

Government Response to the Standing Committee on Veterans Affairs' Fifteenth Report entitled *Invisible No More. The Experiences of Canadian Women Veterans*

The Government of Canada (Government) welcomes the opportunity to respond to recommendations made in the fifteenth report of the Standing Committee on Veterans Affairs (ACVA). The Government would like to thank the Committee, for this report, as well as the witnesses who contributed their time and expertise to provide the Committee with information and evidence on the issue, including the many brave and courageous women Veterans who appeared before the Committee to share their lived experiences.

The Government is pleased to provide a response to ACVA's recommendations, and highlight the significant efforts that have already been made, and that continue to be made, by the Government to address the concerns regarding women Veterans. The following response provides greater details on the Government's approach to ensuring that the growing role of women in the Canadian Armed Forces (CAF) and the Veteran community is fully recognized, that women are well supported throughout their military careers including their transition out of the military to civilian life, and that the needs and concerns of women Veterans are better reflected in Veterans Affairs Canada's (VAC or the Department) programs and services.

The Government is grateful for the work the Standing Committee has done to ensure women Veterans of all backgrounds had their voices heard. It is only through hearing and learning from their experiences that the Government can shape and improve the future for all women. The Government is committed to improving the best support measures for women Veterans, and promoting their physical and mental well-being.

A note to readers: "Agrees in principle" is used where the Government agrees with the intent of the Committee's recommendation, but the wording of the recommendation is not entirely in keeping with its policy intent and/or operational reality.

Recommendation 1

That Veterans Affairs Canada, together with the Canadian Armed Forces, the Royal Canadian Mounted Police, the Canadian Institutes of Health Research and the allied countries, fund and implement a structured long-term research program on servicewomen and woman Veterans, and that this research be women-specific.

Government Response

The Government agrees with this recommendation.

Veterans Affairs Canada (VAC) will collaborate with the Department of National Defence (DND), the Canadian Armed Forces (CAF), the Royal Canadian Mounted Police (RCMP), the Canadian Institutes of Health Research (CIHR), Statistics Canada, Canadian Institute for Military and Veteran Health Research (CIMVHR), Atlas Institute, Centre of Excellence for Chronic Pain and

other academic research partners in developing a long-term research plan on servicewomen and women Veterans that is guided by a Gender Based Analysis Plus (GBA Plus) and sex-and-gender approach. This long-term research plan will examine servicewomen and women Veterans' health and well-being lived experiences, and development will take into consideration stakeholders' input from past women Veterans Forums, women Veterans (including current and former RCMP women members), Veteran stakeholders and academic partners, to address gaps existing in servicewomen and women Veterans research.

VAC recognizes the paucity of Canadian women Veterans' health and well-being research and the impact the corresponding data and knowledge gaps have on VAC's ability to fully understand the unique health and well-being needs of women Veterans. As a result, in recent years, VAC has intentionally employed a GBA Plus and sex-and-gender lens in its research design and data generation efforts for equity-deserving Veterans. Through the use of Sex and Gender Equity in Research (SAGER) principles and intersectional approaches, VAC has advanced its research capacity to better identify, understand, and represent the unique health and well-being needs and experiences of women Veterans in Canada. This women Veteran, equity-focused approach has strengthened VAC's established partnerships and collaborations with DND/CAF, Canadian Institute for Military and Veteran Health Research (CIMVHR), Atlas Institute, Centre of Excellence on Chronic Pain, and other academic researchers through the alignment of common research priorities and goals to advance intersectional, GBA Plus research on women Veterans in Canada.

Examples of these efforts include VAC and DND/CAF's dedicated Director General Joint Working Group on Policy and Research. Established in December 2023, the working group's primary mandates include awareness and alignment of common research priorities and goals, establishment of a long-term, structured and collaborative research plan on servicewomen and women Veterans, and to ensure appropriate and effective use of research funding and resources to achieve intended outcomes.

VAC and DND/CAF have also partnered to develop the Joint Federal Research Funding Program (JFRFP); a mechanism for both departments to directly fund the long-term research plan, and initiatives that contribute to the well-being of military members, Veterans, and their families, specifically for women Veterans.

VAC is also updating its Women Veteran Research Plan in consultation with the newly formed Women's Advisory Council to ensure that it represents the unique needs, research priorities, existing research gaps, and current and future strengths and needs of women Veterans. This updated plan is anticipated to be published in early 2025 and will solidify the long-term structured plan.

As well, the recently completed VAC Veterans Well-Being Community Health Needs Assessment identified and prioritized the need for longitudinal intersectional, sex-and-gender focused research to inform VAC's programs, services, policies and women Veterans.

Furthermore, VAC has a long-standing partnership with Statistics Canada that has enabled the identification of Veterans in the 2021 Census, implementation of the first cycle of the 2022 Canadian Veteran Health Survey and developed the Military Veteran Status File (MVSF). These foundational data sources over time provide insights on women Veterans' health and sociodemographic characteristics and trends, social supports, housing sustainability, affordability, economic outcomes, and other key domains related to transition.

Recommendation 2

That Veterans Affairs Canada pay tribute to women Veterans of the Canadian Armed Forces with a work of art worthy of their commitment.

Government Response

The Government agrees with this recommendation.

Historically, Veteran monuments have predominantly depicted masculine themes, with little representation of women. However, VAC heard at the 2024 Women Veteran Forum that women Veterans are increasingly seeking alternative forms of commemoration, such as art exhibitions and interactive installations. For example, the Canadian War Museum now includes several art pieces commemorating women Veterans. VAC has endeavoured to highlight the work of artists celebrating women Veterans in many alternative forms. At the 2024 Women Veteran Forum, VAC collaborated with an artist to curate an experience that resulted in a new commemorative art project created by women Veterans for women Veterans. This initiative included a pottery workshop led by the artist Lynette Peters, where participants crafted commemorative hearts out of clay that the artist used to create a commemorative bowl. The final piece will be displayed at the National War Museum of Canada this fall, symbolizing a broader recognition of women's contributions to military service.

VAC will work with its Women Veterans Council to seek input and recommendations on an appropriate work of art which demonstrates the dedication and sacrifice of women Veterans of the Canadian Armed Forces.

Every year, VAC distributes millions of free, bilingual commemorative learning materials directly to Canadian classrooms. This year, that includes newspapers and activity booklets educating youth about Veterans and all they have done to protect peace and safety around the world. The stories of women Veterans are always highlighted and this year, students will learn about the contributions of Commodore Geneviève Bernatchez, former Judge Advocate General for the Canadian Armed Forces, and Bettina Fuchs, a Veteran of the Gulf War.

During Veterans' Week 2024, VAC is hosting local schools' groups at select sites across Canada for learning days. One of these learning days will take place in Saskatoon, Regina at the Saskatchewan Aviation Museum Hangar. The focus of the learning day in Saskatoon is on the centennial anniversary of the Royal Canadian Air Force (RCAF) – with a specific focus on women

who have served in the RCAF. The event will feature presentations from Women aviators, including Lieutenant Colonel (Ret'd) Maryse Carmichael. Local students will have the opportunity to hear from a variety of women Veterans and interact with them directly during a question-and-answer period. VAC's learning team staff will also guide local youth through a variety of learning activities with a focus on women Veterans and the RCAF.

Recommendation 3

That the Government and the Canadian Armed Forces officially apologize to the women who have served and continue to serve in a culture where military sexual trauma has been allowed to thrive for decades.

Government Response

The Government agrees in principle with this recommendation.

DND/CAF takes these matters very seriously and is committed to ensuring the well-being and fair treatment of all its members. DND/CAF is deeply committed to fairness, equity, and ensuring that all its service members are well supported. Ensuring that women in the military feel safe, respected, and supported is a priority. However, DND/CAF recognizes that inequities remain despite ongoing efforts to meaningfully integrate women into the military.

The Defence community has been working to address those inequities. DND/CAF will continue to do the work necessary to provide all Defence Team members with a safe and respectful environment. Part of this work is to acknowledge the experiences of those who have served and the organization's past mistakes. In 2021, a formal apology was delivered by the Minister of National Defence, the Chief of the Defence Staff, and the Deputy Minister of National Defence to all current and former Defence Team members and Veterans who have been affected by sexual assault, sexual harassment and discrimination based on sex, gender, gender identity or sexual orientation. Although the Government acknowledges the apology did not mention women or servicewomen specifically, it was intended for all current and former Defence Team members that were harmed.

Since then, DND/CAF has initiated organization-wide efforts to address an underlying culture that has allowed military sexual trauma and other harms to persist. The Defence Team Culture Evolution Strategy (CES) supports ongoing internal initiatives and responses to external reviews by generating a positive shift in the lived values, norms and attitudes of the organization in order to create positive and inclusive internal culture. Additionally, the Comprehensive Implementation Plan (CIP) lays out a multi-year plan (2023-2028) to deliver on culture change commitments and milestones aimed at making the Defence Team more open, transparent, and accountable to CAF members and Canadians.

The CIP was developed following the analysis of recommendations from four key external review reports: *the Independent External Comprehensive Review*; *the Third Independent Review of the National Defence Act*; *the Minister's Advisory Panel on System Racism and Discrimination*

Report; and the National Apology Advisory Committee Report. It prioritizes and sequences work across the Defence Team and targets four aspects of Defence Team culture: diversity, equity and inclusion; trust in the institution and leadership; professional conduct; and Defence Team experience and well-being.

GBA Plus will continue to be used to gain a fulsome intersectional understanding of the root causes of, and solutions to, the spectrum of military sexual trauma that diverse servicewomen and woman Veterans have experienced.

Recommendation 4

That, for the next five years, the Department of National Defence table an annual progress report on the implementation of the Women’s Health Initiative at the Committee.

Government Response

The Government agrees in principle with this recommendation.

DND/CAF is committed to enhancing health care and supports to CAF women. DND/CAF initiated work to augment women and diversity healthcare starting in 2019. The Directorate of Women and Diversity Health was established in August 2023 to improve the support for women and diverse members’ health, wellbeing, and occupational performance in the Canadian military environment. The program builds on the Canadian Forces Health Services’ evidence-based healthcare system in four areas: healthcare; illness and injury prevention; research and engagement; and quality and performance review. Recognizing the importance of sharing progress updates with Canadians, the latest information on the initiative is available on the Canadian Forces Morale and Welfare Program’s website. Updates relevant to CAF members are posted internally, including on the Women and Diversity Health intranet site established to share education and health promotion resources.

Recommendation 5

That Veterans Affairs Canada be more flexible in its assessment of secondary medical conditions, for example chronic pain, resulting from military sexual trauma.

Government Response

The Government agrees with this recommendation.

VAC recognizes and compensates for disabilities resulting from sexual trauma suffered during service. VAC has actively addressed shortfalls in how Military Sexual Trauma (MST) is recognized, understood and in how disability benefit applications from Veterans who have experienced MST are managed.

In 2019 the Department made several updates to related policies and the Adjudication Manual to more clearly guide disability benefit decision-makers in their approach to MST related

applications and their acceptance of both the likelihood of an incident of sexual trauma and the potential barriers in obtaining objective evidence. This guidance specifically indicates that incidents away from traditional or obvious military workplaces or that did not necessarily involve a difference in rank would not be a barrier to establishing a service connection; that decision-makers would accept the likelihood of an incident of sexual trauma, and the events as described by the applicant, and; that a lack of objective evidence should not adversely impact the applicant's basis of claim, given the high occurrence of unreported MST.

In 2020, VAC stood up a unit dedicated to processing, on a priority basis, disability benefit applications for conditions resulting from MST. These decision-makers received focused training on processing these condition types as well as extended training on vicarious trauma and participated in other seminars related to sexual trauma. This team continues to develop expertise in recognizing both primary and secondary conditions with the aid of Entitlement Eligibility Guidelines (EEGs).

In 2021, in addition to previous updates to policies and the Adjudication Manual on which all decision-makers receive extensive training, VAC also launched an e-learning module for all staff entitled Trauma Informed Support Training. This course provides an overview of the principles of trauma informed service, specifically in relation to those who have experienced MST.

With respect to the entitlement and assessment of conditions, all decision-makers are guided by EEGs and the Table of Disabilities (TOD). EEGs are published, forward facing guidance documents designed to support disability benefit entitlement decisions. They are medical and scientific evidence-based policy statements which compile current medical and scientific descriptions about certain injuries and diseases. Within a defined condition, or group of conditions, the EEGs identifies factors which are medically accepted to cause or aggravate the primary condition, for example sexual trauma, provides a list of other medical conditions which are considered to be included in the entitlement and assessment of the primary condition, and also a list of conditions which may be caused or aggravated by the primary condition and/or its treatment. It is within this last area that a secondary, or consequential, condition will be identified.

VAC has established a multi-year modernization plan for both the EEGs and TOD, targeted for completion and implementation by the end of 2025. The new and revised EEGs increase decision-makers flexibility through the enhancement of information that supports broader inclusion of similar or equivalent conditions in their decisions, as well as consideration of factors that may cause or aggravate the claimed condition, included conditions or secondary conditions. Specific recognition of the impacts of trauma, including sexual trauma, on the development of Chronic Pain disorders are now included. This directly translates to updated TOD criteria across several chapters so that the impacts of these pain disorders can be accurately assessed. In conjunction with this work, the modernization strategy outlines a maintenance plan, which will ensure these documents are kept as current as possible. This includes the subsequent need to review and update business procedures, policy guidance documents and training.

The Sex and Gender Based Analysis (SGBA) Action Plan and Gender Based Analysis Plus (GBA Plus) Methodology developed and implemented in conjunction with the modernization plan enables the ongoing analysis and inclusion of sex and gender research, equity, transparency and the removal of barriers to support the continued renewal of these critical decision-making tools. In this way, VAC will continue to support a flexible approach for its disability benefit decision-makers and enable them to quickly recognize, entitle and assess any medically supported secondary condition, including those related to MST. Through the application of GBA Plus, intersectional analysis will be completed to recognize and address barriers to access for diverse servicewomen and woman Veterans; and understand and address the needs of servicewomen and woman Veterans with disabilities taking into account the *Accessible Canada Act*.

Recommendation 6

That Veterans Affairs Canada build more flexibility into its rehabilitation program and take a holistic view so that Veterans can access the physical, mental, psychosocial and vocational aspects at the same time, or any of the aspects based on their greatest needs.

Government Response

The Government agrees with this recommendation.

VAC understands that throughout a Veteran's rehabilitation journey, their health needs can change. As such, assessment of rehabilitation needs may be ongoing throughout the rehabilitation process. Ultimately, the objective is to assess Veteran's holistically, using an interdisciplinary approach with the objective of providing a fulsome rehabilitation plan that addresses medical, psychosocial and vocational needs concurrently.

In November 2022, VAC implemented a new service delivery model using a new national contractor called Partners in Canadian Veterans Rehabilitation Services (PCVRS) for the Rehabilitation Services and Vocational Assistance Program (RSVP). Veterans participating in the program are assessed using an interdisciplinary approach, whereby assessments investigate the functional limitations from the program eligible health conditions as well as any negative effects from other health conditions to build a rehabilitation plan that will:

- i. provide appropriate services to address the Veteran's needs and optimize their health and functioning as much as possible and;
- ii. outline these services in a rehabilitation plan, with clear goals that ultimately support the Veteran's (re)entry into the civilian workforce.

There is flexibility in the rehabilitation program. Veterans in RSVP are supported using a holistic case management model, those with additional needs outside of the rehabilitation process can be addressed with the support of a VAC Case Manager and the inclusion of other VAC programs, services, benefits or referrals to community based resources alongside their rehabilitation plan.

VAC is committed to continuously reviewing and monitoring its programs and services to ensure they are optimized to meet the needs of Canadian Veterans. Gender Based Analysis Plus will recognize and address barriers for women Veterans in accessing or interacting with the Rehabilitation program.

Recommendation 7

That Veterans Affairs Canada collaborate with the Department of National Defence and the Canadian Armed Forces in the creation of an injury tracking system to improve data and facilitate research on women Veterans' physical health.

Government Response

The Government agrees in principle with this recommendation.

CAF members are expected to maintain a high level of physical fitness and are often required to participate in physically demanding work and training that may increase the risk of injuries. A number of injury studies over the past 20 years have been conducted in the CAF to understand the potential magnitude and impact of injuries on the health and operational readiness of personnel. It is well recognized that additional work is needed to better understand the incidences, risk factors, mechanisms and causes of injuries, as well as potential mitigating measures and associated operational readiness elements.

CAF injury reporting and contributory information is currently collected from many sources including electronic health records, injury incident reporting systems, surveys, deployment surveillance system databases, and other administrative databases. Existing data sources can be leveraged to better understand injury patterns and to develop improved tracking, with the ultimate goal of prevention or mitigation of risk factors. In addition, with the \$281.3M over five years announced in Budget 2024, DND/CAF will implement a new electronic health record platform for military healthcare that will make it easier to track and analyze data on injuries. Disaggregated data for men and women could be derived from the new electronic health record platform, and therefore VAC could use this data to facilitate future research on servicewomen and women Veterans' physical health.

Recommendation 8

That Veterans Affairs Canada clearly define and recognize women's health conditions and ensure VAC medical employees are able to document them, including but not limited to the use of female-specific forms for sexual, urinary, reproductive and menopausal-related issues.

Government Response

The Government agrees with this recommendation.

VAC is committed to eliminating any and all bias with respect to the recognition and adjudication of female-specific disability benefit related conditions.

In 2022, a new Entitlement Eligibility Guidelines (EEGs) was published which addressed gaps in guidance related to medical conditions that interfere with the sexual response cycle among female Veterans, Veterans receiving gender affirming care and Veterans who have differences in sexual development. The EEG now provides detailed definitions and guidance related to the adjudication of this condition type and clearly addresses female-specific conditions and associated symptoms, including for those who have experienced sexual trauma related to their service. This work resulted in a review of VAC treatment benefits provided to Veterans for medical conditions that interfere with the sexual response cycle. To meet the specific needs of women Veterans, VAC expanded treatment benefits to now approve several non-prescription, over the counter products as first-line therapy for genitourinary syndrome of menopause and treatment measures for female sexual conditions. In June 2022, VAC also developed several new medical codes for female sexual conditions which expands VAC's dataset relating to these types of conditions for female Veterans.

In January 2024, the Department published an update to the Table of Disabilities (TOD) Chapter for Sexual, Reproductive and Urinary Conditions with separate worksheets for female and male anatomies. New medical criteria were added for females specifically, to reflect up to date medical and scientific research for Sexual and Reproductive Conditions and for Urinary Conditions, and instructions were added for the assessment of medical conditions that interfere with the sexual response cycle for Veterans who are receiving gender affirming care and those who are sex diverse. These enhancements of the TOD result in more consistency and transparency in Disability medical impairment ratings for both female and male Veterans and those undergoing gender-affirming care, and was subject to an intensive Gender Based Analysis Plus (GBA Plus) review.

Through the process of analysing these guiding documents, VAC also updated and released revised Medical Questionnaires (MQ). MQs allow healthcare professionals to provide VAC with the diagnoses, symptomology and other supporting medical information necessary for adjudication of a Veterans disability benefit application. In this case, the applicable MQ now allows for clearer documentation of symptoms related to medical conditions that interfere with the sexual response cycle, more in line with what disability benefit decision-makers would see reflected in the TOD and EEGs.

VAC has established a multi-year modernization plan for both the EEGs and TOD, targeted for completion and implementation by the end of 2025. In conjunction with this work, the modernization strategy outlines a maintenance plan, which will ensure these documents are kept as current as possible. This includes the subsequent need to review and update business procedures, MQs, policy guidance documents and training. VAC also continues to work on the development of meaningful, disaggregated data collection and data analysis tools which will support the ongoing assessment and revision of key decision-making tools, supporting documentation requirements and process design.

The Sex and Gender Based Analysis (SGBA) Action Plan and GBA Plus Methodology developed and implemented in conjunction with the modernization plan enables the ongoing analysis and

inclusion of sex and gender research, equity, transparency and the removal of barriers to support the continued renewal of these critical decision-making tools. In this way, VAC will enable its disability benefit decision-makers to quickly recognize, entitle and assess female-specific conditions.

Recommendation 9

That the Canadian Armed Forces provide all military personnel with a copy of their medical file upon release.

Government Response

The Government agrees with this recommendation.

CAF members can receive copies of their personal health information, in full or in part, upon request. To facilitate ease of access, a new functionality was added in 2018 to the Canadian Forces Health Information System, the electronic health record platform for CAF members, that creates a “Releasing CAF Health Record Package”. This functionality supports Department of National Defence (DND)/CAF’s efforts to better serve CAF members by making it easier for health records personnel to extract copies of key medical documents for the purposes of continuity of care.

Those requesting information can receive electronic or paper copies of their information. No matter the format, every disclosure of a CAF member’s records requires a review process to ensure quality and that any necessary severances are applied.

Moving forward, DND/CAF plans to make record requests more convenient to CAF members by increasing availability of secure email transmission and including a patient portal in a future electronic health record capability.

Recommendation 10

That the Canadian Armed Forces and Veterans Affairs Canada fund service providers which ensure that all serving women and women Veterans have access to healthcare professionals who specialize in the treatment of women, and that Veterans Affairs Canada accept diagnoses made by these professionals.

Government Response

The Government agrees with this recommendation.

The CAF provides the necessary health services to all its members to promote and maintain good health and mental well-being; prevent disease and injury; diagnose and treat injury, illness, and disability; and facilitate rapid return to the member’s best possible degree of health. The priority is to provide patient-focused, comprehensive, and evidence-based care, with

increased investment to address the clinical, occupational and deployment health needs of CAF women. This includes primary care provided in CAF clinics and specialty care for which members are referred to medical specialists in the provincial and territorial health care systems.

In order to establish the existence of a disability for claims submitted under the *Pension Act* or the *Veterans Well-being Act*, VAC requires medical evidence that supports the establishment of a diagnosis and/or assessment/reassessment of an entitled condition.

An application for disability benefits can be supported by evidence from various health professionals, depending on the condition, which includes but is not limited to, Physicians, Nurse Practitioners, Dentists, and Registered Psychologists.

VAC decision-makers rely on a list of Qualified Health Professionals (QHP) to verify that a diagnosis or other medical evidence has been provided by the appropriate healthcare professional operating within their scope of practise.

VAC will continue to accept diagnoses from qualified medical practitioners and other regulated health care professionals meeting the standards of authorization, for example, registered psychologists, including those who specialize in the treatment of women.

Through the Rehabilitation Services and Vocational Assistance Program (RSVP) contract with Partners in Canadian Veterans Rehabilitation Services (PCVRS), VAC does fund service providers that ensure eligible women Veterans have access to health professionals who specialize in the treatment of women, military sexual trauma, women's health needs, Indigenous and 2SLGBTQI+ Veterans. During the intake and referral process, Rehabilitation Service Specialists (RSSs) can include requests from participants for Rehabilitation Service Providers (RSPs) of specific gender, specific handling information, and with specific characteristics. All referrals to RSPs by RSSs include information on participant requests regarding RSPs gender, Indigenous or culturally sensitive approaches as well as safety/security notes that should be considered in service delivery.

When onboarding with PCVRS all RSPs identify specializations of their practice, including working with military sexual trauma and cultural specializations so that RSSs can properly refer participants with specific considerations for individualized care.

Through the Health Care Program, Medavie Blue Cross has a vast network of registered providers, many of which has specialization working with diverse populations, others do not. The current repository of providers makes it very difficult to locate providers with unique specialties. That being said:

- at the local level, Case Managers and/or Veteran Service Agents work with Veterans to find a provider to meet their specific needs (field operations front line staff have lists of community supports and specialized providers that they can recommend for Veterans

- seeking specialized services); and
- at the program level, VAC is aware of this issue and is exploring the feasibility of enabling providers to self-identify that they provide specialized services and making the function searchable.

The Veteran Family Telemedicine pilot program provides medically released Veterans and their families with free virtual health services. Eligible Veterans have up to one year post-release to register for the program and once registered have access to the program a full year. This program has primarily been used for prescription services, specialist referrals and physician notes.

Recommendation 11

That Veterans Affairs Canada and the Canadian Armed Forces cooperate in informing Veterans and the public when a new compensable condition has been recognized, in order to facilitate its identification, prevention and treatment within the Canadian Armed Forces, and to speed up the processing of compensation claims with Veterans Affairs Canada.

Government Response

The Government agrees with this recommendation.

Veterans Affairs currently publishes both of its primary decision-making tools, the Entitlement Eligibility Guidelines (EEGs) and the Table of Disabilities (TOD).

The EEGs are policy statements that ensure the consistency, equity and quality of decisions made regarding the relationship between a disability and the individual's military service. They compile current medical and scientific descriptions about certain injuries and diseases. Lists of medical conditions are grouped under a primary Title medical condition because they share the same or similar symptoms. These conditions are included in the entitlement and assessment. Therefore, a Veteran could come forward with any diagnosis contained within the list and still be considered for the same level of entitlement and assessment without the need to seek an alternate diagnosis or a separate entitlement decision. There is also a list of medical conditions which can be caused or aggravated by the Title EEG condition and/or its treatment. These do require a separate consequential entitlement decision but are granted where medical evidence supports a relationship between a primary medical condition and the development of a resulting condition.

Similarly, the TOD groups body parts or systems together for the purpose of assessing the extent of a service-related disability. Using specific Medical Impairment tables, decision-makers can clearly identify which body part or system has been affected by the disability and determine the relative impairment caused, as well as the impact on an individual's Quality of Life.

As the current modernization project progresses, some revised and newly developed EEGs, such as the EEGs for medical conditions that interfere with the sexual response cycle, and Bruxism, have already been released. The remaining will be published in batches over the coming months. The communications groundwork has been laid to highlight for Veterans and Stakeholders the publishing of the full collection of EEGs and the updated TOD, scheduled for release by the end of next year.

Recommendation 12

That the Canadian Armed Forces ensure that all medical personnel are trained to diagnose, support, treat and follow up on medical conditions specific to women, including care related to pregnancy and childbirth, and that women’s health specialists be available at each base.

Government Response

The Government agrees in principle with this recommendation.

DND/CAF agrees with the intent of this recommendation to ensure that CAF primary care teams are prepared to diagnose, support, treat and follow-up on common medical conditions specific to women in the primary care and military operations context. The CAF Women and Diversity Health Initiative provides additional primary care staff at every CAF health clinic in Canada and is establishing military context-specific training and best practice guidelines as resources for providers to solidify quality and access to care for CAF women. In addition, a centralized Obstetrics/Gynecology and Women’s Health specialist consult service has been established as a resource for all CAF primary care providers in April 2024.

This in-progress program of continuing health care provider education builds on the common training baseline and standards to which all Canadian care providers are held. CAF doctors, nurses, pharmacists, dentists, etc., are subject to the same Canadian provincial and territorial training and licensing programs as their civilian counterparts.

Medical care beyond the primary care level is made up of many different specialties and sub-specialties. Although medical personnel may be trained in some medical conditions relating to women, it would not be possible for them to be trained in all specialties and sub-specialties relating to women. In addition, it would not be possible to have multiple women’s health specialists in many different specialties be present at each base. Instead, CAF members are referred to the appropriate highly trained and experienced civilian specialist providers when required to receive the best standard of care.

DND/CAF is working to bolster primary care capacity and capabilities to better serve women members. This includes hiring primary care staff for CAF clinics and facilitating referrals to the appropriate specialist and subspecialist in the provincial health care systems.

Recommendation 13

That the Canadian Armed Forces ensure CAF members who are pregnant receive specialized physical training support.

Government Response

The Government agrees with this recommendation.

The Department of National Defence (DND) and the Canadian Armed Forces (CAF) launched the CAF Women and Gender-Diverse Physical Fitness and Wellness Program to increase the military's capability to be more responsive to women and gender-diverse military personnel. This program provides targeted and evidence-based physical wellness and fitness support to address gender-specific requirements throughout the many phases of a woman's career. This includes accommodating women during career interruptions such as pregnancy.

The program also includes a focus on pre-natal/ post-partum, a program area long highlighted as a gap by both personnel and leadership. The Prenatal and Postpartum Program provides targeted fitness and wellness services during the specific stages of pregnancy and postpartum while on maternal/parental leave. As of June 2024, 143 prenatal and postpartum CAF members have actively participated in the program at 18 different locations across Canada including the pilot locations in Petawawa, Kingston, Valcartier, Canadian Forces Support Group (Ottawa-Gatineau), Edmonton, Esquimalt, and Greenwood.

Recommendation 14

That the Department of National Defence renew personal military equipment contracts only if suppliers can guarantee that their equipment, including maternity wear and footwear, can fit female physiology when such equipment exists.

Government Response

The Government agrees in principle with this recommendation.

Canada's 2017 defence policy *Strong, Secure, Engaged*, committed to integrating Gender-Based Analysis Plus (GBA Plus) in all defence activities including equipment procurement. Since then, significant progress has been made by the Defence Team. New procurements for personal military equipment (i.e. clothing) have and will continue to factor in female morphology as a requirement. For example, new sizing, cuts, and improved fit of clothing are being included as part of the Soldier Operational Clothing and Equipment Modernization Initiative. This initiative is modernizing operational clothing (uniforms and outerwear), protective equipment (ballistic helmets, ballistic vests, and plates), and load carriage systems (tactical vests, rucksacks, and patrol packs) through a focus on gender-based analysis and inclusivity to improve the form, fit and function for all Canadian soldiers. By integrating GBA Plus tools and thinking and

consultations with applicable stakeholders, three inclusive cuts – Straight, Contoured, and Maternity – and twice as many sizes of clothing will be made available as early as December 2024 with the introduction of new base layers to CAF members. Additionally, DND/CAF has included user trials in most of these new procurements for personal military equipment with a target of at least 25% female participation to validate the fit, form, function and performance.

In the current clothing and footwear industry, there is collective agreement and recognition of the importance and need for better female physiology fit. Although industry is not currently able to provide certain specialized items to meet the needs of CAF women, such as curved ballistic plates, DND/CAF is committed to procuring personal military equipment, including developing and designing these items that can fit all physiologies, including female, when such equipment exists. DND/CAF will continue to work collaboratively with appropriate stakeholders and industry to improve the availability of personal military equipment that can fit all types of physiology when possible. For example, DND/CAF is developing a ballistic protection system for operators in several sizes and shapes to better fit female physiology while providing the same level of protection. DND/CAF is also collaborating with Allies through the Technical Cooperation Program to better understand soldier combat ensemble considerations for women.

While DND/CAF has made significant progress in procuring personal military equipment that fits all body sizes and shapes, there are still limitations related to major equipment (i.e. cockpit size) that DND is working with industry to address.

Recommendation 15

That the Canadian Armed Forces hire more medical specialists and help civilian medical specialists to gain cultural competencies about the needs of women servicemembers.

Government Response

The Government takes note of this recommendation.

DND/CAF are committed to equitable and accessible healthcare for all CAF members and is working to reduce barriers to care specifically for CAF women and diverse members. The primary care or the “family doctor” model is the cornerstone of Canadian health systems including for the CAF. Primary care is one of the most effective ways to integrate preventative medicine and early intervention into a health system and it has been shown to lead to better health outcomes. The Canadian Forces Health Services (CFHS) system includes clinics at wings and bases across the country. These provide primary care, mental health support, physiotherapy and rehabilitation, prevention services, etc., along with adjuncts such as pharmacy and laboratory services. Patients needing specialist services outside of the clinic’s capability are referred.

Medical specialist care is also integral to provincial / territorial health care for all Canadians and Veterans. Although CAF members are not included under provincial and territorial health

system coverages, specialist care in Canada is typically sourced from civilian specialist services using very similar access processes and considerations as for other Canadians. A referral from a primary care provider ensures one sees an appropriate specialist for care, and working through a primary care provider who is familiar with the CAF overlays an understanding of the nature of military service and the circumstances unique to each serving member.

DND/CAF will consider, in collaboration with VAC, how best to help civilian medical specialists gain cultural competencies about the needs of CAF women, such as potentially establishing materials or practice guides for civilian specialists that provide context of the occupational and operational demands placed on members and the health consequences this creates for some members and Veterans. Additionally, GBA Plus will be applied to CAF medical courses and training for the medical trades within the CAF to support medical conditions specific to women and gain cultural competencies.

Recommendation 16

That Veterans Affairs Canada develop a list of medical conditions for which a presumptive link to military service would be granted when epidemiological studies indicate a higher prevalence of these conditions in Veterans compared to civilians, in women Veterans compared to the general female population, and in women Veterans compared to men Veterans.

Government Response

The Government agrees in principle with this recommendation.

VAC uses the Entitlement Eligibility Guidelines (EEGs), policy and internal streamlined processes to provide decision makers with medically accurate health and service-related occupational information about how certain medical conditions may be caused or aggravated by service. This means that decision makers are provided with credible guidance (logic models) based on research where they can make links between certain service occupations or experiences and the development of certain disabilities.

As VAC continues its modernization of the EEGs, the Sex and Gender Based Analysis (SGBA) Action Plan and Gender Based Analysis Plus (GBA Plus) Methodology are developed and implemented in conjunction with the modernization plan which enables the ongoing analysis and inclusion of sex and gender research, equity, transparency and the removal of barriers to support the continued renewal of these critical decision-making tools. In this way, and supported by training and ongoing education, VAC will enable its disability benefit decision-makers to quickly recognize, entitle and assess female-specific conditions and conditions in which the prevalence is found to be higher in women Veterans.

Recommendation 17

That the Canadian Armed Forces compile a registry of sites where they used or stored chemicals known to be potentially linked to a higher prevalence of certain medical conditions in military personnel and Veterans, including in pregnant women and children of Veterans, and that this registry be accessible to Veterans submitting claims for compensation to Veterans Affairs Canada.

Government Response

The Government takes note of this recommendation.

In support of regulatory/policy requirements and/or life cycle management of defence assets, National Defence maintains internal inventories of thousands of products and substances containing chemicals.

Under the *Canadian Environmental Protection Act, 1999* (CEPA), the Minister of Environment and Climate Change and the Minister of Health assess substances to determine whether they pose risks to human health or the environment, and, if deemed "toxic" under [section 64](#) of CEPA, they are added onto the [List of Toxic Substances \(Schedule 1\)](#). Risk management measures are then put in place to address environmental and/or human health risks from substances on Schedule 1.

The National Pollutant Release Inventory (NPRI), managed by Environment and Climate Change Canada, is Canada's public inventory of releases, disposals and transfers. The database tracks over 300 pollutants from over 7,000 facilities across Canada. However, NPRI substances information on releases from specific facilities is not exhaustive and is not associated with causes or prevalence of any medical conditions.

Recommendation 18

That the Government of Canada determine the number of Canadian women Veterans and servicemembers who were exposed to anti-malarial drugs, such as Mefloquine or Lariam, and evaluate the steps allied countries have taken to address the potential risks these drugs posed with regard to reproductive health.

Government Response

The Government disagrees with this recommendation.

DND/CAF, along with the civilian health care sector, rely on Health Canada safety assessments and national clinical practice guidelines to guide our use of antimalarials and other medications. Mefloquine remains a Health Canada approved option to prevent malaria in the general population without contraindications. The safety of mefloquine has been thoroughly studied and a new review by the CAF is not required at this time.

Preventing malaria is essential for CAF members who are deployed or work in tropical and sub-tropical regions with malaria risk. Preventing malaria relies on multiple tactics, including avoiding mosquito bites and use of anti-malaria medication. Mefloquine, along with other medications, continues to be an effective anti-malarial.

Following a 2017 Standing Parliamentary Committee on Veterans Affairs study in which mefloquine was addressed, Health Canada conducted a review of mefloquine published in June 2017. The Surgeon General Report on Mefloquine was also released in 2017. Recommendations from expert groups such as the Canadian Committee to Advise on tropical Medicine and Travel (CATMAT) is also key. There have been multiple large cohort studies studying U.S. military service members and Veterans, and in 2020, the United States National Academies of Sciences Engineering and Medicine (NASEM) released a seminal scientific report that assessed the body of scientific evidence regarding the potential for long-term health effects resulting from the use of antimalarial drugs including mefloquine. All of these reviews have concluded that, based on the available evidence, there is insufficient or inadequate evidence of an association between the use of mefloquine for malaria prophylaxis and persistent or latent neurologic or other illness or injury.

Nevertheless, the CAF has adopted a conservative approach toward mefloquine that limits its use either to a second-line choice for the prevention of chloroquine resistant malaria when first-line options are contraindicated or when specifically requested by a CAF member who has previously taken mefloquine, without reporting adverse effects, and for whom there are no current contraindications to its use. DND/CAF will continue to monitor the scientific and medical evidence regarding use of antimalarials, including by women, and will update approaches accordingly if new approaches are indicated.

Recommendation 19

That Veterans Affairs Canada expedite its updating of the *Entitlement Eligibility Guidelines* and the *Table of Disabilities* regarding medical conditions that mainly or exclusively affect women Veterans, remove sex-specific biases through a more transparent Gender Based Analysis Plus (GBA +) process, and table (at the Committee) a progress report on the initiative to modernize these documents.

Government Response

The Government agrees with this recommendation.

VAC is on track to complete a thorough review and modernization of the Entitlement Eligibility Guidelines (EEGs) and Table of Disabilities (TOD), with results implemented by the end of 2025. One of the essential elements of this project was the application of a Gender Based Analysis Plus (GBA Plus) lens to support disability-benefit decision-makers in the provision of evidence-based decisions that are reflective of sex, gender and underrepresented groups.

Ongoing implementation of the results of this project continues to be a priority as evidenced by the expedited release in 2022 of the EEGs related to medical conditions that interfere with the sexual response cycle that aimed at supporting decision-making for females, males and clients who identify as gender diverse, including those who have experienced sexual trauma related to service.

In January 2024, VAC expedited the release of an updated chapter of the TOD specifically addressing Urinary, Sexual, Reproductive and Breast Impairment. This update provides more criteria to accurately assess sexual and reproductive conditions for both female and male Veterans and those undergoing gender-affirming care, and was subject to an intensive GBA Plus review.

The Sex and Gender Based Analysis (SGBA) Action Plan and GBA Plus Methodology developed and implemented in conjunction with the modernization plan enables the ongoing analysis and inclusion of sex and gender research, equity, transparency and the removal of barriers to support the continued renewal of these critical decision-making tools. In this way, VAC will enable its disability benefit decision-makers to quickly recognize, entitle and assess female-specific conditions.

VAC will continue to prioritize and expedite work that has a direct and significant impact on how conditions affecting women Veterans are considered and assessed by disability benefit decision-makers and is committed to tabling a report on the ongoing progress and forward-looking aspects of this initiative.

Recommendation 20

That the Canadian Armed Forces undertake a full historical inventory of all operations, actions and decisions likely to have affected the medical conditions for which women Veterans have filed compensation claims with Veterans Affairs, that this inventory be regularly and systematically updated and serve as the basis for the presumptive approval of disability claims when other evidence is not available.

Government Response

The Government agrees in principle with this recommendation.

DND/CAF has systematic and scientific processes in place to proactively identify and document potential occupational and environmental hazards of a chemical, physical, or biological nature that could impact the health of CAF members.

VAC remains agile in application of new information and research in its decision-making processes, primarily through the review, revision and development of Entitlement Eligibility Guidelines (EEGs). VAC decision-makers use the EEGs as a tool to support entitlement or the first step in decision making. The EEGs are medical and scientific evidence-based policy statements which compile current medical and scientific descriptions about certain injuries and

diseases. Through the systematic, ongoing review, revision and development of EEGs, VAC considers all factors which may reasonably impact the development of a claimed medical condition and provides guidance on where these may reasonably be connected to service. VAC considers the types of activities and exposures that military members may have experienced and draws service-related linkages to the medical conditions being addressed under each EEG. The guidance can then be applied to individual disability benefit decisions in conjunction with information from an applicant's Service Health Records and other service records. The EEGs include consideration of all factors through a Gender Based Analysis Plus (GBA Plus) lens, so that decision-makers can differentiate between the ways that these factors impact the development of each condition in male, female and sex/gender diverse clients and in the way they may experience symptoms differently.

VAC will continue to incorporate information DND/CAF provides in relation to potential service-related occupational and environmental hazards within the EEG tools to guide decision-makers in determining whether a claimed medical condition is service-related.

Recommendation 21

That Veterans Affairs Canada and the Department of National Defence allow releasing military personnel, particularly those being medically released, to be eligible for training through career transition programs while still serving, including training and support for those who want to become entrepreneurs.

Government Response

The Government agrees with this recommendation.

The Department is steadfast in its commitment to ensuring that members receive support that is personalized and tailored to their specific needs as they embark on their transition process.

The Canadian Armed Forces Transition Group (CAF TG) was established as part of Canada's 2017 defence policy *Strong, Secure, Engaged*. Recognizing the uniqueness of each releasing member, transition plans are customized to support members' individual needs. This is crucial for those in higher-risk categories such as medically released Veterans, women Veterans, lower-ranking Veterans in combat trades, and Veterans with fewer years of service.

A comprehensive range of transition resources are available to all CAF releasing members. They can access, for example, transition-related training including workshops on finding purpose, job search, and interviewing skills. For medically releasing members, the CAF Long Term Disability Vocational Rehabilitation Program provides training and education that focuses on enhancing the former member's existing education, skills, training and experience to obtain gainful employment in the civilian workforce. In addition, the Vocational Rehabilitation Program for Serving Members provides medically releasing members the opportunity to begin full-time vocational rehabilitation training during their last six months of service, to allow them to attend training or participate in job shadowing to align with their second career goals.

VAC Career Transition Services (CTS) has expanded eligibility and is now available to some Veterans, still-serving CAF members, survivors, spouses, and common-law partners. The service provides one-on-one career counselling, help with resume writing, interview preparation and job searching.

The National Resource Directory also allows CAF members to connect with organizations that assist them in learning how to become entrepreneurs and connect with other Veteran-owned entrepreneur organizations.

The Government has also launched several initiatives designed to increase entrepreneurship opportunities for equity-deserving groups. These include:

- Women Entrepreneurship Strategy, which helps women grow their business through increased access to financing, talent, networks, and mentorship.
- Aboriginal Entrepreneurship Program, which provides access to capital and business opportunities to Indigenous entrepreneurs and business owners in Canada.
- Black Entrepreneurship Program, a partnership between the Government of Canada, Black-led business organizations, and financial institutions, which will help Black Canadian business owners and entrepreneurs grow their businesses.

There are also other federal and provincial programs available to all Canadians starting businesses. A key consideration for the National Veterans Employment Strategy (NVES) is to build strategic partnerships across government and leverage both government and community-based programming.

Recommendation 22

That Veterans Affairs Canada and the Canadian Armed Forces, in partnership with the Canadian Institutes of Health Research, fund a research program whose objectives include identifying:

- **the reasons for the higher proportion of servicewomen who are medically released compared with men;**
- **the causes of musculoskeletal problems that affect servicewomen in higher proportions than servicemen;**
- **the risk factors that explain the similar proportion of medical releases for mental health problems in servicewomen and servicemen despite the lower participation of women in combat operations; and**
- **the risks of military service on fertility and pregnancy.**

Government Response

The Government agrees with this recommendation.

Veterans Affairs Canada (VAC) will collaborate with the Department of National Defence (DND), the Canadian Armed Forces (CAF), the Canadian Institutes of Health Research (CIHR), Statistics Canada, Canadian Institute for Military and Veteran Health Research (CIMVHR), Atlas Institute, Centre of Excellence for Chronic Pain and other academic research partners in developing a long-term research plan on servicewomen and women Veterans that is guided by a Gender Based Analysis Plus (GBA Plus) and sex-and-gender approach. This long-term research plan will explore military service related health and well-being outcomes for rates of medical releases, musculoskeletal problems, mental health issues, and the risks of military service on fertility and pregnancy for women Veterans. In addition, CIHR has invested in female Veteran research in Canada via graduate scholarship (\$100,000 that began in fiscal year 2019-20 for 3 years) to support research into mental health issues and mental health service usage among female Veterans.

Recommendation 23

That Veterans Affairs Canada fund a research program focusing exclusively on the barriers to career transition faced by women Veterans.

Government Response

The Government agrees with this recommendation.

Veterans Affairs Canada (VAC) will collaborate with the Department of National Defence (DND), the Canadian Armed Forces (CAF), Statistics Canada, Canadian Institute for Military and Veteran Health Research (CIMVHR), Atlas Institute, Centre of Excellence for Chronic Pain and other academic research partners in developing a long-term research plan on servicewomen and women Veterans that is guided by a Gender Based Analysis Plus (GBA Plus) and sex-and-gender approach. This long-term research plan will explore career and employment experiences that women Veterans encounter during their military to civilian transition and impacts on their health and well-being. Specifically, the domains of Purpose (i.e., employment rate and satisfaction with main activity), Finances (i.e., rate of low income and satisfaction with finances), and Culture and Social Environment (i.e. employment gender equity and employer's attitudes towards Veterans) will be explored.

The Department of National Defence (DND) and the Canadian Armed Forces (CAF) have a comprehensive personnel research program that reviews and assesses health and transition services, which includes comparisons with allied Nations. One of these research projects involves a *Mobilizing Insights in Defence and Security* (MINDS) grant that was recently awarded to researchers at the University of Toronto to study releasing female Veterans and their transition needs as well as post-CAF challenges faced by that population. In addition, the CAF is sponsoring a Survey on Transition and Release that will be promulgated shortly to collect

information on reasons for release, transition-related needs, and satisfaction of members participating in various transition-related programs and services. Some of the key demographics captured by the survey include female transitioning members so their responses can be analyzed specifically.

To complement these research efforts, the CAF collects information monthly on CAF members' participation and usage of programs and services at each CAF Transition Centre. Demographic information collected allows for the stratification of analyses by gender, thus allowing for the evaluation of existing programs and development of new programs to be completed from a GBA Plus perspective. The data collected will help guide future research initiatives.

Recommendation 24

That the Canadian Armed Forces, in partnership with the appropriate provincial and territorial authorities and respecting their jurisdictions, offer flexible childcare services adapted to the needs of military personnel.

Government Response

The Government agrees with this recommendation.

Military families experience unique challenges when relocating with their military spouses and partners across Canada to meet the operational priorities of the Government of Canada. This includes being at a disadvantage regarding access to quality childcare every time a military family relocates to a new Canadian community. CAF members are also often away from their families due to domestic and international deployments, shift work, and short notice scheduling changes as they fulfill their duties to protect Canadians, at home and abroad, making access to reliable childcare crucial to operational readiness.

In light of these issues, *Our North, Strong and Free* outlines that Canada will support military families by providing CAF members with better access to childcare at CAF bases and wings across the country. To that effect, the Government announced in Budget 2024 an investment of up to \$100 million over five years for childcare services for CAF personnel and their families. To ensure foundational solutions can be put in place rapidly and effectively, the Government has begun a comprehensive assessment of CAF childcare needs. This step will ensure that resources and efforts are directed where they are needed most.

DND/CAF and Employment and Social Development Canada will continue to work collaboratively to improve access to childcare for CAF families, notably through Canada's Child Care Strategy, a Canada-wide early learning and child care plan, as well as the Canadian Armed Forces Seamless Canada initiative, which seeks opportunities to simplify and improve access to services for CAF members and their families when relocated to bases and wings across Canada.

Recommendation 25

That the Government of Canada pay the premiums for the Public Service Health Care Plan for Veterans during the first years of their transition to civilian life, when they are not participating in a Veterans Affairs Canada rehabilitation program.

Government Response

The Government takes note of this recommendation.

VAC recognizes that health care insurance coverage is an important part of Veteran well-being.

The Public Service Health Care Plan (PSHCP) is sponsored by the Government of Canada, and its members includes public servants and other employees of the federal public administration, parliamentarians, federal judges, and pensioners, including former Canadian Armed Forces (CAF) members (CAF Veterans) receiving an ongoing pension benefit based on service in one of these capacities.

In order to address potential gaps in coverage for Veterans following their release from the CAF, a Memorandum of Understanding (MOU) is in place between Treasury Board of Canada Secretariat (TBS), the administrator of the PSHCP, and VAC. This MOU ensures that eligible CAF Veterans and survivors who are currently ineligible for coverage, to have access to group family health insurance through the VAC Client Group. The PSHCP program is governed by PSHCP National Joint Council Directive.

Prior to the adoption of the New Veterans Charter in 2006, only Veterans and their families who qualified for a pension under the *Canadian Forces Superannuation Act* were eligible to enroll in the PSHCP.

VAC and TBS designated this group as the “VAC Client Group” to be included as eligible members of the PSHCP. This group consists of:

- CAF Veterans who have been approved for benefits under the CAF Long Term Disability (CAF LTD) on or after April 1, 2006, and who do not otherwise have PSHCP eligibility.
- CAF Veterans with a rehabilitation need that is resulting primarily from military service, as defined by VAC, who do not otherwise have post-release PSHCP eligibility.
- Survivors of CAF members and Veterans who die on or after April 1, 2006, because of an injury or illness attributable to service, if the survivor does not otherwise have PSHCP eligibility.

The program is voluntary, and the VAC client group is responsible for the payment of monthly premiums, in line with all other retired public service members who opt in to the plan. Rates are determined by TBS. Once VAC Client Group members are enrolled, they can maintain this coverage for life.

Veterans Affairs Canada has several other options for women Veterans to access mental health services outside of the Rehabilitation Program or the Public Service Health Care Plan.

The VAC Assistance Service provides, short-term psychological support with a mental health professional. This service can be accessed 24 hours a day, 7 days a week. When a Veteran calls the service, a mental health professional will help identify current needs and will make a referral to the appropriate specialist. Appointments are usually scheduled within 5 days. Services can be provided for up to 20 hours for each need identified. Issues could include but are not limited to: work related issues, health concerns, family and marital problems, psychological difficulties, bereavement or other issues impacting well-being.

Since October 2022, Veterans also qualify for the mental health benefit initiative. If a Veteran submits a disability application for one of the following conditions: anxiety disorders, depressive disorder or trauma and stress related disorders, they have access to two years of mental health coverage immediately while waiting on the disability entitlement decision.

Veterans Affairs Canada's treatment benefit program also provides health care coverage for conditions where there is a current disability benefits entitlement. This health care provides coverage for things such as home health, nursing services, appointments with specialists (physiotherapists, audiologists, mental health professionals), medical equipment, prosthetics, and prescriptions. VAC regularly reviews its programs, benefits, and services to determine if they are meeting the needs of Veterans.

Recommendation 26

That the Government of Canada contribute financially to the construction of women-only Veteran community housing.

Government Response

The Government agrees in principle with this recommendation.

Under the National Housing Strategy (NHS), the federal government is investing in housing programs that prioritize people in greatest need, including Veterans, and women and children fleeing family violence, as well as seniors, Indigenous peoples, people with disabilities, young adults, those with mental health or addiction issues, 2SLGBTQI+ communities, racialized groups, including Black Canadians, recent immigrants, including refugees, and people experiencing homelessness. The NHS targets putting 33% of the Strategy's investments, with a minimum of 25%, towards serving the unique needs of women and their children. While the NHS monitors and reports on funding commitments and units built or repaired for projects benefiting Veterans, and women and their children, it does not monitor or report specifically on women Veterans.

Under the NHS, the Affordable Housing Fund is a \$14.2-billion program – recently topped up with \$1 billion over three years, starting in 2025-26, as part of the 2023 Fall Economic

Statement, and \$976 million over five years, starting in 2024-25, and \$24 million in future years, through Budget 2024 - for the construction and repair of housing, including: community and affordable housing, urban Indigenous community housing, mixed-use market and affordable rental housing, shelters, transitional and supportive housing. In addition, the \$1.5-billion Co-operative Housing Development Program, launched in June 2024, will support the development of thousands of affordable rental co-operative housing units by 2028. Veterans, including women veterans, continue to be a priority population under the NHS.

VAC is working in collaboration with Housing, Infrastructure and Communities Canada (HICC) on the implementation of the Veteran Homelessness Program. Under the Veteran Homelessness Program, the government is funding a research project being conducted by Lawson Health Research Institute, Western University. The purpose of this study is to learn from Women Veterans with lived/living experience of homelessness to:

- Examine the experiences related to homelessness among women Veterans in Canada.
- Explore how gender-specific experiences of homelessness inform housing and health care service delivery models.
- Understand how the role of military, Veteran, and homelessness cultures interplay in their experience.
- Co-create practical solutions with Canadian women Veterans to prevent and reduce homelessness among women Veterans.

Recommendation 27

That Veterans Affairs Canada ensure that unhoused Veterans and those with insecure housing are not barred from access to Veterans Affairs Canada's programs and services simply because they have no fixed address.

Government Response

The Government agrees with this recommendation.

Some individuals experiencing homelessness lack the necessary technology and/or rely on public or nonprofit service providers for computer, internet, phone and mail services. However, all Veterans, including those with no fixed address have equal access to VAC's programs and services. The Government is working with funded service providers to assist them in their work with Veterans to ensure Veterans access VAC and other federal income and benefit programs.

VAC's Field Operations Division conducts outreach across the country and works closely with local community partners, community-based services and emergency shelters to identify Veterans in crisis who are at risk or experiencing homelessness. The ultimate goal is to ensure these Veterans are referred to VAC through the referral process for case management needs and services and benefits. VAC also has a homelessness outreach package to increase awareness among stakeholders and partners that consists of posters, a one-pager on VAC benefits and services eligibility and a presentation that is utilized when meeting with

stakeholders and partners.

VAC area offices also have staff members, specifically Case Managers and Veteran Service Agents, who work closely with Veterans who are at risk or experiencing homelessness, as well as local homeless-serving organizations. Case management and guided support services are provided by front-line staff, who work with Veterans at risk or experiencing homelessness to help them get them off the streets, and by utilizing VAC programs and services and other community resources to assist them with other unmet needs.

Through community outreach, VAC continues to build and strengthen its working relationship and work collaboratively with local community organizations in order to identify Veterans who are at risk or experiencing homelessness, to ensure supports are in place and their needs are met. These supports include a housing first strategy which assist Veterans in finding suitable housing, as well as other wraparound supports related to their well-being, including physical and mental health, social integration, finances, life skills and addiction issues. VAC will continue to conduct outreach to community organizations not only to raise awareness of Veteran homelessness, but also to educate community organizations about the benefits and services the Department can provide. The Department's primary goal is to strengthen its relationships with community organizations and work closely with them to ensure that Veterans are appropriately housed and receive the supports and resources they need to successfully reintegrate into society including a stable roof over their heads.

Recommendation 28

That Veterans Affairs Canada do more to find and contact homeless Veterans, offer them the appropriate benefits and services, and connect them with emergency or long-term housing supports.

Government Response

The Government agrees with this recommendation.

VAC connects with Veterans in many ways. Veterans experiencing homelessness are primarily identified to VAC through self-referral, family and friends or referral from emergency shelters and other community partners and organizations.

VAC partners with many Veteran and homelessness-serving organizations across the country that are central to ensuring Veterans experiencing homelessness and those in crisis continue to be identified and helped. VAC Case Managers and Veteran Service Agents work closely with shelters and Veterans housing initiatives in support of Veterans at risk of or experiencing homelessness to ensure their needs are met.

VAC also supports organizations working with Veteran homelessness through the Veteran and Family Well-being Fund (VFWF), a grants and contributions program that provides funding to

organizations for projects and research that support the well-being of Veterans and their families.

The program has an annual budget of \$3 million, however, Budget 2021 provided an additional \$15 million over three years starting in 2021-22, to expand and enhance the fund for projects that support Veterans during the post COVID-19 recovery, including addressing homelessness. Since its inception in 2018, the fund has awarded funding to 31 projects, amounting to over \$10.9 million, dedicated to supporting Veterans experiencing homelessness or in crisis.

The Military Veteran Wellness Program is a partnership between VAC, the Royal Canadian Legion, the Operational Stress Injury Social Support program and police services. The program provides training to police services about the Canadian Armed Forces, challenges faced after military service, specific de-escalation techniques, supports available to Veterans and how to refer Veterans to these supports. This partnership is essential to locating and supporting Veterans in crisis and has been recently expanded to include additional police services.

VAC is currently working in close collaboration with Housing, Infrastructure and Communities Canada (HICC) on the continued implementation of the Veteran Homelessness Program. This HICC program is providing up to \$79.1M of funding directly to third-party organizations to provide rent supplements and wrap-around services, such as counselling and addiction treatment, to Veterans at risk of or experiencing homelessness. Funding will also focus on research and improved data collection on Veteran homelessness, as well as increased capacity of organizations to deliver tailored initiatives to address the needs of Veterans at risk of or experiencing homelessness. This includes dedicated projects for specific sub-populations, including women, 2SLGBTQI+, and Indigenous Veterans.

VAC continues to collaborate with HICC on the implementation of the Veteran Homelessness Program and supports the administration of the program through validating former service for potential participants. Additionally, the program's directives encourage organizations to leverage all available benefits for which Veterans may be eligible including VAC benefits and refer them to VAC (with the Veteran's consent) when appropriate. Data collected through the Service and Supports stream of this program, as well as research conducted under the Capacity Building stream, will enhance the government's knowledge of the nature of Veteran homelessness in Canada. The program will support ongoing evidence-based decision-making and tailored services and supports at VAC, including an increased understanding of how best to reach and support Veterans who may be experiencing or at risk of experiencing homelessness.

The Veteran Homelessness Program complements Reaching Home: Canada's Homelessness Strategy. Through Reaching Home, the Government of Canada has committed over \$4 billion for preventing and reducing homelessness by providing direct support and funding to Designated Communities (urban centres), Indigenous communities, territorial communities, and rural and remote communities across Canada. The majority of funding flows through a Community Entity model where funding is provided to one organization (a municipality or non-profit), which is then responsible for identifying and managing projects based on locally identified needs and priorities, including Veteran homelessness. Budget 2024 proposes an

additional \$1.037 billion over the next four years to stabilize funding for communities through the lifespan of Reaching Home, and to accelerate reductions in homelessness.

Further, VAC created the Intergovernmental Programs Division in 2022, with a focus on Veteran homelessness. This team is continuing to develop collaborative working relationships with government, stakeholder and community partners to help find and support Veterans experiencing or at risk of homelessness.

VAC continues to engage with Veterans, their families, Veterans and homeless-serving organizations, educational institutes, and equity-deserving groups on the topic of Veteran homelessness and how to best identify harder to reach populations. Information learned through engagements, like the roundtable on women Veteran homelessness conducted in late 2023 and the conversations that took place at the National Stakeholder Summit and Women Veterans Forum in March 2024, are used to guide the development of a coordinated approach to Veteran homelessness, tailored to Veteran needs, and will continue to influence homelessness programming at VAC into the future for Veterans and their families.

Recommendation 29

That Veterans Affairs Canada ensure that women Veterans who live alone are not at a disadvantage when claiming benefits and services.

Government Response

The Government agrees with this recommendation.

Women Veterans who live alone are entitled to the same benefits and services as all Veterans. Through the continuum of services, VAC provide support to Veterans, including women Veterans living alone, whose needs and complexity levels are highly varied. The Department is continually assessing all Veterans' needs to determine the level of support they require:

- Veterans who are self-sufficient with minimal needs are accessing services and benefits using My VAC Account or the National Client Contact Centre.
- Veterans with moderate needs are accessing services and benefits through Guided Support from a Veteran Service Agent, who becomes their primary point of contact.
- Veterans with complex and challenging needs are accessing Case Management Services where a case manager provides a specialized service which are adapted to their challenges and needs and leverages their strengths and capacities to achieve positive outcomes.
- At any given time, Veterans can move through the continuum of service to access the appropriate level of support based on their needs, risks and complexity.

Recommendation 30

That Veterans Affairs Canada avoid re-traumatizing Veterans and waives the need for them to recount the circumstances of traumatizing events leading to the medical condition for which a claim has been filed when this information has already been compiled by a person acting under the authority of a federal institution and forwarded with the Veteran's consent.

Government Response

The Government agrees with this recommendation.

VAC has established that in the case of an application for disability benefits for a condition arising out of military sexual trauma specifically, a Veteran need only indicate how they feel the condition is service related and VAC will accept that the incident occurred and was service-related based on the Veteran's statement, without the need for a detailed narrative of traumatic events and without the need for corroborating evidence. Decision-makers then rely on information available in medical reports and other documentation such as medical questionnaires, which can be provided directly from healthcare professionals to VAC with consent of the Veteran, to complete their evaluation of eligibility and assessment of the extent of the disability.

In conjunction with this approach, a Veteran applying for a disability benefit for anxiety disorders, depressive disorders and/or trauma-and-stressor-related disorders becomes immediately eligible for the Mental Health Benefit without any additional requirements and receives up to two years of mental-health supports, or until they receive a favourable disability benefit decision, at which point they would be covered as part of the Treatment Benefits program for as long as needed.

VAC recognizes the need to evolve these types of trauma-informed approaches wherever possible and will continue to identify opportunities to improve its programs and services.

Recommendation 31

That Veterans Affairs Canada recognize that their current standard operating procedures often re-traumatize the Veteran, and establish mandatory in-person, in-depth training sessions on trauma-informed practices for all its personnel.

Government Response

The Government agrees with this recommendation.

VAC recognises that as a result of processes associated with some programs, Veterans may be re-traumatized. VAC has taken steps to improve its capacity to serve Veterans within a trauma-informed environment in order to avoid this potentially devastating occurrence.

In 2019 VAC updated several policies and the disability benefit Adjudication Manual, along with other associated training materials and decision-making resources, adding or clarifying information on the adjudication of Post Traumatic Stress Disorder (PTSD) and other psychiatric conditions, including those related to military sexual trauma (MST). This provided clear direction in VAC's approach to MST related applications and acceptance of both the likelihood of an incident of sexual trauma and the potential barriers in obtaining objective evidence.

In 2021, in addition to previous updates to policies and the Adjudication Manual on which all decision-makers receive extensive training, VAC also launched an e-learning module strongly recommended for all staff entitled Trauma Informed Support Training.

In November 2022, VAC implemented a new service delivery model for its Rehabilitation Services and Vocational Assistance Program (RSVP). Rehabilitation services are now delivered by a national contract - Partners in Canadian Veterans Rehabilitation Services (PCVRS). PCVRS offers trauma informed courses and educational materials for PCVRS Team Members and their affiliates to better understand and address the unique needs and challenges that Veterans and their families face regarding mental health and well-being, and their transition to post-service life.

VAC's Field Operations staff are trained in situations where Veterans are in crisis due to trauma. With respect to Trauma Informed Support, this is mandatory training for all front line Field Operations staff (Case Managers, Veteran Service Agents and administrative staff). This course provides a basic overview of the principles of trauma informed service, specifically in relation to those who have experienced military sexual trauma/sexual misconduct. Additionally the training "How to Respond to Sexual Trauma Disclosures" (mandatory for Case Managers), provides key practice skills and strategies using case scenarios and interactive exercises to support practicing essential skills in a supportive learning environment. Additional training on "Responding to Disclosures of Sexual Trauma" is available online through Moodle platform for frontline staff as required.

VAC is committed to extending this training to all staff, and exploring more in-depth sessions.

Recommendation 32

That Veterans Affairs Canada publish the Gender Based Analyses Plus (GBA +) of its programs in a way that really assesses the impact of these programs on gender and diversity, and how programs have been changed as a result of such analyses.

Government Response

The Government agrees with this recommendation.

VAC currently publishes information on its Gender-Based Analysis Plus (GBA Plus) efforts, including highlights of GBA Plus results by program. The Department continues to work on the development of meaningful data collection and data analysis tools for the individual programs

to improve VAC's capacity to measure and assess the impacts that intersectional identity factors may have on how programs and services are accessed and experienced by diverse sub-groups of the Veteran population.

VAC commits to exploring how best to present additional information with respect to the concrete impact of this analysis as it is available and how specific changes have been implemented as a result. VAC commits to publishing these indicators once developed, in conjunction with the information currently available

Recommendation 33

That Veterans Affairs Canada recognize more clearly the sacrifices that military families must make and accordingly relax the eligibility criteria for benefits and services for the immediate family members of Veterans.

Government Response

The Government agrees in principle with this recommendation.

The Government acknowledges the contributions and sacrifices that Veteran families make to support Veterans. VAC has made recent progress with respect to families of Veterans, including the introduction of the Veteran Family Program. This program assists medically releasing members and their families to navigate the complex process of releasing by offering the assistance of a Veteran Family Program Coordinator at every Military Family Resource Centre in Canada, and also provides access to a suite of services such as Mental Health First Aid, Couples Overcoming PTSD Everyday, Spousal Resiliency Program and the Family Information Line.

VAC will continue to explore its role pertaining to Veterans' family members' access to benefits and services.

Recommendation 34

That the Government of Canada commit to hiring more Veterans in the Public Service, that Veterans Affairs Canada lead by example in that regard, and that a Gender Based Analysis Plus be performed on the hiring of Veterans.

Government Response

The Government agrees with this recommendation.

The Government launched the National Veteran Employment Strategy (NVES) in June 2024 and positioned the public service as a leader for Veteran employment. VAC in its role as champion for Veteran employment is committed to adding more Veterans to its workforce, ensuring that hiring occurs across all levels of the Department. VAC is collaborating across with federal departments to share best practices and promote recruitment and retention of Veterans as key elements in human resource strategies. VAC will create and disseminate targeted learning

materials for hiring managers and human resources professionals to increase awareness of Veteran employment tools and share best practices for Veteran recruitment. The Department will also seek to create a method for peer-to-peer connections among Veterans working across government.

In addition, VAC is proactively collaborating with other federal departments and central agencies to develop a solution within the federal public service that will automate the tracking of Veterans' hiring. This would enable the establishment of a more standardized and centralized data management process, which would, in turn, allow the federal public service to effectively benchmark, set targets, and monitor the progress of various recruitment strategies that are being tailored to the Veterans population. VAC is, and will continue to be, prioritizing the hiring of Veterans across the department.

VAC acknowledges the diversity among its Veterans and applies a Gender Based Analysis Plus (GBA Plus) lens to ensure that its benefits and services cater to the diverse needs of all Veterans and their families. The Department has forged a partnership with Statistics Canada to assist in identifying the specific characteristics and needs of equity-deserving Veteran groups, including First Nations, Inuit, and Métis Veterans; Black or People of Colour Veterans; and 2SLGBTQI+ Veterans. Notably, a question was added to the 2021 Census to identify the Veteran population for the first time in fifty years. According to the 2021 Census, there were 23,075 Veterans, representing 5.2% of the overall Canadian Veteran population, who identified as Indigenous. The Census also revealed that nearly one in six Veterans are women.

The development of the NVES underscored the need for further research to include targeted analysis of women and equity-deserving Veterans, including those with disabilities, Indigenous Veterans, and Veterans who identify as 2SLGBTQI+. VAC is prioritizing research to focus on Veteran sub-populations that are at an increased risk of transition challenges.

Following the 2020 report on the Qualitative Study on Transition and the follow-up qualitative study on the experiences of women Veterans in transition, VAC is applying a rigorous GBA Plus approach to its population health research. For instance, the new 2022 Canadian Veteran Health Survey is stratified by age and gender to ensure meaningful representation of women Veterans and different age groups. Similarly, the 2022 Indigenous Peoples Survey and the 2022 Canadian Survey on Disability included supplemental Veteran participants to ensure these sub-populations were represented. These advancements will support more responsive policy development going forward to ensure no Veteran is left behind.

The Government has also launched Canada's Disability Inclusion Action Plan which will assist more persons with disabilities (including releasing members and Veterans) "find and keep good quality jobs, advance in their careers or become entrepreneurs."

The Department will continue in its efforts to work with other federal departments to increase Veterans' hires and their participation in civilian life.

Recommendation 35

That the Department of Veterans Affairs identify the barriers that Veterans, especially women Veterans face, in accessing benefits and services, and proactively communicate with Veterans when they begin their transition out of the Canadian Armed Forces regarding all benefits and services available to them, regardless of time served.

Government Response

The Government agrees with this recommendation.

Every Veteran is different and therefore each experiences transition to life after service in a different way. Different needs and barriers require supports and services tailored for each Veteran and their family as they transition to civilian life. Canadian Armed Forces (CAF), VAC and the Military Family Services (MFS) work together through the 27 CAF Transition Centres at every base and wing across the country to help and proactively communicate to CAF members, Veterans and their families. The CAF team includes a Transition Advisor and a Release Administrator, and for ill and injured members, a Service Coordinator and a Nurse Case Manager. VAC staff includes a Veteran Service Agent and a Case Manager. The MFS staff includes a Family Transition Advisor and a Family Liaison Officer. This joint team (CAF, VAC and MFS) provides transition support, either virtually or in person, as early as possible in the transition journey for each CAF member and their family. The goal is to ensure they feel supported and their needs are being met prior to their release from the CAF. They are provided with knowledge of and access to the range of services available to assist them with their transition and ensure optimal well being.

Medically releasing CAF members and their families are supported by Enhanced Transition Services. This process is a coordinated and collaborative approach which sees the CAF member supported by Nurse Case Managers and Service Coordinators throughout their medical release process. Where needed, VAC Case Managers engage earlier and provide integrated care during the transition. This includes joint case consultation and ongoing case planning to ensure a continuum of case management services and continuity of care for medically releasing CAF members and their families. The goal is to ensure the best possible outcomes for them as they transition from military to civilian life. This process has been in place since 2015. A joint working group has been established recently to renew the process based on current best practices, lessons learned and operational changes within both departments.

For non-medically releasing members and their families, the joint team deliver the Military to Civilian Transition process which is a standardized, personalized and professional transition process for non-medically releasing members and their families. Transitioning CAF members can participate in the process for up to 6 months prior to their release. The process was developed and trialed beginning in 2019 and has been fully implemented at the national level as of March 2024.

In each process, VAC administers Transition Interviews to CAF members up to six months prior to release. The Transition Interview provides an opportunity to determine the level of support required from VAC and other community support systems, and provide members and their families with information about or access to the full range of VAC programs, services and benefits. During the interview, a screening tool is used and can be administered again at various points in time to identify potential risk level, unmet needs and concerns. This tool is based on the domains of well-being. It is evidence-based, simple and brief to administer, and assists with triaging clients and potential clients to the appropriate level of support. The intent is to gain a greater understanding of the member and family's potential transition needs. It supports a collaborative approach, including the member, their family, VAC, DND/CAF, RCMP, and other partners, to identify the necessary program, benefits and services, and referrals to ensure a seamless transition.

Knowledge and awareness are integral to the transition process. Learning materials and resources continue to be developed and implemented. In addition to the physical presence in each CAF Transition Centre, digital tools have been created to support the transition process including a web service between CAF and VAC to provide advanced notification concerning a member's intent to transition and the ongoing development of the Digital Transition Center (DTC), which is a virtual 'one-stop shop' available via the internet for research and initiating contact with a guided support team. The Digital Transition Centre provides transitioning CAF members access to the My Transition Guide, My Transition 101 Course, an appointment scheduling tool, and a link to the My VAC Account Website. The My VAC Account Website includes resources such as the My Transition Task List, the My Well-Being Check-In Tool and the Benefits Navigator. Digitalization to expand and optimize the transition process continues to be a priority for both Departments.

Recommendation 36

That Veterans Affairs Canada create a ministerial advisory group on women Veterans, ensuring that both officers and non-commissioned soldiers from the army, air force and navy, as well as Veterans from the Royal Canadian Mounted Police are represented.

Government Response

The Government agrees with this recommendation.

This work is underway. In March 2024 at the Women Veterans Forum, the Minister of Veterans Affairs announced the commitment to stand up a Women Veterans Council reporting directly to the Minister of Veterans Affairs and Associate Minister of National Defence. This initiative came as a direct result of feedback received from women Veterans and stakeholders, expressing the need for VAC to provide a platform for sustained, active engagement. On June 10, 2024, the call for applications from women interested in becoming a member of the Council was launched. The call for applications was also extended to the Royal Canadian Mounted Police. VAC intends to have the first-ever Women Veterans Council in place for fall 2024.

The Council will continue conversations started at the Forum on issues impacting Veterans, including women-focused research, service after service, women's health, homelessness and recognition. Their lived experiences will advance equity for future generations of women Veterans.

The Women Veterans Council will report to the Minister of Veterans Affairs Canada and Associate Minister of National Defence, providing insight on specific initiatives and priority areas from their unique points of view and lived experiences on all matters of importance to women. This collaborative working relationship with VAC will help to address inequities and barriers experienced by women.

Recommendation 37

That the Canadian Armed Forces / Veterans Affairs Canada Joint Steering Committee establish a subcommittee on military women and women Veterans.

Government Response

The Government agrees with this recommendation.

This work is underway. The Joint Steering Committee (JSC) has made women in-service and Veterans a standing agenda item for its meetings, and one of the priorities for the newly established Director General Joint Working Group on Policy and Research is Women's Health Research and Support Initiatives.

In addition, VAC is in the process of establishing the Government's first Women Veterans Council by the fall 2024. All serving members or Veterans of the Canadian Armed Forces and the Royal Canadian Mounted Police are invited to apply. The Council will consist of women and persons with disabilities, from diverse ranks, backgrounds, perspectives and lived experiences to ensure that a range of voices are represented at the table.

The JSC secretariat will ensure that any information available from the newly created Women's Veterans Council will be presented at JSC for consideration in future decisions.

Recommendation 38

That Veterans Affairs Canada support the establishment, publishing and maintenance of a directory of programs offered to Veterans by community organizations and other third parties, including those that provide services specifically for women, and ensure that case managers can refer Veterans to these programs.

Government Response

The Government agrees with this recommendation.

This work is underway. VAC provided funding for developing the RESPECT map for The RESPECT Campaign through the Veterans and Family Well-being Fund. This tool helps organizations find each other and offer the best-combined services to Veterans who need them most. This is an action item from the 2024 National Stakeholder Summit, and VAC is in the process of making this tool and other resources available in a consolidated resource on VAC website.

DND/CAF and VAC are collaborating to communicate the existence of the National Resource Directory (NRD) and other services, programs, and resources to members/Veterans of their own organizations and the larger Canadian society. The NRD contains services specifically for women transitioning members and Veterans.

Moreover, the Sexual Misconduct Support and Resource Centre (SMSRC) provides and facilitates access to support services and resources for persons (including Veterans) directly and indirectly affected by sexual misconduct within DND/CAF. There is no requirement for individuals to officially report to access the SMSRC's services.

The SMSRC offers a range of supports and services, which include:

- the 24/7 support line for support, information and referrals to resources.
- the Response and Support Coordination program, for ongoing support, assistance, advocacy and accompaniment.
- the Peer Support Program, in partnership with VAC, offering trauma-informed, inclusive and accessible peer support services for people affected by sexual misconduct or MST during their service or in their workplace.
- the Independent Legal Assistance program that, in its current phase, facilitates access to legal services by reimbursing eligible expenses incurred by individuals who have experienced military sexual misconduct.
- the Restorative Engagement program, that offers flexible options for members of the CAF-DND Sexual Misconduct Class Action Settlement to share their experiences, impacts, and insights related to sexual misconduct in the CAF and DND.

Recommendation 39

That Veterans Affairs Canada, in partnership with the Canadian Armed Forces, offer women-only peer support programs.

Government Response

The Government agrees with this recommendation.

The Government has programs in place that offer women-only peer support options:

- (1) *The Operational Stress Injury Social Support (OSISS) Peer Support Program*: This is a partnership program between the Department of National Defence (DND) and VAC. The OSISS Program currently does not collect information on the gender of OSISS peers,

however, the program will be able to capture this information following an upgrade of the OSISS Database in 2025.

Specific OSISS support provided to women Veterans include:

- OSISS peers are provided one-on-one peer support, and both formal and informal groups are available in their region regardless of their gender. An OSISS peer can request support by a coordinator or volunteer of the gender of their choosing.
- The development of OSISS groups specifically for women Veterans began in 2019. There are currently three women-only groups (Alberta, Southern Ontario and Nova Scotia), which are supporting 30 women Veterans on a monthly basis with virtual and in-person meetings. In 2023-24, the OSISS program provided 16 meetings specific to women Veterans.

The OSISS Program continues to support and lead initiatives to include diverse Veteran voices. The Government aims to increase diversity and inclusion across all activities and services, where needed - including Veterans who identify as Indigenous, women, Francophone, 2SLGBTQI+, to name a few.

(2) *Peer Support Program*: is a joint program between the Sexual Misconduct Support and Resource Centre (SMSRC) and VAC currently offering Formal and Informal Peer Support groups and activities for current and former CAF members who have experienced sexual misconduct during their service. Groups can be mixed gender or gender-specific depending on participants' preferences. Although all services are currently offered virtually in both official languages, the intent is to expand to in-person in the future.

- The Formal Group service combines educational material and peer support within a structured setting to explore various themes related to the participants' experiences and the healing journey. Topics include impacts of trauma, moral injury, coping, and self-care, among others. Groups are co-facilitated by a trained Peer Supporter with lived experience and an SMSRC or VAC Mental Health Professional. Participation to all ten group sessions is required.
- The Informal Group service offers a casual, confidential and safe space where peers can connect, discuss, share, and explore coping and the healing journey together in a supportive environment. Group discussions and topics explored are driven by participant interest and need. Once registered to the Informal Group, participants can attend as many of the eight sessions as desired. The group is hosted by two Peer Supporters.
- Peer support activities include a variety of casual activities and events where peers can connect. Most recently, the program offered a Creating Coping event which offered a space for participants to engage in mediative art and discussions, as well as learn coping strategies.

- The Peer Support program continues to develop its program services via service evaluations and through continued community consultations with people with lived experience, subject matter experts and other peer support programs and services available within Canada. Most recently, affected members 18 years and older accessing peer support program services can now connect with dedicated, trauma-informed staff and trained Peer Supporters who foster supportive relationships.

These programs reflect the Government's commitment to addressing the specific challenges faced by women Veterans, providing them with the necessary support and resources to facilitate their well-being and successful reintegration into civilian life.

Recommendation 40

That the Department of National Defence, in accordance with the many recommendations made in the wake of the Deschamps, Fish and Arbour reports, establish a reporting mechanism outside of the military chain of command, provide victims of military sexual trauma with safe and confidential legal resources, and transfer the jurisdiction to investigate sexual misconduct and prosecute its perpetrators to civilian authorities.

Government Response

The Government agrees with this recommendation.

In accordance with the Deschamps, Fish and Arbour reports, alternative reporting options outside of the military chain of command are being developed. CAF members now have the option to proceed under the *Canadian Human Rights Act* system with complaints of sexual harassment or sex-based discrimination where they prefer to do so. In addition, the Sexual Misconduct Support and Resource Centre (SMSRC) is exploring alternative options for reporting outside of the chain of command.

In terms of *Criminal Code* sexual offences, since Madame Arbour's interim recommendation to transfer the prosecution and investigation of *Criminal Code* sexual offences from the military justice system to the civilian justice system was accepted, all *Criminal Code* sexual offence charges are now being laid in the civilian justice system. No new sexual *Criminal Code* offence charges are being adjudicated in the military justice system. In addition, to address Recommendation 5 of the Honourable Louise Arbour's [Independent External Comprehensive Review](#), proposed legislation has been introduced to amend the *National Defence Act*. Subject to parliamentary approval, the proposed legislation will conclusively remove *Criminal Code* sexual offences committed in Canada from CAF jurisdiction.

Those experiencing military sexual trauma have access to the resources and confidential support they need, including access to independent legal assistance. SMSRC currently provides reimbursements for eligible legal fees incurred and is working on developing a longer-term

program solution based on community feedback. Department of National Defence (DND)/CAF continues to build on these resources and is focusing on ensuring that persons affected by sexual misconduct have immediate access to legal assistance.

Recommendation 41

That Veterans Affairs Canada, in partnership with the Canadian Armed Forces, assign civilian personnel to transition centres to support and assist victims of sexual misconduct and other transitioning members in preparing their compensation claims, and collect data on how many transitioning members were thus supported.

Government Response

The Government agrees with this recommendation.

VAC's Field Operations staff are trained in situations where Veterans are in crisis due to trauma, and they work collaboratively with CAF staff on site at CAF Transition Centres. The CAF and VAC transition team comprises of CAF Transition Advisors, Service Coordinators, Nurse Case Managers, VAC Case Managers, and VAC Veteran Service Agents. The transition team provide support and assistance to victims of sexual misconduct and other transitioning members in preparing for a seamless transition from their service with the CAF. Information is provided on eligible programs and services along with any community support recommendations.

VAC continues to be committed to offer supportive services to releasing members and to work collaboratively with DND through the established transition processes.

The Government ensures that transitioning members are fully supported, and that they are provided with all the resources required in the transition process.

Recommendation 42

That Veterans Affairs Canada review its “Disability Benefits in Respect of Peacetime Military Service—The Compensation Principle” to provide more flexibility in determining the events in which the participation of women Veterans qualifies them to be considered “on duty.”

Government Response

The Government agrees with this recommendation.

VAC will review its Compensation Principle policy and make amendments as required to ensure flexibility in determining the events in which the participation of women Veterans qualifies them to be considered “on duty.”

In 2019 VAC updated several policies and the disability benefit Adjudication Manual, along with other associated training materials and decision-making resources, adding or clarifying information on the adjudication of Post Traumatic Stress Disorder (PTSD) and other psychiatric

conditions, including those related to military sexual trauma (MST). This provided clear direction in VAC's approach to MST related applications including: that incidents away from traditional or obvious military workplaces or that did not necessarily involve a difference in rank would not be a barrier to establishing a service connection; that decision-makers would accept the likelihood of an incident of sexual trauma, and the events as described by the applicant, and; that a lack of objective evidence should not adversely impact the applicant's basis of claim, given the high occurrence of unreported MST.

An MST claim will not be rejected on the basis that the event in question was not mandatory. VAC continues to draw every reasonable inference in favour of an applicant, and to resolve doubt in an applicant's favour when weighing evidence.