



HOUSE OF COMMONS  
CHAMBRE DES COMMUNES  
CANADA

# **INVISIBLE NO MORE. THE EXPERIENCES OF CANADIAN WOMEN VETERANS**

**Report of the Standing Committee on Veterans Affairs**

**Emmanuel Dubourg, Chair**

**JUNE 2024  
44th PARLIAMENT, 1st SESSION**

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Chair**

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### **Reports from committees presented to the House of Commons**

Presenting a report to the House is the way a committee makes public its findings and recommendations on a particular topic. Substantive reports on a subject-matter study usually contain a synopsis of the testimony heard, the recommendations made by the committee, as well as the reasons for those recommendations.

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# **THE STANDING COMMITTEE ON VETERANS AFFAIRS**

has the honour to present its

## **FIFTEENTH REPORT**

Pursuant to its mandate under Standing Order 108(2), the committee has studied the experiences of women veterans and has agreed to report the following:





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# LIST OF RECOMMENDATIONS

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*As a result of their deliberations committees may make recommendations which they include in their reports for the consideration of the House of Commons or the Government. Recommendations related to this study are listed below.*

## **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. .... 20**

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**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. .... 61**

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**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..... 67**

**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;
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**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. .... 83**

**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. .... 87**

**Recommendation 33**

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**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. .... 89**

**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. .... 89**

**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. .... 92**

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**Recommendation 39**

**That Veterans Affairs Canada, in partnership with the Canadian Armed Forces, offer women-only peer support programs. .... 110**

**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. .... 115**

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**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.” ..... 120**



# INVISIBLE NO MORE. THE EXPERIENCES OF CANADIAN WOMEN VETERANS

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## INTRODUCTION

Despite some recent progress, women Veterans largely feel that Veterans Affairs Canada's (VAC) programs have not taken sufficient account of their particular needs and concerns. They feel that they have been left invisible.

There are many complex and interconnected reasons for this. It is the result of centuries of depictions of military life as essentially masculine. It was believed that women do not fight wars, as though the very identity of women was incompatible with the violence that the armed forces could engage in as part of their operations.

Not until the late 1980s were all military professions, including combat units, open to women. Since then, despite many recruitment campaigns, the number of women in the military has stagnated. Over the last decade, women have made up between 16% and 19% of the Canadian Armed Forces (CAF), far from the government target of 25%. For the land forces, this figure drops to less than 14%, confirming the perception that women resist joining those units most likely to be engaged in combat operations.

The stagnation in recruitment has had an impact on the proportion of women in the total Veteran population, which, according to 2021 census data, is steady at 16%. Only 13% of VAC clients are women. This low figure explains in large part how difficult it is to change traditional representations, but at the same time, the slowness to incorporate women's concerns into VAC and CAF programs is hampering recruitment efforts.

The situation among Canada's allies is not much different. In the U.S., women made up 17% of the total force in 2021. In 2000, women accounted for 4% of the total Veteran population in the U.S. It is hoped that this figure will increase to 18% by 2040.<sup>1</sup> In the UK, women accounted for 11% of the regular force and 15% of the reserve force in 2021. In Australia, women made up 20% of the regular force and 18% of the reserve force in

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1 US Department of Veterans Affairs, "[Women and Veterans in Focus](#)".



2021, compared with 19% for both forces in New Zealand.<sup>2</sup> In France, the figure is 16.5%, but only 11% in the army<sup>3</sup> [AVAILABLE IN FRENCH ONLY].

The other issue that undermines the possibility of presenting a military career as an attractive option for women is, of course, military sexual trauma (MST). Attempts to reform military culture in order to eradicate this scourge have all come from without, under pressure from court rulings. The CAF has yet to demonstrate that it is willing and able to take the lead in these transformations without having them imposed. The rhetoric is promising, but lasting change remains to be seen.

VAC's treatment of MST survivors continues to be a key indicator of the importance it places on women Veterans. The number of MST claims has exploded in recent years, and the policies behind decisions continue to place a significant burden of proof on claimants. Roughly 3,400 sexual trauma claims have been filed with VAC in the past three years, and a special unit is dedicated to processing them. Most are related to the Heyder-Beattie and Merlo-Davidson class actions which will be discussed later in this report. It is unclear how many of these applications were accepted by VAC. The committee acknowledges the courage of the women who chose to be heard by filing such claims.

Women Veterans' concerns have also been neglected in the work of the House of Commons Standing Committee on Veterans Affairs (ACVA) in the past. This study is the first to be devoted entirely to them. This report therefore addresses a major failing. It is divided into six parts:

- The first part provides an overview of key demographic data concerning Canadian women Veterans, as well as the findings of scientific studies on comparative health indicators between women and men Veterans.
- The second part discusses the research needs most likely to advance care and policy for women Veterans.
- The third part concerns the effects of military service on the physiological, mental and occupational well-being of servicewomen and women Veterans.
- The fourth part discusses the lived experience of women in the CAF.

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2 Australian Government, Defence, Women in the Australian Defence Force (ADF), 2021–2022. Ten Years in Review, p. 5.

3 France, Department of the Army, Rapport social unique 2021, p. 19. [AVAILABLE IN FRENCH ONLY]

- The fifth part looks at VAC policies and how they apply to the unique experience of women Veterans.
- The sixth part addresses military sexual trauma and its treatment within the CAF, the Royal Canadian Mounted Police (RCMP) and VAC. To highlight the presence of this issue in all dimensions of women Veterans' experiences, excerpts from testimonies where some have courageously told their stories have been inserted between the sections.

VAC policies deal with RCMP women Veterans separately, as they fall under a different legislative regime: the *Pension Act*, not the *Veterans Well-being Act*, which sets out the services provided to them by the department. As well, unlike CAF members, whose health care is delivered by the military medical system, RCMP members receive care from the provincial and territorial systems. A supplementary health benefits plan is available, similar to the one for the federal public service. Unfortunately, this was barely mentioned over the course of the study, and they will undoubtedly feel that once again, their concerns have been neglected. In the section on MST, we hope to have made up for this by presenting as clearly as possible the vital contribution that RCMP women Veterans have made on the legal front in the fight against sexual misconduct. The class actions they have filed have been highly effective in leading this fight and have facilitated similar efforts by CAF women Veterans.

Excerpts from witness testimony describing their lived experiences of sexual misconduct are interspersed throughout the sections of the report. They serve to remind us that the trauma suffered by women Veterans extends well beyond the anecdotal. The Committee wishes to pay tribute to the remarkable courage it took for these women to appear as witnesses and overcome the solitude they are all too often trapped in by memories of their suffering. Many others were present in the room to support them in solidarity. The members also have solemn respect for the legitimate choice of those women who preferred to stay silent.

This study of women Veterans is the largest that ACVA has undertaken since its creation as a standing committee in April 2006. Close to a hundred individuals appeared over the course of 23 meetings, not to mention the briefs and numerous communications received. Unfortunately, few Indigenous people, Black people and people of colour, or members of the 2SLGBTQ community were included. The Committee has undertaken to take the necessary steps to increase their representation.

The organisation and procedure of the meetings were adapted to the particularities of the subject. The chair welcomed the witnesses and the people in the room, warning them of the sensitivity of the topics that could be discussed, and that support was



available if needed. The time allocation was applied with greater flexibility so as not to interrupt the testimonies of those who were sharing their experiences. Committee members also took part in trauma management training. We hope that these steps have helped to create a warmer atmosphere.

The members of the Committee wish to sincerely thank all those who participated in this study and also hope that the follow-up to the report's recommendations will give women Veterans the visibility they have lacked and help provide rewarding prospects to women who feel called to a military career.

## PORTRAIT OF CANADIAN WOMEN VETERANS

### Background

During the First World War, 2,845 women were part of the Canadian Expeditionary Force. They were deployed in France, Belgium, England, Greece and Russia, and at least 60 of them died. They were all “nursing sisters,” or military nurses, since according to Mélanie Morin-Pelletier, a historian with the Canadian War Museum,

[u]ntil 1941, [it was] the only title a woman in the Canadian army could have. They were given a military rank corresponding to that of lieutenant, which gave them some authority over their patients in hospitals, but not over the men outside them. As you can imagine, that caused some confusion at times. [...] As officers, however, they were forbidden to fraternize with soldiers outside hospitals. That was one way to protect their public morality. They were also required to wear a different uniform, including a long blue dress and white veil, which very much resembled a nun's habit of that era.<sup>4</sup> [...] The rules required military nurses to be single at the time they enlisted.<sup>5</sup>

During the Second World War, there were more than 50,000 women in uniform, although they mainly served in administrative support roles in Canada.<sup>6</sup> Roughly 4,500 military nurses were posted overseas. After the war, few of them benefited from the programs and services put in place by the set of legislation then collectively referred to as the “Veterans Charter.”

Then, as Capt(N) (Ret'd) Louise Siew recalled during her appearance, it was the [Report of the Royal Commission on the Status of Women in Canada](#) that paved the way forward. Tabled in the House of Commons on 7 December 1970, the report stated that women

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4 ACVA, *Evidence*, 31 October 2023, Mélanie Morin-Pelletier (Historian, Canadian War Museum), 1610.

5 ACVA, *Evidence*, 31 October 2023, Mélanie Morin-Pelletier (Historian, Canadian War Museum), 1610.

6 Refer to the [VAC site](#).

made up 1.6% of the armed forces (para. 485). The reason then given for the few jobs available to women was that “[i]t has been found uneconomical to train women for trades requiring long and expensive training” (para. 486). This reason was rejected by the Commission, which then recommended “that all trades be open to women” (para. 488). It was also recommended that the prohibition on enlisting married women be eliminated (para. 490), as well as the obligation to leave the armed forces if they had a child (para. 495). Noting that women served in many municipal police services, the Commission also recommended “that enlistment in the Royal Canadian Mounted Police be open to women” (para. 484).

These recommendations allowed women to join the armed forces, although their integration into combat units remained prohibited until Isabelle Gauthier, Marie-Claude Gauthier, Georgina Ann Brown and Joseph Houlden challenged this exclusion before the Human Rights Tribunal in October 1986. The [decision](#), released on 22 February 1989, ruled that the CAF’s policy of “designating certain specific occupations and units as male-only is a discriminatory practice.” This led to all military positions being open to women, with the exception of submarines, where it was felt that the vessel itself could not guarantee sufficient privacy. This restriction was lifted in 2001. In 1989, Heather R. Erxleben became the first woman to join an infantry unit.

## Current Situation

According to [data in the 2021 Census](#), there are an estimated 461,240 Veterans in Canada.<sup>7</sup> Of these, 74,935 are women, or 16.2% of the total Veteran population.<sup>8</sup> By way of comparison, the study on the [Well-being of Canadian Regular Force Veterans](#) set this figure at 13%, excluding the Reserve Force. The [percentage of women Veterans \(CAF and RCMP\)](#) who are VAC clients is also 13%, or 18,269 out of a total of 143,835.

Given the gradual increase in the number of women in the CAF, their numbers are also expected to rise proportionally. According to the [2021 Census data](#), women made up 19.3% of the 97,625 military personnel enumerated. This is higher than the 16.3% figure calculated by the Department of National Defence (DND) in its [Statistics of women in the Canadian Armed Forces](#). According to DND, women account for 17% of Primary Reserve

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7 This is lower than the [Veterans Affairs Canada estimate](#) of 617,800. This 25% difference led to a complete revision of the calculations for all characteristics of Canada’s Veteran population, which now casts doubt on all related estimates.

8 It is estimated that in 2021 there were 23,075 Indigenous Veterans in Canada, but the proportion of women will only be known in future analyses of the 2021 census data. We do not yet know the proportion of black Veterans or Veterans of colour, or the proportion of members of the 2SLGBTQ community.



members and 16% of Regular Force members. They make up just over 20% of Navy and Air Force members, but only 13.8% of Army members.

Women's representation in the Royal Canadian Mounted Police (RCMP) is higher and their service is longer than that of women in the CAF. According to Nadine Huggins, the RCMP's Chief Human Resources Officer, "[a]bout 23% of our population are women. They do tend to stay with the organization for about 20 to 25 years."<sup>9</sup>

### Comparative Health Indicators Between Women and Men Veterans

According to a [survey conducted in 2022](#) for Veterans Affairs Canada,<sup>10</sup> women and men Veterans differ from each other and from the comparable Canadian population in multiple health areas. Its main findings are as follows:

- Compared to a similar Canadian population, Veterans (both men and women) report a higher prevalence of:
  - fair or poor health and mental health;
  - needing help with one or more activities of daily living;
  - lifetime suicidal ideation;
  - being diagnosed with mood and anxiety disorders, post-traumatic stress disorder; and
  - migraines, back problems, chronic pain, arthritis, ever having cancer, hearing problems and gastrointestinal problems.
- Compared to a similar Canadian general male population, men Veterans report a higher prevalence of cardiovascular disease and hypertension.
- Compared to women Veterans, men Veterans report a higher prevalence of:

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9 ACVA, *Evidence*, 7 November 2023, Nadine Huggins (Chief Human Resources Officer, Royal Canadian Mounted Police), 1815.

10 A.L. Hall *et al.*, "Comparing negative health indicators in male and female Veterans with the Canadian general population," *BMJ Military Health*, Vol. 168, 2022, pp. 82–87.



- hearing problems and cardiovascular disease; and
- death by suicide.
- Compared to men Veterans, women Veterans report a higher prevalence of:
  - migraines, mood and anxiety disorders, and gastrointestinal disorders, as well as needing help with activities of daily living; and
  - higher prevalence of suicidal ideation, although fewer deaths.

Where there are differences in health indicators between men Veterans and women Veterans, similar gaps are found between men and women in the comparable Canadian population. However, according to the same survey, there are certain similarities in indicators between men Veterans and women Veterans not found in the Canadian population, including fair or poor mental health, lifetime suicidal ideation, arthritis, asthma, ever having cancer, chronic pain and diabetes.

A [2021 study](#) by the Office of the Veterans Ombud reviewed 84 articles from a variety of sources on women Veterans of the CAF and the Royal Canadian Mounted Police (RCMP). The main findings, in addition to those in the above-mentioned study, are as follows:

- women are medically released more often than men;
- 45% of medically released women and men do so because of mental health issues;
- 43% of medically released women and men do so because of musculoskeletal issues;
- the suicide rate among women Veterans is almost twice that of women in the Canadian population;
- during the first three years post-release, women Veterans' incomes decline by 17%–22%, whereas men Veterans' incomes do not change;
- during the first three years post-release, women Veterans earn on average 40% less than men Veterans, partly because they have a disability, they are caring for children or other dependents, or they have returned to school; and



- servicewomen are 2.55 times more likely than servicemen to be victims of sexual misconduct during their military service.

According to researcher Chris Edwards, other research has also shown that women CAF members experience higher rates of overuse injuries compared to men, particularly if they have given birth.<sup>11</sup> Laura Kelly of the Office of the Veterans Ombudsman summarized the impact of military service on the health of women Veterans compared to men Veterans:

Compared with men Veterans, women Veterans are more likely to report chronic illness, respiratory conditions and gastrointestinal disorders. They are two times more likely to have an acute injury from training. They are at a two times higher risk of central nervous system conditions. They have higher rates of depression and are more likely to have a panic disorder, social phobia, generalized anxiety disorder or PTSD.<sup>12</sup>

All of this epidemiological data is necessary and provides a general portrait of the women Veteran population. However, they do not attribute specific causes to the issues identified. Until the causes of the issues affecting women Veterans differently from men Veterans are identified, it will continue to be difficult to come up with effective solutions.

## RESEARCH NEEDS

Parliamentary reports customarily place the research sections at the end. This helps incorporate all the issues addressed in the preceding sections into these needs. However, this sometimes leaves the impression that research is less important than other issues. To avoid this perception, the Committee has chosen to draw attention to the many glaring research needs by placing them at the beginning of the report.

VAC-sponsored research has so far focused generally on the women Veteran population as a whole. Since women Veterans account for less than 20% of the total, sampling has not been able to expand on the data about them.

Col (Ret'd) Nishika Jardine, Veterans Ombud, criticized the department for grouping all women into a single category in its satisfaction questionnaires:

I can't believe that today, 40 years later, in the survey VAC does for their clients—because they survey the families of Veterans—they will group the answers from all the women. If you're a spouse, a widow or a woman Veteran, you just get lumped together. To me,

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11 ACVA, *Evidence*, 31 October 2023, Chris Edwards (Researcher, As an individual), 1615.

12 ACVA, *Evidence*, 30 March 2023, Dr. Laura Kelly (Director, Strategic Review and Analysis Directorate, Office of the Veterans Ombudsman), 1915.

that's not right. We may be spouses or we may be widows, but we are women Veterans. Our voice needs to be heard as a distinct group.<sup>13</sup>

Dr. Sara Rodrigues, Director of Applied Research with the Atlas Institute for Veterans and Families, said that there are “critical gaps in data collection and research on women Veterans’ health across many areas.”<sup>14</sup>

To address some of these gaps, the Atlas Institute, formerly the Centre of Excellence on PTSD, developed a research program to mobilize researchers and disseminate their findings to healthcare professionals: “Informed by the principles of community-based research, our study—the Athena project—will involve women Veterans in all aspects and stages.”<sup>15</sup>

Professor Eichler said that

research on military servicewomen and women Veterans has been historically unsupported and undervalued in Canada. To a large extent, it still is today.

The much larger and more robust international research, primarily from the United States, points to sex- and gender-specific military occupational hazards and lifelong impacts on military and Veteran women that remain largely unexplored in the Canadian context.<sup>16</sup>

There is also little research comparing women Veterans with civilians on the same issues. According to Major (Retired) Dr. Karen Breeck, such comparisons would more clearly highlight the specific impact of military service on the well-being of women Veterans: “When we do research right now, we consistently only get the women’s research compared to the men, and yet by definition, again, anything that’s women-specific will never come up in that format of women versus men.”<sup>17</sup>

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13 ACVA, *Evidence*, 30 March 2023, Col (Ret’d) Nishika Jardine (Veterans Ombud, Office of the Veterans Ombudsman), 1920.

14 ACVA, *Evidence*, 4 May 2023, Sara Rodrigues (Director, Applied Research, Atlas Institute for Veterans and Families), 1845.

15 ACVA, *Evidence*, 4 May 2023, Sara Rodrigues (Director, Applied Research, Atlas Institute for Veterans and Families), 1845.

16 ACVA, *Evidence*, 20 April 2023, Maya Eichler (Canada Research Chair in Social Innovation and Community Engagement, Mount Saint Vincent University, As an individual), 1835.

17 ACVA, *Evidence*, 20 April 2023, Karen Breeck (Major (Retired), Co-chair, The Women Veterans Research and Engagement Network), 2010. See also comments by Col (Ret’d) Nishika Jardine (Veterans Ombud, Office of the Veterans Ombudsman), ACVA, *Evidence*, 30 March 2023, 1840.



For areas of research where there is no equivalent in the civilian world, Canada's relationship with its allies could provide insight:

If it were a topic of political will and focus, we have enough women now across the other allies to come up with some real data of meaning for things that should be simple by now, such as reproductive issues in flying, or pregnancy in the military context, or being at sea and pregnant.<sup>18</sup>

A working group has been established to promote the collaboration of researchers from Canada, the United States, the United Kingdom, Australia, and New Zealand. The group noted significant gaps in research on women Veterans and that priority efforts should be undertaken to address them.<sup>19</sup> Senator Rebecca Patterson pointed out this potentially fruitful relationship when it comes to issues where Canadian data is lacking, such as suicide among servicewomen and women Veterans:

The numbers are too statistically small to track, but it's being used to not do anything. We have to move beyond that. This is where you start partnering with other nations to see how they're tracking things—the U.S., for example. That's why we talked about the board. You start there.<sup>20</sup>

While the CAF recognizes this gap and wants to address it, research has not been conducted long enough to deliver results, and these have been put off until some unknown date in the future:

One of the things we've recently started to look at is suicides in our female population. Suicide obviously is a tragic final event for some with mental health and other issues. That's certainly something we're focusing on. It's a bit difficult in the Canadian Armed Forces, because the number of suicides is quite small, fortunately, and especially in our female population.

That said, we're trying to aggregate data from the last two decades to see if there are any patterns or any differences in our population versus the general Canadian population. With that, hopefully, we'll possibly be able to identify any unique factors or risks within the military that might put our population of women at higher risk.<sup>21</sup>

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18 ACVA, *Evidence*, 20 April 2023, Karen Breeck (Major (Retired), Co-chair, The Women Veterans Research and Engagement Network), 2010.

19 Amy L. Hall, Trish Batchelor, Laura Bogaert, Robert Buckland, Ali B. Cowieson, Michael Drew, Kate Harrison, David I. McBride, Aaron Schneiderman, Kathryn Taylor, "[International Perspectives on military exposure data sources, applications, and opportunities for collaboration](#)," *Frontiers in Public Health*, 4 May 2023.

20 ACVA, *Evidence*, 27 April 2023, Hon. Rebecca Patterson (Senator, Ontario, CSG), 1915.

21 ACVA, *Evidence*, 1 May 2023, Captain(N) Iain Beck (Director of Mental Health, Canadian Forces Health Services Group, Canadian Armed Forces), 1550.

On this issue, like many others affecting servicewomen and women Veterans, Ms. Rodrigues said that research “looks at rates and doesn’t dig into why that might be the case. We have a sense of what the numbers are, but not the explanatory factors.”<sup>22</sup>

Lastly, there appears to be a lack of coordination between VAC and CAF research strategies, particularly when it comes to the reasons for the differences between the experiences of women and men in the military.

There is no doubt that CAF personnel are interested in contributing to the research and drawing on the latest findings. Similarly, VAC, with about a dozen researchers, frequently commissions studies on certain aspects of the experience of women Veterans. However, these contributions are irregular. Furthermore, when medical issues do arise and appear to be service-related, it is difficult for the department to justify compensation if no research has yet been done on the issue in Canada. As Dr. Breeck put it, “[t]he absence of proof, however, is not proof of absence.”<sup>23</sup>

VAC officials made promising yet vague statements. It is hard to say what specifically will come of it. For example, Lisa Garland Baird, a senior researcher with the department, said the following:

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

We aim to also identify not just the deficits but the strengths, because we really believe we can leverage various partnerships that VAC has with other federal departments. VAC does not have a full mandate for all of the well-being of Veterans—health care, for example—but we can work with our partners. We can only do that by speaking directly to Veterans and communities and by sincerely listening to what their experiences are so we can move forward with identifying where gaps exist.<sup>24</sup>

The CAF officials also made general statements with results expected in an undefined future. Captain (N) Iain Beck, Director of Mental Health with the CAF, said: “I think on

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22 ACVA, *Evidence*, 4 May 2023, Sara Rodrigues (Director, Applied Research, Atlas Institute for Veterans and Families), 1940.

23 ACVA, *Evidence*, 20 April 2023, Karen Breeck (Major (Retired), Co-chair, The Women Veterans Research and Engagement Network), 1915. Also see the comments of Sergeant (Retired) Nina Usherwood, whose claim for Type 2 diabetes compensation was rejected by VAC due to a lack of scientific evidence: ACVA, *Evidence*, 30 November 2023, 1550.

24 ACVA, *Evidence*, 30 March 2023, Lisa Garland Baird (Senior Researcher, Department of Veterans Affairs), 2015.



our side, it is researching whether there are some vulnerabilities in our female population. If we can sort that out, perhaps we can better prepare them for that transition to the civilian setting.”<sup>25</sup>

What appears to be missing is a comprehensive, coherent overall vision to guide a structured long-term program targeting specific issues. For instance, Professor Eichler said that, in the U.S., “the government decided to strategically intervene and create a strategic research plan led by researchers within their Veterans affairs and Veterans health administration.”<sup>26</sup>

The bulk of the preparatory work for the implementation of a structured research program has already been done. Thanks to the financial support of the [True Patriot Love Research Initiative](#), in partnership with the Canadian Institute for Military and Veteran Health Research, researchers have identified the main gaps and have formulated recommendations to fill them.<sup>27</sup>

The Committee therefore recommends:

### **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.**

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25 ACVA, *Evidence*, 1 May 2023, Captain(N) Iain Beck (Director of Mental Health, Canadian Forces Health Services Group, Canadian Armed Forces), 1550.

26 ACVA, *Evidence*, 20 April 2023, Maya Eichler (Canada Research Chair in Social Innovation and Community Engagement, Mount Saint Vincent University, As an individual), 1950.

27 Maya Eichler, Megan Poole, Kimberley Smith-Evans, Leigh Spanner, [Advancing Canadian Research on Servicewomen and Women Veterans](#), 1 November 2022.

**“I attended basic training in Saint-Jean, Quebec, in 2009. [...] I was drugged, kidnapped and gang-raped while attending mandatory training. The last thing I remember is dozing off in class after our lunch break in the cafeteria, and waking in complete fear in an unknown location, with motel staff waking me. I was completely naked, with no identification, covered in blood and bruises, and I couldn’t walk. While the military government covered up a crime, the criminals climbed the ranks.**

**I was forced into poverty and suffered medically untreated conditions for 11 years. I experienced homelessness, extreme poverty and poor living conditions [...].**

**In both my pregnancies I had severe complications and pain from untreated physical conditions from the military injuries. [...] Both of my children have medical conditions due to complications in labour due to military injuries.**

**After four attempts to apply to Veterans Affairs [...] I was approved for the rehabilitation program 11 years after the date of my release. [...]**

**In November 2020 I started with the OSI clinic at Deer Lodge in Winnipeg. I started my PTSD therapy, and it truly saved my life.”**

ACVA, *Evidence*, 5 December 2023, 1630,  
Stephanie Hayward (Veteran, as an individual).



## INVISIBILITY OF THE BODY, MIND, WORK AND SERVICE OF SERVICEWOMEN AND WOMEN VETERANS

After the Human Rights Tribunal forced the CAF to open all military occupations to women in 1989, the CAF took an integration approach that treated women and men equally. As Col (Ret'd) Nishika Jardine, Veterans Ombud, put it:

[S]ince its inception, the CAF is and has been a predominantly male institution. Its approach to implementing gender integration and equal opportunity was to simply absorb women into its ranks by ignoring their differences as much as possible. It seemed to make sense, and for the most part we servicewomen wanted only to be treated the same as everyone else.<sup>28</sup>

Given the sheer predominance of men, sustained by the weight of military traditions, the approach of ignoring any gender differences contributed to rendering women invisible. As Senator Patterson said during her appearance, “gender-neutral excludes women.”<sup>29</sup> Researcher Chris Edwards agreed:

Canada has taken a gender-neutral and female-inclusive approach. Unfortunately, evidence-based “gender-neutral” means “man”, because of the lack of women representation in research. Until the physiology, biomechanics and anatomy of females are included in the CAF health services training courses, prioritized in research and required to be supported by the defence team, the needs of female CAF members and Veterans will not be understood, and they will continue to be invisible.<sup>30</sup>

Women’s invisibility is reflected in the public perception of women Veterans in general. Dr. Breeck provided the following account:

Even on Veterans Day, when you go to Tim Hortons to get your free coffee because you’re a Veteran, the very lovely person will still look at you and ask if you’re picking that up for your husband, even though you’re wearing the medals. On Remembrance Day, even when you’re sitting there proud with your medals, you will still have Canadians coming up to you saying, “Oh, did your husband die, or are those your husband’s?”

It’s a very common phenomenon. We don’t know who we are. We’re invisible, still, to the average Canadian.

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28 ACVA, *Evidence*, 30 March 2023, Col (Ret'd) Nishika Jardine (Veterans Ombud, Office of the Veterans Ombudsman), 1835.

29 ACVA, *Evidence*, 27 April 2023, Hon. Rebecca Patterson (Senator, Ontario, CSG), 1835.

30 ACVA, *Evidence*, 31 October 2023, Chris Edwards (Researcher, As an individual), 1615.



I'll start it there—they don't know we exist.<sup>31</sup>

Captain (Retired) Hélène Le Scelleur faced this disbelief caused by the invisibility of servicewomen: “As a female, I find that people often don't believe that I'm a Veteran, that I went to Afghanistan, that I was on the terrain over there, that an IED exploded on me. People look at me like I'm lying or telling the story of somebody else.”<sup>32</sup>

Once servicewomen become Veterans, they do not identify as such, especially if their service was cut short by sexual trauma. For RCMP Veterans, according to Vivienne Stewart, the identification is even more difficult.<sup>33</sup> This was the case for Christine Wood:

There are people like me who were severely injured 18 months in. I did not start calling myself a Veteran for about five years... I was absolutely embarrassed to say that I had served, because I left after being assaulted. I felt ashamed that I left, that I gave up. I didn't stay in for 20 years and fight it. I gave up.<sup>34</sup>

For others, not having been deployed prevents them from considering themselves women Veterans. According to Dr. Breck,

it is very common that women leave the military and want nothing to do with that chapter of their life at all. ....

When we think of the full spectrum of age groups, we have a number of women who—especially in the earlier generations, when women couldn't be part of combat—would say, “Well I gave 15 years or 20 years, but I didn't go into combat. I didn't deploy. I didn't do those real roles, so I can't consider myself a Veteran.” [...] Their vision of who they thought they were going to be never manifested ....<sup>35</sup>

Corporal (Retired) Lisa Cyr said that more than half of women are not sent on missions:

For example, I was told, “You, Cyr, you are going to stay here, because you have experience in the unit, in your section. The new kid doesn't know anything, so he can't

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31 ACVA, *Evidence*, 20 April 2023, Karen Breck (Major (Retired), Co-chair, The Women Veterans Research and Engagement Network), 1905.

32 ACVA, *Evidence*, 18 May 2023, Hélène Le Scelleur (Captain (Retired), Co-Chair, Centre of Excellence Advisory Council for Veterans, Chronic Pain Centre of Excellence for Canadian Veterans), 2005.

33 ACVA, *Evidence*, 30 November 2023, Vivienne Stewart (RCMP Veteran Women's Council, As an Individual), 2005.

34 ACVA, *Evidence*, 17 April 2023, Christine Wood (Veteran Advocate, As an individual), 1650.

35 ACVA, *Evidence*, 20 April 2023, Karen Breck (Major (Retired), Co-chair, The Women Veterans Research and Engagement Network), 1925. Also see the testimony of Maya Eichler (Canada Research Chair in Social Innovation and Community Engagement, Mount Saint Vincent University, As an individual), ACVA, *Evidence*, 20 April 2023, 1930.



handle things.” So he’s going on a mission. He’ll get the medal. As for me, they told me I was going to stay behind, I was going to slog 12 or 13 hours a day, because it takes people to make up for the labour shortage, and I’d get nothing.

At the end of the day, when you get out of the forces, you feel a bit like an imposter as a Veteran, because in people’s minds, Veterans are people who have been on missions.<sup>36</sup>

Given such resistance to recognizing women’s military service and their full status as Veterans, one would expect the Canadian government to provide some counterbalance and strive to make them more visible. However, there is no public representation or monument specifically dedicated to the contribution of women. The Committee therefore recommends:

### **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.**

Several times during witness testimony, the federal government was criticized after having lumped men and women together in its apology regarding the class action filed by survivors of sexual assault within the CAF. Lieutenant-Commander (Retired) Rosemary Park said the following:

On December 13, 2021, the official apologies by the Minister of National Defence, the deputy minister and the chief of the defence staff following the \$850-million DND and CAF sexual misconduct class action lawsuit did not include the words “servicewomen”, “servicewoman”, “male” or “female” once. “LGBTQ” was there, yes, but “women” was not there once.<sup>37</sup>

Professor Eichler said that these kinds of statements replace one invisibility with another and reveal a misunderstanding of intersectionality:

My great concern now, which I see and I want to make a point of here, is that the trend I’m seeing is that all of these institutions are beginning to look at women and recognize women, but there’s also this trend to lump together everyone who is not a white heterosexual male service member or Veteran. We have a new problem emerging, in that everyone who differs from that norm is lumped together, and that’s going to cause huge problems in the future as well.

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36 ACVA, *Evidence*, 15 June 2023, Lisa Cyr (Corporal (Retired) and Owner, Ma Langue Aux Chats Cat Café), 1940.

37 ACVA, *Evidence*, 17 April 2023, Rosemary Park (Lieutenant-Commander (Retired), Founder, Servicewomen’s Salute Canada), 1600.

I see this new trend across institutions, so what we really need is a sex- and gender-informed approach that does look at intersectionality—for example, the experiences of diverse women or how an Indigenous woman in the military experiences service differently from how a white woman does—but does not lump everyone together.<sup>38</sup>

This attitude is also prevalent in the field of military and Veterans research. According to Senator Patterson:

We cannot lump together all those with diverse needs into one program or one funding group without inevitably failing to address key areas that are unique to each specific group. All groups should be considered individually, although harmoniously, so that we can ensure equity and, ultimately, better lived experiences for those who have sustained harm in the service of our country.<sup>39</sup>

Stéphanie von Hlatky, Full Professor at Queen’s University, said that

when the federal government offers programs for mental and physical health, it is important to identify women’s differentiated needs and how these needs may have been shaped by their experiences while in the military. For example, women are more often exposed to cumulative stressors over the course of their career, which may include intense operational experiences, combined with sexual harassment and military sexual trauma, and separation from family as a primary caregiver.<sup>40</sup>

CAF witnesses were quick to downplay the persistence of this invisibility. According to LGen Lise Bourgon, Acting Chief of Military Personnel,

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

Is it perfect? No. Do we have improvements to make? Absolutely, but our voice is being heard.<sup>41</sup>

LGen Bourgon also said that historically, the CAF focused on assimilation rather than inclusion:

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38 ACVA, *Evidence*, 20 April 2023, Maya Eichler (Canada Research Chair in Social Innovation and Community Engagement, Mount Saint Vincent University, As an individual), 2020.

39 ACVA, *Evidence*, 27 April 2023, Hon. Rebecca Patterson (Senator, Ontario, CSG), 1835.

40 ACVA, *Evidence*, 9 November 2023, Stéphanie von Hlatky (Full Professor, Queen’s University, Canada Research Chair in Gender, Security, and the Armed Forces, As an individual), 1550.

41 ACVA, *Evidence*, 1 June 2023, LGen Lise Bourgon (Acting Chief of Military Personnel, Canadian Armed Forces, Department of National Defence), 1840.



That's where we're seeing the difference now. It's not about assimilation. I don't have to change who I am in order to belong. I can belong as who I am: a woman, a mother, etc. That is the switch we did, I would say, in 2010: Inclusion is the key, not assimilation.<sup>42</sup>

This sparked a reaction from Capt(N) (Ret'd) Louise Siew:

Referring to what happened in the past as "assimilation" is concerning to me, in that it was not the reality that I observed. As someone who enrolled in 1975, I can state that overall the military, forced into this change in the 1970s, did so begrudgingly and with an unwillingness to accommodate women. They maintained this posture for as long as they possibly could. They proactively dismissed, mistreated, humiliated and even hurt us.<sup>43</sup>

In other words, the CAF was forced by the courts to integrate women, first into its ranks, then into its other areas of operations. There was no impetus within the CAF to create an environment conducive to improving the integration of women. Colonel Lisa Noonan of the CAF Transition Group said the following:

That "invisible" thing that someone mentioned before is, I think, becoming less prominent. Now we're starting to look at specific programs, no matter what domain we're talking about, whether it be health services, transition services, recruiting, retention, etc., that are specifically geared to females in the CAF. That's a very new phenomenon over the last four or five years, in particular.<sup>44</sup>

Major-General Marc Bilodeau, Surgeon General of the CAF, confirmed that health-related measures were still in the preliminary stages:

Our women's health program is just starting. It started last year. We're now staffing a team. We're hiring people. Then, subsequently, we're going to start investing more in research and health care and then, hopefully, improve health outcomes for military women.<sup>45</sup>

This is a very recent change of direction, but the objectives are ambitious. The "Women's Health" initiative in Budget 2022 for the Department of National Defence

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42 ACVA, *Evidence*, 1 June 2023, LGen Lise Bourgon (Acting Chief of Military Personnel, Canadian Armed Forces, Department of National Defence), 1910.

43 ACVA, *Evidence*, 15 June 2023, Capt(N) (Ret'd) Louise Siew (As an individual), 1900.

44 ACVA, *Evidence*, 1 May 2023, Colonel Lisa Noonan (Director Transition Services and Policies, Canadian Armed Forces Transition Group, Canadian Armed Forces, Department of National Defence), 1650.

45 ACVA, *Evidence*, 1 June 2023, MGen Marc Bilodeau, Surgeon General, Canadian Armed Forces, Department of National Defence), 1935.

includes “\$144 million over five years, with \$31 million ongoing. This is, again, a big initiative.”<sup>46</sup> Professor Maya Eichler said that the program is designed

... to expand the armed forces health services and physical fitness programs to be more responsive to women and gender-diverse military personnel. [...] It was in addition to and separate from funding promised in the 2021 budget to the tune of \$158 million over five years for sexual misconduct and gender-based violence supports in the military.<sup>47</sup>

Eleanor Taylor of the True Patriot Love Foundation said that the culture of invisibility is indeed changing and, in her view, signals the start of a third phase in the integration of women into the CAF:

The first is the period when women and people of difference are demonstrating that they’re not harmful to the institution. ...

The next phase I call the phase of demonstrating that we are force multipliers. We are contributors to the organization and we bring value. [...] During this phase, from the outside looking in, things are looking much better, but this phase also demands silence from the people who are living it, because they’re still proving that they are contributors to the organization.

... In this phase, there is an empowered use of voice. In this phase, the institutions—both VAC and the CAF—shift, because they begin to hear with more clarity from more people of the differences and the unique needs that they have. In this phase, the institutions need to shift, and the individuals bring voice to it.

I think we are getting there, but I also think there are still instances of people becoming accustomed to silence, and that silence causes this culture of invisibility.<sup>48</sup>

A lot of patience will be needed to finally remove the deep-rooted reflexes of military culture. For now, the CAF seems to be focused on transforming its public image. According to Colonel Noonan:

We have that front-facing piece in terms of the pictures of women and the programs specifically with headings on the [Digital Transition Centre]. In the transition centre we have posters and different kinds of representation that include female Veterans. On the transition site, the canada.ca one, there are women in uniform on that site as well.

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46 ACVA, *Evidence*, 1 June 2023, LGen Lise Bourgon (Acting Chief of Military Personnel, Canadian Armed Forces, Department of National Defence), 1915.

47 ACVA, *Evidence*, 20 April 2023, Maya Eichler (Canada Research Chair in Social Innovation and Community Engagement, Mount Saint Vincent University, As an individual), 1840.

48 ACVA, *Evidence*, 24 October 2023, Eleanor Taylor (Manager, Community Engagement and Advocacy, True Patriot Love Foundation), 1720.



Hopefully, the invisible factor is diminished or eliminated as we continue to go along and have not only the programs and services that are geared to both men and women and other diverse groups as well that serve in the CAF but also the pictorial. Pictures do speak a thousand words in terms of people being represented or feeling like they are being represented as they work their way through these different tools and resources.<sup>49</sup>

However, it will take more than an image change to transform the reality underpinning that image.

Initiatives to transform the actual military culture were very broadly touched on during the appearances of CAF officials and were presented as though they were in their very early stages. While there are high hopes for these initiatives, it is still disappointing that after so many years of awareness about the issue, nothing concrete has been presented.

### **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.<sup>50</sup>**

### **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.**

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49 ACVA, *Evidence*, 1 May 2023, Colonel Lisa Noonan (Director Transition Services and Policies, Canadian Armed Forces Transition Group, Canadian Armed Forces, Department of National Defence), 1710.

50 Even though military men are three times less likely than women to be sexually assaulted in the CAF, members of the Committee are acutely aware that cases of sexual misconduct against men have been on the rise in the last 10 years. This is a very concerning trend, and it deserves to be addressed as a specific issue. The particular causes of the increase needs to be analyzed separately to prevent their becoming invisible if amalgamated with the data that is justifiably predominantly based on sexual assaults against women.

**“I’d like to begin by acknowledging the relative privilege I’ve had in my military experience. Unlike many witnesses who have come before you, [...] I have never experienced aggravated rape. I was also a reservist who served for only five years and deployed once. [...] a significantly older service member—a man—made unwanted advances at me, referencing an Asian fetish that he had. This person also made jokes about keeping child pornography on his computer. Someone other than me reported him. [...]**

**There was never any follow-up with me. [...] This service member was punished by being assigned meal hall duty [...]. This meant that I saw him three times a day, every day.”**

ACVA, *Evidence*, 5 December 2023, 1605,  
Caleigh Wong (As an Individual).



## Issues With the Continuum of Support Services for the Well-Being of Servicemembers and Veterans

Programs to support the well-being of servicemembers and Veterans are routinely separated into three spheres, based on the three essential components of human nature as usually perceived by Western culture: the body, the mind, and the achievements of the body and mind through individual actions on the world around them. These achievements, of which work is an essential component, define the aspect of each person's life that is visible to others.

With respect to VAC services, these three spheres are reflected in the “physical,” “mental/psychosocial” and “vocational” components of its transition and rehabilitation programs. It certainly makes sense to group them in these categories as this allows services to be structured in a way that meets the predominant needs of each individual. However, the flexibility inherent in the interdependence of these spheres of existence is made more rigid by imposing a temporal sequence. VAC provides these services in a set order: “physical” services are provided first, which presupposes that the body must be taken care of before anything else. Next comes the “mental and psychosocial” component, which it is assumed cannot be provided until the “physical” issues have been stabilized. Once a Veteran's body and mind have sufficiently recovered, they can be considered for a career transition program.

Several witnesses persuasively challenged the need to maintain this sequence for delivering programs, which, for reasons yet to be analyzed, seems to be particularly ill-suited to the rehabilitation needs of women Veterans. For example, Professor Joy MacDermid from the Chronic Pain Centre of Excellence for Canadian Veterans said the following:

Often, for people who present with chronic musculoskeletal pain, underneath that it's like an onion skin. Psychological injuries occurred that led to that. Sometimes because of the stigma around mental health, it's easier for people to present with chronic pain than to reflect on the chronic psychological distress and injuries they've had. If they don't acknowledge these problems, they manifest as chronic pain. People may talk about their physical symptoms more than they talk about their mental health symptoms because of chronic pain, but if you treat one and ignore the other, you don't get anywhere.



It's a very western philosophy to separate physical health and mental health, but we know that's not really good in any aspect of health. They really are integrated everywhere, but perhaps nowhere is this more important than with Veterans.<sup>51</sup>

Professor Ramesh Zacharias, Chief Executive Officer of the Chronic Pain Centre of Excellence for Canadian Veterans, said that “[f]rom VAC’s own studies, there’s clear evidence of the linkage between chronic pain and mental health, so you can’t split the two and treat them separately. You have to treat them in one facility that deals with both.”<sup>52</sup>

This is particularly true of the physiological consequences of sexual trauma. According to Professor MacDermid,

[w]hat our study illustrated was that there is a pathway between sexual harassment and psychological distress, and there is a pathway between psychological distress and having persistent severe chronic pain. This data supports what you’ve just heard from the experiences of Veterans: that sexual harassment and abuse result in not only long-standing psychological problems but also long-standing physical pain, so we cannot solve chronic pain without managing the underlying causes.<sup>53</sup>

This is not to say that the differences between these three dimensions of human existence should be ignored, but rather that services must be tailored to the multiple interactions between them. Several witnesses made this point, including Ms. Wood:

Post-traumatic stress disorder presents physically for me. It comes out somatically. I think this is something especially true for women, as opposed to men. This is something the VAC Table of Disabilities—that all-important document—does not recognize. Mental pain leads to physical pain. For instance, take someone who has arthritis in their back. They’re inactive. They may become isolated; then they may become depressed or anxious. That makes sense to all of us. The reverse is also true. If someone who is depressed or anxious becomes inactive and isolated, their body falls apart. That’s exactly what’s happened to me.<sup>54</sup>

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51 ACVA, *Evidence*, 18 May 2023, Joy MacDermid (Professor, Chronic Pain Centre of Excellence for Canadian Veterans), 1935.

52 ACVA, *Evidence*, 18 May 2023, Ramesh Zacharias (Chief Executive Officer, Chronic Pain Centre of Excellence for Canadian Veterans), 1940.

53 ACVA, *Evidence*, 18 May 2023, Joy MacDermid (Professor, Chronic Pain Centre of Excellence for Canadian Veterans), 1910.

54 ACVA, *Evidence*, 17 April 2023, Christine Wood (Veteran Advocate, As an individual), 1605.



It is well known that a woman Veteran's mental health can affect her physical health.<sup>55</sup> Some witnesses have complained about VAC's resistance to compensate for secondary medical conditions, for example chronic pain resulting from MST.

It is also quite possible that the involuntary interruption of a military career can lead to career adjustment problems that affect mental health. In other words, a woman Veteran's vocational needs might be what must be addressed first as part of a holistic approach to health and well-being. The Committee therefore recommends:

#### **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.**

#### **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.**

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<sup>55</sup> See the testimony of, among others, Sergeant (retired) Nina Charlene Usherwood (As an individual), ACVA, *Evidence*, 30 november 2023, 1630.

**“I have seen it over and over again. I have seen, on basic training, warrant officers sleeping with cadets and using it as a tool to get sex—convincing a cadet that, if they do this, they’ll pass basic training. This is basic officer training. This is since 1979. I caught him and brought it to my senior leadership. The young recruit was sent home and the warrant officer was returned to work with me. It goes on and on. I have seen it over and over again.**

**Sexual abuse was used as a way of almost controlling—in some cases—women. I spent a year, at one time, in my career as a commander hiding from senior officers. I mean that literally.”**

ACVA, *Evidence*, 15 June 2023, 1955,  
Capt(N) (Ret’d) Louise Siew (As an individual).



## Impact of Military Service on Women's Physiology<sup>56</sup>

### Medical Conditions Specific to Women

Given the much larger number of male Veterans, physical health issues affecting only women have often been dealt with as merely an afterthought. As the number of claims is smaller, less is known about these problems, and they are more difficult to acknowledge, both in terms of care in the CAF and in terms of compensation and rehabilitation at VAC.

Very little is known about injuries specifically affecting women. According to researcher Chris Edwards, the first decisive step would be for the CAF to create an injury surveillance system: “you need to identify what problems exist. Then you need to identify who is actually experiencing those problems—who’s the most vulnerable. Then you can start to break it down to look at what’s actually causing these injuries.”<sup>57</sup> The Committee therefore recommends:

#### 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.**

#### 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.**

#### Recommendation 9

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

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56 The analysis in this chapter applies only indirectly to women Veterans of the RCMP because, unlike those of the CAF, they are covered by provincial health insurance. This means that the health services provided to them are more like the benefits provided to members of the federal public service, including supplemental health care that goes beyond provincial plan coverage in the event of a work-related injury or illness. See the testimony of Joanne Rigon (Executive Director, Executive Liaison Officer, National Compensation Services, Human Resources, Royal Canadian Mounted Police), ACVA, *Evidence*, 7 November 2023, 1815.

57 ACVA, *Evidence*, 31 October 2023, Chris Edwards (Researcher, As an individual), 1700.

## 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.**

### Service-Related Infertility

According to Dr. Breeck, “the things we are having the hardest problems fixing from the bottom up are the things that don’t exist already. That will be, by definition, the things that are not male, that are totally different.”<sup>58</sup>

So, when epidemiological studies compare the health of male Veterans with that of women Veterans, problems that may only affect women are simply not identified. These include, for example, service-related infertility, pelvic floor dysfunction<sup>59</sup> and menopause-related issues.

Dr. Breeck spoke about how one woman Veteran had complained about a long wait for VAC to compensate her service-related infertility, after four years of dealing with them.<sup>60</sup> She was unaware that this condition had never been recognized and compensated before. Since it was a precedent, there were no rating scales to establish the benefit amount. The Veteran therefore had to wait an additional two years before finally being paid. Similar examples were given for pelvic floor dysfunction<sup>61</sup> and urinary incontinence.<sup>62</sup>

Once this precedent has been set, it takes some time before the department’s assessors and case managers become aware of this new “compensable condition.” Subsequently, if a possible cause for this condition is suspected, it will be a long time before the CAF is aware of it and can put preventive measures in place. Lieutenant-Colonel (Retired) Karen McCrimmon put it this way:

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58 ACVA, *Evidence*, 20 April 2023, Karen Breeck (Major (Retired), Co-chair, The Women Veterans Research and Engagement Network), 2000.

59 The Department of National Defence and VAC just launched two projects to fund research into pelvic floor dysfunction. The [first](#) provides \$40,000 over two years for a literature review, and the [second](#) provides a \$150,000 grant for the publication in English of a report on the risk factors associated with this condition.

60 ACVA, *Evidence*, 20 April 2023, Karen Breeck (Major (Retired), Co-chair, The Women Veterans Research and Engagement Network), 2000.

61 ACVA, *Evidence*, 31 October 2023, Chris Edwards (Researcher, As an individual), 1615.

62 ACVA, *Evidence*, 31 October 2023, Chris Edwards (Researcher, As an individual), 1650.



How does Veterans Affairs capture injury trends or illnesses like cancers, and how does it feed that important information back upstream, back to the military and back to the RCMP to prevent more injury?

Where is the feedback loop inside VAC for decisions that have been overturned by the VRAB. I don't even know if there is one.<sup>63</sup>

This feedback process does not appear to have been systematically implemented. Furthermore, wider distribution to all the people and organizations who might be interested in these decisions would help raise awareness about the progress made.

Although the information measures referred to by Dr. Cyd Courchesne, VAC's Chief Medical Officer, are certainly necessary, they are not the same as a systematic process to ensure that information is properly disseminated:

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

Then we would work to disseminate it within our department to the frontline workers who work with the Veterans directly—the case managers and the Veteran service agents. We work with our communications colleagues to put it out to our social media. We also have My VAC Account. We have a large number of people who have now registered for My VAC Account.<sup>64</sup>

The main aspect that seems to be missing from these processes is widespread public dissemination and feedback to CAF medical staff, who are the first to identify these conditions and support the women from the very beginning of the treatment program. The Committee therefore recommends:

### **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.**

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63 ACVA, *Evidence*, 27 April 2023, Karen McCrimmon (Lieutenant-Colonel (Retired), As an individual), 1840.

64 ACVA, *Evidence*, 4 May 2023, Cyd Courchesne (Chief Medical Officer, Department of Veterans Affairs), 2025.

**“After 12 years of service, I was medically released in 2013 with a diagnosis of adjustment disorder, with depressed mood and anxiety. I wasn’t coping well with the death of Corporal Marie France Comeau [a victim of Russell Williams in 2009]. We worked together as flight attendants at 437 Squadron in Trenton...**

**I found support online and through peer support I learned how to support myself as best I could from home.**

**MST comes with invisible pain. It doesn’t show up on scans or the tests that VAC used to determine eligibility for benefits, so for years I was being denied benefits because my doctors didn’t believe that I was as bad as I was saying I was. I was told that my pain was not real because I was not begging for narcotics and that my mental health wasn’t that bad because I showered before my doctor appointments. I didn’t fit into their box. I desperately needed help inside my home, but I couldn’t get VIP for mental health only. I applied anyway and was told, for example, that outdoors was my husband’s area, so I could only be supported for housekeeping.”**

ACVA, *Evidence*, 15 June 2023, 1850,  
Ms. Nadine Schultz-Nielsen (Leading Seaman (Retired), As an individual).



## Care for Pregnant Servicewomen and Those Giving Birth

The Committee heard a number of troubling accounts about the lack of support available to pregnant servicewomen. According to Ms. Edwards, “[o]nly 6.7% of CAF members who have been pregnant while serving received specialized physical training support—that’s 6.7%.”<sup>65</sup> In other words, it appears that almost all pregnant servicewomen are being left to fend for themselves. Routine conditions, such as post-partum depression, may not be properly diagnosed or treated:

If we don’t have practitioners who are specialized in women’s health, they’re not going to ask or they think it’s normal.<sup>66</sup> / Their medical support doesn’t have women’s health training, so when they go to their medic and explain that they pee themselves whenever they’re running and ask if it’s normal, they’re told it is. [...] It’s a common experience postpartum, but it’s not normal.<sup>67</sup>

Captain (retired) Louise Siew fought long and hard to have these difficulties recognised within the CAF:

I successfully redressed the maternity leave policy. I wore my own version of a maternity uniform when the military offered me no uniform option. I maintained an informal network of hundreds of servicewomen from across the Canadian Forces to whom I would pass on information regarding ongoing issues such as equipment, uniform, maternity benefits, etc. I fended off sexual aggressions and suffered many rebukes for my activism, and I always felt like I was on my own in these fights.<sup>68</sup>

Although these issues have long-term consequences, it is more difficult to have them recognized by VAC since they will rarely have been documented. These are not the kinds of injuries typically expected during combat operations. They are nonetheless service-related injuries if they were aggravated by the difficulty of obtaining care.

A number of witnesses spoke about this lack of specialists among CAF medical staff. For instance, Major (Retired) Donna Riguidel said that during her service, she was referred to a civilian gynecologist: “No, they don’t have specialists within the military—at least within where I went. I was in Winnipeg, Edmonton and then Ottawa. We were referred to outside practitioners.”<sup>69</sup>

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65 ACVA, *Evidence*, 31 October 2023, Chris Edwards (Researcher, As an individual), 1615.

66 ACVA, *Evidence*, 31 October 2023, Chris Edwards (Researcher, As an individual), 1700.

67 ACVA, *Evidence*, 31 October 2023, Chris Edwards (Researcher, As an individual), 1630.

68 ACVA, *Evidence*, 15 June 2023, Capt(N) (Ret’d) Louise Siew (As an individual), 1905.

69 ACVA, *Evidence*, 17 April 2023, Donna Riguidel (Major (Retired), As an individual), 1625.



According to Lieutenant-Colonel (Retired) Sandra Perron,

we don't have OB/GYNs and medical doctors who are used to dealing with women going back after pregnancies.

Women are tied to the military medical system, so let's get educated about women's bodies, about what they go through after pregnancies, about menopause and about the tools out there to help women go through menopause, instead of having them leave because they're too tired, they're burnt out, they're not sleeping or they're not getting, perhaps, the proper hormone replacement therapy. We don't talk about it and they don't know what to ask.<sup>70</sup>

The Committee therefore recommends:

**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.**

**Recommendation 13**

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

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70 ACVA, *Evidence*, 8 May 2023, Lieutenant-Colonel Sandra Perron (Chief Executive Officer, The Pepper Pod), 1705.



**“How do I convey to you the pain that I feel every day from an organization and a country that I have served since I was 17 years old?**

**How do I tell you what it was like to be repeatedly sexually assaulted, including having my virginity taken from me against my will, being abused and harassed, and withstanding misogyny, overt and covert sexism, gaslighting and more? ...**

**How do I tell you what it’s like to be in the middle of the ocean, with no land in sight for days, or in the Gulf of Oman, or off the coast of Panama, or even 12 nautical miles off the coast of Vancouver Island, and be told that if there was an ‘accident,’ no one would hear my screams, or sailing with people who would grab my body, manipulate me, brainwash me and use me as a sex toy?**

**All of this is because I reported in 2001.**

**... My MST reporting and what happened afterwards was completely weaponized against me. My physical injuries—including concussions, spinal injuries, knee injury and shoulder injuries—were all brushed off as a mental health condition and my being dramatic.**

**It has taken other medical professionals, specifically male professionals, standing up for me to get treatment.”**

*ACVA, Evidence, 15 June 2023, 1840–1845,  
Ms. Lisa Nilsson (Petty Officer, 2<sup>nd</sup> Class (Retired), As an individual).*

### Ill-Fitting Equipment

This was the issue raised most by the witnesses. Master Corporal Jacqueline Wojcichowsky described it as follows: “We struggle with clothing, rucksacks, helmets and boots that do not come in small enough sizes and are not designed to fit females. It doesn’t just take a toll on our bodies. It becomes humiliating when we have to deal with wardrobe malfunctions in front of our male peers.”<sup>71</sup>

Researcher Chris Edwards provided a few other examples:

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

Then you have the ballistic vest, which is not designed to accommodate breasts. Usually it doesn’t fit. They’ll only have mediums when you’re an extra small, but you’re a “small target”—a quote that actually came from what was told to one of my friends. She was on deployment in an active combat zone, and they didn’t have ballistic plates for her that fit. She was told, “It’s a good thing you’re a small target.”<sup>72</sup>

It is difficult to understand this lack of properly fitting body armour, which is one concrete example of how women are invisible: “we have flat flak jackets when as women we should have breasted stuff. It’s flat. They’re all flat. They should be made for our bodies. Stuff should have been properly designed years ago, but it’s all flat and it comes apart.”<sup>73</sup>

Ms. Edwards even told the Committee that women have had mastectomies, either as a result of successive injuries due to ill-fitting equipment, or preventively in order to be able to use this equipment during operations:

Because we haven’t been asking these questions and we haven’t been tracking these, I can’t give you a number. However, I do know a number—those are just the people I’ve spoken with, but I’m one person—who have had this surgery so that they can do their job.<sup>74</sup>

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71 ACVA, *Evidence*, 5 June 2023, Master Corporal Jacqueline Wojcichowsky (As an individual), 1605.

72 ACVA, *Evidence*, 31 October 2023, Chris Edwards (Researcher, As an individual), 1640.

73 ACVA, *Evidence*, 5 June 2023, Master Corporal Jacqueline Wojcichowsky (As an individual), 1635.

74 ACVA, *Evidence*, 31 October 2023, Chris Edwards (Researcher, As an individual), 1640.



### Dr. Courchesne acknowledged this possibility:

Some women asked for breast reductions, but it wasn't because of poorly adapted equipment. It was for other reasons, such as back pain, and so on. That said, it's quite possible that these women didn't want to admit that they were injured because of the equipment.

I have no doubt that some women have taken that route.<sup>75</sup>

Captain (Ret'd) Siew raised the issue of maternity clothing: "I wore my own version of a maternity uniform when the military offered me no uniform option."<sup>76</sup>

Ill-fitting equipment can have significant long-term consequences. Woman Veteran Christine Wood described some of them:

More serious than feet, ill-fitting equipment also at best aggravated and at worst caused pelvic floor weakness. It's led to serious reproductive complications for me. I've had high-risk pregnancies, one miscarriage, one pre-term birth, a prolapsed bladder, and ongoing stress and bowel incontinence. I am 44 years old, and I often have to wear a disposable piece of adult underwear, because a panic attack or nightmare can lead to an accident.<sup>77</sup>

Women Veterans often find it difficult to obtain compensation from VAC if they cannot provide proof that their health problems are equipment-related. The CAF does not have a registry documenting equipment and issues related to its use, which would spare women Veterans the burden of having to prove that their health issues are service-related.

Servicewomen tend to dispense with ill-fitting equipment, which of course jeopardizes their safety, health and ability to obtain compensation for any resulting medical condition. An apparently simple issue such as the availability of earplugs can lead to permanent hearing loss. Ms. Doucet said that her ear canals were too small to fit the earplugs provided in hangars and air bases.<sup>78</sup> Could the fact of not wearing ill-fitting equipment be recognized as sufficient for VAC to provide compensation for hearing loss?

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75 ACVA, *Evidence*, 7 December 2023, Dr. Cyd Courchesne (Chief Medical Officer, Department of Veterans Affairs), 1720.

76 ACVA, *Evidence*, 15 June 2023, Capt(N) (Ret'd) Louise Siew (As an individual), 1905.

77 ACVA, *Evidence*, 17 April 2023, Christine Wood (Veteran Advocate, As an individual), 1605.

78 ACVA, *Evidence*, 9 November 2023, Marie-Ève Doucet (Non-destructive Testing Technician, As an individual), 1625.

The CAF acknowledges the problem, but they have been surprisingly slow to react, since this has been a problem as long as there have been servicewomen. For example, when members wanted an explanation as to why these issues were taking so long to address, Colonel Helen Wright of the Canadian Forces Health Group was evasive and put off solutions to a vague point in the future:

I can say there is work under way to make sure we are adapting equipment to the female frame. An example, for instance, is the ballistic plates, which are so infamously difficult for small-statured people and women to wear. There is research going on about what design would be appropriate for those plates.<sup>79</sup>

I really am optimistic that the pendulum is swinging in that direction and that the work will be done.

Unfortunately, the solutions aren't always straightforward. That's the problem. We can often find the things that don't fit, but it isn't necessarily that easy to find how to address it.<sup>80</sup>

LGen Bourgon admitted the need for "gender-based analysis." She went on to say that the information regarding equipment needs for servicewomen had been compiled. Lastly, the industry does not always appear able to deliver what is needed:

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

There are also things like ballistic protection plates, where the technology isn't yet adapted to our needs because we represent only a small percentage of global purchases. That's also a challenge. We're aware of it, and we're working on it.<sup>81</sup>

When it came time to come up with specific initiatives that could lead to solutions in the near future, MGen Marc Bilodeau said the following:

Our women's health program is just starting. It started last year. We're now staffing a team. We're hiring people. Then, subsequently, we're going to start investing more in

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79 ACVA, *Evidence*, 1 May 2023, Colonel Helen Wright (Director of Force Health Protection, Canadian Forces Health Group, Canadian Armed Forces, Department of National Defence), 1600.

80 ACVA, *Evidence*, 1 May 2023, Colonel Helen Wright (Director of Force Health Protection, Canadian Forces Health Group, Canadian Armed Forces, Department of National Defence), 1620.

81 ACVA, *Evidence*, 1 June 2023, LGen Lise Bourgon (Acting Chief of Military Personnel, Canadian Armed Forces, Department of National Defence), 1840.



research and health care and then, hopefully, improve health outcomes for military women.<sup>82</sup>

It is becoming difficult to find reasons explaining why the CAF has been so slow in overcoming this long-standing challenge. Even when it appears that progress is being made, the language used betrays a certain lukewarm commitment and lack of a systematic approach:

As part of the new contract with LogistiCore for new equipment, we are careful to provide better support to women, for example by offering them better boot sizes. Last year, we also launched a refund for waterproof underwear. It's the same thing for the bras: we need equipment that works for us.<sup>83</sup>

Lieutenant-Colonel (Retired) Karen McCrimmon told the Committee that “it all comes down to wanting the CAF and VAC to be willing to say, well, it’s different. Every time we order a new piece of equipment, we have to make sure it fits women as well as men.”<sup>84</sup> The Committee therefore recommends:

#### **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.**

This does not appear to be as much of an issue in the RCMP. According to Ms. Jennifer Ebert, Assistant Commissioner with the RCMP,

[i]t has changed a lot over the past several years through the use of a GBA+ lens in the way we fit our kit. There have been a lot of changes to the dress and department manual within the RCMP, including reducing gender requirements and allowing males and females—all genders of police officers—to pick the kit that is best suited to them. I traditionally fit better into men’s pants than I did into what were traditionally women’s pants. The changes allow fluidity in the way that we’re handling kit and clothing now. They allow for that.<sup>85</sup>

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82 ACVA, *Evidence*, 1 June 2023, MGen Marc Bilodeau, Surgeon General, Canadian Armed Forces, Department of National Defence), 1935.

83 ACVA, *Evidence*, 1 June 2023, LGen Lise Bourgon (Acting Chief of Military Personnel, Canadian Armed Forces, Department of National Defence), 1840.

84 ACVA, *Evidence*, 27 April 2023, Karen McCrimmon (Lieutenant-Colonel (Retired), As an individual), 1855.

85 ACVA, *Evidence*, 7 November 2023, Jennifer Ebert (Assistant Commissioner, Commanding Officer, B Division, Royal Canadian Mounted Police), 1805.

There have been changes in our dress and deportment in relation to the type of gun belt we're using. [...] It's the same for the modernization of our pistol and fitting smaller hands.<sup>86</sup>

However, the comments of Ms. Jane Hall, of the RCMP Veteran Women's Council, would tend to qualify these statements. According to her, the working conditions of federal police members "do not differ from those highlighted by the Canadian Armed Forces." This includes "uniforms and equipment not designed for women [which] continue to take tolls on aging bodies."<sup>87</sup>

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86 ACVA, *Evidence*, 7 November 2023, Jennifer Ebert (Assistant Commissioner, Commanding Officer, B Division, Royal Canadian Mounted Police), 1810.

87 ACVA, *Evidence*, 28 November 2023, Jane Hall (Member, RCMP Veteran Women's Council), 1610.



**“In 2016 I had a sports injury while doing unit fitness training. [...] I don’t know why things changed in how I was treated, but the change point happened in 2016, which was a year after I reported being sexually assaulted.**

**I had always been taken seriously prior to that, but after that, everything was blamed on my mental health. [...] Six months prior to my release, I was diagnosed with a rare genetic disorder. I had no idea I had it and never would have known if I hadn’t had an injury. ...**

**... My mental health did deteriorate with that. While I was in the service, I was unknowingly diagnosed with an anxiety disorder and asked to be reassessed, and when I was, I was told that I had adjustment disorder, which I thought was a load of something, but there was nothing else I could do about it. Once I was released, my Veterans Affairs case manager referred me to the OSI clinic, where I was assessed and diagnosed with PTSD, dating back to 2008, halfway through my career. I held myself together quite literally with my muscles and held my mental health together by being excessively busy.**

**... I require a lot of help. I don’t get out of the house, not because I don’t want to but because I struggle to. I have to adapt and overcome, because I have no other choice. I have two children, and they need me.”**

ACVA, *Evidence*, 15 June 2023, 1835,  
Ms. Carly Arkell (Major (Retired), As an individual).



## Cultural Competencies of Health Professionals

The problems presented above with the services provided to pregnant servicewomen raise a more general issue. Since the military population is too small and spread out over vast geography, the CAF cannot keep professionals in uniform for all medical specialties. They must therefore rely on personnel from the provincial and territorial systems. However, not all specialists can be expected to be sensitive to the unique military context. According to Professor von Hlatky,

[w]hen you have a Veteran patient coming to see health care providers in the civilian system, that familiarity with the Veteran experience might not be there. Queen’s and the gender lab that I referenced earlier—in, for example, the work done by Dr. Linna Tam-Setto,—have developed tools for health care providers to develop that cultural competency to be able to interact with Veteran patients through a gender-sensitive lens.<sup>88</sup>

Since the CAF need a greater number of medical specialists who are sensitive to the unique nature of military service, making a greater effort to raise awareness about this need would be worthwhile. The Committee therefore recommends:

### 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.**

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88 ACVA, *Evidence*, 9 November 2023, Stéfanie von Hlatky (Full Professor, Queen’s University, Canada Research Chair in Gender, Security, and the Armed Forces, As an individual), 1710.



**“I was raped in Canada while I was in the reserves, but went on to join the regular force and was deployed overseas.**

**On one tour, I was fine. I felt very much protected by the soldiers—men—around me. On other tours, I had to be very leery. What I have to point out, though, is that almost at the beginning of any deployment, any mission or any tour, any time we were together as a battalion or brigade, the girls would have a little chit-chat, saying to stay away from this person, and don’t be alone with that person and kind of stick with this person... I thought, ‘Do the guys have the same warnings? I don’t think so.’”**

*ACVA, Evidence, 5 June 2023, 1620,*

*Ms. Kathleen Mary Ryan (Sergeant (Retired), As an individual).*

## Chemical Exposure

There are precedents for establishing a link between exposure to hazardous substances in the CAF and certain illnesses. The best-known example is [Agent Orange exposure](#), for which compensation programs were established.

Five years ago, Air Force Veteran Marie-Ève Doucet was diagnosed with pineal gland cancer, a form of brain cancer. She attributes it to her military service, and she suspects that her exposure to carcinogens while pregnant also had an impact on her son's health.

... [T]his type of cancer tends to be due to one of two things, either genetics or occupational and environmental exposures. Cancer of any kind does not run in my family.

... This leaves us with the logical alternative that, after 20 years of significant exposure to multiple carcinogenic chemicals and ultrafine particles that are known to negatively affect the central nervous system, it was my workplace in the military that aggravated if not directly caused my present cancer.<sup>89</sup>

Her compensation claim to VAC was denied after three weeks “due to lack of proof of my medical condition being related to [...] chemical exposure of my workplaces.”<sup>90</sup>

In the U.S., [research](#) has shown a higher prevalence of brain cancer in women Veterans than in non-Veterans.<sup>91</sup> However, like most epidemiological studies, it cannot establish a causal link between this higher prevalence and certain risk factors found in military operations. Furthermore, the low proportion of women Veterans in the samples rules out any possibility of demonstrating such a causal link. This is yet another illustration of Dr. Breeck's dictum that “the absence of proof, however, is not proof of absence.” Research has also raised a link between exposure to microparticles emitted during aircraft maintenance during pregnancy and certain medical conditions in children.<sup>92</sup>

Dr. Remington Nevin spoke about a similar situation affecting women Veterans involving antimalarial drugs, whose specific effects on women, particularly during pregnancy, are unknown:

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89 ACVA, *Evidence*, 9 November 2023, Marie-Ève Doucet (Non-destructive Testing Technician, As an individual), 1535.

90 ACVA, *Evidence*, 9 November 2023, Marie-Ève Doucet (Non-destructive Testing Technician, As an individual), 1535.

91 There is also an application in the United States, <https://mobile.va.gov/app/exposure-ed>, which allows military personnel to track their exposure to certain substances whose risks have been suspected.

92 Sarah A. Carter et al., “Maternal exposure to aircraft emitted ultrafine particles during pregnancy and likelihood of ASD in children,” *Environment International*, vol. 178, 2023.



For historical reasons, most preventive anti-malarial drugs were tested predominantly among men, and therefore in many cases direct human safety and reproductive hazard data are not available to inform their rational use in women.

For example, the Canadian product monograph for atovaquone-proguanil, a popular anti-malarial drug marketed as Malarone, notes that “there are no studies in pregnant women”, and that the safety of the drug combination in pregnancy “has not been established”. Likewise, the Canadian product monograph for doxycycline, another popular anti-malarial drug, warns that it “should not be administered to pregnant women”.

These warnings are particularly relevant in that U.S. military experience has shown that women of child-bearing age are at high risk of pregnancy during deployments, where the use of these or other drugs has typically been mandatory.<sup>93</sup>

Therefore, the question is whether a higher prevalence is enough to justify a presumed link with military service when studies indicate the possibility of a causal link, without it being possible to demonstrate one. So far, the American and Canadian governments have said no.

In some cases, this refusal may seem incompatible with the principle of “the benefit of the doubt,” which is enshrined in legislation for anything related to attribution to military service. However, the strict interpretation of this principle is that the benefit of the doubt applies to the validity of evidence provided by Veterans, and not to presumptions of causal links that are virtually impossible to establish. For example, scientific studies have demonstrated the causal link between prolonged exposure to asbestos and certain types of cancer. Placing this example in the military context, the principle of the benefit of the doubt would then apply to evidence submitted by Veterans that they were indeed exposed to asbestos.<sup>94</sup>

For Ms. Doucet, the burden of proof required for diseases with unknown causes is excessive. Furthermore, the small number of women Veterans precludes any possibility of identifying causes that would be different from those observed in men. The descriptions of Ms. Doucet’s work would raise a reasonable suspicion in most people presented with them:

When you’re working on airplanes, most of the time the fuel drips on your head, so even if you wear gloves you get covered with fuel. The fuel drips down your arms. We had to put rags in to prevent the fuel from running down inside our armpits and on our chest. There’s no protection made for that. The gloves won’t keep the fuel from

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93 ACVA, *Evidence*, 9 November 2023, Remington Nevin (Executive Director, The Quinism Foundation), 1600.

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dripping on you and unfortunately that's just the way it is. You're working above your head and the fuel falls down. There's no real protection except for glasses.<sup>95</sup>

The Committee therefore recommends:

#### **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.**

Once the causal link has been established or presumed, Veterans must be able to document their exposure to these risk factors. Currently, the CAF has no record of those substances that pose a risk and that military personnel are exposed to. The Committee therefore recommends:

#### **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.**

#### **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.**

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95 ACVA, *Evidence*, 9 November 2023, Marie-Ève Doucet (Non-destructive Testing Technician, As an individual), 1625.



**“I joined the Canadian Armed Forces in 1990 at the age of 17, as one of the first women to join the combat arms in an effort to increase the number of women in service. Needless to say, our presence in the infantry was not welcome. As soon as I joined the forces, I had to work harder than any man just to be treated as their equal. In this very homogeneous male world, I shed my femininity to make room for the identity of being a soldier and gain respect.**

**... From the beginning and throughout my career of 26 years, I was subjected to misconduct by men. In the beginning, it was to make me give up, but later on it was to appropriate my body—from verbal harassment to touching to forced kissing by superiors. It was also the invasion of my private life as a way to force me to accept the unacceptable. However, I consider myself lucky: I am not one of those who was raped.”**

*ACVA, Evidence, 18 May 2023, 1905,*  
Ms. Hélène Le Scelleur (Captain (Retired), Co-Chair,  
Centre of Excellence Advisory Council for Veterans,  
Chronic Pain Centre of Excellence for Canadian Veterans).

## VAC Guidelines and Table of Disabilities

For several years now, VAC has been working on adapting the [Entitlement Eligibility Guidelines](#) and the [Table of Disabilities](#) to better incorporate health problems that affect only or mainly women. The “Guidelines” help VAC assessors determine whether certain common medical conditions claimed by Veterans warrant payment of a disability benefit. The “Table of Disabilities,” however, has legislative status and is used to determine the degree of disability, ranging from 5% to 100%, caused by a specific condition. This percentage is used to determine the amount of benefits payable to Veterans.

For example, service-related infertility, mentioned earlier, has been added to [Chapter 16](#) of the Table of Disabilities, under “Permanent sterility; premenopausal.” A medical impairment rating of 9% is given. Next, assessors must determine one of three possible “Quality of Life” ratings, which evaluates the impact of this condition on the woman Veteran’s ability to perform “usual and accustomed activities of independent living.” In the case of infertility, the maximum Quality of Life rating is 2%. Therefore, 9% and 2% are added together, giving a degree of disability of 11%. The amount of the pain and suffering compensation for a degree of disability of 11% is \$129.70 per month for life, or a single lump sum of \$42,200.19.

Several women Veterans said that certain medical conditions affecting women are not recognized by VAC, or are not recognized for their impact on the quality of life of women Veterans. Furthermore, some conditions may affect women and men differently. The Table does not make this distinction. Capt(N) (Ret’d) Louise Siew criticized VAC for its resistance to recognizing the unique way cumulative joint trauma affects women as a compensable condition in the Table of Disabilities.<sup>96</sup>

Dr. Breeck believes that the difficulty lies in the fact that not only might these documents not fairly incorporate women’s medical conditions, but it would also be difficult to know if improvements have been made or are being implemented. For example, prostheses have long been part of the Table of Disabilities, but those needed by women are not always the same as those needed by men. Does VAC take this into account when assessing claims? “In fairness, it may be happening, but we don’t know.”<sup>97</sup>

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96 ACVA, *Evidence*, 15 June 2023, Capt(N) (Ret’d) Louise Siew (As an individual), 2005.

97 ACVA, *Evidence*, 20 April 2023, Karen Breeck (Major (Retired), Co-chair, The Women Veterans Research and Engagement Network), 2000.



This lack of information was confirmed by the Veterans Ombud:

In terms of what VAC is doing, when I first took up this job I remember getting a briefing from Veterans Affairs. They told us that they are reviewing the Table of Disabilities, which is the key document that captures all of the possible things that could be linked to service. That's the key, but I have not seen the updated table yet and haven't had any kind of update on it.<sup>98</sup>

The departmental officials who appeared before the Committee said that they were making progress on updating these tools, but it is difficult to know exactly what kind of changes have been made. According to Trudie MacKinnon,

we are conducting a multi-year, multi-jurisdictional review of the Table of Disabilities. We started that a couple of years ago, and we anticipate having it completed at the end of this fiscal year, so by March 2024.

...

I should say that the Table of Disabilities also goes hand in hand with our entitlement eligibility guidelines. We use those two instruments to determine entitlement, and we use the Table of Disabilities to determine the level of disability. Both of those instruments are being updated, and they are also both being looked at under the GBA+ lens to ensure, again, that there are no barriers to access, for example, for women Veterans and equity-seeking Veterans when they come forward.<sup>99</sup>

The [VAC site](#) says that implementation of this Table of Disabilities modernization initiative is “pending.”

### Updating the Guidelines: the Example of Sexual Dysfunction

The treatment of sexual dysfunction as it relates to mental health is one example of the slowness of the process of updating the Table of disabilities and the Entitlement Guidelines. When it comes to mental health, women Veterans have higher rates of depression and an increased risk of developing panic disorder, social phobia, generalized anxiety disorder or post-traumatic stress disorder than do men Veterans. According to Dr. Elaine Waddington Lamont, mental health director of Women Warriors' Healing Garden:

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98 ACVA, *Evidence*, 30 March 2023, Col (Ret'd) Nishika Jardine (Veterans Ombud, Office of the Veterans Ombudsman), 1905.

99 ACVA, *Evidence*, 4 May 2023, Trudie MacKinnon (Acting Director General, Centralized Operations Division, Department of Veterans Affairs), 1910.



Women are much more likely to become disabled with PTSD as a result of their service. There's a lot of disagreement in the literature about why exactly this is. It's complex, but it's fair to say that it is probably related to physiological differences, differences in the brain and differences in hormones, but also differences in experiences, including sexual trauma related to combat, sociological differences, harassment and structural differences.<sup>100</sup>

As part of a [systemic review published in April 2022](#), the Office of the Veterans Ombud presented the example of an inequity in how the rules to qualify for disability benefits are applied for conditions where mental and physical health are connected. Many of the drugs used to treat mental health problems can cause sexual dysfunction in both men and women. In a review designed to streamline the processing of claims for sexual dysfunction resulting from a psychiatric disorder, VAC simplified the process for the treatment of erectile dysfunction. However, the department did not do the same for sexual dysfunctions affecting women:

The [*Disability Adjudication Directive Erectile Dysfunction Consequential to Psychiatric Conditions (Medication Use)*] allows disability adjudicators to make disability benefit decisions for this condition, whereas all other sexual dysfunction claims must be sent to a medical advisor for review, which may lengthen the wait time for decisions. Effectively, this directive streamlines the most common sexual dysfunction condition experienced by male clients consequential to an entitled psychiatric condition, but no similar process was implemented for female claimants.<sup>101</sup>

During her appearance before the Committee, Ms. Jardine presented other surprising aspects of the directive update:

The questionnaire that goes to the doctor, for example, specifically asks, "Is there sexual dysfunction?" if the person sitting in front of the doctor is a man. For women, a similar question is not there. PTSD and psychiatric and mental health issues could have adverse impacts on a woman's sexual health as well, but they are invisible. The Table of Disabilities was silent on that.<sup>102</sup>

Until there is a systematic, intentional process for handling claims by women Veterans, such examples are bound to recur. During her appearance, VAC official Trudie MacKinnon confirmed that changes had been made to the treatment of female sexual dysfunction,

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100 ACVA, *Evidence*, 8 May 2023, Elaine Waddington Lamont (Mental Health Director, Women Warriors' Healing Garden), 1605.

101 Office of the Veterans Ombudsman, [Adjudication of Sexual Dysfunction Claims Consequential to an Entitled Psychiatric Condition](#), April 2022, p. 9.

102 ACVA, *Evidence*, 30 March 2023, Col (Ret'd) Nishika Jardine (Veterans Ombud, Office of the Veterans Ombudsman), 1845.



but the Office of the Ombud did not receive credit for this, speaking as though the department had acted on its own initiative:

In January 2022 we implemented new entitlement eligibility guidelines for sexual dysfunction, which is a condition that affects both male and female Veterans coming forward, but in very different ways. That's a good example of how we will be updating those. As Veterans come forward and are presenting with the same condition, the impacts can be very different depending on whether a Veteran is male or female. We are going through our entitlement eligibility guidelines and the Table of Disabilities at the same time.<sup>103</sup>

Melanie MacDonald, who is responsible for updating these documents at VAC, did not credit the Office of the Ombud either, revealing that this new directive was in fact the first to have undergone a systematic approach to inclusion:

One of the things we're really excited about is the very first new EEG that we have published in about seven years or so. It is a new EEG for sexual dysfunction. It's the first EEG, or entitlement eligibility guideline, that is sex and gender inclusive, in that we look at the impact on females and the impact on males. We have consideration in the entitlement eligibility guidelines for the causes of sexual dysfunction, including military sexual trauma....<sup>104</sup>

According to Ms. Hughes, adopting these guidelines has started to make a difference: "We're starting to see a change. It took over a year to get those decisions back, so it is a very slow process. [...] It's starting to increase, but it's slow. It's very slow."<sup>105</sup>

The Committee therefore recommends:

### **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.**

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103 ACVA, *Evidence*, 4 May 2023, Trudie MacKinnon (Acting Director General, Centralized Operations Division, Department of Veterans Affairs), 1910.

104 ACVA, *Evidence*, 12 June 2023, Melanie MacDonald (Team Lead, Disability Benefits Entitlement Eligibility Guidelines (EEG) Modernization Initiative, Department of Veterans Affairs), 1730.

105 ACVA, *Evidence*, 8 May 2023, Carolyn Hughes (Director, Veterans Services, National Headquarters, The Royal Canadian Legion), 1655.

**“I have 32 years of experience in the Canadian Armed Forces. [...] I have held various positions with Lord Strathcona’s Horse and also with Princess Patricia’s Canadian Light Infantry, 1 Military Police Regiment, 3<sup>rd</sup> Canadian Division headquarters, 6 Intelligence Company as their release clerk now, and numerous other units. [...] During my service, I was raped, sexually harassed, verbally threatened and emotionally controlled. Due to my trauma, I have lost my self-control. It has had a negative impact on my ability to get promotions. Ongoing sexual harassment has affected my physical and mental health, which was not properly diagnosed until 2018 by OSI and Veterans Affairs.”**

*ACVA, Evidence, 5 June 2023, 1605–1610,  
Master Corporal Jacqueline Wojcichowsky (As an individual).*



**“I first applied for a pension in 1996, only to be denied. My first appeal was also denied. Shortly before I appeared on the cover of Maclean’s, 25 years ago this month, I was awarded a small partial pension and told it was because my sexual assault was not service-related, nor was I on duty. [...] The issue was rectified after the class action lawsuit, and I was finally given a full pension. [...] For six years, I was kept on the rehab program despite mental breakdown after mental breakdown and suicide attempts. [...]**

**I have had a case manager tell me I was mentally unstable and belonged in an institution while I was in the process of leaving my abusive ex-husband. I have been told I was asking for too much when needing assistance with my nutrition grant. I have had doctors refuse to fill out pension paperwork because Veterans Affairs sent them my whole 492-page file. [...]**

**If the military is serious about recruiting more women, Veterans Affairs has to start understanding that there are different needs for women, especially if a woman was abused and has isolated herself for any period of time.**

**[...] Veterans Affairs needs to realize this is an individual process and that some people don’t fit the boxes they have created for them. Sometimes, VAC rigidity and insurance-like attitudes are not what is required. Being accepting and having a listening ear go a long way.”**

*ACVA, Evidence, 8 May 2023, 1545,*

*Ms. Dawn McIlmoyle (Sailor 3<sup>rd</sup> Class, Registered Nurse, As an individual).*

## Historical Treatment of Women in the Canadian Armed Forces and at Veterans Affairs Canada

Witnesses spoke at length about the challenges of proving a link between certain medical conditions and military service. This is particularly true of situations where they appeared outside of any connection to a military operation designated as “special duty.” In that case, if a medical condition appears during a deployment, women Veterans do not have to document the causes. However, if the problems result from routine activities on a military base or in any other context where the member is on duty but not deployed as part of a special duty operation, the burden will be heavier, and women Veterans will have to prove the facts attesting to a causal link between military service and their medical condition. While VAC is legally obligated to give the benefit of the doubt to such proof, it must be available to be gathered, something that can be difficult, if not impossible.

This constraint affects servicewomen more than servicemen, since it took a long time for women to be able to be deployed on special duty operations, and they are still less likely than men to be in combat units. Ms. Hughes from the Royal Canadian Legion said that injuries that do not occur during military operations are not taken as seriously by VAC:

Sometimes claims are denied because a Veteran served as an admin clerk, for example, and they may say, well, an admin clerk types, takes notes, sits at their desk and processes paperwork, basically. However, when you’re posted to a base like Petawawa or Gagetown or any of the active bases, you do the same [physical training] that any other soldier does on that base. When you’re serving with a unit as a clerk—for example with the infantry unit—you do the same [physical training] that they do every morning.<sup>106</sup>

Capt(N) (Ret’d) Louise Siew called for this burden to be shifted to the CAF themselves and that they undertake a full historical inventory of their treatment of women and provide documentation that would relieve women Veterans of this burden:

[T]hat women are being expected to put in claims and provide the conditions of service with proof, and the bottom line is that they don’t have any proof. But DND does know, the Canadian Forces does know, how these women were treated over the years. I think they owe an obligation to women Veterans in that they didn’t do anything for them when they were serving. They hurt them when they were serving, so they have an obligation now to identify just what they did.

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106 ACVA, *Evidence*, 8 May 2023, Carolyn Hughes (Director, Veterans Services, National Headquarters, The Royal Canadian Legion), 1650.



They know. It's not like they don't. If they don't, there are stakeholder women like me across the Veteran community who would be happy to come in and tell them. We are there. We know. We are dealing with Veterans all the time. We'd be happy to explain.

If they provide that, it just means that the Veteran herself doesn't have to document when she has no documentation. This is ridiculous. If they're going to do it with MST and acknowledge with MST that women's voices matter and that women's stories matter, and we know that already, that precedent has been set. That has already been done. This would move things ahead light years if we did just this one thing and the Canadian Armed Forces stepped up and said what they did to women. They know the equipment issues.<sup>107</sup>

It is easy to see how shifting the documentary burden would facilitate the treatment of certain conditions such as the cumulative joint trauma mentioned by Ms. Siew. For example, it can be a challenge for women Veteran to prove that boots were too big, rucksack straps were too wide, body armour crushed their chest and resulted in permanent lumbar strain, earplugs were too large, pregnant women were exposed to toxic substances, and so on. If the CAF were able to document such practices and, if necessary, provide times and places, it would at once relieve all women Veterans of the burden of proof. According to Rosemary Park,

[w]ith respect to deployment, when women were sent on deployment, they did not record where they were or what they did, so there is no record. We have to crowdsource now. Those deployment experiences, and logically those in harsher conditions, will have implications for later health care and other issues. [...] There have been 399 missions since 1945. Women have been sent on international deployments since 1975. The only thing we can do, which we are undertaking, is to crowdsource.<sup>108</sup>

For sexual trauma claims, this would certainly make processing requests easier. There has been some progress on giving such claims the benefit of the doubt, but giving the benefit of the doubt because of uncertainty does not carry the same weight as confirming the merits of a claim. According to Ms. Hughes,

[w]e saw a dramatic increase of claims that had been denied because there wasn't enough evidence, or perhaps the police found it unfounded or the chain of command said to just keep quiet about it, so there was no documentation on what happened.

The policies have gotten better recently for military sexual trauma, and claims are more favourable, but they didn't go back and look at all claims that were denied in the past. The women had to come forward to us to identify so that we knew. At our national command, we proactively went through all our files. We looked for claims that may have been turned

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107 ACVA, *Evidence*, 15 June 2023, Capt(N) (Ret'd) Louise Siew (As an individual), 2015.

108 ACVA, *Evidence*, 17 April 2023, Rosemary Park (Lieutenant-Commander (Retired), Founder, Servicewomen's Salute Canada), 1735.

down because there was no medical information of it happening or there was no successful harassment claim. We were able to get those overturned at the higher levels.<sup>109</sup>

The Committee therefore recommends:

**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.**

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109 ACVA, *Evidence*, 8 May 2023, Carolyn Hughes (Director, Veterans Services, National Headquarters, The Royal Canadian Legion), 1655.



**“I was sexually assaulted by a peer when I was 17. From that point on, I felt a need to adopt a sort of male-like way to act. Also, I didn’t want my reputation to be affected by coming forward with what happened to me, so I didn’t for 20 years. [...] I panicked because I felt as though I didn’t have the support I needed from my chain of command, all male but for one female, who, I will point out, sexually harassed me and asked me to be more feminine in my interactions with individuals even as I was dealing with a brain injury. It’s not isolated to just men.”**

ACVA, *Evidence*, 24 April 2023, 1650,  
Ms. Kristin Topping (Program Ambassador, Prince’s Trust Canada).



## THE IMPACT OF MILITARY SERVICE ON WOMEN'S WORK

### Lower Income for Women Veterans

As mentioned above, women Veterans' incomes fall by 17% to 22% in the three years following their release, while men Veterans' incomes remain unchanged. This is explained in part by the fact that they choose to "[provide] care to others."<sup>110</sup> According to Mary Beth MacLean, who carried out research for VAC: "We don't know exactly what caregiving they're doing, but given their average age at release, it's likely to be children. It could be parents as well, but it's much more likely to be children. They may potentially be releasing to start to have children."<sup>111</sup>

In the three years following release, women Veterans earn on average 40% less than men Veterans. In addition to choosing to take a career break to have children, several other factors contribute to this significant difference. First, at the time of their release, women Veterans' income represents 90% of men Veterans' income,<sup>112</sup> mainly because women Veterans have accumulated fewer years of service on average. For example, 39% of women Veterans released between 1998 and 2013 had served 20 years or more, compared with 49% of men Veterans during the same period.<sup>113</sup> According to Jessica Miller, who served 22 years as a military nurse:

There's no substantial difference on what members in the forces make. The issue is that young women are being harmed by senior leadership, and then those women are punished by being released from the forces because they can't handle working anymore beside the person who has assaulted them over and over again. They leave the forces and they have a pittance of a salary because they haven't even done 10 years.<sup>114</sup>

They are therefore younger and have not been promoted to the same extent. Second, a higher proportion of women than men are released for medical reasons, and are therefore more likely to suffer from disabilities that limit their career advancement, at least in the first few years after release. According to Nathan Svenson, Director of Research at VAC,

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110 ACVA, *Evidence*, 4 May 2023, Mary Beth MacLean (Consulting Research Associate, As an individual), 1900.

111 ACVA, *Evidence*, 4 May 2023, Mary Beth MacLean (Consulting Research Associate, As an individual), 1900.

112 Veterans Affairs Canada, *Pr-and Post-Release Income of Regular Force Veterans: Life After Service Studies 2019*, section 3.8.

113 39% of women Veterans have 20 or more years of military service, compared with 49% of male Veterans. See Mary Beth MacLean, Jacinta Keough, Alain Poirier, Kritopher McKinnon and Jill Sweet, "Labour Market Outcome of Veterans," *Journal of Military, Veteran and Family Health*, Vol. 5, No. 1, 2019.

114 ACVA, *Evidence*, 28 November 2023, Jessica Miller (Founder and Director, Veteran Farm Project Society), 1730.



“the proportion of military members who release for medical reasons is approaching one-third. That’s quite high. The rate for women, over the same period, is considerably higher, at 42%.”<sup>115</sup> Lieutenant-General Lise Bourgon, Acting Chief of Military Personnel for the CAF, even put the proportion of medical releases for women at 47%.<sup>116</sup> These data are confirmed by the Service Income Security Insurance Plan (SISIP): of the 2,000 new files it receives on average each year, between 20% and 22% are from women,<sup>117</sup> which is significantly higher than their proportion within the CAF.

For those who leave the CAF voluntarily, the picture reflects a perception of not having been treated fairly during their service. According to Alana Jaquemet, Registered Social Worker and Registered Psychotherapist:

Many women we work with release not because of deployment-related trauma but after experiencing sustained systemic trauma, feeling silenced or forced to soldier on despite moral and physical injuries, or they voluntarily release because they feel the slow release process increases their risk for suicidal ideation or attempts, thus creating trauma for their families, or they sense that they could no longer survive the process.<sup>118</sup>

According to Professor von Hlatky:

[D]rawing from the evidence provided in exit surveys as members leave the military, the CAF retention strategy emphasizes that “certain dissatisfiers associated with voluntary release may be more prevalent amongst women than men.” The report cites the lack of fit with the military lifestyle, dissatisfaction with the advancement and promotion system, training and development requirements, as well as workload demands. The document recognizes that gender bias “can negatively affect access to opportunities for leadership roles, career advancement, and the preponderance of women as role models or mentors to aspiring leaders within the CAF.” This, in turn, has an influence on the well-being of serving members and newly releasing members, as well as on the professional opportunities that come after a career in the military.<sup>119</sup>

In other words, when they choose to leave voluntarily, servicewomen are more dissatisfied with their service than men, and they tend to attribute this dissatisfaction

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115 ACVA, *Evidence*, 30 March 2023, Nathan Svenson (Director, Research, Department of Veterans Affairs), 1935.

116 ACVA, *Evidence*, 1 June 2023, LGen Lise Bourgon (Acting Chief of Military Personnel, Canadian Armed Forces, Department of National Defence), 2005.

117 ACVA, *Evidence*, 12 June 2023, Maureen McGrath (Manager, Canadian Armed Forces Long Term Disability Vocational Rehabilitation Program, Manulife Financial), 1705.

118 ACVA, *Evidence*, 18 May 2023, Alana Jaquemet, Registered Social Worker and Registered Psychotherapist (As an individual), 1855.

119 ACVA, *Evidence*, 9 November 2023, Stéfanie von Hlatky (Full Professor, Queen’s University, Canada Research Chair in Gender, Security and the Armed Forces, As an individual), 1550.

to the unequal treatment they receive. Findings such as these are at the heart of what undermines the retention of women in the military. We know that they are more dissatisfied than men and that, as a result, they serve less time on average, but we are still unable to explain why. Women in the military shared stories of being treated unfairly, and the CAF claims to want to treat women fairly, but has yet to concretely define what fairness means in the day-to-day of military. It is therefore still impossible to act consistently to overcome these challenges. Acknowledging the problem is certainly a welcome first step toward a solution, but a further step could be to ask releasing women directly why they thought the military environment was unfair to them. That information could then be shared with VAC and complemented by VAC's own findings about what women Veterans experienced.

As their pre-release earnings are lower, their benefit earnings also tend to be lower, since income replacement benefits from the SISIP and VAC are based on pre-release earnings.

This drop in post-release income is also explained by the fact that, in the year following their release, 39% of women Veterans consider their main activity to be working, compared with 59% of men Veterans. For women Veterans, their main activity after release is attending school, providing care to children or others, or being on disability. As a result, their rate of part-time employment is higher than that of men. However, their job satisfaction rate remains the same as that of men.<sup>120</sup>

This job satisfaction rate suggests that working women Veterans are satisfied. However, some women Veterans, for example those with many years of service, are not given the same advantage that employers implicitly give to men Veterans in terms of leadership skills and autonomy. Lisa Garland Baird, Senior Researcher at VAC, said:

[W]omen Veterans experienc[ed] age as an issue as they re-entered or tried to re-enter the workplace. [...] Many women spoke about experiencing ageism, as well as not being seen as a Veteran by employers because they did not fit the traditional vision of what employers would think a Veteran would look like.<sup>121</sup>

There are various employment integration programs, some of which are partially funded by VAC. The Committee addressed these issues in its October 2023 report on a [National Strategy for Veterans Employment](#). For example, over the past 10 years, the Helmets to Hardhats program has enabled 453 women Veterans to enter the construction trades.<sup>122</sup>

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120 ACVA, *Evidence*, 4 May 2023, Mary Beth MacLean (Consulting Research Associate, As an individual), 1835.

121 ACVA, *Evidence*, 30 March 2023, Lisa Garland Baird (Senior Researcher, Department of Veterans Affairs), 1950.

122 ACVA, *Evidence*, 24 April 2023, Joseph Maloney (Executive Director, Helmets to Hardhats), 1605.



There is also a growing interest among women Veterans in trades where women are traditionally sparse, such as computer programming.<sup>123</sup>

According to Colonel (Retired) Patricia Henry of the National Association of Career Colleges, a high proportion of women Veterans are interested in starting their own business and would like VAC to serve as a hub of resources for women entrepreneurs.<sup>124</sup> Kathleen Kilgour with Prince's Trust Canada said that 25% of women Veterans are turning to entrepreneurship, which she says is a "disproportionate" number compared to men.<sup>125</sup>

Because of the particular needs of women Veterans and the high proportion of them who are considering entrepreneurship, career transition support programs should take these needs into account in a more targeted way. One of the key findings of the report on a National Strategy for Veterans Employment was the need to intervene as early as possible before military personnel have completed the release process so as to better prepare them for their career transition. The training for which women Veterans in the process of being released are eligible can usually only begin after they have become Veterans. This delays the time when women Veterans can look for a job or start a business, and contributes to a drop in their income during the first few years after their release. To that end, the Committee recommended:

That Veterans Affairs Canada and the Department of National Defence harmonize the criteria for training eligible for funding through the Education and Training Benefit and the Service Income Security Insurance Plan and ensure that medically releasing Canadian Armed Forces members can receive the Education and Training Benefit when they are still serving.

This same issue arose during discussions on women Veterans' career experience. Ms. Kilgour, for example, said that it was important "to provide transitioning training when it is able to have the most impact, which is during their time of service. One to two years before they release is the time when they need transitioning programming—whether it be entrepreneurship or some sort—in order for them to build confidence so they can make a plan to have a positive attitude toward their future."<sup>126</sup>

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123 ACVA, *Evidence*, 24 April 2023, Jeff Musson (Executive Director, Coding for Veterans), 1635.

124 ACVA, *Evidence*, 24 April 2023, Colonel (Retired) Patricia Henry (Military and Veterans Partnership Program Connect Coordinator, Willis College, National Association of Career Colleges), 1630.

125 ACVA, *Evidence*, 24 April 2023, Kathleen Kilgour (Senior Program Manager, Prince's Trust Canada), 1620.

126 ACVA, *Evidence*, 24 April 2023, Kathleen Kilgour (Senior Program Manager, Prince's Trust Canada), 1630. See also remarks by Kristin Topping (Program Ambassador, Prince's Trust Canada), 1620, and Cora Saunders (Outreach Specialist, Women and LGBTQ2+, Helmets to Hardhats), 1630.

The Committee therefore wishes to reiterate the recommendation made in its previous report more generally:

**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.**

We do not know the general level of satisfaction among women Veterans who do not work after their release. Nor is it known whether this rate varies greatly depending on whether they left the CAF voluntarily or whether they were medically released. Investigating the causes of the higher proportion of military women who are medically released is therefore urgent. We already know that the proportion of these releases related to musculoskeletal problems is slightly higher than for men, but this alone does not explain the difference. We know that the proportion of medical releases related to mental health is the same for women and men. We also know that, for all Veterans, participation in combat operations is one of the most decisive factors in this type of medical release. However, a higher proportion of men than women are involved in combat units. How, then, do we explain the similar prevalence of releases for mental health problems? If musculoskeletal and mental health problems can't explain the higher proportion of military women who are medically released, what are the possible other reasons for such releases?

These questions are at the heart of the CAF's ability to prevent medical releases and the resulting disabilities, as well as VAC's ability to offer programs and services tailored to the specific needs of women Veterans. Yet current research is unable to answer these questions. The Committee therefore recommends:

**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.**

Alongside this research into the causes of women's medical releases, there is also a need for a better understanding of the particular barriers faced by women Veterans in the job market, since current data is based on samples that include far too few women. The Committee therefore recommends:

**Recommendation 23**

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

**“I experienced the full gamut of sexual misconduct in the first 18 months of my service. By far, the most damaging was a sexual assault 18 months in, which resulted in my developing post-traumatic stress disorder. [...] The bottom line is that I have been diagnosed with 10, more than 10, distinct physical health illnesses since being assaulted, which will require lifelong monitoring and treatment. That includes restless leg syndrome; type 1 diabetes, which came out of nowhere at age 36; chronic migraines; fibromyalgia; sexually transmitted infection; pelvic floor and reproductive issues; sexual dysfunction; lower back pain; arthritis in my neck; extreme sensitivity to sound and light; sleep apnea; and tinnitus. That’s just the physical, and it’s all directly related and interconnected with the fact that I have been in a state of hypervigilance for 12 years.”**

*ACVA, Evidence, 17 April 2023, 1605–1610,*  
Ms. Christine Wood (Veteran Advocate, As an individual).



## Child Care Services

CAF representatives said that reconciling military service and family life is a priority and that it is the issue which could have the greatest repercussions on the retention of military women. However, it is difficult to clearly identify the measures put in place to meet the many challenges that remain when military personnel are deployed. For example, according to Colonel Noonan, “even women who are in deployable occupations are able to balance that much better with having a family than they were 20 years ago. There are certain measures we take to ensure that this balance occurs, regardless of the occupation.”<sup>127</sup>

However, the measures Colonel Noonan goes on to describe are precisely those that prevent military personnel from being deployed:

Let’s say they decide, because they want to devote more time to their family, that they want an occupation that deploys less frequently, perhaps, than the one they’re currently in. We have an occupation transfer program. They can apply through that to voluntarily move over to another occupation that’s perhaps more stable and less deployable in nature.

Certainly, we try, and we’re encouraging women to join the combat arms and other operational occupations, so that work-life balance piece is well recognized and is being attended to, even by those occupations. There is a way to do that and, if they’re married to a military spouse, balance the two careers as well.<sup>128</sup>

Traditional representations of men in military life are also changing and adding new demands on reconciling work and family life. Today, men with families expect to participate more actively than ever before. This implies that the support offered to family members of deployed military personnel will increasingly affect men and women alike.

According to Lieutenant-General Lise Bourgon, “about 45% of military families have trouble finding child care services for their children. It’s a huge challenge.”<sup>129</sup> Access to child care services adapted to the needs of servicewomen is therefore one of the main challenges affecting their integration into the CAF:

[A]s we move from province to province, we end up on a waiting list. We don’t have the luxury of waiting for two years to get a spot, because two years later we’re posted again.

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127 ACVA, *Evidence*, 1 May 2023, Colonel Lisa Noonan (Director Transition Services and Policies, Canadian Armed Forces Transition Group, Canadian Armed Forces, Department of National Defence), 1720.

128 ACVA, *Evidence*, 1 May 2023, Colonel Lisa Noonan (Director Transition Services and Policies, Canadian Armed Forces Transition Group, Canadian Armed Forces, Department of National Defence), 1720.

129 ACVA, *Evidence*, 1 June 2023, LGen Lise Bourgon (Acting Chief of Military Personnel, Canadian Armed Forces, Department of National Defence), 1840.



[...]

It's not about the cost of child care. [...] It's the availability of child care and also the availability of child care that supports our needs. We don't work seven to four. We work 24-7, on weekends and on call, so having secure access to child care is very important.<sup>130</sup>

Telah Morrison's brief confirmed such needs:

The childcare issue is by far the largest dissatisfier with CAF women who are mothers. During the start of the COVID 19 pandemic, day cares closed across the country. This affected CAF operations. I had base commanders calling me on how to get the provincially run daycare opened, as they had members who could not deploy on the domestic operations to support the pandemic, due to childcare needs.<sup>131</sup>

The organization of childcare services for military personnel varies from one province or territory to another. Services may be provided either on a base's or wing's military installations, or off base in civilian facilities such as military family resource center locations, or private or public civilian facilities with which the base or wing has signed an agreement. In addition to the issues related to the availability of places, which affect the entire Canadian population, all of these arrangements are governed by provincial and territorial regulations which can sometimes be poorly adapted to the realities of military life. One of the issues often mentioned concerns opening hours and the flexibility of children's arrival and departure times. For example, the [Alouette Early Childhood Center](#) is located in the Bagotville wing facilities, in Quebec. It can accommodate 80 preschool children and when a place becomes available on the waiting list, priority is given to a:

- Child of a staff member of CPE Alouette;
- Child whose attendance status is part-time;
- Siblings of a child attending the CPE;
- Child of a military parent requiring "special needs;"
- Child of all military personnel "attached to CFB Bagotville;"
- Child of a "full-time reservist;"

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130 ACVA, *Evidence*, 1 June 2023, LGen Lise Bourgon (Acting Chief of Military Personnel, Canadian Armed Forces, Department of National Defence), 2015.

131 Telah Morrison, Brief to the Committee.



- Child of a civilian parent “working at CFB Bagotville” whose status is permanent.

The policy on arrival times is quite restrictive and the center closes at 6:00 p.m. In other words, the organization of services is modelled on those which normally suit most civilians. The Military Family Resource Center at Base Borden, as another example, offers childcare services from 7 AM to 5 PM.

If the CAF were able to more precisely define the elements of an organization of these services that would be adapted to the needs of military personnel, this would establish a general model from which it would be easier to negotiate better adapted agreements with provincial and territorial organizations.

Uncertainty about access to child care services when military personnel are deployed to a new location can have a significant impact. It can contribute to women staying in the CAF for shorter periods of time, limiting their opportunities for advancement, and making the skills they acquired during their service less attractive to employers once they become Veterans, resulting in a greater need for career transition support.

The Committee therefore recommends:

#### **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.**

More generally, this issue concerns the frequent relocation of families and the career difficulties this can entail for spouses. The [Seamless Canada](#) initiative is designed to meet these needs. The only measure described on the program’s webpage is that ‘Several *Seamless Canada* Steering Committee (SCSC) meetings have been held since June 2018.’

General Bourgon, describing measures to facilitate spousal employment, echoed this statement: ‘We’re doing this with the Seamless Canada initiative, and its steering committee is holding discussions with the provinces and territories on how to facilitate employment after a transfer. [...] We are working very hard on this issue with the provinces and territories. We are making progress, slowly.’<sup>132</sup>

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132 ACVA, *Evidence*, 1 June 2023, LGen Lise Bourgon (Acting Chief of Military Personnel, Canadian Armed Forces, Department of National Defence), 1840.

**“[I]n 2011 after transferring through the reserve in my own province, I was assaulted. I was blindsided; it came out of nowhere. That incident made me question everything about the military and about people in uniform. I always hear people say that it happened because of the way she was dressed. Well, I was wearing my uniform at the time and I was going to one of my favourite functions, which was the soldiers’ Christmas dinner. That night was ruined for me.**

**This incident will stay with me forever, but like many of the other women involved in the class action lawsuit, we will not let these experiences define us. No system or organization is perfect and we still have a lot of work to do. [...]**

**Over the past couple of years, I have seen major improvements and I want to continue to be part of the solution, so that other women CAF members and Veterans can continue to have more positive experiences and look back on their time in the military with pride.”**

ACVA, *Evidence*, 24 April 2023, 1610,  
Cora Saunders (Outreach Specialist, Women and LGBTQ2+, Helmets to Hardhats).



## Family Reintegration During Transition

One of the most common problems encountered during transition is the difficulty reintegrating into the family unit. As clinical psychologist Alisha Henson explained:

I believe that a lot of individuals have missed a lot of family time with their service, so sometimes it's about how they fit back into this unit. Families at home have been doing things for a long time in one way, flexing and waxing and waning as this person comes in to support them and be present with them, but then at the end of it all, after years of service, how do you fully reintegrate and how do you become a full family person again, someone who's a part of that unit?<sup>133</sup>

To meet this challenge, psychotherapeutic support would certainly be welcome, but it will not be covered by VAC if the Veteran is not participating in a rehabilitation program. As Professor von Hlatky put it:

In the armed forces, people have access to all kinds of services, whether relocation services or health care. In the civilian world, they have to adapt to a whole new environment that can be quite confusing. [...] The lack of support in that respect is especially unfortunate.<sup>134</sup>

The VAC Assistance Service for mental health provides psychological support to women Veterans and their family members, but its focus is on specific needs requiring short-term intervention. It is therefore difficult to identify services that would support them in this aspect of transition, other than by trying to prepare releasing members for this risk.

In its [2021 report on caregivers](#), the Committee recommended that the spouses of women Veterans be provided mental health insurance coverage equivalent to that available to public service retirees. For women Veterans whose needs do not require a rehabilitation plan, this coverage could be provided during the first years of transition, and would allow them to choose the services that best suit them.

### 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.**

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133 ACVA, *Evidence*, 18 May 2023, Alisha Henson (Clinical Psychologist, Supervised Practice, As an individual), 2010.

134 ACVA, *Evidence*, 9 November 2023, Stéphanie von Hlatky (Full Professor, Queen's University, Canada Research Chair in Gender, Security and the Armed Forces, As an individual), 1700.

**“I joined the Canadian Armed Forces in 1986. I was so honoured and proud to serve. I wanted to be a police officer within the military, and I did just that, [...] but one day I was posted to the special investigations unit [...]. This unit was devoted to conducting the most serious criminal investigations, including sabotage, subversion, espionage and allegations of homosexuality.**

**[...] [My boss] told me we were going for an investigative trip up to Ottawa from CFB Toronto. I followed him in an undercover K-car. I was dressed in civilian clothes. Just as we got out to the Toronto airport, he pulled into a hotel along the airport strip, and I was interrogated there about my sexual orientation for the next two days. [...]**

**Later, I was flown by the police to Ottawa to be polygraphed about my sexual orientation. While I was seated, strapped to the polygraph chair, I admitted that I had fallen in love with a woman. [...]**

**I was also forced to come out to my family. [...] On my release records are these words: ‘not advantageously employable due to homosexuality’. I sued the military for this treatment, and in 1992 it was my legal challenge that formally ended the policy of discrimination against 2SLGBTQI people serving their country in the Canadian Armed Forces.**

**[...] A class action lawsuit in 2018 led to a settlement for more than 700 people who were found and located and could get some justice. Even justice delayed sometimes is still justice.”**

*ACVA, Evidence, 17 April 2023, 1550,*  
Michelle Douglas (Executive Director, LGBT Purge Fund).



## Homelessness

Debbie Lowther is Chair, CEO and Co-Founder of Veterans Emergency Transition Services, an organization that helps homeless and at-risk women Veterans. According to her, proportionally more women than men use her services:

They deal with lots of other challenges that male Veterans don't face. Lots of them are fleeing domestic violence. In the situations we see, most of them have children with them. They're more apt to come forward, not stay in shelters and sleep rough, because they have children. They're more likely to come forward and ask for help.<sup>135</sup>

These assertions were repeated by a recent analysis which uses the conclusions of the [ACVA report on homelessness](#), tabled in 2019 and adopted by the House in February 2022. According to these analyses, female Veterans would account for about 30% of the homeless Veteran population, which is twice their proportion in the total Veteran population.<sup>136</sup> However, these figures are an unreliable estimate of a situation about which we know virtually nothing. The current housing crisis is likely to increase the need. According to Ms. Lowther, this situation is even beginning to affect still serving members, who, because of a lack of housing, have been living in their cars.<sup>137</sup>

Moreover, "almost every female Veteran we have worked with has disclosed having experienced military sexual trauma and sexual harassment."<sup>138</sup> VAC's ability to intervene in these circumstances seems limited. Jennifer Smith, a Veteran who has experienced the hardships of homelessness, was told by a VAC manager "that VAC did not have a housing mandate and to just look on Kijiji."<sup>139</sup>

While she applauds the intentions that led, for example, to the creation of [Veterans' House Canada](#), such initiatives seem ill-suited to women Veterans who have experienced sexual trauma:

It's communal living. If you look at the pictures online, you can see what this housing system looks like. It really replicates almost exactly the environment in which many

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135 ACVA, *Evidence*, 31 October 2023, Debbie Lowther (Chief Executive Officer and Co-Founder, Veterans Emergency Transition Services), 1625.

136 Michael Short, Stephanie Felder, Lisa Garland Baird, Brenda Gamble, "[Female Veterans' risk factors for homelessness: A scoping review](#)," *Journal of Military, Veteran and Family Health*, 6 October 2023.

137 ACVA, *Evidence*, 31 October 2023, Debbie Lowther (Chief Executive Officer and Co-Founder, Veterans Emergency Transition Services), 1655.

138 ACVA, *Evidence*, 31 October 2023, Debbie Lowther (Chief Executive Officer and Co-Founder, Veterans Emergency Transition Services), 1620.

139 ACVA, *Evidence*, 9 November 2023, Jennifer Smith (Veteran, As an individual), 1610.

servicewomen were sexually assaulted. Just safety-wise, think about the basement laundry and all the places where danger exists and danger lurks.<sup>140</sup>

Such programs once again illustrate women's invisibility when it comes to Veterans in general. The Committee therefore recommends:

**Recommendation 26**

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

**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.**

**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.**

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140 ACVA, *Evidence*, 9 November 2023, Jennifer Smith (Veteran, As an individual), 1700.



**“Do I talk about my first few years—I joined at 17—assaulted and harassed, culminating in one of my instructors, who eventually rose to the rank of colonel, trying to order me to give him a blow job; how the men broke the lights in the hotel room where we had our course party after basic training, so we wouldn’t know who was touching us and were trapped in the dark; my first night at my unit, unsure and anxious, when I was pulled aside and handed a love letter from my course officer from basic training; or how I tried to gut it out because the military would pay for my future even after I was first diagnosed with PTSD, on meds to help me sleep, and raped by my then boyfriend, a higher-ranked unit member?”**

ACVA, *Evidence*, 17 April 2023, 1540,  
Donna Riguidel (Major (Retired), As an individual).



## Veterans Living Alone

As the Committee noted in a June 2021 report on [services for caregivers and family members](#):

Before the 1960s, the expectation was that injured Veterans, nearly exclusively men, would be cared for by their [wives] if they were married, or other members of their family if they were not. As a result, the *Pension Act* was expanded to recognize specific allowances and benefits to recognize and compensate for the additional responsibilities that fell to family members. These benefits were eliminated when the New Veterans Charter was adopted, but the presumption remained that if a Veteran needed continued attention at home, his spouse would naturally be the one to provide it.<sup>141</sup>

For example, under the *Pension Act*, a single Veteran received less than a married Veteran, since it was assumed that the Veteran also supported their family. If the Veteran had a severe disability, he was granted an [attendance allowance](#) in recognition of the additional burden that this might place on their spouse. In other words, the support provided in the home by the spouse or other family members was implicitly taken for granted.<sup>142</sup>

As few Veterans lived alone, it was considered that this solitude relieved them of a financial burden. What wasn't understood was that this solitude deprived them of crucial support. Ms. Smith's testimony highlighted the difficulties that Veterans living alone can face:

I have spoken to several people at VAC in administrative positions, and they have told me that the presumption is that the Veteran has informal supports baked in. Any funding such as VIP services or whatnot is really just to be an addendum [to that]. It's not actually to pay for the services that the Veteran needs. It's just like, "Well, if you need a little top-up on what your spouse brings in," or, "If your kids can shovel the walk this winter, then we can kind of give you a little bit more to top that up."

If you do not have those informal supports, as I have said to Veterans Affairs over and over again, so succinctly, telling them that I am 100% reliant on external paid services, that still results in my not getting the services.

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141 ACVA, [Caregivers: Taking Care of Those Who Care For Veterans](#), "Conclusion."

142 On this persistence in understanding female and male roles during military service and the transition to civilian life, see Maya Eichler, "[Making military and Veteran women \(in\)visible : The continuity of gendered experiences in military-to-civilian transition](#)," *Journal of Military, Veteran and Family Health*, 30 November 2021.



I am just marking time until I die, basically. I mean, it sounds dramatic, but it's true. That's the truth of it.<sup>143</sup>

It also appears that the proportion of women Veterans living alone is higher than that of men Veterans living alone.<sup>144</sup> Many among them do not identify as Veterans. According to Dawn McIlmoyle, Sailor 3<sup>rd</sup> Class who become a registered nurse, even if they do not take on the identity of woman Veteran, injuries sustained during their service end up surfacing sooner or later:

[A] lot of women who don't even acknowledge they're Veterans because they don't want to have to say that the reason they got out was they were sexually assaulted. ...

They don't even want to deal with Veterans Affairs because then they have to open those wounds too. A lot of women can actually hold their stuff together while they're raising their children, if they happen to have children, but as soon as those children are gone and they start to be alone, their issues start popping up because they're not keeping busy with their children. Sometimes they don't realize they're sick until they are 45 or 50.<sup>145</sup>

The Committee therefore hopes that VAC will take a serious look at this reality, which affects women Veterans more severely than men Veterans. The Committee therefore recommends:

### **Recommendation 29**

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

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143 ACVA, *Evidence*, 9 November 2023, Jennifer Smith (Veteran, As an individual), 1655.

144 ACVA, *Evidence*, 9 November 2023, Jennifer Smith (Veteran, As an individual), 1550.

145 ACVA, *Evidence*, 8 May 2023, Dawn McIlmoyle (Sailor 3rd Class, Registered Nurse, As an individual), 1715.

**“In 2018, I was at my wits’ end and called VAC to see if there was proper help for my physical injuries and mental damage from my time in the military.**

**The physical treatments I received started with rehabilitation to attempt to bring my body back to normal for my age. However, there are some long-term physical injuries that no rehab is able to repair. Since then, VAC has sent me to a doctor to help with my back injuries and pain management. Currently, all of those treatments are on hold as I fight cancer.**

**I spent many years after leaving the military having anxiety and depression and being unable to relax. Even now, I feel that I should be on alert for something that I think should happen but never does. I feel edgy and like there’s a void in my life, but I also feel I won’t be taken seriously. I still feel like I’m struggling on and immersed in bad memories that don’t fade. VAC connected me with a mental health professional who has diagnosed me with PTSD. My treatment has included medication, therapy and peer support groups. The peer support groups have been particularly helpful for me.**

**With regard to long-term prospects for my case, at my age I should still be working, but with my physical and mental injuries, I am unable to work. VAC is finally now realizing that and is helping me.”**

*ACVA, Evidence, 26 October 2023, 1555,  
Nicole Langlois (Veteran, As an individual).*



## VAC POLICIES ON WOMEN VETERANS

### Telling Your Story Again and Again ... and Again

For many years, women Veterans have complained about having to recount time and again every detail of the events that caused the disability for which they are claiming compensation. This requirement seems superfluous for any type of injury, whatever the circumstances, and it's easy to see why their testimony should be compiled and re-sent when reviews or new claims become necessary.

In the Committee's previous studies, this frustration was expressed mainly by women Veterans who had to describe the distressing circumstances of traumatic events during deployments that led to mental health problems. For women Veterans—and, to a lesser extent, men Veterans—who have suffered sexual assault, this requirement to repeat their story is just as distressing but is accompanied by a separate suffering due to the nature of the trauma. Women Veterans who have undergone traumatic experiences during deployments can sometimes preserve the more honourable dimension of their psychological injury, since it occurred in the performance of their duty. Survivors of sexual trauma, on the other hand, must recount the betrayal they suffered at the hands of a brother-in-arms or authority figure. The road to redemption from such an ordeal is not one to be taken lightly. Yet survivors are forced to return to it every time the instructions on a new form require it.

In this respect, Ms. Smith's testimony is troubling for the simple fact that it is frequent:

I've had several case managers, five different case managers, in the province of Ontario. That can take months. Even going from the Toronto office to Ottawa took six months. I had no case manager. That meant no medications. There was no continuity of care. That meant finding another doctor. Case managers get reports, but they want to do it all again. They say, "Tell me the story again" even though they have all the reports and all the information. It's all filled out on your claim forms too. That information is there. It seems a little lazy for them to just keep depending on and burdening the Veteran to rehash these traumatic things over and over again instead of doing their homework. The information is there. They have it. I would recommend that if they have additional questions or they feel that maybe one of their questions wasn't answered enough, then they could ask the Veteran to elaborate on that.<sup>146</sup>

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146 ACVA, *Evidence*, 9 November 2023, Jennifer Smith (Veteran, As an individual), 1615. See also remarks by Anna-Lisa Rovak (Veteran, As an individual), ACVA, *Evidence*, 24 October 2023, 1710.

These statements seem so obvious as to be trite. And yet, despite frustrations repeated year after year, women Veterans continue to be required to repeat every detail of the circumstances that led to their trauma. The Committee therefore recommends:

**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.**

**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.**



**“I believe that I was a good soldier and diligent in my duties. I am sure that the lack of respect and support by both regiments due to my gender and parental status helped to compound my PTSD, which I experienced and still suffer from.**

**I was a single mother in the military, which was very challenging. Becoming a mother played a huge role in my life. I felt I had to choose between the military or being a mom. Finally, I decided that being a mom was more important. Looking back at this decision, it is apparent that some of my supervisors navigated me to feel that I needed to choose between service or motherhood.”**

*ACVA, Evidence, 26 October 2023, 1550,  
Nicole Langlois (Veteran, As an individual).*

## Gender Based Analysis Plus

Debate frequently arose during this study about VAC's publication of its Gender Based Analysis (GBA) Plus reports. According to the [Women and Gender Equality Canada website](#), "GBA Plus provides a framework to contextualize the range of personal attributes such as sex, gender, race, ethnicity, religion, age and mental or physical disability, and ensure that these factors do not limit success and inclusion."

This approach to contextualizing identity has been progressively integrated into all stages of federal public policy development since 1995. Each federal institution is responsible for developing, implementing and following up on the results of its own GBA Plus strategy.

Several stakeholders, including the Veterans Ombud, have called on VAC in recent years to publish its GBA Plus analyses. According to Ms. Jardine:

GBA+, when done correctly, will allow VAC to better understand how its policies may have differential impacts not only on women Veterans but on all equity-deserving groups that seek access to the benefits and programs that Parliament has created for all of Canada's Veterans.<sup>147</sup>

A section dedicated to this follow-up has been added to the departmental results reports that federal institutions publish at the end of each fiscal year. VAC has incorporated these analyses into the supplementary information tables appended to its departmental reports [since fiscal 2018–2019](#).

The [information tables appended to the 2022–2023 departmental report](#) contain a wealth of information on the GBA Plus strategy implemented by the department since 2020 as well as a statistical analysis of each of the main programs administered by VAC. These tables are certainly welcome and show a willingness to be transparent about the statistics available to VAC to develop and analyze its programs.

As the departmental report states, "Veterans Affairs is continuing its work toward GBA Plus by developing and improving data collection, analysis, and assessment of program impacts on gender and diversity." Yet, in comparing this stated aim with the reality of the published analyses, shortcomings quickly become apparent. The published tables only provide a statistical comparison of the participation of men and women in each of the programs administered by VAC. They are a far cry from "analysis, and assessment of program impacts on gender and diversity." One of the main objectives of GBA Plus is to anticipate the impact of policies and programs on people belonging to selected identity

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147 ACVA, *Evidence*, 30 March 2023, Col (Ret'd) Nishika Jardine (Veterans Ombud, Office of the Veterans Ombud), 1840.



categories. For example, this involves projecting the unintended adverse effects of certain decisions. However, the department’s analyses simply compile data on the sex of people enrolled in each program. The notion of gender does not even seem to have been integrated, and the dimensions of intersectionality among identity categories are not addressed.

However, this does not mean that VAC does not carry out such analyses. According to Ms. Jardine:

We believe they do the GBA+, but we don’t know how well it’s done. If they published it, we could look at it. It would be transparent, and women Veterans could see it. I think it would go a long way to improving women’s sense of confidence that the department is looking to meet their needs. It’s about perception as well. That is why we consistently ask for those analyses to be published.<sup>148</sup>

According to Professor Eichler:

[A]nything we can do to get departments to transparently share those analyses would allow for external voices and expertise to evaluate and help improve them. These GBA+ analyses are not easy things to do, and I think everyone knows that. [...]

Veterans Affairs Canada has a GBA+ strategy, but I haven’t seen a lot of the analyses shared, so I would definitely encourage you to ask for those.<sup>149</sup>

Remarks made on this subject by departmental witnesses were evasive and give no clear idea of VAC’s intentions on this issue. The Office of Women and LGBTQ2 Veterans, created in 2019, is responsible for GBA Plus within the department.<sup>150</sup> According to Dr. Courchesne, “We now have a GBA+ strategy that identifies key actions and a GBA+ policy that sets clear roles and responsibilities within the department.”<sup>151</sup> According to Mr. Harris:

To ensure the modernizations are informed by sex and gender research, we have developed a tailored GBA+ methodology to guide our work. We used documents from Women and Gender Equality Canada, the Veterans Affairs GBA+ strategy, the GBA+ policy, step-by-step guides, and consultation with the Office of Women and LGBTQ2 Veterans.

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148 ACVA, *Evidence*, 30 March 2023, Col (Ret’d) Nishika Jardine (Veterans Ombud, Office of the Veterans Ombud), 1920.

149 ACVA, *Evidence*, 20 April 2023, Maya Eichler (Canada Research Chair in Social Innovation and Community Engagement, Mount Saint Vincent University, As an individual), 2025.

150 ACVA, *Evidence*, 4 May 2023, Cyd Courchesne (Chief Medical Officer, Department of Veterans Affairs), 1855.

151 ACVA, *Evidence*, 4 May 2023, Cyd Courchesne (Chief Medical Officer, Department of Veterans Affairs), 1855.



The application of our GBA+ approach will ensure that our customers see themselves reflected in our tools, because we have considered the varied and diverse health experiences of Canadian military and policing communities.<sup>152</sup>

The language used by the department can also cause unnecessary frustration by creating unrealistic expectations. VAC representatives praised the department's practices to such an extent that one might think they are approaching perfection. For example, according to Mr. Svenson:

VAC is applying emerging best practices to respond to the needs identified through research and evidence. For example, VAC has established a dedicated team to process disability benefit applications from women. VAC is modernizing its Table of Disabilities, with gender equity in decision-making as a core principle. This includes updating entitlement eligibility guidelines to reflect additional sex-specific conditions. VAC has promoted a trauma-informed philosophy across its frontline services and claims processing. VAC has adopted the principles of sex and gender equity in research, or SAGER, to ensure sex and gender impacts are considered at every phase of research, from study design and participant recruitment to data analysis and knowledge mobilization.<sup>153</sup>

While VAC's efforts are to be applauded, a more modest description of the actual results achieved would perhaps help narrow the gap between the department's rhetoric and Veterans' reality.

The department must do more to demonstrate its willingness to analyze the impact its policies and programs may have on women and others in the GBA Plus identity groups. The Committee therefore recommends:

### **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.**

Some of the issues raised in this study affect all Veterans. These issues have been addressed on numerous occasions in the Committee's previous reports, and we will only mention them here since they do not specifically affect women Veterans. Several witnesses emphasized the department's progress over the years in areas such as education programs, benefits paid to spouses when Veterans are unable to use them,

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152 ACVA, *Evidence*, 12 June 2023, Steven Harris (Assistant Deputy Minister, Service Delivery Branch, Department of Veterans Affairs), 1650.

153 ACVA, *Evidence*, 30 March 2023, Nathan Svenson (Director, Research, Department of Veterans Affairs), 1935.



and the dedication of case managers.<sup>154</sup> Other complaints made by women against the department are essentially the same as those that have been made by Veterans as a whole for many years. According to the Veterans Ombud, “They relate, first, to the wait time for disability benefits, and second, to medical benefits and other programs. We can’t point a finger at women and say it is only coming from them.”<sup>155</sup> Other complaints against the department in the course of this study concern:

- the oft-complained-about inability to contact anyone in the department without calling the 1–800 number;<sup>156</sup>
- the burden of documentary evidence required for a claim to be deemed admissible or complete, when such documents have already been provided on several occasions<sup>157</sup> or cannot be found;<sup>158</sup>
- the lack of support from the CAF in preparing VAC claims when transitioning;<sup>159</sup>
- the under-representation of women Veterans among VAC employees; and
- the general perception that the department does not serve women Veterans.<sup>160</sup>

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154 See for example the testimony of Alice Aiken (Veteran, Vice-President Research and Innovation, Dalhousie University, As an individual), ACVA, *Evidence*, 26 October 2023, 1620; Carly Arkell (Major (Retired), As an individual), ACVA, *Evidence*, 15 June 2023, 2025.

155 ACVA, *Evidence*, 30 March 2023, Col (Ret’d) Nishika Jardine (Veterans Ombud, Office of the Veterans Ombud), 1900.

156 See the testimony of Anna-Lisa Rovak (Veteran, As an individual), ACVA, *Evidence*, 24 October 2023, 1630.

157 See the testimony of, among others, Alice Aiken (Veteran, Vice-President Research and Innovation, Dalhousie University, As an individual), ACVA, *Evidence*, 26 October 2023, 1700; Lisa Nilsson (Petty Officer, 2nd Class (Retired), As an individual), ACVA, *Evidence*, 15 June 2023, 1845.

158 See the testimony of, among others, Nicole Langlois (Veteran, As an individual), ACVA, *Evidence*, 26 October 2023, 1635; and Brigitte Laverdure (Veteran, As an individual), ACVA, *Evidence*, 26 October 2023, 1635.

159 See the testimony of, among others, Alice Aiken (Veteran, Vice-President Research and Innovation, Dalhousie University, As an individual), ACVA, *Evidence*, 26 October 2023, 1635.

160 For example: ACVA, *Evidence*, 24 October 2023, Anna-Lisa Rovak (Veteran, As an individual), 1735; ACVA, *Evidence*, 17 April 2023, Christine Wood (Veteran Advocate, As an individual), 1630; ACVA, *Evidence*, 17 April 2023, Rosemary Park (Lieutenant-Commander (Retired), Founder, Servicewomen’s Salute Canada), 1645; ACVA, *Evidence*, 15 June 2023, Nadine Schultz-Nielsen (Leading Seaman (Retired), As an individual), 2015.

On these general issues, the Committee recommends:

**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.**

**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.**

**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.**



**“My 17-year military career was fraught with quite traumatic events, and they still have an effect on my daily life. [...].**

**Today, in 2023, 43 years later, I am reliving the sexual assault I experienced during my basic training in Saint-Jean. This assault was not committed by a platoon colleague, but by a senior officer, who knew full well that I would not speak out for fear of being fired from the Canadian Armed Forces. At that time, I was 17 years old. I had to face the demons of silence and agree to be just a face to this predator. I was able to find the strength and courage not to give up my dream of becoming an airframe technician and to pursue this fine career.**

**Unfortunately, since November 2017, I have been in the whirlwind of the sexual misconduct class action lawsuit at the Department of National Defence. I am also trying to have this event recognized in my Veterans Affairs Canada file, which is still under appeal to VRAB, the Veterans Review and Appeal Board.**

**Since my file was in the media, my post-traumatic stress disorder has seriously worsened.**

**On May 24, 1986, I was faced with the death of Captain Tristan De Koninck when he crashed with, his F-18, on the base in Summerside, Prince Edward Island. As part of the base defence team, my duty was to retrieve the pilot and the aircraft parts. Need I mention that it isn't normal for anyone to recover human remains? I was young, and I thought that was part of my job. We had no psychological support and no medical follow-up.**

**On November 14, 1988, in Bagotville, Quebec, I feared for my life. I was suddenly thrown 75 feet into the air when a T-33 pilot, in preparation for the runway, made a wrong maneuver;**

**I got the jet blast in my back. I had to undergo surgery on my left knee as a result of that incident. [...] I was downgraded and medically released. I felt like an old rag sent to the garbage after being dirtied. My release from the forces was miserable, and I felt alone in the process. Since then, I have always had to fight the system to have my health recognized at Veterans Affairs Canada. I felt like no one listened to me because I was a woman in a non-traditional trade, and I didn't have to be there. [...]**

**In closing, I would like to thank my psychiatrist, Dr. Hugues Poirier, for his support.”**

*ACVA, Evidence, 26 October 2023, 1605,  
Brigitte Laverdure (Veteran, As an individual).*



## Creation of a Dedicated Women Veterans Advisory Group

VAC counts on the support of six “ministerial advisory groups” made up of a dozen members. These groups meet a few times a year along with departmental representatives to discuss their respective terms of reference: families, care and support, commemoration, mental health, policy, and service excellence and transition.

Topics of particular concern to women Veterans are addressed as needed by each group, but none of them are focused on women Veterans. As we have seen time and again throughout this study, the fact that men represent 80% of Veterans, despite all the good will in the world, means that the concerns of women Veterans are not given priority.

As Ms. Lowther said, in recommending the creation of a women Veterans advisory group, as many voices as possible should be heard:

I think it’s important for VAC to listen to women Veterans, but a good representation of women Veterans. Last year, CAV held a women and 2SLGBTQI+ Veterans forum, which consisted of a series of panel discussions. There were 11 Veterans and currently serving CAF members on the various panels. One was a retired sergeant and one was a retired master corporal, the rest were all officers. I don’t think that was a realistic representation of women Veterans’ voices.<sup>161</sup>

In the United States, such an advisory committee has existed since 1983. It is more structured than the ACC advisory groups. It operates from its own budget and reports independently to the American Secretary of Veterans Affairs.<sup>162</sup>

The Committee therefore recommends:

### 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.**

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161 ACVA, *Evidence*, 31 October 2023, Debbie Lowther (Chief Executive Officer and Co-Founder, Veterans Emergency Transition Services), 1620. See also remarks by Christine Wood (Veteran Advocate, As an individual), ACVA, *Evidence*, 17 April 2023, 1635; Karen Breeck (Major (Retired), Co-chair, The Women Veterans Research and Engagement Network), ACVA, *Evidence*, 20 April 2023, 1925; Karen McCrimmon (Lieutenant-Colonel (Retired), As an individual), ACVA, *Evidence*, 27 April 2023, 1840.

162 Advisory Committee on Women Veterans, [2022 Report](#).

**Recommendation 37**

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



**“I started regular force basic training with CAF, and I was at CFB Cornwallis. I was one of only seven women in a platoon with nearly 100 men. Sexual harassment by male recruits and instructors was daily, including dehumanizing jokes, sexual gestures and lewd sexual comments. My bras and underwear would be displayed in front of the platoon and run up the flagpole and out the barrack’s windows. [...] During my time in the military, I was repeatedly physically and sexually assaulted, including being raped by a drill instructor at basic training, gang-raped in barracks by other male recruits and sexually assaulted during a dental procedure by the military dentist. [...] Prior to my Atlantic fleet posting, I was taken by multiple assailants—all military members—blindfolded, tied up, and forcibly confined for what I believe was three days. I was stripped naked, deprived of sleep, repeatedly raped, sodomized, water boarded and submerged in ice water. During this ordeal, I was repeatedly told that females were not wanted aboard a warship, and that I had better figure out a way to quit the military if I wanted to live. They stuck a bayonet into my chin and told me how they would kill me, saying, ‘A sailor can slip and fall off the ship during night watch easily and silently.’**

**I left the military after 13 months for fear for my life. I was given a one-way ticket to my originating city and nothing else—no contacts, no supports, nothing. I had been dumped at an airport and abandoned to navigate a life that had been irreparably altered by the devastating violence I experienced in CAF. Although over 30 years ago, the brutal attacks, lack of safety and constant psychological abuse have severely impacted all aspects of my life. I have severe and chronic PTSD and depression, chronic and severe pain due to physical**



**injuries, chronic infections, sexual, urinary and reproductive issues, and stomach and bowel conditions.**

**I am unable to function day-to-day and spend much of my time in my darkened bedroom, severely isolated, and unable to look after even my most basic needs. I have been homeless for extended periods; multiple hospitalizations have impacted being with my children, and I am alone as I am unable to feel safe in a relationship.**

**Since connecting with VAC five years ago, I have not felt supported, understood or heard by the VAC system.”**

*ACVA, Evidence, 9 November 2023, 1545,  
Jennifer Smith (Veteran, As an individual).*



## The Role of Community Organizations

**“The reason it’s not easy is that I am not just the person running the Veteran Farm Project? I am a woman who’s been sexually assaulted by men in the Canadian Forces, the ones who are supposed to be having your back, your battle buddy. How do you expect someone to come back from that and retrust men, organizations...?”**

**It is incredibly difficult. I put a smile on my face every day and I think of ways to support other women because I need that support too. It needs to be a group effort to lift each other up, because all we feel is oppressed.”**

ACVA, *Evidence*, 28 November 2023, 1735,  
Jessica Miller (Founder and Director, Veteran Farm Project Society).

In many circumstances, the scope and complexity of government programs is not well-suited to targeted needs. In such cases, the more welcoming environment of community organizations can make up for some of the shortcomings of government services.

Representatives from several of these organizations appeared before the Committee to present the services they can offer Veterans. For example, the Captain Nichola Goddard Fund, set up by the True Patriot Love Foundation, directly funds programs that support servicewomen, women Veterans and their families.<sup>163</sup>

The Davidson Institute, at VAC’s request, developed a recovery program for women with post-traumatic stress disorder in 2015. But, as its Director of Operations, Adrienne Davidson-Helgerson, pointed out, “what we noticed was that almost every woman who came into our program also had the experience of MST, military sexual trauma.”<sup>164</sup>

Other organizations, such as The Pepper Pod, offer support groups. According to its Chief Executive Officer, Lieutenant-Colonel (Retired) Sandra Perron:

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163 ACVA, *Evidence*, 24 October 2023, Eleanor Taylor (Manager, Community Engagement and Advocacy, True Patriot Love Foundation), 1625.

164 ACVA, *Evidence*, 24 October 2023, Adrienne Davidson-Helgerson (Director of Operations, Operational Stress Recovery, Davidson Institute), 1650.

Our signature program is called the lifeshop. They come for a weekend. They get there on a Friday. They don't know each other, for the most part. They're nervous, they're scared and they're anxious because they don't know what the weekend is about.

By the time they leave on Sunday, they have a new tribe.<sup>165</sup>

They come back between four to six weeks after the lifeshop. They come back for a reunion with their tribe. Often they don't even wait that long. They're already going to activities with their new tribe. They go out for coffee, blueberry picking, etc.<sup>166</sup>

The Healing Gardens offer various forms of therapeutic intervention based on contact with nature:

We started with a few tools and a small garden plot, and over the past five years we've grown into a couple of acres. We have animals we're able to use for equine-assisted therapy, we have horticulture therapy, we have beekeeping and we have art therapy, both in person and virtually. Of course, we've had to adapt with the pandemic, as everyone has. However, I think the difference in what was available, which was really aimed at the interests of men, was partly about being under-represented, so we like to say that we serve those who are under-represented-women and members of the 2SLGBTQ community.<sup>167</sup>

The Veteran Farm Project Society, in Nova Scotia, "[allows] serving women and Veterans a space to use the tools they've learned through other programs on the farm."<sup>168</sup> The Veterans Transition Network, for its part, offers free counseling and trauma treatment programs to members and Veterans of the CAF throughout the country, and in both official languages. The programs are offered separately in men-only and women-only groups. According to its Operation manager for Quebec, Marion Turmine:

The women are together, and the clinicians treating them have had training in the challenges experienced by women in the military, as well as in problems specific to women. Unfortunately, it's mainly sexual violence.

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165 ACVA, *Evidence*, 8 May 2023, Lieutenant-Colonel Sandra Perron (Chief Executive Officer, The Pepper Pod), 1625.

166 ACVA, *Evidence*, 8 May 2023, Lieutenant-Colonel Sandra Perron (Chief Executive Officer, The Pepper Pod), 1645.

167 ACVA, *Evidence*, 8 May 2023, Elaine Waddington Lamont (Mental Health Director, Women Warriors' Healing Garden), 1600.

168 ACVA, *Evidence*, 28 November 2023, Jessica Miller (Founder and Director, Veteran Farm Project Society), 1620.



These women often stay in touch after having taken our programs. They establish a network, are no longer alone, and can discuss their problems among themselves. That helps them enormously.<sup>169</sup>

Community organizations have repeatedly called on VAC to provide a directory for women Veterans to easily find them. According to Ms. von Hlatky, such a directory would ensure that up-to-date information, by city or by region, would be at their fingertips.<sup>170</sup> Such an initiative would also facilitate relations between organizations and the department. According to Ms. Davidson-Helgerson, it used to be easier for organizations to make their programs known to case managers, who could evaluate and recommend them as needed. Yet the number of referrals from the department has decreased:

There's been a ton of turnover at VAC. The new case managers don't know our program, so they don't refer people to it. It's up to the client. [...] so part of the decline is because we are not allowed to contact these people to show them what we do or to send them information, as it's seen as soliciting.

There is no central register where they can readily see all about the programs.<sup>171</sup>

To facilitate access to community organization programs, the Committee recommends:

### **Recommendation 38**

**That Veterans Affairs Canada support the establish, 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.**

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169 ACVA, *Evidence*, 28 November 2023, Marion Turmine (Operation manager, Quebec, Veterans Transition Network), 1725.

170 ACVA, *Evidence*, 9 November 2023, Stéfanie von Hlatky (Full Professor, Queen's University, Canada Research Chair in Gender, Security and the Armed Forces, As an individual), 1710.

171 ACVA, *Evidence*, 24 October 2023, Adrienne Davidson-Helgerson (Director of Operations, Operational Stress Recovery, Davidson Institute), 1730.

**“Two years before I left the forces, so in 2017, I was diagnosed with post-traumatic stress disorder. I burst into tears. I told myself that I couldn’t have this disorder, since I hadn’t been on a mission. I was told that my war had been fought on the base. I couldn’t accept this diagnosis. For two years, from 2017 to 2019, I didn’t leave home. They were calling my house constantly for a year. As I previously said, they refused to let me visit my family. I was asked to fill out a request for authorization, but it was refused. To make sure I didn’t visit my family, they called me at home morning and night. What does that do to a person? At some point, the brain gives up.”**

ACVA, *Evidence*, 15 June 2023, 1910,  
Lisa Cyr (Corporal (Retired) and Owner, Ma Langue Aux Chats Cat Café).



## MILITARY SEXUAL TRAUMA

**“We train soldiers to believe that we’re preparing them to potentially die for their country, so anything outside of that is almost secondary. [...] I think that is why sexual violence is sometimes so reduced. [...]**

**I think a reconfiguration of what we say we want in a good soldier is a start. That’s not just outside the merits of courage and bravery and all of this, but it’s being a good, ethical and just person in the civilian realm as well as the soldier realm.”**

ACVA, *Evidence*, 5 December 2023, 1605,  
Caleigh Wong (As an Individual).

As soon as women were integrated into the RCMP in the mid-1970s, and into CAF combat units in 1989, allegations of sexual misconduct began to surface in the media.<sup>172</sup> In the decades that followed, neither the CAF nor the RCMP undertook a systematic analysis of the problem.

It was an [investigation published in the magazine \*L’Actualité\* in 2014](#) that lit the fuse, which reported that, every day, five people are sexually assaulted in the Canadian Forces.<sup>173</sup> In response to those allegations, the Chief of the Defence Staff, Tom Lawson, immediately announced that the CAF would conduct an external review. Former Supreme Court Justice Marie Deschamps was appointed to lead the review. Despite a tight time frame, Justice Deschamps delivered a devastating report<sup>174</sup> that confirmed the findings of the *L’Actualité* investigation.

In August 2015, the new Chief of the Defence Staff, Jonathan Vance, subsequently launched Operation HONOUR, which had three objectives:

- improving support for CAF members affected by sexual misconduct;

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172 Department of National Defence and Canadian Armed Forces (DND/CAF), [Progress Report Addressing Inappropriate Sexual Behaviour](#), 1 February 2016, p. 3.

173 Noémi Mercier and Alec Castonguay, [“Crimes sexuels : le cancer qui ronge l’armée canadienne,” \*L’Actualité\*](#), 22 April 2014. [AVAILABLE IN FRENCH ONLY]

174 Marie Deschamps, [External Review into Sexual Misconduct and Sexual Harassment in the Canadian Armed Forces](#), 27 March 2015.

- rapidly modifying harmful behaviours; and
- increasing understanding and vigilance at all levels of leadership.<sup>175</sup>

In a subsequent report, Louise Arbour, also a former Supreme Court Justice, commented on Justice Deschamps' work:

Justice Marie Deschamps documented the sexualized culture in the CAF, shocking many Canadians who, until then, might have been content to believe that previous media accounts of sexual abuse in the Armed Forces were merely anecdotal and marginal. The revelations of Justice Deschamps led to a flurry of activity by the CAF in an attempt to fix the problem. Unfortunately, those efforts have so far failed.<sup>176</sup>

Despite this record of failure, in a [message dated 24 March 2021](#), the new Chief of the Defence Staff, Wayne Eyre, announced:

Operation HONOUR has culminated, and thus we will close it out, harvest what has worked, learn from what hasn't, and develop a deliberate plan to go forward. We will better align the organizations and processes focused on culture change to achieve better effect.

Meanwhile, other reports and analyses continued to reveal the full extent of the problem, both in the CAF and in the RCMP.

## The Merlo and Davidson class actions

**“[W]hat I heard from the women undermined my belief in the ability of the RCMP to change its culture.”**

Michel Bastarache, *Broken Dreams, Broken Lives: The Devastating Effects of Sexual Harassment On Women in the RCMP*, p. 56.

The concerns of CAF and RCMP women Veterans are most similar in terms of organizational culture and how sexual trauma is treated.

In 2012, Constable Janet Merlo filed a class action in British Columbia on behalf of women who had experienced harassment within the RCMP. Several individual civil suits

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175 DND/CAF, [“About Operation HONOUR.”](#)

176 Louise Arbour, [Report of the Independent External Comprehensive Review of the Department of National Defence and the Canadian Armed Forces](#), 20 May 2022.



had been filed previously, the first of which was won in 1989.<sup>177</sup> After the RCMP moved to strike the class action, a settlement agreement was reached before the Supreme Court of British Columbia issued a decision after hearing the parties in June and November 2015. That settlement agreement served as the basis for subsequent claims.

Meanwhile, in March 2015, Inspector Linda Davidson had filed a class action in Ontario on similar grounds. The Ontario Superior Court began hearing the case in February 2016 and, in April 2016, former Supreme Court Justice Michel Bastarache was appointed as mediator to reach a settlement agreement that would cover both the Merlo and Davidson actions.<sup>178</sup> This agreement was made public in October 2016 and led to the creation of the Office of the Independent Assessor headed by Justice Bastarache, whose role was “administering the claims process and assessing claims made under the Agreement.”<sup>179</sup> In January 2017, the Federal Court certified Merlo and Davidson’s joint class action, and efforts were made to notify potential class members. Contact information for 33,513 women who worked for the RCMP between 1974 and 2017 was provided to the Office of the Independent Assessor. Justice Bastarache noted, “at the outset, that the RCMP conceded that it had failed to provide a safe and respectful workplace for women working for the RCMP. Consequently, the systemic nature of the harassment was an important consideration in the assessment process.”<sup>180</sup>

The claims process arising from the agreement began on 12 August 2017. 3,086 claims were received between August 2017 and May 2018. Compensation was awarded to 2,304 women based on six levels of compensation ranging from \$10,000 to \$220,000. 33% of claimants (747) received the lowest compensation, while 6.5% of claimants (150) received the highest.

According to the assessors, “Outright sexual assaults, that would qualify as criminal conduct, were more frequent than the Assessors could have imagined.”<sup>181</sup> They

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177 For an overview of litigation prior to the Merlo class action, see chapter 4 of Michel Bastarache, *Broken Dreams, Broken Lives: The Devastating Effects of Sexual Harassment On Women in the RCMP, Final Report on the Implementation of the Merlo Davidson Settlement Agreement*, 11 November 2020.

178 Michel Bastarache, *Broken Dreams, Broken Lives: The Devastating Effects of Sexual Harassment On Women in the RCMP, Final Report on the Implementation of the Merlo Davidson Settlement Agreement*, pp. 4–5.

179 Michel Bastarache, *Broken Dreams, Broken Lives: The Devastating Effects of Sexual Harassment On Women in the RCMP, Final Report on the Implementation of the Merlo Davidson Settlement Agreement*, p. 10.

180 Michel Bastarache, *Broken Dreams, Broken Lives: The Devastating Effects of Sexual Harassment On Women in the RCMP, Final Report on the Implementation of the Merlo Davidson Settlement Agreement*, p. 17.

181 Michel Bastarache, *Broken Dreams, Broken Lives: The Devastating Effects of Sexual Harassment On Women in the RCMP, Final Report on the Implementation of the Merlo Davidson Settlement Agreement*, p. 48.



concluded that there were “131 cases of outright rape reported.”<sup>182</sup> In his findings, Justice Bastarache noted: “[W]hat the RCMP’s failure to provide a safe workplace has done to these women is overwhelming. Loss of potential, loss of mental health, loss of family and connection, irreparable personality change caused by years of internalized emotion, stress and anxiety.”<sup>183</sup>

According to Ms. Huggins, the RCMP is committed to implementing all the recommendations of the Bastarache report, and the progress it’s making is posted on the RCMP’s website: “The RCMP recognizes that the barrier to attracting female candidates to policing, aside from the inherent risk of the job, is the culture. [...] The challenge is not to market better but rather to increase the RCMP’s capacity to be an employer of choice.”<sup>184</sup>

According to a well-established rule, it is not possible to claim more than one compensation for the same claim. For example, if a reservist chose to seek compensation from her provincial workers’ compensation board rather than file a claim with VAC, the department would not compensate her. In the case of the Merlo Davidson settlement, the application of this rule raised a debate that led several RCMP women Veterans to file complaints with the Office of the Veterans Ombud after VAC clawed back some disability pension payments.<sup>185</sup> According to Ms. Jardine, the clawbacks were sometimes unjustified:

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

The recommendation we made to the minister was that for anyone receiving level 1 or level 2 compensation and also receiving a disability pension, anything that had been clawed back from them should be reimbursed to them fully, and that for levels 3 to 6,

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182 Michel Bastarache, *Broken Dreams, Broken Lives: The Devastating Effects of Sexual Harassment On Women in the RCMP, Final Report on the Implementation of the Merlo Davidson Settlement Agreement*, p. 48.

183 Michel Bastarache, *Broken Dreams, Broken Lives: The Devastating Effects of Sexual Harassment On Women in the RCMP, Final Report on the Implementation of the Merlo Davidson Settlement Agreement*, p. 50.

184 ACVA, *Evidence*, 7 November 2023, Nadine Huggins (Chief Human Resources Officer, Royal Canadian Mounted Police), 1800.

185 For a detailed analysis of this question, please refer to the brief submitted to the Committee by Vivienne Stewart.



the minister should publish exactly how they determined what amount of clawback was being taken from their pensions based on the settlement amount.<sup>186</sup>

The government responded that it would review the claims in dispute and clarify them with the applicants.<sup>187</sup> In February 2024, the Veterans Ombud was pleased with the actions taken by the department:

VAC advised that they have contacted all clients receiving a disability pension who had self-identified as having received Merlo Davidson compensation and offered each of them the opportunity to submit additional information about their settlement compensation. For those where VAC found some or all of the settlement compensation was not in respect of the same condition for which the claimant is now in receipt of a disability pension, VAC re-calculated the reduction amount, issued a corrective payment and corrected the disability pension amount going forward.

I am satisfied that VAC has made appropriate adjustments and has addressed the intent of my recommendations for all known claimants who self-identified as having received Merlo Davidson compensation.<sup>188</sup>

## The Heyder and Beattie Class Actions

The process set in motion by the Merlo and Davidson actions paved the way for class action suits against the CAF in the wake of the Deschamps report. Dr. Breeck said that “RCMP women have been of great help and service to the military women, especially on the sexual misconduct claims. We learned a lot from them and their claim.”<sup>189</sup>

In 2016 and 2017, at least six class actions were filed against the CAF. Three of them were brought jointly or individually by Sherry Heyder, Amy Graham, Nadine Schultz-Nielsen and Larry Beattie. Two of those three actions were filed jointly in Federal Court in 2017, the Heyder and Beattie actions, while those filed by Glynis Rogers in Nova Scotia, Nicola Peffers in British Columbia and Alexandre Tessier in Quebec have been stayed pending resolution of the Federal Court proceedings.

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186 ACVA, *Evidence*, 30 March 2023, Col (Ret’d) Nishika Jardine (Veterans Ombud, Office of the Veterans Ombud), 1840.

187 ACVA, *Evidence*, 30 March 2023, Col (Ret’d) Nishika Jardine (Veterans Ombud, Office of the Veterans Ombud), 1845.

188 Colonel (retired) Nishika Jardine, Veterans Ombud, “[Update: Resolution of Disability Pension Reductions due to Merlo Davidson Settlement Compensation - February 6, 2024.](#)”

189 ACVA, *Evidence*, 20 April 2023, Karen Breeck (Major (Retired), Co-chair, The Women Veterans Research and Engagement Network), 2000.

A [Final Settlement Agreement](#) was signed between the parties in July 2019 and approved by the Federal Court on 25 November 2019. It provides up to \$900 million for individual compensation ranging from \$5,000 to \$55,000, and up to \$155,000 in cases of “exceptional harm.” It also provides for “Restorative Engagement,” enabling class members to “share their experience with senior military or departmental representatives in a safe and respectful environment.”<sup>190</sup>

According to data in the Arbour Report, 19,516 claims under this agreement were received between March 2020 and November 2021.<sup>191</sup> 12,423 incidents of sexual misconduct, occurring between 2000 and 2020, were reported by plaintiffs. Justice Arbour expressed regret that, of those, only 246 were brought to court martial.<sup>192</sup> No date has been given for the conclusion of this process.

## Treatment of Military Sexual Trauma by the CAF

Revelations about the treatment of sexually traumatized women in the Canadian Armed Forces continue to shake up the institution, weaken its credibility and postpone to an uncertain future the long-held hope that it could reform itself sufficiently to become a welcoming workplace for women interested in pursuing a military career.

A number of Veterans spoke positively of their military experience. For example, Professor Aiken said, “I think I’ve done fairly well for myself, and I do attribute some of that to the military. At the young age of 23 I was in charge of a whole group of men who had never had a female boss, and I was too young to think I couldn’t do it.”<sup>193</sup>

Military sexual trauma can be defined in many ways, but it always includes the impacts of a “sexual assault.” In the [Criminal Code](#), sexual assault is defined as a form of “assault” committed in circumstances of a sexual nature. Under section 265(1):

A person commits an assault when:

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190 Some witnesses have criticized the organization of these remedial measures. See for example Alice Aiken (Veteran, Vice-President Research and Innovation, Dalhousie University, As an individual), ACVA, *Evidence*, 26 October 2023, 1600 and 1615.

191 Late claims were accepted until 5 February 2023.

192 Louise Arbour, [Report of the Independent External Comprehensive Review of the Department of National Defence and the Canadian Armed Forces](#), 20 May 2022.

193 ACVA, *Evidence*, 26 October 2023, Alice Aiken (Veteran, Vice-President Research and Innovation, Dalhousie University, As an individual), 1710. See also the positive experience recounted by Elena Vazquez (Master Warrant Officer (Retired), Student, Coding for Veterans), ACVA, *Evidence*, 24 April 2023, 1600.



**(a)** without the consent of another person, he applies force intentionally to that other person, directly or indirectly;

**(b)** he attempts or threatens, by an act or a gesture, to apply force to another person, if he has, or causes that other person to believe on reasonable grounds that he has, present ability to effect his purpose; or

**(c)** while openly wearing or carrying a weapon or an imitation thereof, he accosts or impedes another person or begs.

When such an assault “is committed in circumstances of a sexual nature such that the sexual integrity of the victim is violated,”<sup>194</sup> it is then defined as “sexual assault” and covered under sections 271 to 273. There are three degrees of sexual assault: sexual assault, sexual assault with a weapon and aggravated sexual assault.

According to a [fact sheet](#) from the Atlas Institute for Veterans and Families, one in four women have experienced sexual assault during their military service. According to Statistics Canada, in 2022:

Approximately 1,960 Regular Force members, or 3.5%, stated that they had been sexually assaulted in the military workplace or in an incident involving military members in the 12 months preceding the survey. In comparison, less than 2% of Regular Force members indicated that they had been sexually assaulted in 2016 (1.7%) and 2018 (1.6%).<sup>195</sup>

If we consider only women in the military, this percentage increases to 7.5% in 2022 (4.3% in 2018), compared with 2.8% (1.1% in 2018) for men. This is therefore a very significant increase, for both women and men. However, LGen Bourgon sees the increase as encouraging:

[A]n increase in sexual misconduct is different from what is being reported. Saying there is an increase is wrong. People are reporting, which is a good thing. Am I right? It’s a good thing. Does that mean there’s more sexual misconduct? No, I can’t say that. The people

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194 For a more detailed analysis of these concepts, see the “[Sexual Assault and Other Sexual Offences](#)” chapter of the study *An Estimation of the Economic Impact of Violent Victimization in Canada, 2009*, Department of Justice Canada, 2014.

195 Statistics Canada, [Sexual misconduct in the Canadian Armed Forces, 2022](#), May 8, 2023. The definition of sexual assault used by Statistics Canada is the same as that used in the *Criminal Code*. Proportions are comparable for First Reserve members, but sample sizes are too small to allow comparisons with previous years.

are coming forward and reporting. For me, it's a clear sign we are doing something right if people have the confidence to come forward and report so we can take action.<sup>196</sup>

Men were overwhelmingly responsible for these assaults, but a higher proportion of assaults committed against men were committed by military women. According to the same study: "More than nine in ten (91%) women indicated that a man was responsible for at least one assault, while this was the case for 44% of men. More than one-third (35%) of men stated that, for at least one type and instance of sexual assault, a woman was responsible."

Around 30% of servicewomen who experienced a sexual assault reported it to a person in a position of authority within the military organization. This proportion has remained stable since Statistics Canada's first similar analysis in 2016. There is therefore more reporting, but this does not mean that a greater percentage of assaults are being reported. Among men, this proportion has decreased, with 17% of servicemen reporting an assault.

The establishment of the Sexual Misconduct Support and Resource Centre (SMSRC) and its independence from the chain of command has had no effect on reporting, as only 3.7% of Regular Force members who have been sexually assaulted have contacted it. It provides counseling services to survivors, but it does not seem to clearly support or guide those who wish to report sexual misconduct incidents to the chain of command, or, as will be discussed later, judicial authorities.

Nearly two-thirds of Regular Force members who reported a sexual assault said they had faced negative consequences as a result:

The most common consequences of reporting sexual assault were negative reactions from peers and other CAF members, such as exclusion, bullying, or teasing, faced by about half of those who reported a sexual assault (47%). Nearly four in ten (37%) were blamed, criticized, or further victimized, while one-third (34%) faced negative impacts on their career, such as retaliation or reprisal.<sup>197</sup>

LCol (H) Sandra Perron spoke to the tangible impact that a fear of negative consequences has had on the willingness of servicemembers to report instances of sexual abuse:

Sometimes you don't speak up when you have been raped or abused because the consequences are often worse than the act itself, believe it or not. I can't tell you the

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196 ACVA, *Evidence*, 1 June 2023, LGen Lise Bourgon (Acting Chief of Military Personnel, Canadian Armed Forces, Department of National Defence), 1840.

197 Statistics Canada, *Sexual misconduct in the Canadian Armed Forces, 2022*, 8 May 2023. The definition of sexual assault used by Statistics Canada is the same as that found in the *Criminal Code*.



number of women who say they tried to report it and the backlash was strong, or they were removed from their unit as if they were the problem.<sup>198</sup>

The number of what Statistics Canada defines as “sexualized or discriminatory behaviours” has been steadily declining since 2016. This decline is driven by the proportion of military personnel who said they were victims or witnesses of “inappropriate verbal or non-verbal communication” (64% in 2022, compared to 78% in 2016).

Perhaps this signals the beginning of a cultural change within the CAF. As we have seen, however, it has not yet translated into fewer sexual assaults. According to General Bourgon, the increase in reporting is a result of the awareness that has grown from legal recourse. She expects this number to decrease in the future.<sup>199</sup>

This hope is reflected in the perceptions of military personnel. According to Statistics Canada, in 2022, three-quarters of Regular Force members “strongly (38%) or somewhat (37%) agreed that the culture surrounding sexual misconduct in the CAF has improved since they joined.”<sup>200</sup>

Witnesses gave concrete examples of improvements over the years. One example is the availability of rape kits and trained staff. According to Sergeant (Ret’d) Kathleen Mary Ryan:

In every clinic, every deployed operation, you will find a rape kit. It’s standard issue. The medics are trained in Borden.

If a woman says to me, “I’ve been raped,” the first thing I do is get the nurse in charge and call the MPs, because there is a process that has to be followed. We’re very well trained in that.<sup>201</sup>

Ms. Riguidel and Ms. Hayward questioned these improvements.<sup>202</sup> Nevertheless, all those involved recognize that this training and professionalism can be decisive in

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198 ACVA, *Evidence*, 8 May 2023, Lieutenant-Colonel Sandra Perron (Chief Executive Officer, The Pepper Pod), 1715.

199 ACVA, *Evidence*, 1 June 2023, LGen Lise Bourgon (Acting Chief of Military Personnel, Canadian Armed Forces, Department of National Defence), 1930.

200 Statistics Canada, *Sexual misconduct in the Canadian Armed Forces, 2022*, 8 May 2023. The definition of sexual assault used by Statistics Canada is the same as that found in the *Criminal Code*.

201 ACVA, *Evidence*, 5 June 2023, Kathleen Mary Ryan (Sergeant (Retired), As an individual), 1720.

202 ACVA, *Evidence*, 17 April 2023, Donna Riguidel (Major (Retired), As an individual), 1625. ACVA, *Evidence*, 5 December 2023, Stephanie Hayward (Veteran, as an Individual), 1645.

determining the nature and severity of the impacts suffered by the victim. According to Ms. Riguidel:

The single biggest indicator that somebody will suffer long-term effects is the support they receive at first disclosure of the incident. It's not who did it, and it's not the injuries they receive. It's the first time they have the courage to say that something terrible happened to them. How they are responded to will set the stage for how they recover.<sup>203</sup>

This same openness must be cultivated at VAC because, in many cases, the victim will not have reported her attacker during her military service. According to Ms. Douglas: "We can't have someone calling in for the first time to finally reach out and get some help from VAC and then be told it's impossible to imagine a story like that would ever happen in Canada. Then they get rejected again, and that's the last we ever see of these people."<sup>204</sup> According to Professor Aiken, there are gaps in this regard at VAC.<sup>205</sup>

Several organizations provide training on how to support survivors and recognize warning signs of inappropriate behavior. For example, Ms. Riguidel established the Survivor Perspectives Consulting Group, which has trained nearly 2,000 CAF members and received a commendation from the Chief of the Defence Staff, and she deplored the fact that this program was not subsequently institutionalized.<sup>206</sup> General programs available to servicewomen and women Veterans who have suffered an operational stress injury are rarely suited to their experiences. While inappropriate behaviour may occur during deployment, it does not occur during military operations per se. As noted by Ms. Douglas<sup>207</sup> and Ms. Laverdure,<sup>208</sup> the same is true for LGBTQ military personnel who are victims of discrimination or sexual misconduct, and must be provided with appropriate support and resources.

For example, the OSISS peer support network (Operational Stress Injuries Social Support) was developed in response to the needs of Afghanistan Veterans, and has done remarkable work in this regard. However, it is designed for Veterans whose problems stem from their participation in military operations and can hardly adapt to the particular context of MST. Colonel Peter Rowe, Director of Casualty Support Management for the

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203 ACVA, *Evidence*, 17 April 2023, Donna Riguidel (Major (Retired), As an individual), 1540.

204 ACVA, *Evidence*, 17 April 2023, Michelle Douglas (Executive Director, LGBT Purge Fund), 1555.

205 ACVA, *Evidence*, 26 October 2023, Alice Aiken (Veteran, Vice-President Research and Innovation, Dalhousie University, As an individual), 1705.

206 ACVA, *Evidence*, 17 April 2023, Donna Riguidel (Major (Retired), As an individual), 1540.

207 ACVA, *Evidence*, 17 April 2023, Michelle Douglas (Executive Director, LGBT Purge Fund), 1550.

208 ACVA, *Evidence*, 26 October 2023, Brigitte Laverdure (Veteran, As an individual), 1705.



CAF, has indeed highlighted the limitations of OSISS' ability to provide support to military women: "We are currently evolving our program to support diversity and inclusiveness. We now have speciality support groups for Indigenous peers, separated marital status groups and two regional women's groups with a third being planned."<sup>209</sup>

In 2021, the Veterans' ombud denounced the fact that OSISS did not accept survivors of military sexual trauma, and that these survivors were invited to seek support from the SMSRC.<sup>210</sup> The SMSRC is indeed supposed to develop its own peer support network, but the initiative is still "currently being developed."<sup>211</sup>

### Recommendation 39

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

All efforts aimed at transforming this aspect of military culture are welcome, and are likely to have a direct impact on the CAF's ability to retain women in the military. Ms. Riguidel has, however, suggested to frame the challenge in different terms: "What if [sexual assault] didn't have to mean I'm going to have to hang up my uniform? What if I could be supported, as if I were injured in any other way? I could then return. We don't have to lose these people."<sup>212</sup>

According to Ms. Park:

What does it mean for Canada for women to choose to serve Canada?

What extraordinary talent base do servicewomen represent and offer as a unique cohort for Canada's democracy, defence and security, civil society and economic development, and now environmental adaptation strategic requirements?

Conversely, what happens as a result of the Canadian Armed Forces failing to assess and seize this opportunity for the past 55 years, and repeatedly choosing not to have a

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209 ACVA, *Evidence*, 7 December 2023, Colonel Peter Rowe (Director, Casualty Support Management, Department of National Defence), 1545.

210 Office of the Veterans Ombud, [Peer Support for Veterans who have Experienced Military Sexual Trauma](#), 2 June 2021.

211 ACVA, *Evidence*, 7 December 2023, Linda Rizzo Michelin (Chief Operating Officer, Sexual Misconduct Support and Resource Centre, Department of National Defence), 1550.

212 ACVA, *Evidence*, 17 April 2023, Donna Riguidel (Major (Retired), As an individual), 1655.



dedicated strategic plan valuing and optimizing the inclusion of servicewomen for the past 55 years?<sup>213</sup>

As has been discussed many times, the CAF's ability to attract more women will depend in large measure on its ability to demonstrate that they are protected as much as humanly possible from sexual assault. Should such an assault occur, the victim must also know that she will be listened to, welcomed and supported by her sisters- and brothers-in-arms alike.

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213 ACVA, *Evidence*, 17 April 2023, Rosemary Park (Lieutenant-Commander (Retired), Founder, Servicewomen's Salute Canada), 1600.



**“I endured multiple traumatizing situations while I was deployed to Afghanistan. To this day, most of my comrades know that I was released for mental health reasons and most probably assume it’s combat-related, which isn’t true. It’s 100% mental health issues stemming from prolonged military sexual misconduct. I could no longer be strong. So many years of unacknowledged trauma came flooding to the surface. I tried for almost seven years to get back to how I functioned before, where I could suppress everything and ‘soldier on’. That led to years of depression, suicidal ideations, and multiple suicide attempts. No amount of therapy helped, and I eventually ended up with a medical release which I didn’t have the strength to fight anymore.”**

*ACVA, Evidence, 18 May 2023, 1855,*  
Testimony from a woman Veteran, quoted by Alisha Henson  
(Clinical Psychologist, Supervised Practice, As an individual).

## Misunderstanding the Military Justice System

When attackers are part of the chain of command, the risks of reporting are very high for survivors. It's easy to understand why they prefer to keep quiet, waiting for the time to change units or leave the service altogether. In the case of those who choose to go ahead and take legal action, we would expect a clear process to be in place to protect them. We would also expect a widespread awareness campaign, so that every victim and every witness knows immediately who to turn to in such circumstances.

However, Jennifer Smith's testimony showed that, even when they want justice, survivors of sexual assault in the CAF don't know the proper procedure:

I've spoken about it in Federal Court. I've given this information to many, many high-ranking officials. I've even provided the names of some of my attackers as well as pictures. Again, I've never been offered the opportunity [to file a complaint]. I still don't know what avenue I have to go forward with this. I've been told to write it down on a claim form. I feel that this goes beyond that. This is criminal activity. I know who did it. I know some of the people who did it. I'm just wondering why no one has come to me or reached out to me. I've given the information. I haven't been asked if I want to go forward with that or been presented with some options. That has not happened.<sup>214</sup>

Faced with this helplessness, Ms. Smith enlisted the help of the Committee members, who were confronted with their own helplessness, since they too were unfamiliar with the procedure and unable to offer support to a victim who asked for it. This highlighted the general lack of understanding of the military justice system. For every victim who was able to testify publicly, how many gave up or remained silent, unable to identify an institution, a qualified person, a website or a telephone number that would guarantee them safety and adequate support?

If you type "What to do about a sexual assault in the Canadian Armed Forces" into a search engine, the first result that comes up is the class action lawsuit for which the claim deadline was 23 January 2022.<sup>215</sup> The second is the CAF's [Sexual Misconduct page](#). The page contains a series of links to existing resources that basically offer psychosocial support. At the very bottom of the page is the "File a formal complaint" section. Survivors are encouraged to contact the [Sexual Misconduct Support and Resource Centre](#) (SMSRC) or to "talk to your supervisor or Workplace Relations Advisor." The other options pertain to handling complaints within the CAF.

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214 ACVA, *Evidence*, 9 November 2023, Jennifer Smith (Veteran, As an individual), 1620.

215 The court decided to accept late claims until 5 February 2023 if the delay could be justified.



The only real resource, lost in the sea of marginal links, is the [SMSRC](#), which basically provides counseling and “referrals to care and service organizations.” General Bourgon confirmed the extent of the SMSRC’s role:

[T]he SMSRC is the expert on that MST [military sexual trauma] support. I know that with their support team, they are a bit similar to OSISS, with restorative engagement. Their team works with victims of MST to try to help them get better.<sup>216</sup>

The SMSRC provides psychosocial support and provides a list of community organizations and provincial health care institutions. The emphasis of its website on victims waiting to be contacted about the class action creates some confusion, and could lead people to believe that it exists solely for that purpose. The emergency line number appears only in connection with the class action.

For anyone wanting to take legal action without going through the military chain of command, there’s nothing. The only resource is a link to the [Independent Legal Assistance Program](#). According to Ms. Michelin, Chief Operating Officer at the SMRC, this legal assistance program “facilitates access to legal services for individuals who have experienced military sexual misconduct.”<sup>217</sup> However, this part of the program has not yet been implemented. For now, the Legal Assistance Program does not provide actual legal assistance but reimburses legal costs for “legal information, advice and representation in the military and criminal justice systems.” To benefit from this program, individuals must therefore have already taken legal action. There is therefore nothing to guide a victim who wants to seek legal recourse in a military justice system with which very few experts are familiar.

Following the recommendations of Justices Fish<sup>218</sup> and Arbour, the Department of National Defence announced in November 2021 that “the transfer of cases involving criminal sexual offences from the military to the criminal justice system would begin on an interim basis, while work is ongoing to determine how to best implement these changes of jurisdiction.”<sup>219</sup> Then, on 21 March 2024, the Minister of National Defence,

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216 ACVA, *Evidence*, 1 June 2023, LGen Lise Bourgon (Acting Chief of Military Personnel, Canadian Armed Forces, Department of National Defence), 2025.

217 ACVA, *Evidence*, 7 December 2023, Linda Rizzo Michelin (Chief Operating Officer, Sexual Misconduct Support and Resource Centre, Department of National Defence), 1550.

218 Morris J. Fish, *Report of the Third Independent Review Authority to the Minister of National Defence*, 30 April 2021, especially Chapter 2.

219 Statistics Canada, *Sexual misconduct in the Canadian Armed Forces, 2022*, 8 May 2023.

the Honourable Bill Blair, tabled [Bill C-66](#), which would “provide exclusive jurisdiction to civilian authorities to investigate and prosecute these offences in Canada.”<sup>220</sup>

It is expected that such changes will make the process easier for survivors and help highlight the CAF’s determination, thereby increasing the public’s trust in the organization. For example, it will require survivors feeling that justice has been done and that the guilty are suffering the consequences, which can be difficult to establish if the entire process has taken place within the military justice system. As Ms. Cyr said:

If someone files a complaint inside the organization, whether it’s for sexual or psychological assault, and there’s a recognized investigation, there needs to be follow-up outside as well, and sanctions be possible. The person who has been assaulted needs to know what has been done. Otherwise, we don’t encourage other people to go through the whole complaint process, which is arduous...<sup>221</sup>

However, it will be several years before the results of these changes can be assessed. Pending study and adoption of Bill C-66, the Committee therefore recommends:

#### **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.**

### **VAC Treatment of Sexual Trauma**

Some provisions of the Heyder Beattie Class Action Settlement forced the department to modify its policies on the admissibility of evidence, namely the definition of “insurance principle” and the application of the “benefit of doubt” principle to sexual trauma claims. In the wake of the class action suit against the CAF and the general increase in reporting, VAC has received a large number of claims for compensation related to sexual trauma.

In 2020, the department set up a unit dedicated to processing these claims. However, contrary to what the testimony of the department’s representatives suggested, it did not

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220 Department of National Defence, “[Introduction of the Modernization of the Military Justice System Act](#),” 21 March 2024.

221 ACVA, *Evidence*, 15 June 2023, Lisa Cyr (Corporal (Retired) and Owner, Ma Langue Aux Chats Cat Café), 2005.



do so on its own initiative. The unit was a requirement of the Heyder Beattie Final Settlement Agreement. According to Ms. MacKinnon, VAC received approximately 3,580 claims between 2020 and June 2023, 72% of which were from women:<sup>222</sup>

They go into their own queue, and they are processed on a priority basis. [...] we have done a lot of training with our disability adjudication staff so that they have what we call informed trauma training. The staff is sensitive to the issues that are being brought forward and are able to communicate with our clients in a sensitive and respectful way, because, of course, these issues are very difficult for people to bring forward.<sup>223</sup>

Given the special nature of these claims, VAC has had to adapt its procedures. As mentioned above, if a medical condition arises during participation in a military operation designated as a “special duty operation,” women Veterans will not have to document the causes. The link to military service will be presumed. This is what VAC calls the “insurance principle.” On the other hand, if the problems are the result of activities taking place in any other context where the women Veteran is on duty, the burden will be heavier, and women Veterans will have to prove the facts attesting to a causal link between military service and their medical condition.

This means that a mental health problem certified by a health professional as likely resulting from a sexual assault during a special duty operation will be compensated by VAC without the need for further proof. However, an additional demonstration of a “service relationship” will be required if the sexual assault did not occur during such a deployment.

VAC had no answer to provide to a question about the number of disability claims submitted by RCMP Veterans resulting from sexual trauma:

**Although VAC does not collect or report on data by cause**, most female members who experienced sexual misconduct or trauma are in receipt of approved awards for mental health conditions. As of March 31, 2023, there were 3,732 RCMP females in receipt of disability benefits, of which 2,894 women had approved awards for mental health claims with 2,248 of women in receipt of benefits for PTSD, specifically.<sup>224</sup> [OUR EMPHASIS]

In other words, of the 2,894 RCMP Veterans receiving disability benefits for a mental health problem, an unknown proportion are survivors of sexual misconduct. The

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- 222 ACVA, *Evidence*, 4 May 2023, Trudie MacKinnon (Acting Director General, Centralized Operations Division, Department of Veterans Affairs), 1915.
- 223 ACVA, *Evidence*, 12 June 2023, Trudie MacKinnon (Acting Director General, Centralized Operations Division, Department of Veterans Affairs), 1715.
- 224 Royal Canadian Mounted Police, Written Answer to a question asked at the 7 November 2023 meeting of ACVA.

department can claim that “most” of these have received compensation, but cannot assert that this sexual trauma is the cause of this medical condition. But then how was the department able to establish that the mental health problem was related to military service? How can it make this attribution without identifying a cause? All the evidence submitted when filing a compensation claim is precisely aimed at establishing the cause of a medical condition. That the department does not collect data on what is at the core of its daily activities seems surprising. The result is that VAC is unable to know how many RCMP Veterans have been compensated for a mental health disorder following sexual trauma.<sup>225</sup>

And yet the procedure to establish such a link is set out in the [VAC Policy on Disability Benefits in Respect of Peacetime Military Service—The Compensation Principle](#). The additional evidence to be provided arises from two questions that do not need to be asked under the “insurance principle” but must be asked when the “compensation principle” applies:

- Is there reasonable evidence to connect an injury or disease to a service event and/or factor?
- Is the claimed ongoing disability associated with the service-connected injury or disease?

What does it mean to “connect an injury or disease to a service event” if not to presume that the event is the cause of the illness? Departmental adjudicators must answer these questions based on the evidence provided by women Veterans. The law requires VAC to give the benefit of the doubt to such evidence, but it must be possible to collect it, which can be difficult, and sometimes impossible.

To comply with the settlement agreement in the Heyder and Beattie actions, the department has relaxed the interpretation of these rules when applied to allegations of sexual trauma. According to Ms. MacKinnon: “[T]hey do not need to provide corroborating evidence. Very specifically when we’re dealing with cases of sexual misconduct, that often happens in private. There are often no witnesses to verify or to vouch for the claimant. We

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225 The data provided to the RCMP by VAC also shows the summary assimilation made between the consequences of sexual trauma and mental health problems. As Paula MacDonald explains in the brief she submitted to the Committee: “Sexual assault injuries are thought of as ‘diseases of the mind’ within the VAC framework and victims receive compensation under the guidelines of mental health injuries such as PTSD, anxiety, or depression. Conceptualizing the consequences of sexual abuse solely as a disease of the mind for victims is scientifically inaccurate. The physical consequences of MST are not being adequately assessed and addressed by the department.”



have accepted their applicant statement as evidence, and we move forward from there.”<sup>226</sup>

In the same policy, the department recognizes that “the lack of documented, objective evidence to show that military duties or factors caused or contributed to an injury or disease is not to be considered as evidence that the Applicant’s Statement is not true.”

According to Commander Bouchard, medically released servicewomen who want to file a claim for compensation related to sexual trauma are referred to “a more personalized transition service” and are guided through the process.<sup>227</sup> However, according to Professor Aiken, these services are not always adequate:

I mentioned that when I released from the military, somebody sat down with me and said that this was what they were going to submit to Veterans Affairs and they would help me get this done. The transition centers don’t exactly do that.

[...] they are people in the military, who might be struggling themselves. The person who helped me was a public servant, a civilian, who worked in the health system in the military. I really think that getting people there to help people make that transition to Veterans Affairs, if they need the help, would be a critical recommendation.<sup>228</sup>

To ensure that transition centres, currently being deployed on military bases across the country, are able to adequately advise transitioning members preparing to file a claim with VAC, the Committee recommends:

#### **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.**

One of the elements of the policy that deserves to be more clearly explained at the time of filing a claim is whether the Veteran was “serving” at the time of the event. The

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226 ACVA, *Evidence*, 12 June 2023, Trudie MacKinnon (Acting Director General, Centralized Operations Division, Department of Veterans Affairs), 1715.

227 ACVA, *Evidence*, 1 June 2023, Cmdre Daniel Bouchard (Commander, Canadian Armed Forces Transition Group, Canadian Armed Forces, Department of National Defence), 2025.

228 ACVA, *Evidence*, 26 October 2023, Alice Aiken (Veteran, Vice-President Research and Innovation, Dalhousie University, As an individual), 1715.



Veterans Review and Appeal Board has often had to rule on this issue, whether in situations of sexual misconduct or others. According to paragraph 9 of the policy:

An injury does not have to occur on a military base to be service-related. Similarly, every death, disease, injury or event that occurs on military property, or during service, is not service-related. It is important to distinguish between mandatory events which are service-connected and recreational events which are not, i.e. a mess dinner is generally a mandatory event (unless a member is excused by the Commanding Officer, Base/Wing Commander, or the Regimental Sergeant Major or Base/Wing Chief Warrant Officer), an unofficial dance at the mess, on the other hand, is a recreational event, with a member free to choose whether to attend.

In other words, a sexual assault resulting in lasting impacts but that occurred during an evening at the officers' mess would not be recognized as service-related. VAC would therefore be entitled to refuse compensation because it was not a mandatory activity. This is clearly a weak distinction. Any employee in any organization knows that sometimes participation in an activity, while not mandatory, may be highly recommended, good for promotion, indicative of a person's willingness to integrate into a team, etc. The wording in the department's policy seems too rigid for a distinction that, in practice, can be ambiguous depending on a host of contexts. What's more, the impacts of sexual harassment or sexual assault go far beyond the specific event in which the act took place. The person must continue to be on duty the next day, work alongside their attacker and live in the same environment as that in which the act took place.

The same policy specifies the interpretation to be given when applied to allegations of sexual trauma: "While VAC may accept that the incident(s) occurred as described by the applicant, the presence of a service relationship must also be established in order to grant entitlement." In other words, the department will not contest the validity of the evidence provided by the Veteran and will give her the benefit of the doubt, but will maintain other criteria, including the distinction between mandatory and voluntary activities set out in paragraph 9, which could result in the claim being rejected.

Paragraph 16 establishes a nuance in the application of this distinction in a situation of sexual trauma:

- For additional clarity: an incident(s) of Sexual Trauma may be service-related even where:
- the sexual assault or sexual harassment occurred off CAF property, or at a non-mandatory event; or
- the aggressor was not in a position of power over the applicant.



- Each decision as to whether or not an applicant’s claimed condition is connected to their service will be made based on all factors relevant to the individual’s case.

These provisions are a copy of the instructions given in the Heyder Beattie Final Settlement Agreement.<sup>229</sup> They appear to have been pasted in without any check for consistency with the rest of the policy. They therefore appear to be subordinate to the explanations in paragraph 9. What’s more, they neither specify nor illustrate the contexts to which they would apply, unlike paragraph 9, which clearly makes a distinction between mandatory and voluntary activities.

The Committee therefore recommends:

#### **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.”**

## **CONCLUSION**

Despite some progress, female Veterans remain largely invisible and their specific needs are often neglected by CAF and VAC programs. The reasons for this are complex and linked to centuries of military life being represented as essentially masculine.

Women make up between 16% and 19% of the Canadian Armed Forces, far from the 25% target that the CAF has been trying to reach for many years. Sexual trauma in a military context remains a major obstacle to this integration. Military women are 2.55 times more likely to be survivors of sexual misconduct during their military service than military men. Female Veterans do not tend to identify themselves as Veterans. Efforts are underway to change this culture of invisibility, but they are still in their early stages.

Today, women represent 16.2% of the total Veteran population in Canada, with an expected increase due to the gradual increase in the number of women in the CAF. Female

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229 According to the agreement, policy updates were to include a clarification that a claim “will not be rejected solely on the basis that it occurred off CAF property or at an event that the claimant was not required to attend. It is acknowledged that each decision as to whether or not an injury or disease is connected to military service is made by VAC having regard to all relevant contextual evidentiary factors.” [Final Settlement Agreement](#), section 6.02, “Updated Policies.”

Veterans have a higher prevalence of migraines, mood disorders, anxiety, gastrointestinal disorders, and need assistance with daily life activities. Women are released for medical reasons more often than men and their income decreases by 17 to 22% during the three years following their release.

Since epidemiological surveys usually group men and women together, there are significant gaps in research on military women and Veterans. In addition, there is a lack of coordination between VAC and CAF research strategies. The Committee therefore recommends the implementation of a structured long-term program of specific research on military women and Veterans. Among other things, this would help identify the causes of the higher proportion of military women who are released for medical reasons.

VAC may refuse to link certain medical conditions to military service if research does not establish a causal link, even if epidemiological studies suggest the likelihood of such a link. The report recommends that VAC grant a presumption of a link with military service to certain medical conditions when epidemiological studies indicate a higher prevalence of these conditions among female Veterans.

On the CAF side, the Committee identified several gaps in the medical services offered to military women. There is firstly a lack of specialized resources to support pregnant military personnel, and to diagnose common problems such as post-partum depression.

The report also highlights problems with equipment poorly adapted for women, such as bulletproof vests, that can lead to long-term problems. The CAF has known about these issues for a long time. The report recommends that the Department of National Defence only renew contracts for personal military equipment if suppliers can guarantee that this equipment is suited to women's physiology.

On the VAC side, there is a good appreciation of the rehabilitation program as a whole. However, it is divided into three consecutive components that cannot overlap: the medical, psychosocial, and then professional components. The Committee recommends that VAC reorganize its program to allow simultaneous access to all aspects of support, according to the individual needs of each Veteran.

Female Veterans have higher rates of mental health disorders compared to male Veterans. It is known that the medications used to treat these problems can cause sexual dysfunction. VAC has simplified the compensation process for sexual dysfunction for men, but not for women. Changes were made to the policies in 2022 thanks to representations from the Veterans' ombud, but the process remains slow.



VAC has undertaken a review of its *Eligibility Guidelines for Pension Rights* and its *Disability Table* to better integrate health issues primarily affecting women. However, it is difficult to know the precise nature of the changes made to these tools. The Committee therefore recommends that VAC submit the changes made to these documents concerning medical conditions affecting more or exclusively female Veterans.

Balancing military service and family life is a priority issue for the Canadian Armed Forces (CAF). Challenges include the deployment of military personnel, accessibility to childcare services, and frequent relocations. These issues can affect the length of women's service in the CAF, their advancement opportunities, and their professional reorientation. The Committee recommends that the CAF provide flexible and adapted childcare services to meet the needs of military women, ensuring compliance with provincial and territorial jurisdictions.

Female Veterans face unique challenges, and the current housing crisis exacerbates the situation. Existing housing initiatives, like the Veteran's House, are predominantly male and therefore not adapted to the needs of women, a significant proportion of whom have experienced sexual trauma. The Committee recommends that the Government of Canada financially contribute to the construction of community housing reserved for female Veterans.

Veterans complain about having to constantly recount the details of the events that caused their disability to apply for compensation. This situation is particularly painful for survivors of sexual trauma. The Committee recommends that VAC exempt Veterans from the necessity of recounting the circumstances of the events leading to the medical conditions for which a compensation claim has been filed, when this information has already been compiled.

The Gender-Based Analysis Plus (GBA Plus) has been gradually integrated into the development of the Government of Canada's public policies since 1995. However, VAC's current GBA Plus analyses are limited to a statistical comparison of men's and women's participation in programs, without considering the possible consequences of these programs on certain populations, including female Veterans. The department may have such analyses, but they have not yet been made public. The Committee recommends that VAC provide a list of programs that have been subject to GBA Plus analyses assessing the impacts on gender and diversity.

Community organizations play a crucial role in supporting Veterans, filling gaps in government services. Examples include the Captain Nichola Goddard Fund, the Davidson Institute, the Pepper Pod, and the Healing Gardens. However, these organizations

recommend that VAC create a directory to facilitate visibility and access to their programs, and allow the department's case managers to refer female Veterans to them.

Allegations of sexual misconduct emerged as soon as women were integrated into the RCMP and CAF combat units. A 2014 survey revealed that five people were sexually assaulted every day in the CAF, leading to the devastating report from former Judge Marie Deschamps. In 2015, Operation HONOUR was launched by the CAF to support affected members, change behaviours, and increase vigilance. However, despite these efforts, the problem persists.

The Merlo and Davidson class actions shed light on systemic sexual harassment within the RCMP. Compensation was awarded to 2,304 women, with amounts ranging from \$10,000 to \$220,000. The evaluators reported 131 cases of rape. The RCMP has committed to implementing the recommendations of the Bastarache Report. However, issues arose concerning multiple compensations for the same claim, leading to complaints and requests for clarification.

Several similar class actions were subsequently filed against the CAF. A final Settlement Agreement signed in 2019 in the Heyder and Beattie claims provides a \$900 million fund for individual compensations. Between March 2020 and November 2021, 19,516 claims were received.

Survivors of sexual assault within the CAF encounter difficulties in reporting and prosecuting their assailants, particularly when they are part of the chain of command. The lack of clear procedures and accessible legal resources contributes to this situation. The Sexual Misconduct Support and Resource Center (SMSRC) offers psychosocial support but does not provide legal aid. The Committee therefore recommends that the Department of National Defence provide confidential and secure legal resources for survivors outside of the military chain of command.

Following the provisions of the Heyder and Beattie class action settlements, VAC had to modify its policies on the admissibility of evidence and the application of the "benefit of the doubt" principle. A unit dedicated to processing claims related to sexual trauma was created in 2020. Claims are processed as a priority and employees have received specific training. However, the burden of proof remains heavy for female Veterans who must establish a causal link between military service and their medical condition. The report recommends that VAC assign civilian staff in transition centers to accompany survivors of sexual misconduct and modify its policy to offer more flexibility in determining the events during which female Veterans are considered to be "on duty."



HOUSE OF COMMONS  
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CANADA

We wish to express our profound gratitude to all those who contributed to this study, particularly the female Veterans who courageously shared their sometimes heartbreaking experiences. Their testimony has been invaluable in shedding light on the realities they faced. Their participation in this study is a tribute to their resilience and determination. We sincerely hope that the recommendations resulting from this report will not only give female Veterans the visibility they deserve, but also open up future prospects for all women considering a military career.

## APPENDIX A: LIST OF WITNESSES

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The following table lists the witnesses who appeared before the committee at its meetings related to this report. Transcripts of all public meetings related to this report are available on the committee’s [webpage for this study](#).

Organizations and Individuals	Date	Meeting
<b>Department of Veterans Affairs</b> Lisa Garland Baird, Senior Researcher Nathan Svenson, Director, Research	2023/03/30	44
<b>Office of the Veterans Ombudsman</b> Col (Ret’d) Nishika Jardine, Veterans Ombud Dr. Laura Kelly, Director, Strategic Review and Analysis Directorate Duane Schippers, Deputy Veterans Ombud	2023/03/30	44
<b>As an individual</b> Donna Van Leusden Riguidel, Major (Retired) Christine Wood, Veteran Advocate	2023/04/17	45
<b>LGBT Purge Fund</b> Michelle Douglas, Executive Director	2023/04/17	45
<b>Servicewomen’s Salute Canada</b> Rosemary Park, Lieutenant-Commander (Retired), Founder	2023/04/17	45
<b>As an individual</b> Dr. Maya Eichler, Canada Research Chair in Social Innovation and Community Engagement	2023/04/20	46
<b>National Association of Federal Retirees</b> Sayward Montague, Director, Advocacy	2023/04/20	46
<b>Women Veterans Research and Engagement Network</b> Dr. Karen Breeck, Major (Retired), Co-chair	2023/04/20	46

<b>Organizations and Individuals</b>	<b>Date</b>	<b>Meeting</b>
<b>Coding for Veterans</b> Jeff Musson, Executive Director Elena Vazquez, Master Warrant Officer (Retired), Student	2023/04/24	47
<b>Helmets to Hardhats</b> Joseph Maloney, Executive Director Cora Saunders, Outreach Specialist, Women and LGBTQ2+	2023/04/24	47
<b>National Association of Career Colleges</b> Patricia Henry, Military and Veterans Partnership Program Connect Coordinator, Willis College Michael Sangster, Chief Executive Officer	2023/04/24	47
<b>Prince's Trust Canada</b> Kathleen Kilgour, Senior Program Manager Kristin Topping, Program Ambassador	2023/04/24	47
<b>As an individual</b> Karen McCrimmon, Lieutenant-Colonel (Retired) Lee-Anne Quinn, Major (Retired), Nurse Practitioner	2023/04/27	48
<b>Senate</b> Hon. RAdm (ret'd) Rebecca Patterson, Senator, Ontario	2023/04/27	48
<b>Department of National Defence</b> Capt(N) Iain Beck, Director of Mental Health, Canadian Forces Health Services Group, Canadian Armed Forces Col Lisa Noonan, Director Transition Services and Policies, Canadian Armed Forces Transition Group, Canadian Armed Forces Col Helen L. Wright, Director of Force Health Protection, Canadian Forces Health Group, Canadian Armed Forces	2023/05/01	49
<b>As an individual</b> Dr. Mary Beth MacLean, Consulting Research Associate	2023/05/04	50
<b>Atlas Institute for Veterans and Families</b> MaryAnn Notarianni, Deputy Chief Executive Officer and Executive Vice President, Knowledge Mobilization Dr. Sara Rodrigues, Director, Applied Research	2023/05/04	50



<b>Organizations and Individuals</b>	<b>Date</b>	<b>Meeting</b>
<b>Department of Veterans Affairs</b> Dr. Cyd Courchesne, Chief Medical Officer Trudie MacKinnon, Acting Director General, Centralized Operations Division	2023/05/04	50
<b>As an individual</b> Dawn McIlmoyle, Sailor 3rd Class, Registered Nurse	2023/05/08	51
<b>Pepper Pod</b> LCol (H) Sandra Perron, Chief Executive Officer	2023/05/08	51
<b>Royal Canadian Legion</b> Carolyn Hughes, Director, Veterans Services, National Headquarters	2023/05/08	51
<b>Women Warriors' Healing Garden</b> Dr. Elaine Waddington Lamont, Mental Health Director	2023/05/08	51
<b>As an individual</b> Dr. Alisha Henson, Clinical Psychologist, Supervised Practice Alana Jaquemet, Registered Social Worker and Registered Psychotherapist	2023/05/18	53
<b>Chronic Pain Centre of Excellence for Canadian Veterans</b> Hélène Le Scelleur, Captain (Retired), Co-Chair, Centre of Excellence Advisory Council for Veterans Dr. Joy MacDermid, Professor Dr. Ramesh Zacharias, Chief Executive Officer	2023/05/18	53
<b>Department of National Defence</b> MGen Marc Bilodeau, Surgeon General, Canadian Armed Forces Cmdre Daniel Bouchard, Commander, Canadian Armed Forces Transition Group, Canadian Armed Forces LGen Lise Bourgon, Acting Chief of Military Personnel, Canadian Armed Forces LCol Andrea Tuka, National Practice Leader (Psychiatry), Canadian Armed Forces	2023/06/01	54

<b>Organizations and Individuals</b>	<b>Date</b>	<b>Meeting</b>
<b>As an individual</b> Sgt Kathleen Mary Ryan, CD Joanne Seviour, Major (Retired) MCpl Jacqueline Wojcichowsky, CD	2023/06/05	55
<b>Canadian Forces Morale and Welfare Services</b> Phil Marcus, Vice-President of Operations, SISIP Financial	2023/06/12	57
<b>Department of Veterans Affairs</b> Steven Harris, Senior Assistant Deputy Minister, Service Delivery Branch Melanie MacDonald, Team Lead, Disability Benefits Entitlement Eligibility Guidelines (EEG) Modernization Initiative Trudie MacKinnon, Acting Director General, Centralized Operations Division	2023/06/12	57
<b>Manulife Financial</b> Godfrey Jerry, Assistant Vice President, Life and Disability Operations Maureen McGrath, Manager, Canadian Armed Forces Long Term Disability Vocational Rehabilitation Program	2023/06/12	57
<b>As an individual</b> Carly Arkell, Major (Retired) Lisa Nilsson, Petty Officer, 2nd Class (Retired) Nadine Schultz-Nielsen, Leading Seaman (Retired) Capt(N) (Ret'd) Louise Siew	2023/06/15	58
<b>Ma Langue Aux Chats Cat Café</b> Lisa Cyr, Corporal (Retired) and Owner	2023/06/15	58
<b>As an individual</b> Hon. Beverley Ann Busson, Veteran, Senator and Retired Royal Canadian Mounted Police Commissioner Anna-Lisa Rovak, Veteran	2023/10/24	66
<b>Davidson Institute</b> Adrienne Davidson-Helgerson, Director of Operations, Operational Stress Recovery Christina Rochford	2023/10/24	66

<b>Organizations and Individuals</b>	<b>Date</b>	<b>Meeting</b>
<b>True Patriot Love Foundation</b> Eleanor Taylor, Manager, Community Engagement and Advocacy	2023/10/24	66
<b>As an individual</b> Alice Aiken, Veteran, Vice-President Research and Innovation, Dalhousie University Nicole Langlois, Veteran Brigitte Laverdure, Veteran	2023/10/26	67
<b>As an individual</b> Chris Edwards, Researcher	2023/10/31	68
<b>Veterans Emergency Transition Services</b> Debbie Lowther, Chief Executive Officer and Co-Founder	2023/10/31	68
<b>Canadian War Museum</b> Mélanie Morin-Pelletier, Historian	2023/10/31	68
<b>Royal Canadian Mounted Police</b> Jennifer Ebert, Assistant Commissioner, Commanding Officer, B Division DeAnna Hill, Assistant Commissioner, Commanding Officer, J Division Nadine Huggins, Chief Human Resources Officer Joanne Rigon, Executive Director, Executive Liaison Officer, National Compensation Services, Human Resources	2023/11/07	69
<b>As an individual</b> Marie-Ève Doucet, Non-destructive Testing Technician Jennifer Smith, Veteran Stéfanie von Hlatky, Full Professor, Queen's University, Canada Research Chair in Gender, Security, and the Armed Forces	2023/11/09	70
<b>Quinism Foundation</b> Remington Nevin, Executive Director	2023/11/09	70
<b>RCMP Veteran Women's Council</b> Jane Hall, Member	2023/11/28	72
<b>Veteran Farm Project Society</b> Jessica Miller, CD, Founder and Director	2023/11/28	72

<b>Organizations and Individuals</b>	<b>Date</b>	<b>Meeting</b>
<b>Veterans Transition Network</b> Marion Turmine, Operation manager, Quebec	2023/11/28	72
<b>As an individual</b> Vivienne Stewart, RCMP Veteran Women's Council Nina Charlene Usherwood	2023/11/30	73
<b>As an individual</b> Stephanie Hayward Caleigh Wong	2023/12/05	74
<b>Department of National Defence</b> Shoba Ranganathan, Director, Programs and Services, Sexual Misconduct Support Centre Linda Rizzo Michelin, Chief Operating Officer, Sexual Misconduct Support Centre Col Peter Rowe, Director, Casualty Support Management	2023/12/07	75
<b>Department of Veterans Affairs</b> Dr. Cyd Courchesne, Chief Medical Officer Pamela Harrison, Senior Director, Engagement and Events Amy Meunier, Assistant Deputy Minister, Commemoration and Public Affairs Branch	2023/12/07	75
<b>As an individual</b> Paula MacDonald, Master of Social Work	2024/02/07	81
<b>Canadian Veteran Service Dog Unit</b> Dwayne Sawyer, President Kristina Sharp, Member	2024/02/07	81

## **APPENDIX B: LIST OF BRIEFS**

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The following is an alphabetical list of organizations and individuals who submitted briefs to the committee related to this report. For more information, please consult the committee's [webpage for this study](#).

**Atlas Institute for Veterans and Families**

**Bridge2Future**

**Davidson Institute**

**Desforges, Sandrine**

**Dewit, Paula**

**Lowrie, Kimberley**

**MacDonald, Paula**

**Morrison, Telah**

**Tremblay, Érick**

**Women, Peace and Security Network – Canada**



## REQUEST FOR GOVERNMENT RESPONSE

Pursuant to Standing Order 109, the committee requests that the government table a comprehensive response to this report.

A copy of the relevant *Minutes of Proceedings* (Meetings Nos. 44 to 51, 53 to 55, 57, 58, 66 to 70, 72 to 75, 79 to 81, 87 to 90, 92 and 93) is tabled.

Respectfully submitted,

Emmanuel Dubourg  
Chair





## **Honouring the Women Who Served Our Country and Addressing the Needs of All Veterans**

This historic study brought new perspectives to issues that have been plaguing the Veterans community for decades and the unique experiences of Women in the service has shed light on new approaches and solutions that can be taken to ensure that any Canadian who decides to serve Canada can do so confidently and proudly. All those who dedicated time and energy to provide their perspectives to the committee have showcased the immense value that women bring to Canada's institutions and service.

Disappointingly some of the parties involved with the tabling of this report deliberately steered away from themes and topics shared with the committee that reflected poorly on the government.

There are many hard truths that this study brought forward and Common-Sense Conservatives believe that the committee owes it to all those who came to testify and contribute to deliver a report that reflects exactly what was heard, even if it doesn't look good on those in power. The report should be very clear and intentional when it comes to delegating responsibility for the state of the CAF, RCMP, and VAC. The recommendations contained here which supplement the existing report, call on the government to act very specifically in key areas that were not adequately addressed in the report.

The Federal Government promised that they would deliver on affordable housing at the beginning of their mandate, but never acted on it. Last summer the Prime Minister then said that housing wasn't a federal responsibility. Nine months later, housing was a major theme of the Federal budget with the government once again promising, yet failing to do more on housing.

It is important for this report to reflect the fact that on average Veterans are at a higher risk of experiencing homelessness and that women Veterans in particular are susceptible to other forms of abuse when they find themselves without secure housing. Therefore, it is important that far more be done to address this issue, starting with Veterans Affairs making more of an effort to find and assist all of the Veterans who are homeless.

There is also the issue of better support and entitlements for Veterans as they transition out of the military or to part time service. Conservatives believe it is important to recognize that what we heard in testimony from women Veterans highlights an issue that affects all Veterans and service members and should be addressed. This applies to better support for Veterans who wish to pursue schooling or training. Those Veterans who wish to continue pursuing a career with the skills they learned in the military need the government to support the recognition and transfer of their learned skills from the military to an equivalent field in the private or public sector.

For many Veterans going through transition, their spouses and immediate family members are also vital support systems for them. The committee heard about how military spouses often sacrifice their own careers to support their spouse's constant posting cycles and how post service this leaves both they and their family at higher risk for hardship as benefits and salaries often fluctuate during career moves. Due to this, it is important that the government acknowledge the contribution of military spouses and families and extend education and training benefits to them, especially as the committee heard from dozens who said that when the CAF and VAC failed to support them, all they had was their family.

The medical needs of those who have served in the CAF or RCMP are unique in many ways. It is absolutely critical to reflect what Women Veterans and Veterans in general have been requesting for years and what this committee heard throughout the study. Firstly, giving Veterans the benefit of the doubt when they submit claims related to their service is paramount. The last thing a Veteran needs when they apply for benefits or compensation is to be scrutinized and revictimized by bureaucrats.

A presumptive injury list would be the easiest way to address this issue, protecting the dignity of our Veterans, especially those who are survivors of military sexual trauma by accepting their word upon application, by cutting the massive backlog that is overwhelmingly comprised of common injuries that are eventually paid out anyway, and by reducing manpower hours tied up in administration so more time can be spent speaking with Veterans and helping them.

Additionally, both VAC and the Department of National Defence (DND) along with the CAF have completely failed in their mandate of supporting the transition of soldiers. The time of departments passing the buck to one another and blaming each other while Veterans suffer needs to end. The government has had clear instructions from Ombuds reports, committee reports, and Auditor General reports dating back for years now addressing these same issues. Even for the reports accepted, no action has been taken. This is simply unacceptable and necessitates the submission of this Supplemental Report - to hold the government accountable to keep its word on the recommendations of both this report and all the others before it that have yet to be acted on.

Therefore, Conservative members of the Committee provide the following recommendations:

## Housing and Cost of living

Throughout the study on the experience of Women Veterans, MPs heard testimony calling attention to the increasing numbers of Veterans who are homeless including from Veterans who have been or were at risk of homelessness themselves. The committee also heard that the rampant inflation and cost of living crisis caused by the current government has left many Veterans unable to afford basic necessities for their day-to-day lives. This testimony was corroborated by the fact that Veterans' food banks report record usage rates in the past few

years while several Veterans advocacy organizations report their efforts to help Veterans in their transition are being hampered, as Veterans struggling to feed and house themselves are less likely to be able to pursue education and training programs. In light of this, Conservatives on the Standing Committee on Veterans Affairs propose the following:

**Recommendation #1: Given that the failed policies of the Liberal Government over the past 9 years have hurt Veterans, that VAC engage with governmental partners and Veteran support organizations that address the housing crisis by creating safe places for Veterans who are at risk of homelessness, especially women; and that VAC use these partnerships to exhaustively identify and track Veterans experiencing homelessness and connect them with VAC benefits and services, including emergency or long-term housing supports.**

## Education, Training, and Family Support for Veterans and their Families

Conservatives know that when a Canadian serves, their family serves with them, in different, but equally important ways. During transition many spouses and family members act as crucial supporters as they work to augment the change in pay and benefits for the family post service. With this important role in mind, supporting Veterans and their family members through providing better access to education and training directly impacts their prospects in life post service. Therefore, Conservatives would like to propose the following recommendations which were absent from the committee's report to the House:

**Recommendation #2: That Veterans Affairs Canada recognize that Veterans who leave the regular force for the reserve force, (often for the flexibility needed for raising a family) should still be eligible for educational entitlements that Veterans who leave the forces altogether receive and that these entitlements be extended to immediate family members.**

**Recommendation #3: That the Department of Veterans Affairs ease the transition from military to civilian life by ensuring that members of the Canadian Armed Forces can access Veterans Affairs Canada's Education and Training Benefit upon securing a date of release from the regular force into either the reserve force or out of the military completely.**

**Recommendation #4: That the Department of Veterans Affairs assist Veterans with their transition from military to civilian life by harmonizing training certifications in the Canadian Armed Forces with civilian qualifications, allowing Veterans to easily transfer their skills to civilian workplaces.**

**Recommendation #5: That the Government must acknowledge their early learning and childcare strategy fails to address the unique needs of members of the Canadian Armed Forces, Veterans, and their family.**

## Medical Needs

Expert testimony shared with the committee confirmed what Veterans have been saying for years. Namely, that the unique requirements of service leave Canadians prone to different injuries and illnesses not commonly seen in the general population. Witnesses at the committee shared how the medical needs of women have historically been overlooked by both the CAF and VAC. To address this Conservatives propose the following recommendations which the report failed to address:

**Recommendation #6: That Veterans Affairs develop a presumptive injury list for common conditions in each trade and that the lists reflect the unique challenges and injuries faced by service women.**

**Recommendation #7: That Veterans Affairs Canada change their position on the acceptance of civilian medical professionals' diagnosis. I.e., If a Veteran goes to seek medical attention and a doctor or specialist gives a diagnosis that is related to service, that VAC has to accept the integrity and judgement of medical professionals.**

**Recommendation #8: The pool of physicians who are trained to treat service-related illnesses and injuries while enlisted and those who determine if an illness or injury is due to service after releasing should be one and the same; within that pool specialists in women's reproductive health and unique physical and emotional challenges should be available to all female service members.**

**Recommendation #9: That the Department of Veterans Affairs collaborate with the Department of National Defence and the Canadian Armed Forces to establish a clear criteria for service related injuries and to ensure that the full and unredacted medical records of service members are made available to them upon enlistment, throughout their service, upon release, and beyond, and that all those who enlist have the opportunity, at any point in time, and at their choice empower DND to transfer medical records upon request by the serving member/veteran to VAC, their home province and/or health provider(s).**

**Recommendation #10: That the Department of Veterans Affairs develop policies and proposals with respect to women Veterans to address their unique needs especially in the area of identifying and treating both physical and mental illness or injuries. Both DND and VAC must ensure all serving women and women veterans have access to doctors and psychologists who specialize in women's health.**

**Recommendation #11: That the Department of Veterans Affairs renew its understanding of physical and psychological injuries and their direct correlation to military service, with a specific emphasis on female-specific medical conditions derived from the military environment and military sexual trauma.**

**Recommendation #12: That VAC and the CAF work together on a way to inform service members and Veterans when a new compensable condition is recognized in order to help identify, prevent and treat it within the CAF and expedite VAC's claims processing.**

**Recommendation #13: That the Department of Veterans Affairs recognize that psychiatric service dogs have the potential to positively change the lives of Veterans and their families; listen intently to Veterans' anecdotal evidence on the impact of service dogs on their health; and undertake an educational campaign to inform health care professionals about the role of service dogs, and their benefits, in Veterans' lives.**

#### Enabling Success Post Service

While many Veterans hold a negative view of Veterans Affairs Canada due to a frustrating and cumbersome experience for even their most basic claims, the committee heard from dozens of Veteran owned and operated organizations that help fellow Veterans and overwhelmingly Veterans report a high level of satisfaction with them. With this in mind, Conservatives recommend the following to address what the committee heard:

**Recommendation #14: That Veterans Affairs Canada better support the success of Veterans who pursue entrepreneurship including prioritizing those whose businesses service other Veterans.**

**Recommendation #15: That the Department of Veterans Affairs properly assist Veterans with their transition from military to civilian life with a personalized focus on intake interviews, face-to-face follow-up meetings, and ease of understanding VAC benefits and services.**

**Recommendation #16: That Veterans Affairs Canada do more to ensure the maximum number of Veterans are registered with VAC for the purpose of informing them of any benefits they are entitled to due to their service and that in applying for new entitlements, the government ensures that women Veterans' specific conditions are permanently noted for future benefit applications, reducing the need for repeated medical reassessment.**

**Recommendation #17: That the Department of Veterans Affairs bolster its efforts to proactively communicate with Veterans of the Canadian Armed Forces and the RCMP, their families, and their caregivers through a diverse range of media - including audio-visual, social media, and print - about the benefits, services, and education and professional development opportunities available to them through Veterans Affairs Canada; the Department should clearly communicate the manner through which Veterans can make direct contact with a Veterans' Service Agent.**

## Conclusion

It is important to note that the purpose of this Supplemental Report is to augment the recommendations which appear in the main report, many of which Conservatives support.

So as the Standing Committee for Veterans Affairs completes its historic study into the experience of Women Veterans, Conservative members would like to acknowledge the courage

and dedication of women from across Canada who offered their testimony and shared their stories as part of this study.

Conservative members of the Standing Committee on Veterans Affairs (ACVA) call on the government to ensure there is fair and equal treatment of both the men and women who served in the Canadian Armed Forces (CAF) and the Royal Canadian Mounted Police (RCMP).

During this historic study the committee was made aware of many problems and systems in place that negatively affect women who have served Canada. However, we feel there were some important themes and topics missed in the final report. In addressing the unique concerns of women veterans, the government must make advancements for the betterment of all members when it comes to areas they have neglected to address such as access to health care professionals/services, tracking and monitoring of service related injuries, access to programs and benefits post service, and communicating changes in policy or new programs, especially for Veterans who are facing homelessness and do not have ready access to online sources.

Common-sense Conservatives will continue to stand with all of Canada's veterans, including the women who have courageously forged a path through adversity for future generations. We will continue to hold the government accountable to ensure there is action on these issues rather than more empty promises and platitudes.

The Veterans Affairs Committee (ACVA) has undertaken a vital, long-overdue study concerning the experiences of women Veterans during their time with the Canadian Armed Forces (CAF) and as Veterans. This study is crucial in exposing how women, and here we include everyone who identifies as a woman, are treated by the systems they committed themselves to. Those women who came forward showed incredible courage in sharing their stories. Many spoke of their experiences of sexual trauma and misconduct, their long-lasting physical and psychological injuries, and the invisibility they felt at having their realities ignored by CAF, Veterans Affairs Canada (VAC), and governments of all stripes.

Unfortunately, the study confirmed what many women we heard from already know: the experiences of women in the CAF and as Veterans are routinely ignored or dismissed. They are unable to obtain treatment due to a lack of healthcare providers who are knowledgeable about women's healthcare, and they are all too frequently victims of sexual trauma, harassment, and other misconduct during their time in CAF.

This issue extends from the CAF to the VAC and decades of successive governments that refused to recognize the voices of women and repeatedly failed to enact change. It also filters beyond the organizations into society as a whole.

In her testimony, Professor Maya Eichler, pointed out how women's invisibility permeates society:

"I think there is also a lack of a clear-cut woman Veteran identity that you can step into in Canada. There's no social imagination of who a woman Veteran is. If you talk about Veterans, people will see the image of an elderly Second World War Veteran. I think that's part of what needs to change at a broader national and societal level, that we see women as service members and as Veterans."<sup>1</sup>

The underlying issue is clear. When women were finally allowed in the CAF, its programs and policies should have been reviewed to consider how including women would change the way CAF operates. CAF should then have adjusted to treat women as equals to men, rather than continuing with oppressive policies that made it incredibly difficult and traumatic for women to serve. When women came forward, they should have been heard, rather than being made invisible.

Instead, CAF's policies punished women, violated their safety, and made them targets when they reported issues within the CAF. Among the many abuses women faced were being forced

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<sup>1</sup> ACVA, *Evidence*, 20 April 2023, Maya Eichler (Canada Research Chair in Social Innovation and Community Engagement, Mount Saint Vincent University, As an individual).

to wear uniforms and use equipment made for men, lacking access to medical care specific to women, and a misogynistic culture that allowed military sexual trauma to thrive.

CAF has given much lip service regarding its progress, but progress has almost entirely been forced, either through regulations or by the court system. Rarely has change been made without outside pressure. Often, women were left to solve their own problems, or put up with their unacceptable treatment.

During testimony, Capt(N) (Ret'd) Louise Siew shared her story of being pregnant while serving and having no access to maternity uniforms. "I wore my own version of a maternity uniform when the military offered me no uniform option. I maintained an informal network of hundreds of servicewomen from across the Canadian Forces to whom I would pass on information regarding ongoing issues such as equipment, uniform, maternity benefits, etc. I fended off sexual aggressions and suffered many rebukes for my activism, and I always felt like I was on my own in these fights."<sup>2</sup>

CAF's lack of proper medical equipment resulted in women undertaking long journeys while on missions to obtain proper medical care. Major (Retired) Dr. Karen Breeck spoke about ensuring medical equipment such as specula were mandatory on UN missions so women who were serving no longer had to spend time away from a mission—often at great risk to themselves—so they could access vital medical equipment.<sup>3</sup>

Most CAF research is focused on men or on comparing women to men. This typically makes women invisible in the system and results in misdiagnoses, preventing women from obtaining proper treatment. As a result, there are critical gaps in our knowledge and understanding of women Veterans' health and their experiences.

Lieutenant-Colonel (Retired) Sandra Perron testified at committee that menopausal symptoms are being misdiagnosed as anxiety disorder, which is clearly related to the lack of female-specific medical knowledge in the CAF medical system.<sup>4</sup>

Additionally, Senator Rebecca Patterson noted that the term "gender neutral" excludes women and said that women should not be lumped into one program or funding area for all equity groups.<sup>5</sup>

While Gender Based Analysis Plus (GBA+) reports are meant to address such issues, Dr. Eichler noted such reports are poorly done, often in a superficial and not transparent way.

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<sup>2</sup> ACVA, *Evidence*, 15 June 2023, Louise Siew (Capt(N) (Ret'd), As an individual).

<sup>3</sup> ACVA, *Evidence*, 20 April 2023, Karen Breeck, (Major (Retired), Co-chair, The Women Veterans Research and Engagement Network).

<sup>4</sup> ACVA, *Evidence*, 8 May 2023, Lieutenant-Colonel Sandra Perron (Chief Executive Officer, The Pepper Pod).

<sup>5</sup> ACVA, *Evidence*, 27 April 2023, Hon. Rebecca Patterson (Senator, Ontario, CSG, as an individual).



“Sharing [GBA+ reports] in a transparent way would allow for that feedback, which would be really important. Veterans Affairs Canada has a GBA+ strategy, but I haven’t seen a lot of the analyses shared, so I would definitely encourage you to ask for those.”<sup>6</sup>

The NDP agrees women’s experiences must be given proper consideration and context. We recommend publication of the VAC’s GBA+ reports, which will provide context on the performance of its gender and diversity programs and increase transparency.

This study provides an important picture of the abuses and injustices women in the CAF and women Veterans face. However, it is not a full picture. We know many women have struggled, but we did not hear enough of the experiences of the BIPOC or LGBTQ+ communities to get a full picture of what they endured. Their lived experiences are crucial to understanding how CAF and VAC treats all servicewomen and Veterans. More work must be done to create a safe space where anyone who identifies as a woman feels empowered to come forward and share their stories.

The NDP recommends more be done at the CAF, VAC, and Committee levels to ensure those who work with and help Veterans and servicemembers receive trauma-informed training. Every Veteran who contacts VAC has experienced some form of trauma while in service, yet few receive care that recognizes the role trauma plays in their health issues and interactions with services.

Further, this trauma-informed training must also consider the differences in how trauma manifests between women and men.

Christine Wood said “Women-specific issues are invisible” and noted that her post-traumatic stress disorder (PTSD) manifests physically, but VAC doesn’t recognize her health challenges as related to PTSD. As a result, her benefit claims have all been denied.<sup>7</sup>

In her testimony, Major (Retired) Joanne Seviour, an 11-year client of Veterans Affairs, said, “On this issue in particular, I’ll say for the physical injury, Veterans Affairs has been very helpful, but I almost felt like I was dealing with a private insurer who denies everything the first time in the hope you’ll go away.”<sup>8</sup>

It’s evident from the testimony of the women Veterans that the VAC’s bureaucratic application processes are not trauma informed. The only training VAC workers receive is a couple of hours about trauma and Veterans through an online portal, with no follow up.

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<sup>6</sup> ACVA, *Evidence*, 20 April 2023, Maya Eichler (Canada Research Chair in Social Innovation and Community Engagement, Mount Saint Vincent University, As an individual).

<sup>7</sup> ACVA, *Evidence*, 17 April 2023, Christine Wood (Veteran Advocate, As an individual).

<sup>8</sup> ACVA, *Evidence*, 5 June 2023, Joanne Seviour (Major (Retired) As an individual).

Additionally, despite high levels of military sexual trauma, there is no mandatory training in place to support military sexual trauma survivors. Major (Retired) Donna Riguidel said she “tried to gut it out,” after she was repeatedly assaulted, abused, and harassed, but received no support, even after creating a training program for CAF on supporting victims of military sexual trauma, for which she won an award.

“In 2014, there was no mandatory training on how to support somebody disclosing military sexual trauma. There still isn't. Being raped should not cost you your career...In spring 2021, four female survivors got together and created a group. We call ourselves the Survivor Perspectives Consulting Group. In my final year in uniform, I trained almost 2,000 members of the CAF on how to support those who are victimized and how to recognize the earlier roots of that behaviour. We've taught brand new recruits up to three-star generals. In our post-training survey, 83% of those trained say that they now know how to support someone. So far, 98% have said that this should be CAF-wide...In my last year in uniform, I received a CDS commendation for creating this program, and I got a letter from Lieutenant-General Carignan, saying that the CAF leadership sees no value in institutionalizing this training. None of the leadership from CPCC or the CDS's office has taken this training.”<sup>9</sup>

Joanne Seviour further noted, “When I was diagnosed—I spent six months being diagnosed by a clinical psychologist with female sexual interest disorder, which is a new DSM diagnosis, and with persistent depressive—Veterans Affairs ignored one of them. I spoke to four different people, who said, ‘Well, we didn't deny it. We just ignored it.’ You know, that's kind of insulting to me as a Canadian and as a client—you just ignored it.”<sup>10</sup>

Veterans and those served by VAC risked their lives and personal wellbeing to serve their country. VAC culture must move from being one of an insurance agency to one that cares, and uses trauma-informed practices to better serve its clients.

Too often, we think oppression only takes the form of obvious hate and abuse. But oppression is also more insidious. Oppression is ignoring the realities of our fellow human beings. It's explicitly saying or implicitly showing that anyone outside a specific frame of reference must either change themselves to fit into that frame of reference or risk being ignored, excluded, and diminished.

In the cases of the incredibly courageous women who signed up for the CAF, that oppression came from the very institution they were willing to risk their health and safety to be part of. They dedicated themselves to the CAF only to be repeatedly shown and told that their realities, their hurts, and the abuses they suffered as a result of enlisting didn't matter.

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<sup>9</sup> ACVA, *Evidence*, 17 April 2023, Donna Riguidel (Major (Retired), As an individual).

<sup>10</sup> ACVA, *Evidence*, 5 June 2023, Joanne Seviour (Major (Retired), As an individual).

The women who shared their stories displayed great courage, as did those who showed up in solidarity with them. Speaking about abuses, military sexual trauma, harassment, and invisibility is not easy. We owe these women a debt that can never be repaid and we must demand and expect change moving forward.

In the words of H  l  ne Le Scelleur, “I am one of the many women who learned to keep our hurt, abuse and suffering quiet in order to gain respect as a military member—but what happens when our careers are forced to an end that we did not choose, and our wounds, whether physical or psychological, become symbols of the end? I believe it is important to consider that this transition to civilian life is not without its challenges for women Veterans, because in addition to coming out, they must also face justification that they are also wounded Veterans and they deserve respect.”<sup>11</sup>

While this study is an important step in the right direction, it is only that. An important step. It is not and cannot be the end of this journey. All women who currently serve, have served, and will serve deserve to have their voices heard and their perspectives taken seriously. This means adopting the recommendations in the report, treating women as equal participants in CAF, and ensuring they have the access to the supports and resources they need to thrive, both while they serve and as Veterans.

This goes beyond party lines. Government after government has ignored the voices of Veteran women and servicewomen. That so many women came forward and stood in solidarity shows they have faith there can still be meaningful change, and they feel passionately about this report.

Dr. BreecK said, “It’s rapidly becoming an issue of national security importance to develop a strategic, whole-of-government plan on how to do better on including and caring for the women of this nation when they join the military and thereafter.”<sup>12</sup>

The women who testified and those who did not feel comfortable doing so deserve our gratitude, our recognition, and our respect. They also deserve our action. They have supported and looked after each other through their service and after, which is a beautiful thing to see. It’s beyond time for the government and its institutions to support and look after them.

This report has given women a glimmer of hope that something will finally be done. Let’s not squander that hope by turning it into cynicism through government inaction. It’s our duty to act on the report’s recommendations to ensure these women truly are invisible no more.

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<sup>11</sup> ACVA, *Evidence*, 18 May 2023, H  l  ne Le Scelleur (Captain (Retired), Co-chair, Centre of Excellence Advisory Council for Veterans, Chronic Pain Centre of Excellence for Canadian Veterans, As an individual).

<sup>12</sup> ACVA, *Evidence*, 20 April 2023, Karen BreecK, (Major (Retired), Co-chair, The Women Veterans Research and Engagement Network).

