the benefits and programs that Parliament has created for all of Canada's veterans.

I would also recommend proactive investment in the research questions that still remain all these many years since women have been serving in our Canadian Armed Forces and the Royal Canadian Mounted Police. We will not see equitable outcomes for women veterans and all equity-deserving veterans until this is prioritized in terms of both resources and data collection.

In summary, I would say this. While we just wanted to be one of the guys when I first started my military career in 1982, today we know that the differences and the many intersectional factors of our individual identities are key to understanding and meeting the unique needs of Canada's women veterans.

I cannot thank you enough for making this study a priority, and I look forward to your recommendations.

Thank you.

The Chair: Thank you very much, Ms. Jardine, for your opening remarks.

Now we are going to start with the rounds of questions. First of all, I would like to remind all members to address questions to me and to indicate to whom a question is directed.

[Translation]

I would ask that you kindly manage your time to allow the witnesses to answer your questions.

We will now begin the round of questions.

I will turn the floor over to Blake Richards for the next six minutes.

[English]

Mr. Blake Richards (Banff—Airdrie, CPC): Thank you very much for being here, Colonel Jardine. Thank you for your service to our country, for your time in the forces and, of course, for the service you provide now as the ombud.

What an appropriate way it is to start this very important study with you here, someone who served and who continues to serve veterans to this very day. We saw how important this is to you in the emotion you showed as you gave your testimony. I think that's great to see. Thank you for that.

I'll start off with a question for you about a letter you recently released, which you sent to the minister, about the clawback of pensions of those who received a settlement in the Merlo Davidson case. For those who aren't aware of the situation, can I ask you to briefly summarize the case and what the situation is? Tell us why you're so concerned about that.

[Translation]

Col (Ret'd) Nishika Jardine: Thank you for your question.

[English]

The Merlo Davidson settlement was for women of the RCMP who had been victims of or who had experienced sexual misconduct during the course of their service. The settlement had six levels of claim, if you will. We received complaints from RCMP women veterans who were getting part of their disability pensions clawed back based on the settlement monies they had received. We did a review of this matter. We found that, in our estimation, for those who had received a level 1 or a level 2 settlement amount and who had also put in for a disability pension, those two things were not the same.

We all understand that government cannot and must not compensate people for the same thing twice. We understand that, but we found that for level 1 and level 2 it was not the same. They were not being compensated for the same thing if they had put in for a disability pension for, let's say, PTSD. For levels 3 to 6, we saw there may have been some overlap.

The recommendation we made to the minister was that for anyone receiving level 1 or level 2 compensation and also receiving a disability pension, anything that had been clawed back from them should be reimbursed to them fully, and that for levels 3 to 6, the minister should publish exactly how they determined what amount of clawback was being taken from their pensions based on the settlement amount. That is the letter I put in to the minister.

• (1845)

Mr. Blake Richards: Have you had a response to that letter? What was the response? If there was one, did you find it satisfactory?

Col (Ret'd) Nishika Jardine: Yes, I did receive a response from the minister. I understand that the department is looking into the matter and is reaching out to the women they have found who are in that situation. They're reaching out to them to clarify where they're at. I don't know how else to say it better than that.

Mr. Blake Richards: How I would read that is that it's damage control. To me, if you're going to fix the situation, wouldn't you just come out and say it?

Maybe I'm misreading that. Tell me what your thoughts are on that. Is that the read you have on it?

Col (Ret'd) Nishika Jardine: No. We all understand that public servants and our departments must do due diligence. What we understand is that the women they found in their file search put in their statements that they had been compensated and that it was the same compensation. However, they did not know that; they didn't know what they were.... They were very honest. The department needs to go back to these women and speak to them about what they'd put there.

Mr. Blake Richards: Okay. I appreciate that.

Moving on, I often hear from veterans who have had a negative experience with Veterans Affairs. That's obviously a huge part of what you do. They often express reservations about coming forward, including to you, because they're concerned about the repercussions they might face from Veterans Affairs. Will they lose access to the benefits or services they rely on if they speak out or say something?

I wonder if you could tell us a bit about that so veterans can hear from you today. What happens when a veteran comes to you with a complaint about VAC? What can you do, and what do you do, to ensure they are protected from retaliation by Veterans Affairs and are able to maintain their anonymity if they choose to?

Col (Ret'd) Nishika Jardine: First of all—and this is what I say at every town hall I go to—the people at Veterans Affairs care about what they do. I cannot believe and I will not believe that anyone would be retaliatory. I know that it may feel that way to some veterans, but it is not the case. In my heart I believe that. I believe they care deeply about the work they do.

In terms of confidentiality, when a veteran, their family or whoever is a client of the department comes to our office, we ask for their consent to look into their complaint. With their consent, we look into their file, because we have access to it. If we find that there has been unfairness, we need to go to the department to seek a resolution for that. In order to seek that resolution, we need to say who they are. In many of the cases, we're able to achieve that resolution.

The Chair: Thank you, Colonel Jardine.

Now I'd like to invite Mrs. Rechie Valdez to go ahead for six minutes, please.

Mrs. Rechie Valdez (Mississauga—Streetsville, Lib.): Thank you to the witnesses who have joined us to kick off this very important study, and thank you to those who have served this country and those who continue to support our veterans.

I'll direct my questions to Colonel Jardine.

I read in an article that most of the support systems have been “designed around men”. The article says there are “gaps in knowledge”. These “can lead to increased rates of injury and illness and decrease the well-being of women veterans”.

I would like your input on this.

• (1850)

Col (Ret'd) Nishika Jardine: Given the manner in which we serve in the Canadian Forces or the RCMP, it's demanding service. As I mentioned in my remarks, the way women were integrated was to bring them in and just treat them like one of the guys. What we understand today is that in doing that, there have been harms. Women suffer greater injury regarding musculoskeletal health, mental health and physical health. The conditions of service affect them differently than they do men.

At Veterans Affairs, the table of disabilities was originally designed for men. For example, for one of the studies we did recently, we published a report on the sex-based bias we found in just one tiny portion of that table of disabilities: the process for evaluating sexual dysfunction. The questionnaire that goes to the doctor, for example, specifically asks, “Is there sexual dysfunction?” if the person sitting in front of the doctor is a man. For women, a similar question is not there. PTSD and psychiatric and mental health issues could have adverse impacts on a woman's sexual health as well, but they are invisible. The table of disabilities was silent on that.

We found this sex-based bias in that one tiny portion of the programs and benefits offered to all veterans and to women veterans. We asked the department to take a close look at everything in the table of disabilities and examine where there might be sex-based bias or things missing.

Mrs. Rechie Valdez: Thank you.

I'm going to be cautious about how I ask the next question, because it's more sensitive.

Studies have shown a link between combat exposure and PTSD. What I want to hear is whether there are any nuances as far as exposure affecting women veterans' mental health goes. Are there any nuances unique to women veterans?

Col (Ret'd) Nishika Jardine: I don't have the answer to that. I think this is a big part of the gap in the research.

I'm going to ask my colleague Dr. Kelly whether there is anything in our scoping review that she might be able to point to.

Dr. Laura Kelly (Director, Strategic Review and Analysis Directorate, Office of the Veterans Ombudsman): Thank you.

I can't speak specifically to combat arms, but generally speaking, what we found in terms of mental health is that, compared with men veterans, women veterans have higher rates of depression and are more likely to have a panic disorder, a social phobia, generalized anxiety disorder or PTSD. Compared with women in the Canadian general population, they are more likely to have PTSD.

Mrs. Rechie Valdez: Thank you.

In previous testimony at this committee, we heard from various veterans that it's tough to transition into normal life or life after serving. You listed a whole bunch of different stress anxieties someone would go through. Could you add some colour to that? What would it be like, then, to transition to normal life?

Col (Ret'd) Nishika Jardine: When you're in the military—I'll speak for the military because that's my service—it's your whole life. It's not a nine-to-five job. It's an "every minute of every day" career. It's the life you've chosen and it's all-encompassing.

The day you walk out the door.... I still have trouble with it. When I left the Canadian Forces, I didn't even realize until the night before that this was it. I was never getting posted again. I didn't have another job to go to. You go in, sign the piece of paper and leave your ID card on the table, and then you walk out the door.

For me, it was devastating because I didn't know who I was if I wasn't wearing a uniform. I've heard that from other veterans: They don't know who they are when they take off the uniform. I drove directly to Service Ontario and got veterans plates on my car. It was hugely important to me.

• (1855)

Mrs. Rechie Valdez: I just want to say thank you for your service and thank you for all you do.

The Chair: Thank you.

[*Translation*]

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

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

I would like to thank my colleagues and our guests for being here in person this evening.

Col. Jardine, it is my great pleasure to see you again, sincerely. You have done a brilliant job in this position. I am not saying I will always agree with what you say, but I have enormous respect for you.

I would like to go back to a few things you said in your presentation.

You said that the Canadian Armed Forces was a predominantly male institution and its approach to implementing gender integration and equal opportunity had been to simply absorb women into its ranks by ignoring their differences as much as possible. You said it seemed to make sense, and for the most part, you service women wanted only to be treated the same as men. You concluded by saying that today, however, we knew that the differences and the many intersectoral factors associated with women veterans were key to understanding and meeting their unique needs.

There is an important dichotomy there, that is, the desire for an egalitarian vision in the Canadian Armed Forces and, at the same time, the desire for there to be recognition of the distinctiveness or uniqueness of being a woman.

How do you think these two visions can be reconciled and a balance struck, if that is possible?

Col (Ret'd) Nishika Jardine: I left the Canadian Armed Forces four years ago now, and we are well aware that there is a change of culture underway. I can't comment on what is happening in the Canadian Armed Forces.

When I said we wanted to be treated like one of the guys, I had just enrolled, in 1982. I remember it very well. That was 40 years ago. There have been big changes since that time. I don't concern myself with what is happening in the Canadian Armed Forces today; my focus is on veterans. I am extremely happy to be here and to see that your committee is examining the experiences of women veterans.

Mr. Luc Desilets: I understand that you want to stay out of things relating to the Canadian Armed Forces. However, from what you hear when you are in touch with women who have left the CAF, is there a change in the mindset?

Col (Ret'd) Nishika Jardine: Research is needed on that specific question, because we don't know.

We observe that service affects women's physical health and to some extent also their mental health in different ways. However, we don't know why. The study we did has just brought this to light now. I think that is the exact question that has to be answered, and I hope there are researchers who will look into it.

• (1900)

Mr. Luc Desilets: I was surprised to see, in your literature review entitled "Women Veterans of the Canadian Armed Forces and Royal Canadian Mounted Police: A scoping review," the extent to which military service affected women veterans. That is one of the reasons why we will be devoting about 20 meetings to this study. You mentioned representation of women in key positions, the consequences of military service on their physical health and mental health, harassment, sexual trauma, income inequality, and a possibly stronger tendency to homelessness.

Can this distinction between the experience of women in the army and the experience of men be seen in the nature of the complaints you receive as ombudsman?

Col (Ret'd) Nishika Jardine: No, we don't see any difference in the nature of the complaints.

You have to understand that the Department of Veterans Affairs has approximately 175,000 to 180,000 clients. We receive about 2,000 complaints a year. So that is a tiny proportion.

We know that the complaints we receive from men and women are the same. They relate, first, to the wait time for disability benefits, and second, to medical benefits and other programs. We can't point a finger at women and say it is only coming from them.

The Chair: Thank you, Mr. Desilets.

[English]

I'd like to invite Ms. Rachel Blaney to ask questions for six minutes, please.

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

I want to thank the witnesses who are here today for this study. I've been wanting this study to happen for a long time, and I'm very excited and very thrilled that with the support of this committee, we got it with as many meetings as we have. I know how important this issue is.

My first question will come to you, Colonel Jardine. First of all, I want to say how much I appreciate the strength with which you have dealt with the issue in front of us today. I also want to thank you so much for the work you've done on the Merlo Davidson case. A lot of these women have reached out to my office and shared stories that I'm still finding space to hold in my spirit. I want to thank you for doing that work.

It's so important to validate those voices and make sure they are heard in the way you have heard them, and I'm very pleased to hear that VAC sounds like it will be honouring that. I'm looking forward to when that happens.

One of the reasons I wanted to study women veterans is that I am concerned about the fact that the attraction strategy on the military side continues to not be very strong. I fully believe there's a cycle here that we need to look at in terms of how women are doing in the military and how they're doing after their service when they're veterans.

You spoke in your testimony today about how the effects of military service on women differ from the effects of service on men. I

wonder if you could talk about the work you've done and the service you have provided. Where do you see some of those differences, and what things should we be looking for as we do this study?

Col (Ret'd) Nishika Jardine: In the scoping review we did, we went into a fair bit of detail, so it's quite academic.

If there is time, I would like to invite my colleague Dr. Kelly to go over some of that. Maybe it will give you a sense of some of the things we have found evidence for.

Dr. Laura Kelly: The research is limited. That's one of the main findings in the report, but it still had quite a few findings.

For example, we know that women veterans are two to three times more likely to be medically released, and they have higher rates of certain physical and mental health conditions compared to men veterans. They also report a more difficult transition to civilian life. One study found that women veterans' incomes declined by 17% to 23% in the first three years post-release, whereas men's only decreased by less than 1%.

Compared to women in the Canadian general population, women veterans have higher rates of certain physical and mental health conditions. Most concerning is that they have an 80% to 90% higher risk of dying by suicide.

• (1905)

Ms. Rachel Blaney: That's quite devastating.

I really appreciated the opening statement you brought forward because the fact is that there are different realities. For example, I've heard stories from veterans who talk about having PTSD and taking medication that has prevented their ability later on to have strong reproductive health. I've also heard from women veterans who have come forward and said that often when they're dealing with VAC, they hear things like, "Prove that this health issue you have now is related to your service." I think one of the biggest challenges is that we don't see recognition from the different bodies.

I'm just curious if you could comment on this. There doesn't seem to be a process when you come into the system as a woman whereby your body is checked out so you have a frame of reference when you get to the other side. It feels like there's a really big block, from what I've heard from women veterans. I wonder if you have any thoughts on that.

Col (Ret'd) Nishika Jardine: That is a great question. I hadn't thought about that.

You're talking about your medical when you join the Canadian Forces. I certainly don't remember anything about reproductive health in my medical, but that was 40 years ago and I can't speak about what it is today.

In terms of what VAC is doing, when I first took up this job I remember getting a briefing from Veterans Affairs. They told us that they are reviewing the table of disabilities, which is the key document that captures all of the possible things that could be linked to service. That's the key, but I have not seen the updated table yet and haven't had any kind of update on it.

Ms. Rachel Blaney: This is a really hard, challenging study. Part of it, which you have mentioned, is that there isn't a lot of research or data collected, so it's really hard for us to know.

I've done a bit of a review on what's been done by our neighbours to the south. There's a lot more information there. We could learn from them for sure.

When we look at the relationship, the intersection, between VAC and DND, do you have any ideas about what needs to change so that these departments work better to serve women service members and women veterans?

Col (Ret'd) Nishika Jardine: There is a CAF-VAC joint steering committee. I am not certain what the scope of their mandate is and what they look at. What they are doing jointly would be a great question for them.

I can't remember the second part of the question. I'm sorry.

Ms. Rachel Blaney: It was on the intersection between the two. As I said earlier, one thing that concerns me is that our attraction strategy for women on the military side is not going up. We keep setting goals, but we're not getting anywhere near them. Then we hear that women aren't doing well on the other side. Where is the intersection?

The Chair: You have 15 seconds, please, Colonel Jardine.

Col (Ret'd) Nishika Jardine: I'll be honest with you, Mr. Chair. I'm not certain.

The Chair: Thank you.

[*Translation*]

We will now move on to the second round of questions.

Mr. Tolmie, the floor is yours for the next five minutes.

[*English*]

Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC): Thank you.

I'd like to thank our panellists for being here.

I'd like again to recognize Colonel Jardine and thank her for her service. I appreciated the last time she was here in our meeting going over a number of issues we've been dealing with at this committee.

I have a couple of questions, and I'll ask Dr. Kelly the first.

Recently when I met with veterans, I heard they have been facing challenges trying to get care and access from Veterans Affairs. When they release from the military, their medical reports may say they are fine, but later on they start experiencing things like tinnitus, bad hips or bad backs. There seem to be delayed health issues.

Have you seen that? Could you please just give me a bit of input if you have seen that?

• (1910)

Col (Ret'd) Nishika Jardine: I wonder if I could take that.

I've been out across the country, actually, for the past several weeks, and that is exactly what we hear, particularly with people who get out of the military on what I like to call the 30-day plan.

They decide, "I'm outta here", and in 30 days they are out. They just leave the forces. It's years later when they realize their knees are bad. That's probably related to the hundreds of times they jumped off the back of a MLVW or whatever it was. Then they look to put in their claims, but in their service health records there may not be a record from the military doctors on what they had been experiencing while they were in service.

That is a challenge. When I go out and about, I tell these older veterans, who are kind of my age, that if they are going to put in a claim today, they should get help getting that done. It is not evident from the disability claim form what is required there. The veterans service officers at the Legion are trained to do this. They are a resource veterans can use, or they can ask Veterans Affairs Canada themselves for assistance with getting those done. It is difficult to make that link to service when it's years down the road.

Mr. Fraser Tolmie: Yes, and that's what I've been hearing. A lot of the rejections in these files are based on their exit from the military when there were no health issues.

I appreciated your testimony very early on. We talk about the identity we have. It becomes our job and who we are. In the very early eighties, females were integrated into a predominantly male environment, and there was no clear path. Here's what I'm alluding to: In your experience, are there any other nations you've seen or studied that have faced the same challenges with this?

Col (Ret'd) Nishika Jardine: A lot of countries in the world have women in their armed forces. Whether all occupations are open to women differs across the world.

In terms of how they deal with their women veterans, the United States has a completely different system. They provide health care directly to their veterans. Their understanding about men veterans and women veterans and their physical and mental health is far greater than our understanding. I believe we have looked to the south for information.

Perhaps, Dr. Kelly, you could speak to what we found in our scoping review.

Mr. Fraser Tolmie: I'm sorry, but on that, would you say it's a better system down there than what we have up here?

Col (Ret'd) Nishika Jardine: would say that it's a different system.

Go ahead, Dr. Kelly.

Dr. Laura Kelly: Thank you.

The scoping review just looked at veterans of the Canadian Armed Forces and the RCMP, but we did do another literature review. One finding relates to injuries of the pelvic region, such as pelvic prolapse and pelvic floor muscle dysfunction. There were two studies out of the United States and one study out of Australia that found backpack loads and certain training operations did in fact lead to a greater incidence—

The Chair: Dr. Kelly, I'm sorry. I have to stop you.

Mr. Fraser Tolmie: You could give me another minute or so.

The Chair: You have colleagues who would like to ask questions, Mr. Tolmie.

I'd like to invite Mr. Miao to take his five minutes, please.

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

Thank you to all the witnesses joining us today for this very important study.

Dr. Kelly, if you want to finish your answer to the last question, we can do that first.

Dr. Laura Kelly: Actually, that was everything. Thank you.

Mr. Wilson Miao: Okay. That's good. Thank you so much.

Colonel Jardine, I thank you for all the years of service you have contributed and sacrificed. I know earlier you shared with us some of your personal experience of transitioning out of the Canadian Armed Forces. Would you be able to share a little more about whether there was any part of the process you found more difficult than some of your peers did?

• (1915)

Col (Ret'd) Nishika Jardine: Thank you very much for that question.

In our scoping review, we found that women veterans earn less than their male counterparts post-release. I remember General Natynczyk speaking about purpose. If you don't know what you're going to do when you leave the Canadian Forces, it is very difficult to move forward, and that contributes to a sense of a lack of identity. It affects your self-confidence.

I could share a bit of my personal experience. I left the Canadian Forces after 37 years. I was a senior officer at the staff college. On the day I left, on one side of the door I was the deputy commandant of the staff college and in charge of all the people and money that ran that institution. In the space of one heartbeat, I walked through the door and I was an old lady with a box.

It's profound, and I know it's not just the military. In many other professions, people go through the same thing, but I think if we could do transition.... I know the Canadian Forces is working hard to change the way people go through that transition and to help people understand that they need to have a purpose. When you get up in the morning the very next day or maybe a week later, what are you going to do with the rest of your life? That is key to mental health, to moving forward and to financial security. All of those things are interrelated, and to me purpose is huge.

Mr. Wilson Miao: Do you feel that you were well supported after you were released and were trying to look for a career of your

own or something that gave you a sense of meaningfulness when you were starting a new civilian life?

Col (Ret'd) Nishika Jardine: I would encourage you to speak to the Canadian Forces transition group about how they do transition today. It has changed a great deal in just the past four years. Whether they do anything specific for women, as they do for men, would be a great question for them.

Mr. Wilson Miao: I know that through your research in the past you have found evidence that in the military, the service impacts women very differently. What are the big differences, or even the small differences that may be overlooked, that we should know about?

Col (Ret'd) Nishika Jardine: Again, I'll invite my colleague Dr. Kelly to share with you some of the things we found in the scoping review. The document from the scoping review we did captures all the research we were able to find. We published it in October 2021.

Dr. Kelly, perhaps you could add more to what you've already said.

Dr. Laura Kelly: Sure. Thank you.

I'd just like to acknowledge that the scoping review was authored by Megan Poole, an analyst at the OVO.

I'll try to get through as much as I can. Compared with men veterans, women veterans are more likely to report chronic illness, respiratory conditions and gastrointestinal disorders. They are two times more likely to have an acute injury from training. They are at a two times higher risk of central nervous system conditions. They have higher rates of depression and are more likely to have a panic disorder, social phobia, generalized anxiety disorder or PTSD.

They are 10% more likely to have served less than 20 years, and therefore they are more likely to have lower pension amounts. Compared with women in the Canadian general population, they have higher rates of arthritis, back problems, migraines, hearing problems, cancer and PTSD.

The Chair: Thank you, Dr. Kelly and Mr. Miao.

[*Translation*]

We will now move on to two short questions.

Mr. Desilets...

[*English*]

Ms. Rachel Blaney: Chair, I just want you to know that the screen in the front is not working. It's flashing on and off. It was fine before.

The Chair: Thank you so much. We'll have the technicians look at it.

● (1920)

[*Translation*]

Mr. Desilets, the floor is yours for two minutes.

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

Colonel Jardine, you referred, again in one of your articles, to the fact that there was little research and data about the experience of women veterans of the Royal Canadian Mounted Police, in particular. I think the article dealt only with that.

I believe it is harder to solve a problem when you can neither describe nor measure it, which is why research is important. Listening to Ms. Kelly, I learned today that one component of the research done by the Office of the Veterans Ombudsman dealt with that subject. I am very pleased to hear that.

Are there organizations outside government that work on research into women veterans in particular? Do you know of a research chair on the subject or researchers who take an interest in this field?

Col (Ret'd) Nishika Jardine: I don't know all the researchers in Canada, but there is one I do know and the Office and I met with her last week. She is Maya Eichler of Mount Saint Vincent University. Also at Mount Saint Vincent there are Deborah Norris, who studies the families of members of the military, and Ms. Habibi, who studies child soldiers.

There are more researchers, but Ms. Eichler's name is the first that came to my mind.

I'm going to ask Ms. Kelly.

[*English*]

Dr. Kelly, do you have more names?

Dr. Laura Kelly: Not—

[*Translation*]

Mr. Luc Desilets: Without spending too much speaking time on this, would it be possible for you to send the committee some names like those? We might be able to invite them to appear as witnesses. That would be very useful.

I have another question, which concerns an oddity.

In 1989, the Canadian Human Rights Tribunal decided the case of *Brown v. Canadian Armed Forces*. You may remember the situation.

I know that was quite a long time ago, but it made quite an impression on me. The application had been rejected, and the argument relied on was that women would be bad for the operational effectiveness of combat weapons. I was dumbfounded. Even when I read it again now, I can't find the words to explain what I feel.

I have no idea...

The Chair: Mr. Desilets, your speaking time is up.

Colonel Jardine, do you want to make a brief comment on that, before I move on to another speaker?

Col (Ret'd) Nishika Jardine: Mr. Chair, that happened in 1989. Since then, women have had access to all positions in the Canadian Forces.

The Chair: Thank you, Colonel Jardine.

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

[*English*]

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

I'd like to ask a couple of questions.

First, one thing that was said in the report you sent to us today is that your office is consistently recommending that VAC publish the gender-based analysis plus. I would like to hear what that recommendation is about and what your concerns are. It would be helpful. I think it should be public as well.

Second, you talked about the satisfaction surveys lumping together spouses, widows and women veterans. I'm wondering if you could comment on what concerns you about that process at VAC.

Col (Ret'd) Nishika Jardine: We believe they do the GBA+, but we don't know how well it's done. If they published it, we could look at it. It would be transparent, and women veterans could see it. I think it would go a long way to improving women's sense of confidence that the department is looking to meet their needs. It's about perception as well. That is why we consistently ask for those analyses to be published.

The second part of your question was with respect to that survey. When I joined the Canadian Forces, I remember my first posting. It was to CFB Gagetown. I was a young officer, and my boss told me to join the officers' wives club. I went there and thought I had nothing in common with those women. They were the wives of the people I work with, and I was a peer of their husbands. I never went back.

I can't believe that today, 40 years later, in the survey VAC does for their clients—because they survey the families of veterans—they will group the answers from all the women. If you're a spouse, a widow or a woman veteran, you just get lumped together. To me, that's not right. We may be spouses or we may be widows, but we are women veterans. Our voice needs to be heard as a distinct group.

● (1925)

Ms. Rachel Blaney: I think it's harder to measure the challenges if you don't hear the distinct voices.

Thank you.

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

[*Translation*]

Time is passing too quickly. The time we have for the first panel of witnesses is up.

Colonel Jardine, I too would like to thank you for your 37 years of service—you told us you made that choice 40 years ago.

The fact that committee members chose to give this warning clearly addresses the factors you mentioned in your opening statement. We do prepare for dealing with these situations.

Committee members, we have heard the testimony of retired Colonel Nishika Jardine; Veterans Ombud; Duane Schippers, Deputy Veterans Ombud; and Laura Kelly, Director, Strategic Review and Analysis Directorate.

I am now going to suspend the meeting for a few minutes so we can prepare for the next panel of witnesses.

Once again, thank you to the members of the first panel of witnesses for kindly participating in our study.

• (1925) _____ (Pause) _____

• (1930)

[*English*]

The Chair: I call the meeting back to order. We can now proceed with the second panel of witnesses.

I'll give some quick reminders to our witnesses. Before speaking, please wait until I recognize you by name. If you are on the video conference, please click the microphone icon to unmute yourself. When speaking, please speak slowly and clearly. When you are not speaking, your mike should be on mute.

Members of the committee, as you know, we may have a vote.

[*Translation*]

You have received a copy of the budget for the study on the rehabilitation contract. Given that we heard from many more witnesses than anticipated, we have to briefly approve the budget again, because we held two additional meetings.

First, I would like to know whether committee members have questions concerning the budget request you were sent.

[*English*]

Mr. Blake Richards: When was that circulated? I don't recall seeing it, to be honest with you.

A voice: It was today.

Mr. Blake Richards: It was circulated today. Okay. I haven't had a chance to see it yet, so can I ask that we defer it?

The Chair: Yes. We did this because we have a few meetings on the rehab contract and we have meals to do on Thursday. We have an additional \$1,600 in the budget to adopt. I would like to know if there is any discussion about that.

• (1935)

[*Translation*]

Does the committee want to adopt the supplementary budget? There is no objection.

(Motion agreed to)

The Chair: Madam Clerk, the budget is therefore approved. I am going to sign the document.

[*English*]

I would like to welcome our witnesses. Both of them are on Zoom.

From the Department of Veterans Affairs, we have, by video conference, Nathan Svenson, director of research, and Lisa Garland Baird, senior researcher.

Mr. Svenson, you have five minutes for your opening remarks. After that, we will go to questions from members of the committee.

Please go ahead.

Mr. Nathan Svenson (Director, Research, Department of Veterans Affairs): Good evening, Mr. Chair and members of the committee. Thank you for the opportunity to appear as a witness, and thank you for undertaking this important study.

I'm here in Charlottetown with my colleague Dr. Lisa Garland Baird, who has a Ph.D. in nursing and is a senior researcher, as mentioned, at Veterans Affairs. She's working to advance research on women veterans.

I want to start by acknowledging that, unlike Colonel Jardine, I am not a woman and have no military service. However, I'm speaking to the committee about the experiences of women veterans. While I can speak about research that has been done or is under way on this topic, there is a limit to the value of human research—especially this research—when we fail to interpret it through the lens of lived experience. Their voices are essential.

The perspective I can share is that of someone who has gradually moved away from the notion that quantitative data is the singular goal, or even the best form of evidence. When it comes to veterans, who are mostly men, the realities for women are often concealed under aggregate numbers that convey the very different realities faced by men.

For example, veterans as a whole experience very little decline in income when they leave the military, as mentioned earlier. They very quickly regain and exceed their pre-release income levels. However, this is the story for men. Looking just at women veterans, we see a decline in income of almost 20% in their first year after release. Consider that in recent years, the proportion of military members who release for medical reasons is approaching one-third. That's quite high. The rate for women, over the same period, is considerably higher, at 42%.

Some trends are comparable between women and men veterans. Both, as mentioned, have similarly high rates of PTSD and back problems. Though every phase of the military life course is different for them, we encounter key differences between the experiences of men and women. We know women don't stay in the military as long as men do. We know they are more likely to suffer sexual trauma during service. We know that while they are just as likely to become officers, women release at lower ranks. We know women are more likely to release to be a caregiver. We know that once they release, they are more likely to work part time. We know they have more complex combinations of health conditions. This contributes to longer benefit application processing times. We know they have a higher risk of dying by suicide than women of the same age in the general population. It's still a lower rate than that of veteran men, but the risk for women does not diminish with age as it does for men.

These are trends that have been difficult to learn about and measure over time. There's obviously more to learn, but we have a lot of positive momentum that I'll group into a few categories.

First, the women veteran community is increasingly engaged across the department. VAC has established an office of women and LGBTQ2 veterans. VAC has launched the Let's Talk Veterans engagement platform. VAC has dedicated funding for community-based organizations focused on women veterans through the veteran and family well-being fund.

Second, there is a growing network of researchers in Canada looking specifically at topics of concern to women veterans. Several research interest groups and communities of practice have recently launched. There are new researchers entering the field of veteran well-being research and tackling challenging issues like women veteran homelessness. They're also increasing international veteran research collaborations.

Third, VAC is applying emerging best practices to respond to the needs identified through research and evidence. For example, VAC has established a dedicated team to process disability benefit applications from women. VAC is modernizing its table of disabilities, with gender equity in decision-making as a core principle. This includes updating entitlement eligibility guidelines to reflect additional sex-specific conditions. VAC has promoted a trauma-informed philosophy across its frontline services and claims processing. VAC has adopted the principles of sex and gender equity in research, or SAGER, to ensure sex and gender impacts are considered at every phase of research, from study design and participant recruitment to data analysis and knowledge mobilization.

Finally, there are new and better data sources supporting gender disaggregated analysis. The 2021 census was a major milestone in describing the veteran population. Starting in 2022, the new Canadian veteran health survey measures veteran well-being in multiple domains across the entire veteran population in Canada.

From what I have seen across the department, Veterans Affairs is genuinely looking to improve on every front when it comes to providing equitable services and programs. I look forward to the committee's report on this study and how it will improve our understanding of the needs, challenges and perspectives of women veterans.

• (1940)

Thank you, Mr. Chair.

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

I'd like to remind you that if you have notes or any additional information to provide the committee, do not hesitate to give that to our clerk. It would be so appreciated.

[*Translation*]

We will now go to the first round of questions.

[*English*]

I'd like to invite Mrs. Cathay Wagantall to take her six minutes, please.

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

Thank you both for being here this evening. I really appreciate this.

This is a good segue from what we heard from the ombudsman and some of the research going on there. Of course, she's an individual who has served very admirably, and we really appreciate her feedback as well.

What I am hearing—and we're just beginning this study, so I appreciate that as well—is that you're just on the cusp of beginning to do some things to ensure you're giving focus specifically to women veterans. Would that be accurate?

Mr. Nathan Svenson: Yes, that would be accurate. If we back up 20 years, there was very little research on veteran well-being at all in Canada. It was very difficult to collect data about the veteran population. Until recently, I would say, it has remained difficult. Even in our targeted studies, it's still difficult to recruit individual veterans.

What has changed in the past few years, really, is our access to administrative data from veterans who are releasing from the armed forces. We have more and more data shared by the Department of National Defence confidentially with Veterans Affairs so we can paint a picture—

Mrs. Cathay Wagantall: Thank you. I appreciate it. I have a few questions here and I want to make sure I get your responses.

What I struggle with is the whole process of transitioning from the armed forces to Veterans Affairs. I've been on this committee for eight years now, and quite honestly this issue has been front and centre for all eight of those years. We're just beginning to realize the struggles. We've been talking about women in the armed forces for over 20 years now, yet we're just beginning to take a look at these things.

What is the communication like in regard to what you need to hear about women's service in your relationship with DND? When someone is transitioning, do you feel that women have the same services available to them to make that transition? Should they be the same, or are we in a situation where we're trying to fit two square scenarios into...where one is a circle and one is a square? I won't say which one is a square.

Mr. Nathan Svenson: We had that same question. We funded a study by Dr. Maya Eichler, who was mentioned earlier, from Mount Saint Vincent University. She conducted a longitudinal, qualitative study of women veterans who were releasing from the armed forces, starting before they released and continuing after their release period.

Perhaps I'll turn it over to my colleague Dr. Lisa Garland Baird for some additional information on that.

Dr. Lisa Garland Baird (Senior Researcher, Department of Veterans Affairs): Thank you for the question.

This particular study was very interesting in its findings. Again, it looked at a cohort of women members and veterans over the course of two years who were interviewed at three different intervals. Of course, the purpose of that study was to understand what the differences were for women in their military-to-civilian transition.

I think some of the main findings that came from that study speak to the need to look between the lines when we look at smaller groups. In one of the cases, the findings demonstrated that women veterans later, as they released, recognized they had some health issues that they didn't identify when they first released from the military, which they wished they could respond to.

• (1945)

Mrs. Cathay Wagantall: Can I just interrupt there? That same scenario applies to men as well. They release and then it's much later on in time. It's interesting. I think we really have to try to determine what is typical for a veteran versus what is specific to women.

I wouldn't say VAC has done a study, but I understand they're determining differences between the men and the women. They have lumped the women who serve with the wives and widows and are getting their stats and feedback from that. Is that the same scenario here, or are you dealing specifically with the women who served?

Dr. Lisa Garland Baird: I would just like to add a point of clarification, because a really good point was made about the fact that there are similar findings for men and women as they release. What women in particular were talking about were things related to reproductive and sexual health. They did not potentially have access to screening prior to release or it was not part of their medical release. There are some very specific pieces from that study that we can point to to see the differences.

With respect to the 2022 VAC national client survey, it is true that this cohort includes survivors and women veterans. The challenge with that survey is that it has a small sample size. At this point in time, it's about 3,400 clients—everyone who received services—

Mrs. Cathay Wagantall: Can I ask a brief question? I know I'm out of time, Chair.

How many women veterans do you actually know the whereabouts of? How many are you able to access?

The Chair: You have 10 seconds.

Dr. Lisa Garland Baird: We have veterans administration data. That is how we pull our sample frame.

The Chair: Thank you, Mrs. Wagantall.

Now I have Mr. Churence Rogers for six minutes, please.

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

We knew this study would be an interesting one, and it's turning into quite an interesting study just from listening to some of the initial witnesses.

Mr. Svenson, I want to focus on the office that VAC opened in 2019, the office of women and LGBTQ2 veterans. Could you tell us more about the exact purpose of that office? What has the office for these groups done since its opening?

Mr. Nathan Svenson: The objective of that office is to address some of the underlying challenges faced by women veterans who are coming to the department—and those who aren't—and ensuring that the access to services is equitable across the department. The office has a very broad scope. They consult with areas and every function across the department at every level to ensure that when each area is administering its own responsibilities, it is keeping in mind the needs and concerns of women and LGBTQ2 veterans who might otherwise be experiencing barriers to access or barriers to programs and services.

Mr. Churence Rogers: Could you speak a bit about some of the feedback the department received when you held a women and LGBTQ2 forum? What kind of feedback did you get overall?

Mr. Nathan Svenson: The first women veterans' forum was held in 2019. I was there. It was a wonderful experience and full of energy. It was the first of its kind in Canada to discuss the specific challenges women face in their lives after service.

From my perspective, I was listening for the research opportunities and the research gaps that were raised. There were many. In fact, I was stunned at how prominently research as a theme was raised by all the stakeholders there. Some of the research opportunities raised there included infertility; menopause; mental health; social issues; homelessness; transition from military to civilian life, including the financial impacts, some of which we have already touched on; intersectionality and cultural differences among under-represented veterans, in particular indigenous, francophone and LGBTQ2+ perspectives; and a number of other categories.

That feedback was all taken back to the department and carefully reviewed. We looked for opportunities to embark on research, where feasible, in those areas.

• (1950)

Mr. Churence Rogers: One statement a previous witness made that struck me was that in transitioning to civilian life, when you take off your uniform you don't know who you are. That resonated strongly with me. Is that a common kind of feeling you get from people when you do all these interviews? What are they thinking about for their future? Is “Where do I go from here when I walk out the door?” a common refrain you hear from all veterans?

Mr. Nathan Svenson: I think the concept of maintaining a purpose in life is a theme, at least, that's common across men and women veterans. I would say that it's one of the more difficult aspects to cover in quantitative research, and this is a reason, an argument, for including more qualitative research to better understand the individual stories and experiences of veterans where the numbers don't tell the whole story.

The analogy I like to use is that the data we have is simply the mortar that binds together the stones of lived experience into a foundation of understanding. Quantitative and qualitative research need to validate each other. They're both essential to supporting informed policies and impactful programs.

Mr. Churence Rogers: I'll ask you the question this way: What stigmas do you find are unique to female veterans that they have to actively work to overcome in order to be successful post-service?

Mr. Nathan Svenson: I'll turn the question over to Dr. Garland Baird.

Dr. Lisa Garland Baird: Very quickly, one of the findings of the previous study we discussed—from Dr. Maya Eichler—talked about women veterans experiencing age as an issue as they re-entered or tried to re-enter the workplace. That was a concern. Not only did they feel it contributed to deteriorating health, but they saw it as a barrier to employment. Many women spoke about experiencing ageism, as well as not being seen as a veteran by employers because they did not fit the traditional vision of what employers would think a veteran would look like.

Mr. Churence Rogers: Thank you very much.

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

[*Translation*]

I will now give the floor to Luc Desilets for the next six minutes.

The floor is yours.

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

I would like to welcome our witnesses.

Earlier, Colonel Jardine referred to the need to do more research, and particularly comparative studies or analyses between the sexes, so that we can better understand the specific needs of women.

I imagine you share that opinion, Mr. Svenson. Yes? Okay. That's an easy question to answer.

What I want to get at, more specifically, is this: in your experience, and given that we have to do more research, collect more data

about the more specific experience of women, what would the role of Veterans Affairs Canada be in this regard, in order to have increase it overall?

• (1955)

[*English*]

Mr. Nathan Svenson: I think a few new opportunities have been presented to Veterans Affairs on how we can engage with the women veteran community and subpopulations within that community. One of the key takeaways for me from the most recent women veterans' forum in February 2023—just last month—was the need for inclusion of under-represented voices in research.

VAC has come a long way in broadening the available data, and we are able to disaggregate our analysis in many measures, but we want to push that closer to what we would call “participatory research”. For this purpose, our research staff will be engaging with the veteran community in the coming months to fill in the human narrative that isn't captured in our statistical data.

Perhaps, Dr. Garland Baird, you want to add a comment.

[*Translation*]

Mr. Luc Desilets: Great, thank you.

Colonel Jardine also alluded to a literature review published by her office in 2021 about the experience of women and men veterans in the Canadian Armed Forces and the RCMP. She talked about 84 primary and secondary sources that were cross-tabulated in order to produce her analysis.

Obviously, it contains information you are familiar with: women are underrepresented in the military hierarchy; women are at higher risk of suffering joint injuries and chronic injuries and of having more suicidal tendencies, and so on. It isn't really a very pretty picture.

Based on your knowledge and expertise, are there readily identifiable causes that might justify this?

[*English*]

Mr. Nathan Svenson: I would say we need to be careful when we're working with the kind of data we have available. It's not data that supports easily establishing relationships between cause and effect.

While we can measure differences and determine differences and the prevalence of many different conditions, it's difficult to tie that back to specific experiences unless we have a full history of their military occupation. That's a set of information we generally don't have access to when veterans come to work, when they come to VAC for services, when we're talking to veterans or when veterans are filling out questionnaires that provide data to VAC or to Statistics Canada. We don't have that full military career history.

[*Translation*]

Mr. Luc Desilets: So you don't look at the underlying causes of the problems.

Is that correct?

[English]

Mr. Nathan Svenson: The majority of our research does not try to establish causality of the conditions or trends we see.

[Translation]

Mr. Luc Desilets: I understand that this is not your mandate and I accept that.

However, when you have avenues or data that are very interesting and relevant, do you communicate with the Canadian Armed Forces to let them know?

[English]

Mr. Nathan Svenson: I think we have a very strong relationship. As Colonel Jardine mentioned, there is a joint steering committee that brings the two departments together in a very deliberate way so that we can solve problems we encounter, including on the research front. We're working with the Department of National Defence and their multiple research groups.

Perhaps Dr. Garland Baird wants to say a bit more about that. She's been involved in those discussions.

Dr. Lisa Garland Baird: Some of the collaborations we are embarking on with other researchers in the community are to explore some of the pointed, targeted areas that have been identified and how they become identified. There are multiple collaborations with veterans' groups, including women veterans. We hope to build on those collaborations as we move forward.

• (2000)

[Translation]

Mr. Luc Desilets: Thank you both.

The Chair: Thank you, Mr. Desilets.

Thank you both, as well.

[English]

Now the floor goes to Ms. Rachel Blaney for six minutes, please.

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

I thank the witnesses.

My first question is whether there's a VAC women's health research strategy. If so, is it publicly available? How was it developed? Who is involved? Does it exist?

Mr. Nathan Svenson: We have research priorities identified for women veterans that, for us, are shaping the direction we're taking going forward with research.

We're finding that there are many more opportunities and directions we can go now, following the identification of veterans in Canada through the 2021 census. Before, we had a very limited scope of information that we could tap into. Now we're finding that we can expand the types of research we can do, including data linkages with other federal administrative data sources from other departmental programs. Of course, that's in partnership with Statistics Canada, so we're building our relationship with Statistics Canada. They have access to—

Ms. Rachel Blaney: Okay. I'm sorry to interrupt. I really apologize.

Is there a strategy? I hear that you're linking with other people and other departments, but is there a specific strategy you can point to in which you can have some measurable outcomes?

Mr. Nathan Svenson: We have a women veterans research plan focusing on specific areas, such as aging, sex-specific cancers, occupational exposures, health care access and opioid use. We don't publish the specific initiatives coming up, partly—

Ms. Rachel Blaney: Is it public? Is it something the committee could look at, just to see what the plan is?

Mr. Nathan Svenson: Yes, we can certainly share our research priorities with the committee.

Ms. Rachel Blaney: Thank you. That would be helpful.

I know the first women veterans' forum was held in P.E.I. in 2019, which was about four years ago. "Research" was mentioned in the summary, I think, 24 times. Obviously it's an essential theme and a priority area.

I'm wondering if you could talk about what has been done on health issue-specific research for women veterans since then. There are a couple of things I'm particularly very interested in.

We know that women veterans who served in the Middle East and experienced burn pit exposures are now experiencing higher rates of breast cancer. Do we know if those rates of breast cancer are different among women who did not serve in the Middle East and experience that combat exposure? Around that, do we know if veteran women see higher rates of breast cancer compared to civilian women?

The other part is uterine prolapse or stress incontinence related to military duties. These are the issues I hear about the most. Has any research been done on this?

Since this happened in 2019, what is the direction of the department in researching these important issues specifically for women veterans?

Mr. Nathan Svenson: There were a few different pieces in there. I'll start with the breast cancer item.

All of the cancer prevalence or cancer incidence-type studies require a large population set in order to have reportable results with any confidence. The cohort of veterans who served in the Persian Gulf, for example, was a fairly small number. It's only around 5,000 to start with. If you isolate that down to the women veterans who were part of it, it's a much smaller number and it becomes very difficult to produce reliable or robust statistical estimates about cancer prevalence and comparisons against the population. There's that caveat.

I will say we are now able—again thanks to the census—to conduct a data linkage study, which we're now just embarking on, looking at cancer prevalence among veterans. That's thanks to the existence of the Canadian cancer registry, which has all primary cancer diagnoses since 1991 in Canada. We can link that with all living veterans in Canada. As of just the past few months, we have the data components that make that kind of analysis possible.

● (2005)

Ms. Rachel Blaney: Okay. I'm feeling a little frustrated—not at you, but just at the fact that we obviously do not have a lot of data about women veterans. This is very concerning to me.

My next question is, how does this department, VAC, meaningfully include the voices of women veterans in its research? Would a woman veteran advisory committee be helpful for research prioritization and development? I'm concerned that the focus isn't there. Would it be wise to make women veterans part of that advisory committee for research?

Mr. Nathan Svenson: We are eager to engage in and discuss our research plans and research methods with women veterans in the community in whatever form that takes.

I mentioned in my opening remarks that some new community-level groups are coming together and are providing input into the department's perception and perspectives on how we should engage in research. Some of those groups include the women veterans research and engagement network, the Canadian military women's health research interest group, which includes members or representation from VAC, DND and the medical community, and the Military Sexual Trauma Community of Practice. These groups—

The Chair: Mr. Svenson, I'm sorry to interrupt you. The time is up.

I have to give the floor to Mr. Terry Dowdall for five minutes.

Go ahead, Mr. Dowdall.

Mr. Terry Dowdall (Simcoe—Grey, CPC): Thank you, Mr. Chair. I love the way you say my name.

Some hon. members: Oh, oh!

Mr. Terry Dowdall: I want to thank everyone for being here tonight and for your testimony.

In the first hour of testimony, one thing we heard was that female veterans seem to have a hard time finding employment after service and a lot of times it's part time. Does VAC have a hiring target for all veterans, first of all? If so, what is it?

Mr. Nathan Svenson: I'm not aware of that information, but we will provide a response to the committee.

Mr. Terry Dowdall: As a follow-up to that, could you break it down for us? If there's a hiring target for females at Veterans Affairs, perhaps we could have a number on that for our study, because I think it's quite important. We have to lead by example, quite frankly. I come from the municipal world, where I was a volunteer firefighter. We made sure we said to everyone, because every other company wanted to.... We had to make sure we were doing the exact same thing. I want to make sure that we follow suit and hire as many women as we can, and hopefully we can hire more.

Another thing we heard in the first hour was something I can't quite understand. It seemed entirely illogical to me. DND and VAC have different standards for determining which injuries are service-related and which ones are not. I would think there would be a pretty seamless transition from one to the other. I wonder if you can give us the idea or thoughts behind that.

Mr. Nathan Svenson: I don't have specific eligibility criteria or the knowledge to analyze the differences between how VAC and how DND assess those, so we'll need to provide a response back to the committee.

Mr. Terry Dowdall: I'm just wondering if you've heard of that before. My ears perked up when I heard it earlier in testimony here. I thought it seemed quite strange. You'd think the two government ministries would be succinct in how someone is injured and how it would relate. Do you not get lots of complaints about that?

Mr. Nathan Svenson: Because we don't do health care administration as part of the department's mandate, the services we provide are fundamentally different. During military service, the CAF health service provides care directly, so the types of services and interactions they would have with their serving members would be different from what we're dealing with now, because we're not having conversations with veterans as a health care provider. I would imagine that those conversations would look different. Specifically on the complaints you're referring to, I'm not familiar with those.

● (2010)

Mr. Terry Dowdall: Okay.

I have a follow-up. I know we had a comment earlier from the ombudsperson about this, but since I've been on the committee, I've received lots of calls. People look you up, they know you're on the committee and they want to ask questions. The one thing that's been consistent—and I'm not saying the department is this way—is the perception that lots of people seem to be afraid. They don't want to talk about the issues they have. They're afraid. I'm just wondering why you think they have that feeling.

Mr. Nathan Svenson: I have heard there are people who perhaps would be eligible for services from Veterans Affairs, but they don't come forward for a variety of different reasons. One thing we want to determine in our qualitative research is what those barriers are—whether they're perceived barriers or real barriers—and whether there's a different approach we can take to change the culture of the services we provide to make it more welcoming for women veterans, in particular, to come forward.

I think we're actively looking at those kinds of changes. That's part of the reason we have implemented trauma-informed mandatory training across the department and across all of the frontline, veteran-facing services. That way, if there are things we're doing as a department that are keeping people away or perhaps creating a distance there, we can recognize and identify them and find solutions.

Mr. Terry Dowdall: You've been working on that, then. That number will probably get a lot better. Is that what you're telling me?

Mr. Nathan Svenson: I hope so.

Mr. Terry Dowdall: That's fair enough.

Thank you, Mr. Chair.

The Chair: Thank you so much.

Let's go to Darrell Samson for five minutes, please.

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

First, I would like to say that I'm extremely happy the committee has decided to dedicate this study to women, marginalized military women and marginalized Canadians. I think this is so essential. I've been on this committee for six years, and I don't know how many times I've heard the challenges that women face in the military and when they're out, and how difficult the transition is. In some areas, it's two or three times more difficult.

I'm really happy we're able to dig deep in that area. I think the 20 meetings will allow us to drill down deeper, if I can say that. I'm sure members of all parties around this table will focus on what's important, which is identifying some of the challenges and trying to find solutions and recommendations so we can make life better for those who are serving and those who have served.

Thank you both for your presentations and for some of the information we've gathered.

[Translation]

Last week in Quebec City I went to see a play called *Projet Monarques* at the Théâtre des Petites Lanternes.

[English]

What I observed for an hour was exactly what Colonel Jardine shared, which is that the military is your life when you're in the military, and when you leave the military, you seem to lose part of your family and you lose your identity.

I would ask both of you to comment on whether you've seen that through research and whether you have any information on that piece to begin with.

Mr. Nathan Svenson: I'll start by saying that, to date, in the research we've been able to conduct—especially when we're talking about services delivered by Veterans Affairs—we have a limited reach. The census counted approximately 75,000 women veterans in Canada, and we serve only a fraction of them. There's a broad proportion of the women veteran population that, despite our best efforts, we really can't say we understand very well.

It's important for us to reach out to the community and stakeholders to get their voices. I'll give Dr. Garland Baird a moment to talk about how we're going to do that.

• (2015)

Dr. Lisa Garland Baird: We are really excited that we will be engaging with veterans and veterans groups in the community across all of Canada in the coming months. We are looking at women veterans and equity-deserving groups.

We are interested in understanding lived experiences. These are things like how women veterans experience issues around identity. Is that different from how men might experience it? We are also looking at what supports they feel serve them the best, not just from Veterans Affairs Canada but in their communities. What does that look like?

We aim to also identify not just the deficits but the strengths, because we really believe we can leverage various partnerships that VAC has with other federal departments. VAC does not have a full mandate for all of the well-being of veterans—health care, for example—but we can work with our partners. We can only do that by speaking directly to veterans and communities and by sincerely listening to what their experiences are so we can move forward with identifying where gaps exist.

Mr. Darrell Samson: I agree with you fully that it's about partnerships. Talk to me a bit about partnerships. What partnerships do we have in this country? We have some great universities and great research. Is there some gathering of research around women in the military in the country and outside the country with some best practices?

The Chair: Thank you, Mr. Samson.

Dr. Baird, you have a quick 10 seconds, please.

Dr. Lisa Garland Baird: We have strong relationships with academic institutions through CIMVHR, which is the Canadian Institute for Military and Veteran Health Research.

The Chair: Thank you so much.

[Translation]

I am going to give the floor to Mr. Desilets, but I have to interrupt.

[English]

The House of Commons is calling for votes, so I have to tell members of the committee that we have about 12 minutes left for this meeting. I'd like to know if you want to continue until the end and then vote, but I have to have unanimous consent for that. If not, I have to stop right away.

Ms. Rachel Blaney: Let's proceed to the end.

[Translation]

The Chair: Mr. Desilets, the floor is yours.

Mr. Luc Desilets: I would propose that we finish the two turns before going to vote.

The Chair: Are you talking about the two two-and-a-half-minute turns?

Mr. Luc Desilets: That's right, yes.

The Chair: Okay.

Are there other comments?

[*English*]

Mr. Blake Richards: If we're going to stay, we should let everyone have an opportunity to speak.

Ms. Rachel Blaney: I have six minutes. I want my six minutes.

Mr. Darrell Samson: We can run the clock until 8:30. That's what I understand.

The Chair: Let me be clear. We are in the second round, so I have two and a half minutes for Mr. Desilets and Ms. Blaney, and five minutes for the Conservatives and the Liberals.

It's now 8:20. We have 10 minutes to go on with that. We only have 10 minutes.

Mr. Blake Richards: We have two and a half minutes and five minutes. We have 10 minutes, so that would be two and a half, two and a half and five minutes over here. Is that correct?

The Chair: Well, we have to have—

Mr. Darrell Samson: Or we could have two and a half, two and a half, two and a half and two and a half, shared with the Conservatives.

Mr. Blake Richards: My understanding is that we're going to follow the normal order.

What's the normal order? That's what I was trying to understand.

The Chair: I agree. That's the normal order.

I understand that you want to continue with the order until 8:30. Okay.

• (2020)

[*Translation*]

Mr. Desilets, the floor is yours for two and a half minutes.

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

Mr. Svenson, can you tell me how many employees are on your team and what your budget is?

[*English*]

Mr. Nathan Svenson: We have about a dozen researchers.

As for our budget, I'll provide the accurate numbers, because I don't have the exact number in front of me. We'll come back to the committee with the actual budgets, but we have about a dozen researchers.

[*Translation*]

Mr. Luc Desilets: That would be good of you, thank you.

Do you think it would be a good idea to increase the budget in order to compile the results and take it further?

It's fine to have results, but if you can't find the root causes, it will be hard to form an intervention plan.

Are you thinking of expanding your mandate?

[*English*]

Mr. Nathan Svenson: My function doesn't extend to departmental budgeting, so I can't comment on budget matters. I'm sorry.

[*Translation*]

Mr. Luc Desilets: In this case, do you think the number of employees you have meets the present demand?

[*English*]

Mr. Nathan Svenson: The most important factor for us in mobilizing our research capacity is the extent to which we can work successfully with partners who are experts in many fields.

Dr. Garland Baird mentioned CIMVHR, the Canadian Institute for Military and Veteran Health Research. We also fund research through the Atlas Institute for veterans and their families and the Chronic Pain Centre of Excellence for Canadian Veterans. Together with those organizations and many academic partners across the country, we can achieve a lot of things, and a lot of researchers are willing to work with us. It's a matter of finding the right people and collaborating with them.

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

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

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

To the witnesses, how does VAC communicate its veteran health-related research findings back to women veterans and to the civilian health care providers? I know that about 80% of veterans are not VAC clients. I'm just curious to know how you get this information out and how you get it out to the health care providers who work with them.

Mr. Nathan Svenson: We do that through a variety of ways. Some of the services VAC funds, such as mental health care services, are complementary to services provided through provincial health care systems. It's easier for us to be connected with the care providers in those fields. For example, we administer a number of operational stress injury clinics across the country. Those clinics operate in the provinces under the provincial health care systems, but we have close relationships with those clinics, so it's easier for us to share and distribute best practices. We have those communication channels open.

It's more challenging in some other aspects of care delivery. That is one of the reasons we established those two centres of excellence. There's the centre of excellence on mental health, Atlas, and the centre of excellence on chronic pain for veterans, because those were very.... Mental health and chronic pain—

Ms. Rachel Blaney: Okay. I think I got it. I have a very short time.

I'm wondering about how the support from the minister and other senior officers works with the department and whether there's ever an opportunity when you're asking for more resources and you don't get them. I'm wondering how those two things work together—the senior officials and the minister's office, and the work you do in research.

Mr. Nathan Svenson: Thank you for the question. I'm not sure I understood it completely, but I can say that when good ideas have come by and we've made logical suggestions, the ears have been open within our department to explore new or compelling areas for research. That's not a constraint, in my mind, if that answers your question.

• (2025)

The Chair: Thank you, Ms. Blaney.

Now let's go to Mr. Blake Richards for five minutes, please.

Mr. Blake Richards: Thanks, Mr. Chair.

I have three quick questions. Maybe we can even leave a little time for one of my Liberal colleagues, if we can get through them quickly.

The first question I have is a bit of a follow-up to Mr. Dowdall's question earlier. He asked you about the differences between DND and VAC when determining what a service-related injury is. You were going to get back to him with some information. I'm going to ask you about something kind of related. Maybe you can answer it now, but if you can't, you can also get back to us with this information.

It's with regard to when we're talking about the assessment of injuries in particular. What often happens is that the injury happens at some point during service. Later on, the effects of the injury start to take their toll. The veteran comes looking for assistance, and there seems to be a loss of the documentation somewhere along the way. Often it seems as though it's in the transition from DND to VAC.

I'm wondering if you've done any work to try to determine what is causing that and what suggestions you've been able to come up with to help prevent it from happening in the future, or at least minimize it.

Mr. Nathan Svenson: I'm not familiar with the specific protocols for information transfer between the departments, but we'll come back to the committee with that information.

Mr. Blake Richards: It would be great if you could. If you could tell us what work is being done, if any, to try to ensure the documentation isn't being lost so veterans can make sure they get the help they need, that would be helpful. We'll leave that with you to get back to us on.

I have another follow-up to a question Mr. Dowdall asked earlier—or at least I think it was Mr. Dowdall—about the number of veterans employed at Veterans Affairs. You'll probably have to get back to me with this one because you didn't have the number there, but do you know the number of veterans employed in the federal public service more generally? Could you give us a number on that? If not, could you provide it?

Mr. Nathan Svenson: I don't have that specific information with me, but we can provide it if we have it available.

Mr. Blake Richards: Okay.

Another issue I've heard a fair bit about is service dogs for veterans who are managing PTSD. It seems they are indicating that dogs are unavailable to them through Veterans Affairs.

Can you tell me if that's accurate? Does Veterans Affairs provide service dogs for those with PTSD or other mental illness injuries?

Mr. Nathan Svenson: My understanding is that there are some entitlements related to assistance dogs. I can't say exactly what conditions would entitle a veteran to them. We can come back with that information as well.

Mr. Blake Richards: If you can, please do. I'm hearing from veterans and they're saying that it's not done.

I was also curious about service standards for service dogs. There are organizations providing them. I am hearing about that, and I'm hearing that there is a lack of service standards for them.

Do you know if Veterans Affairs provides service standards for service dogs?

Mr. Nathan Svenson: I know that Veterans Affairs, prior to 2018, funded an effort to establish national standards for service dogs. Ultimately, bodies that were funded did not successfully establish national standards.

Mr. Blake Richards: There are no service standards that came from this. Is that a yes or a no?

Mr. Nathan Svenson: Within Canada, I don't believe there are national standards on service dogs.

Mr. Blake Richards: That's unfortunate. I hope it's something Veterans Affairs will get to work on.

Thank you.

If there is any time left, I'd be happy to let my Liberal colleagues have it.

The Chair: Yes, there are four minutes left.

Go ahead, Mr. Darrell Samson.

Mr. Darrell Samson: Thank you.

I'll go back to a question that I don't think you had a chance to answer. I talked about research across the world on women veterans, as well as in Canada. Maybe you can take a few minutes to answer it.

Mr. Nathan Svenson: There are a number of initiatives internationally relating to women veterans. We have collaborations, particularly with our closest allied countries. We have a working group on research that meets regularly and coordinates areas of mutual interest.

We have a number of working groups exploring areas that include occupational exposures and looking at the links between specific occupations in the military and downstream health impacts. That's the one that I think is most relevant to this study. We're looking at bringing in information from DND that will help us identify which occupations or which common occupations are associated with specific conditions. I think that's a critical link in our long-term research planning.

In terms of what we're doing in Canada, I think the one big development we haven't touched on today is the establishment of the Canadian veteran health survey. In the past, we had a health survey called the life after service survey, and it asked about a number of different domains of well-being. That's where many of the findings came from that were quoted in the first hour. It was very instrumental and was the best we could do at the time, starting in 2010. That's when that survey began.

Now that we've had the census in 2021, Statistics Canada is able to survey all Canadian veterans, and we've grown that survey into what we're calling the Canadian veteran health survey. It was administered first in 2022, right out of the gate after the census.

It will bring back information we've never had before. It will have coverage especially for older veterans. It will have broader coverage and more reliable estimates for smaller groups such as women veterans and smaller subpopulations, including LGBTQ2 veterans, for example. It will cover information on a number of different topics, including smoking, cannabis use, opioid use, oral health, maternal health and maternal experiences. Those are all new domains that we haven't been able to ask veterans about in the past.

• (2030)

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

Thank you, Mr. Samson.

[*Translation*]

That is all the time we have for this panel.

[*English*]

On behalf of members of the committee, I would like to thank our witnesses for their input into our study. From the Department of Veterans Affairs, we heard from Nathan Svenson, director of research, by video conference, and from Dr. Lisa Garland Baird, senior researcher, by video conference.

[*Translation*]

I will also take this opportunity to thank the entire technical team, including the interpreters, the analysts and the clerk.

I know that many veterans and people are also watching us online.

[*English*]

Two of them are here, so I'd like to acknowledge the two veterans who have joined us here in the room to follow our meeting.

[*Translation*]

The meeting is now adjourned.

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