

# **HANSARD**

**NOVA SCOTIA HOUSE OF ASSEMBLY**

**COMMITTEE**

**ON**

**VETERANS AFFAIRS**

**Tuesday, January 18, 2022**

**Video Conference**

**Women and Gender Diverse Veterans Issues**

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**VETERANS AFFAIRS COMMITTEE**

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Hon. Ben Jessome

Ali Duale

Suzy Hansen

Lisa Lachance

In Attendance:

Heather Hoddinott  
Legislative Committee Clerk

Gordon Hebb  
Chief Legislative Counsel

**WITNESS**

Dr. Maya Eichler,  
Canada Research Chair in Social Innovation and Community Engagement,  
Head of the Centre for Social Innovation and  
Community Engagement in Military Affairs at MSVU



**HALIFAX, TUESDAY, JANUARY 18, 2022**

**STANDING COMMITTEE ON VETERANS AFFAIRS**

**1:00 P.M.**

**CHAIR**  
Chris Palmer

**VICE-CHAIR**  
Danielle Barkhouse

THE CHAIR: I'd like to call our meeting to order. This is the Standing Committee on Veterans Affairs. I'd like to introduce myself. I'm the Chair of the committee, Chris Palmer, MLA for Kings West.

Just a few reminders before we begin our meeting this afternoon. You're to keep your mic muted until I call on you to speak and leave your video on for the purposes of Legislative TV. When we get to the question and answer period, we'll just do that by raising your hands and I'll do my best to keep track of everybody - or if you have any questions throughout the meeting. When we get to the committee business, we're going to do it that way. Please have your phones on silent or vibrate as we go forward with the meeting.

What I'd like to do now is ask all the members to introduce themselves. If we could begin with MLA Barkhouse, we'll get you to introduce yourself. If you all have the list, we'll go on from there, please.

[The committee members introduced themselves.]

THE CHAIR: For the purposes of Hansard, I would also like to acknowledge the presence of Chief Legislative Counsel Gordon Hebb, and our Legislative Committee Clerk Heather Hoddinott.

As we proceed into the agenda of our meeting, our topic today is Women and Gender Diverse Veterans Issues. I'm very pleased that we have our witness with us today, Dr. Maya Eichler, who is Canada Research Chair in Social Innovation and Community Engagement and head of the Centre for Social Innovation and Community Engagement in Military Affairs at Mount Saint Vincent University.

Dr. Eichler, it's a pleasure to have you with us this afternoon, and really look forward to what you can enlighten us on in this important topic. I'd like to ask you to make some opening remarks if you'd like and to welcome you to our committee.

DR. MAYA EICHLER: Thank you, Chair, and members of the committee. I really welcome this opportunity to speak to you today.

For the past decade, my research at Mount Saint Vincent University has focused on gender integration and sexual violence in the Canadian Armed Forces, as well as on women veterans' issues. My research team and I conduct both independent research that's funded through the Social Sciences and Humanities Research Council of Canada, as well as research for government departments like National Defence and Veterans Affairs Canada that's administered through the Canadian Institute for Military and Veteran Health Research.

Before I speak to the substantive issues, let me just offer some definitions around terminologies so that we're all on the same page today. I will be speaking primarily about issues that relate to veterans who identify as women. These issues include both sex- and gender-specific issues. I just want to define those terms for you quickly.

When we're talking about sex, we're talking about biological classification into male, female, and intersex based on anatomical, genetic, chromosomal, hormonal distinctions. Here, in the context of today's conversation, we're primarily talking about female sex-related health issues, which are very relevant to consider in relation to the women veteran population.

The second important term is gender, which refers to sociocultural norms associated with masculinity and femininity, as well as non-binary gender expressions. For example, gender fluid, two-spirit, any combination of masculine and feminine, which is also captured by the term "gender-diverse." Gender is also really relevant to consider in relation to veterans' issues because of the male-dominated and masculinized nature of military work and the military veterans' culture more broadly, but also because when military members leave the military, they are transitioning into a gendered society.

Now, sex and gender need to be conceptualized separately, but they also often intersect - for example, when it comes to reproductive health, childbearing, and parenting and caregiver responsibilities.

There is relatively little research on women veterans in Canada, and there's no research that I'm aware of that explicitly speaks to the experiences of transgender and gender-diverse veterans. I just want to flag that as a limitation that we all keep in mind. My remarks really are primarily valid for cisgender women veterans, for those whose gender identity responds to the sex that was assigned at birth. I say this while acknowledging that this is obviously an important gap to be filled in the future by research.

Another caveat is that I am going to be speaking primarily about women veterans as a group and not talk right now about intersectional differences, but I'm happy to do that in the Q&A as well.

Let me jump more into the topic here. Women are the fastest growing segment of the veterans' population in Canada today; yet, we have a system of veterans' support that was historically designed with men in mind. I want to share with you a quote from one of my research participants, a woman veteran:

At best, we're at 15 per cent female, and so the system is still set up for men. The system is still set up on the assumption that you are male and that you have a civilian spouse. I think your average female soldier still has it harder because you're either married to someone still in uniform or you're single, and still all of the programs, all of the research, is still very male-focused.

The problem we have as researchers - but also policy makers and service providers - is that we are faced with a military and veteran system that has historically been designed for men, while the assumption, at the same time, has been that this is a gender-neutral system. The problem with gender neutrality - or, as I would call it more accurately, gender blindness - in research, policy, or programming, is that this can have unintended and unanticipated discriminatory and inequitable outcomes for those who have not been included from the very beginning.

Therefore, in Canada today, I would argue we face gaps in knowledge about women veterans. We face gaps in services specifically tailored for women veterans. All of this can lead to increased rates of injury and illness and decrease the well-being of women veterans.

Now I think at the same time it's really important to go beyond what I would call an "add women and stir" approach. We do want to focus on women, but we want to go beyond that. I think a focus on women veterans' issues needs to happen within a broader mainstreaming of a sex and gender lens into all veteran research policy, programming, and services. I can talk more in the Q&A about what exactly I mean by that.

Let me share a little bit with you about what we do know about women veterans in Canada. We know that they share common experiences with men, but we also know that women face unique sex- and gender-based risks and vulnerabilities. Women leave the

military for different reasons than men. They are more likely to leave for family reasons. Women leave with higher rates of medical releases. They leave with sex-specific health issues that have often begun in service but then have long-term consequences beyond service. These are both physical and mental health issues and complex health issues that are often not well understood by providers.

Women have higher rates of chronic pain compared to men veterans. Women experience a steeper decline in income after leaving the military compared to men. They are more likely to be working part-time or in lower-paying jobs compared to men. Women's trauma histories are complex and often not well understood. Women are more likely to have experienced military sexual trauma in the military workplace. They are also more likely to be mistrustful of the health care system and providers due to these experiences.

Women often have responsibilities as caregivers, more so than men veterans. At the same time, they are less likely to have an identified caregiver for their own needs. They are more likely than men to be single or separated, divorced, or widowed. Women are also more likely to be single parents during the transition to civilian life, and may therefore lack family support.

Women in dual service couples face unique challenges. This is a couple where both members of the family are serving in the military or are ex-military service members.

Women encounter transition and veteran systems that are set up on the male veteran norm. They are not recognized as veterans to the same extent as men. They may also be less inclined to identify as veterans. Women may not feel welcomed and supported in typical male veteran spaces and may therefore not seek out those supports.

We know that women also experience longer wait times for VAC decisions in regard to disability claims. Women veterans have higher rates of suicide compared to women in the general Canadian population. Women veterans also have unique risks for homelessness and gender-specific housing needs.

This was a long list, but I just wanted to give you a couple of highlights of what we do know about women veterans' experiences. Let me now just give you a few ideas of what is being done federally.

Over the last couple of years, I think we have really seen that sex and gender discrimination are increasingly being recognized as important veteran issues. I've seen a real change over the time that I've worked on the issue. In 2019, Veterans Affairs Canada held its inaugural Women Veterans Forum. It was the first meeting of its kind in Canadian history that put front and centre this question of women veteran experiences.

In 2020, Veterans Affairs Canada established the Office of Women and LGBTQ2 Veterans. It has been created specifically with the mandate to address systemic biases and barriers, and work toward equitable outcomes and equitable delivery of services for women as well as LGBTQ2 vets.

There are other initiatives I can talk about, such as the GBA Plus strategy at VAC or the Women Veterans Research plan that has been developed. There are a lot of other initiatives happening in parallel, so we see growing interest in women veterans' issues at the Ombudsman's Office as well. We see that DND/CAF is beginning to rethink its transition supports to a gender-based analysis class.

[1:15 p.m.]

In conclusion, I'll just say that all of these initiatives are really an effort to undo the historic invisibility of women and correct the assumed male and masculine veteran norm that exists. I would be very happy to talk about these and other initiatives, and what I see are some of the potentials on limitations, as well as what your committee might be able to do in the future to help address women veterans' issues.

Thank you so much. I look forward to your questions.

THE CHAIR: Thank you, Dr. Eichler. I can tell from your opening statement, you're very passionate and very knowledgeable about this topic. I look forward to learning more from the answers to the questions our committee will be bringing forward today. I think you've done a great job in highlighting some of the issues already, right off the bat.

We will move on to our question-and-answer period now for Dr. Eichler. I just want to again remind everyone that we're in a virtual setting here. Our committee decided to do the questions with people putting up their hands and just trying to make sure our questions are equally distributed. I'll do my best to do that. We're all on one screen, so that's good for me. I don't have to go back and forth from different screens.

Again, I do ask that everybody keep your mics on mute until I have an opportunity to ask you to speak. We will wrap up questioning at 2:45 p.m. I just want to make everyone aware of that.

At this point, we will begin the question period for Dr. Eichler, so please put your hand up and we can make sure that we proceed on the questions. MLA Hansen, you are first, please.

SUZY HANSEN: Thank you so much for that presentation. I really appreciated it, Dr. Eichler. I'm just going to give you a little bit of a preamble first, based on what I heard and what I've read so far.

The effects of the pandemic have not been felt equally by any stretch, and the economic impact on women has been extremely severe. We have concerns that have been raised about intimate partner violence, especially in the context of our lockdowns, and we know going into the pandemic that the LGBTQ+ people already tend to experience higher rates of housing and financial insecurities, which is something that you mentioned.

My question is: Could you talk a bit about specific concerns that you're seeing around COVID-19 and women and gender-diverse veterans?

MAYA EICHLER: Great, thank you so much for that question. One of the studies I've been involved in is a longitudinal study of veterans' transition out of service. It sort-of follows them over a two-and-a-half-year period. There's a group of veterans that we interviewed for that study that were interviewed after COVID-19 started. I have a bit of a sense from that study what some of the issues were for women.

I think it's kind of interesting to keep in mind these specific veterans' issues, as well as the broader-gendered issues that we've seen with COVID-19. We've all seen that women's gendered labour in the home has been expanded as well, and women's workforce participation has been negatively impacted - all of that. We see that also play out in the veterans' community.

I would say that COVID-19 has been very disruptive to veterans who are on that journey from military to civilian life - sort of in the year or two years after the transition. Many of their plans have been disrupted - plans for seeking training and re-education, plans for finding work, plans for getting healthy and being able to go and take advantage of health care services that are very much needed.

I would say that, like for the rest of Canadian society, COVID-19 has been disruptive. That is very much felt in the veteran community, and especially for those veterans who are at that critical point of just being early in the transition from military to civilian life.

Some of the other issues you addressed were intimate partner violence. I would say that in Canada, today we have a real gap in knowledge about what intimate partner violence looks like in the veterans' community. We have some historic research that was done in the 1990s by Deborah Harrison and Lucie Laliberte on violence in military communities, but no one has really taken up that topic in their research lately. I think it's a huge gap. We know anecdotally that it is an issue that needs to be addressed, but I don't have any good data to really talk about it.

I can talk about LGBTQ+ experiences more generally if you like - I can't speak about them specifically in relation to the COVID pandemic. Would you like me to expand on that, on the intersections of gender and . . .



SUZY HANSEN: Yes, that would be wonderful. Yes, please. Thank you.

MAYA EICHLER: I didn't really get to it in my opening remarks, but I assume all of you are aware of the purge campaign that lasted for many, many decades in Canada. Beginning in the 1950s to the 1990s, there was an explicit homophobic campaign at the federal level to identify, harass, and in many cases, kick out public servants as well as military members and RCMP members who were gay or lesbian.

That policy, in the military context, only changed in 1992, so only since 1992 are you able to openly serve in the Canadian Armed Forces as a gay member, a lesbian member, a transgender member, and so on. For anyone who's interested, there's a very good documentary on this called *The Fruit Machine*. If any of you have not seen that yet, I would highly recommend it. It's called *The Fruit Machine*, which was an apparatus that was used - a polygraph test that was used - to identify gay and lesbian service members in the Canadian Armed Forces and beyond.

Actually, my centre held a public screening of that movie at the Halifax Public Library just before COVID-19 happened. There was a lot of interest in that. I think there's still a lot of work that needs to be done in terms of public knowledge about this history.

All of that is to say that we also know that a lot of women serving in the Canadian Armed Forces are lesbian. We sort of have that generation leaving the military now. The women who are leaving now, many of them did face that dual experience of discrimination and oppression - as women and as lesbians. It really has such deep and long-lasting effects on people's mental health and well-being. It's hard for me to even describe how deep the sense of betrayal is when you speak to veterans who have gone through that experience.

I think it's definitely something for us to keep in mind - that there are separate sex- and gender-specific issues that need to be considered. There's homophobia as well, and then for some populations, those two experiences interact in ways that really exacerbate their well-being. There need to be ways in which we can create services that are tailored toward their unique needs.

THE CHAIR: MLA Barkhouse.

DANIELLE BARKHOUSE: Thank you, Dr. Eichler, for coming here today to be a witness. In your research, you've talked about MST - military sexual trauma. Could you expand on that here, particularly in the long-term consequences this has on military transition into civilian life?

MAYA EICHLER: Thank you for that question. Military sexual trauma is a term that was coined by the United States Department of Veterans Affairs, actually, so it really originates in the U.S. Military sexual trauma refers to the impact of repeated, cycling sexual harassment or sexual assault.

The first thing I will say is that women in the military are more likely to experience military sexual trauma, but it impacts men as well. In fact, if we look at the numbers - in Canada, we have more male survivors of military sexual trauma than women survivors of military sexual trauma, just because of the disproportion of how many men and women there are in the military.

I just want to make that clear to begin with - that military sexual trauma is a gendered issue. It is about gendered power and gendered violence, and it is one of the women veterans' issues to consider, but it is not simply a women veterans' issue. We still have a lot of silence and stigma around male-on-male military sexual trauma, and I think it's really something that we all need to try to help address. We don't want to reproduce the stereotype that it is only a women's issue. I think that's the first thing I want to say.

The other thing I want to mention - and this is both in relation to MST and the purge that I was just talking about. Just to give a bit of background, there have been two huge class-action lawsuits that were settled in the last couple of years. The LGBT purge lawsuit was settled in 2018 - that led to a formal apology, compensation, education, and various other initiatives. The sexual misconduct lawsuit was settled in 2019, and that class-action lawsuit was about sexual assault, sexual harassment, as well as discrimination on the basis of sex, gender, gender-identity, and sexual orientation. That was quite a broad scope.

I just want to mention both of those lawsuits here because I think it's so important to understand that one of the reasons we're having these conversations today is because of the advocacy and the legal activism of both purge survivors and military sexual trauma survivors. Otherwise, we wouldn't even be having this conversation. I'm convinced about that.

Just to come back to your question on the impact of MST on the transition from military to civilian life. I think the impact is very profound here too and very long-lasting. It's often a combination of different health issues. MST can lead to a mental health diagnosis - for example, PTSD or depression, or whatever - so there are definite mental health impacts. There are also often physical health impacts, especially for women who are leaving and hoping to start a family. There might be issues around reproductive health that need to be addressed.

The other thing to keep in mind is that in so many cases - I can't speak in this instance for male veterans because I haven't interviewed any male survivors, but a lot of female survivors end up basically having to leave the military because of the experience. Sometimes that's captured as a medical release and sometimes not. Sometimes they will seemingly be voluntarily releasing, but it is because they are not able to manage the retaliations anymore or manage the lack of supports they're receiving in the military. Often OSA leads to the end of a military career - that's what I'm trying to say. The MST experience might precipitate the release, and then have long-lasting impacts on your transition.

[1:30 p.m.]

One of the main things that came out of the release of the Deschamps report in 2015 - which was the external review that was done on sexual harassment and sexual misconduct in the Canadian Armed Forces - is that we saw survivors of military sexual trauma organize for the first time.

In 2015, Marie-Claude Gagnon started an organization called It's Just 700. For many years, that was the main advocacy group advocating on behalf of survivors of military sexual trauma for better services and support. They have also for many years offered informal peer support. This organization now has been replaced since the Spring of 2021 by a follow-up group called It's Not Just 700.

One of the key demands, of course, in all these years remained that there needs to be a federally-funded peer support service for survivors of military sexual trauma. We did see this promised in the last budget, so we're hoping to see this come out - probably in the Spring or Summer. This is something that DND is working on jointly with Veterans Affairs Canada, so they are jointly developing this peer support program.

This is so important because there's a lot of evidence that survivors of military sexual trauma were not able to get adequate services in the existing peer support program. Either they didn't feel safe in those spaces because they thought there might be a person in that group who potentially assaulted them, or they just might not feel safe in that space.

Also, a lot of people were turned away, frankly. I interviewed a female survivor of military sexual trauma a couple of years ago who said she didn't want to join the all-male support group. Then it was suggested she join the female spouses group, which obviously was completely inadequate to speak to her experiences as a military member and veteran.

Survivors of military sexual trauma really have fallen through the cracks in many ways when it comes to peer support. I think that's one of the things that I'm really watching over the next couple of months - how robust this program is that they're going to get. I know that there's a lot of need for that.

The other thing I can add here, in terms of a bit of a local context for your future meetings that you might have and future witnesses. I know that the local Operational Stress Injury Clinic in Dartmouth has been trying to figure out how better to not only respond to the needs of women veterans but also military sexual trauma survivors, because there's an obvious need for tailored support services. I don't know how far along they are in that process, but I had a few conversations with them in 2020 and 2021 about how they might do that.

I think in the Nova Scotia context, we're also very aware of the lack of adequate peer support programs both for women as a group and for MST survivors separately. Sorry, that was a very long answer.

THE CHAIR: Thank you, Dr. Eichler. Very informative. MLA Lachance.

LISA LACHANCE: Thanks for joining us. I really wanted to just express my appreciation for your discussion of the LGBT purge. I recognize that there hasn't been enough research done on that. I joined the federal public service in 2000. I'm a member of the 2SLGBTQ+ community and connected with others. You spoke to the toll of that on people, and that was really evident to some of the folks whom I met who had been through that in the public service, and the enormous physical and mental health impacts.

We had an apology in 2018. There is the planned monument in Ottawa, which is currently in the process of being selected. In terms of progress, in terms of moving forward on looking at the issues facing 2SLGBTQ+ veterans, do you know of any examples of programs that you might imagine would be helpful for vets, or has the Purge Fund identified any particular programs for veterans that are worthy of further study and evaluation?

Just wondering, too: Are there any other examples from other jurisdictions, other countries, who perhaps have other examples of services they provide to their 2SLGBTQ+ veterans?

MAYA EICHLER: Thank you so much for that question. I think the one thing I will say - and I think this applies to a lot of what I would like to get across - is that we really need to think of the military and veteran system as a whole. I recognize that your mandate is on veterans, but there's also a lot of work that needs to be done in terms of upstream harm prevention in the military workplace.

I want to just talk briefly about some of the things going on in the military, and then move on to the veterans' side of things. There's been, over the last couple of years, a lot of mobilization within the Canadian Armed Forces of the LGBTQ+ community. There is a Pride network, there is a champion for LGBTQ issues, but I think more can be done within the military system as well. For example, if we think of some of the things that exist in the U.S. military and veterans' health administration systems, they might have LGBTQ+ health coordinators - people who have a certain expertise on LGBTQ+-specific health issues and can support members as they navigate the military medical system.

The same could be applied to the veteran side of things. I think as much as we can provide training to service providers, and training that includes both knowledge about the military, LGBTQ+ experience, and also LGBTQ+ health-specific knowledge. If we can normalize that kind of knowledge within the veteran service provider community, we would already be making an important step in the right direction.

Now at VAC, we also have, since 2020, the Office of Women and LGBTQ+ Issues. I personally actually think it's unfortunate that those two issues were lumped together in one office. I would have preferred to see two separate offices, because I think these are both huge issues where we're talking about huge systemic legacy barriers and impacts. We're really talking about the need to redesign military and veteran systems to make them inclusive and equitable. It's somewhat problematic to lump women and LGBTQ+ together.

I think if VAC could think about those as separate issues, but then also more broadly think about intersections in the way they move forward, that would be helpful. I guess - just a final point here - I think from the U.S. experience, we can see that there is a need to create tailored services. The U.S. Veterans Health Administration certainly provides tailored services for women and tailored services for LGBTQ+ members, and they also train their staff in sex and gender and sexuality competency. I think all of that needs to happen. It should really be happening already, in terms of the application of Gender-based Analysis Plus, which Veterans Affairs Canada has committed to.

I think the one thing that is still missing is really recognition of the need for specifically tailored programs. I think in Canada we're still very much attached to this idea that a veteran is a veteran is a veteran and the same services are applicable to everyone. If we look at the U.S., we do see the attempt to create additional services that specifically meet the needs of particular subpopulations. I think that is something that I would like to see in Canada as well over the next couple of years.

THE CHAIR: Thank you, Dr. Eichler.

MLA Jessome.

HON. BEN JESSOME: Dr. Eichler, thanks so much for your time today. I appreciate the opportunity to ask you some questions.

If I can dive back to MLA Barkhouse's line of questioning and ask you to clarify. You referenced the federal government advancing an initiative related to peer support for survivors of sexual assault or sexual misconduct. Can you just be explicit, so that I'm clear on what the objective is and what the commitment was from the federal government?

MAYA EICHLER: There is an item in the budget. I don't remember the exact amount of money now, off the top of my head, but there is funding in the budget to create a federal bilingual peer support program for survivors of military sexual trauma.

Why is this needed? I mean, there are other peer-support programs, like OSISS, the Operational Stress Injury Social Support. There are OSI clinics. I think there's been so much mounting evidence that the needs of MST survivors are not being met within the existing system. There was as well a report by the Ombudsman last year that showed evidence of MST survivors being turned away from existing peer support programs.

There's also mounting research evidence that in order to provide peer support, you need people who are specifically trained, who are trained in trauma awareness, who understand the specific circumstances of survivors of military sexual trauma, who understand the moral injury that a lot of people have experienced in the military, who understand the deep sense of institutional betrayal, and who understand that survivors of military sexual trauma - you know, why would they go back and seek help from an institutional context that is so similar to the one in which they were harmed?

[1:45 p.m.]

I think there is a lot of recognition now that we need dedicated peer support for MST survivors - and there's a lot of need out there. Even if you look at, going back to the sexual misconduct class-action lawsuit, the number of claims that were put in - and really, everyone recognizes that it's really just a drop in the bucket in terms of people who had the energy to go through the claims process - we have over 19,000 serving members, veterans, DND public servants who put in a claim for compensation through the class action lawsuit. Again, I will say that over 40 per cent of those were men: men coming forward and making a claim on the basis of a sexual assault, sexual harassment, or discrimination on the basis of gender, sex, sexual orientation, and gender identity.

Also, if we just think of the past year in Canada, 2021, and what we learned about the pervasiveness of sexual misconduct in the military, I think the general public maybe knew about it. We had the Deschamps Report in 2015. I think all the stories that came out last year really brought it home for a lot of people, what the needs are and what the long-lasting impacts on people's lives are.

I think, yes, we need to acknowledge the harm that was done and try to do the best to provide supports for people. I don't know if that answers your question.

THE CHAIR: Thank you, doctor.

MLA Jessome, do you have a quick comment?

BEN JESSOME: Yes, that's great. Thank you very much for that clarification. That's perfect.

Shifting gears, thank you to our caucus staff for a thorough overview of some of the work that you've done. Before today's meeting, during our briefing, we chatted a little bit about the required service that exist, or the years of service that exist prior to access to a pension, and the associated reality that female service people spend less time in the military.

THE CHAIR: MLA Jessome, sorry, if I could just interrupt you quickly. I just thought you might have a quick comment to Dr. Eichler. I'd like to keep us having

questions, one question per person, as we're going through. If you could hold that question, maybe, and I could just move on to the next question, if that's okay.

BEN JESSOME: 10-4.

THE CHAIR: Thank you very much. I appreciate that. For those who'd like to question, I'm trying my best to look for physical hands up, but don't forget on your Zoom, if you want to put your hand up in the air, it does put it in order and I will do my best to make sure we're getting around the table as equitably as we can.

MLA Hansen.

SUZY HANSEN: There is a lot of information. I'm really glad I'm taking a lot of notes.

Dr. Eichler, in your most recent article for policy options, you and Dr. Breeck conclude that cultural change in the military requires not only effective oversight but a national conversation. Can you elaborate on that and talk about how we as provincial representatives can foster that? As well, I just want to ask about the external oversight agency.

MAYA EICHLER: Two parts to that question: Let me begin with the question of external oversight for issues of sexual misconduct. It's a long story, but I'll try to be brief.

Basically, what happened in 2015 after the release of the Deschamps Report - the external review that I already mentioned that first brought the issue of sexual misconduct in the Canadian Armed Forces into the forefront of public conversation is - the military launched what was known as Operation Honour. As part of Operation Honour, the Sexual Misconduct Response Centre was created. It had been one of the key recommendations of the Deschamps Report. One of her 10 recommendations was the creation of - she called it an independent accountability centre.

Most of us critics argued that what the military created in the Sexual Misconduct Response Centre was not an independent accountability centre. It was a centre that was very much dependent on the military for its budget on personnel and did start introducing or providing some services for survivors, but it in no way come close to what Madame Deschamps had recommended.

This whole issue, of course, hit the news again last year when survivors again came out into the public and this time it was the accusations against very senior military members. Anyway, the question of external accountability was raised again, and I think this time, the public conversation shifted in that a lot of commentators agreed that what is needed finally is true external accountability. Now, we still don't have that.

We do have an ongoing external review, the Arbour review. I think that by the late Spring, I would expect that we'll have some recommendations there. One of the tasks that she has been given is to explicitly lay out what an external review should look like - what this institution should look like.

I think we'll see how it goes. I'm very much hoping that this will be a robust institution that will have oversight capabilities over the Canadian Armed Forces when it comes to not just sexual misconduct, but culture change more generally. I'm one of those people who really is a proponent of looking at this issue holistically and thinking about the intersections of different forms of discrimination and oppression - including gender-based violence but also sexism, homophobia, racism and so on. That's the first part of that question. I think that's going to be a big step forward in terms of culture change.

The second part of your question was about the broader conversation that's needed. I would say that in a lot of my work, I notice a real gap between military and civilian spheres. Veterans often talk to me about feeling alienated from civilian society. Of course, a lot of veterans have spent their whole life in the military. They have adopted a very strong military identity. It's not an identity you can easily shed when you leave the military, so they are often alienated in civilian society.

At the same time, I would say that we haven't done a terribly good job in Canada of educating people on the military. I don't mean this in a sort of banal, celebratory way - I think there's a whole bunch of that going on. It's not about coming out on Remembrance Day. It's about understanding people's experiences. For me, what's really missing is that human-to-human connection or citizen-to-citizen. What is it really like, that veteran experience, and how do we connect across military-civilian lines?

A lot of the issues that veterans face are similar issues to what civilians face: access to health care, affordable housing, sexism, racism. All of these issues are broader societal issues, but there are also specific aspects in the military experience that are related to a history of having been in the military workplace. That needs to be acknowledged.

A couple of points here. I think the military is a unique workplace and I'm very interested in the nature of military work and military labour. We often don't acknowledge this, but military members have very weak worker rights compared to other workers in Canada, for example. You cannot unionize as a military member. There is a grievance process, but you just don't have the same kind of rights and freedoms as other workers. You can't just leave. You can't just quit your military job, for example.

The other thing to keep in mind is that the military workplace, of course, is also unique in that it is a trauma-exposed workplace. People are in that workplace knowing that they can be sent into harm's way without a right to refuse, so there are very unique things about the military workplace. I think it's those things that maybe I would like us as a society to better understand.



There are common issues. There are some issues that are unique to the military, and we need to have greater awareness about those military unique issues, but there are a lot of things that potentially connect veterans and civilians, or ex-military people and civilians, in the general population. I think there's a lot of potential for really making those connections.

THE CHAIR: Thank you, Dr. Eichler. I'm doing my best to keep the questions that I see - the hands go up. I did catch one hand going up in real life. The order I have for the next five questioners would be MLA Taggart, MLA Barkhouse, MLA Lachance, MLA Harrison, and then MLA Jessome. That's the order of the next five questioners.

MLA Taggart, you're the next questioner, please.

TOM TAGGART: First of all, I really want to say thank you for the work you've done - your expertise and advocating, promotion and most importantly your education of, really, the rest of us who don't have a real true understanding of some of the challenges faced with LGBTQ or women in the military.

What's the next best step? What would you say are the most pressing fixes, if any, that should be done to our current system to support these veterans?

THE CHAIR: Dr. Eichler.

MAYA EICHLER: The first thing that needs to happen - and this is a very big thing that needs to happen - is that we need to have better upstream prevention of harm. I think, as much as you can think of your work as also connected to the work that needs to happen within the military, that is helpful. We want to change the military culture in order to prevent harm from being done before it happens. There are a whole bunch of initiatives that need to happen within the military. Some of them are beginning, but much more needs to be done.

I think the military system needs to be redesigned, first of all. I'll just give you maybe an example here. For example, the military medical system. The military is a unique workplace in the sense that it is also responsible for the health of military members. What we see in that context is a military medical system that has, for many, many decades, not been able to adequately respond to the needs of women service members. In the military right now, what is happening is there's a development of a women's health strategy. I'm not sure if it's been adopted yet.

Those are some of the changes we need to see upstream. The same would apply to LGBTQ+ veterans as well. I think it would be really important for the military medical system to have an LGBTQ+ health strategy, to think about: Are we doing the most to serve the needs of those service members? What can we do to improve it?

Just to go back again to the U.S. example. In the U.S., there's a very proactive approach when it comes to addressing the needs of diverse service members. For example, in the U.S., there are very explicit guidelines for leaders around women's health during deployment. In Canada, we really haven't done that kind of proactive work yet to address needs before they occur, so harm is done that doesn't need to be done. I guess that's what I'm saying in short here.

[2:00 p.m.]

If we go down the system and look at the veteran system, I think one of the most important things would be to hold Veterans Affairs Canada accountable to apply Gender-based Analysis Plus throughout all the work they do. Gender-based Analysis Plus is a federal government tool that all departments are encouraged - and in some cases mandated - to apply. Basically, it is an analytical lens that allows you, whenever you're developing new policy or a new program, a procurement decision is being made, or whatever - that you consider what unintended or potentially negative effects there might be for women, men, or gender-diverse people. Every decision that is made by the department should really ideally be considered through that GBA+ lens.

Veterans Affairs Canada was quite late in adopting GBA+ compared to other government departments, but it is doing that now. It has a strategy. I think like with all government departments, that's a work in progress. There isn't necessarily the expertise yet on how to do that. It's a work in progress, but I think that would be the single most impactful thing, if that really happened consistently.

The other thing that needs to happen at Veterans Affairs Canada is maybe to consider, kind of like I already said, especially tailored services. We know, for example, that women face longer wait times for the VAC decisions. I just read the other day that VAC has stood up a special team to look at the applications for women veterans. I really hope that has some impact.

I really think it's about including that intersectional lens in all of the work you do. I think there's a danger in treating women's issues or LGBTQ+ issues as just separate issues. You want to do that because we do have some catching up to do, so there needs to be some special attention given to those issues, but you really, going forward, want to apply that lens in every decision you make. That will really change the way we think about who is a veteran in Canada, if we really did that.

I think that is also something that your committee can do really well. You could, for example, look at the last five years of the Hansard for your committee and see how many times did you hear from women veterans, how many times did you hear from LGBTQ+ veterans? How often was the issue of sex- and gender-based discrimination raised? Of homophobia? Did committee members ask witnesses those questions? That's what I'm talking about.

I would hope that it's not just one time that we get together and talk about women veteran's issues. I think that's also good. That's a good start. You want to do that, but going forward you would want to think about including that GBA+ lens in all of the work you do - that Gender-based Analysis Plus lens. That will affect or shape who you invite as a witness. You'll try to have diversity in witnesses, but also the questions that you ask.

I think that your committee can play a really important role, even in helping to change that national conversation on who is a veteran and what are important veterans' issues. You can play a real leadership role, I think. That's kind of a concrete change that I would suggest that you could make moving forward. Did that answer your question?

TOM TAGGART: Yes, thank you.

THE CHAIR: Thank you, Dr. Eichler.

MLA Barkhouse.

DANIELLE BARKHOUSE: I have a bit of a comment and then a question because my comment is - and I just want to see if I got this clearly. You don't have to - I might be wrong. I just need to know if I am or not. In your research, you highlighted that female veterans are more likely to have experienced sexual abuse, but in your answer to my question you said, no, men are, as well. Then I go back to in your opening statement where you say, "at best, we're at 15 per cent female."

Of course, the numbers are up because of the amount of people in the service, but that's actually not my question - if I'm right. I'm just wondering if you can expand on the social and economic consequences that reporting sexual violence has on female veterans when it comes to receiving benefits and support from the military, and have you come across any potential ways that society might be able to address some of these issues?

MAYA EICHLER: I'm happy to clarify that question. If you are a woman in the military, you are disproportionately more likely to experience sexual harassment and sexual assault compared to your male counterparts. For example, in one of the Statistics Canada surveys - there were two done over the last couple of years - one of them showed that about 27 per cent of women in the regular force had experienced a sexual assault over their military career, and four per cent of men, so you're disproportionately more likely to experience sexual assault and sexual harassment as a woman.

All I was saying is that we know the military's 85 per cent men, right? Even four per cent of those men is actually numerically more than women. I'm not saying that one is more important than the other or anything like that, but I think we really need to get away from that idea that it's just a women's issue. Military sexual trauma impacts both men and women. 2021 was really the first time that we had male survivors of military sexual trauma

come out and tell their stories publicly in the media. I think it was a real turning point for that.

The other part of your question was about social and economic consequences as experiencing military sexual trauma, and how that might impact access to supports. I can tell you about one study I did on disability claims in relation to the Veterans' Review and Appeal Board. I don't think that study was shared with you, but I did a very large study that looked at 10 years of Veterans Review and Appeal Board decisions that were related to military sexual assault-connected disability claims. That study came out last year, and it looked at the last decade, pretty much.

What it showed is that historically, survivors of military sexual trauma have had very significantly lower rates of success when making a disability claim on the basis of a sexual assault. That one looked specifically at sexual assault, not military sexual trauma. Generally, did the person make a claim of a service-related disability as a result of a sexual assault? That's what I was looking at in that study. We looked at 10 years of Veterans Review and Appeal Board decisions and found that you were much, much less likely to have that claim approved.

I think we can assume that historically, military sexual trauma survivors were less likely to have a successful disability claim. Many of them had to go to the Veterans Review and Appeal Board and, again, were turned down there.

Now that has really changed. The Veterans Review and Appeal Board made some very significant changes starting in 2018. Those changes were the result of the impending final settlement agreement for the class action lawsuit, and it led to important policy changes at VAC, as well as Veterans Review and Appeal Board. Now if you come with a disability claim that is connected to a military sexual assault or to military sexual trauma, you are much more likely to be given the benefit of the doubt. There are new guidelines out on how those disability claims should be treated, but historically we know that was a huge problem. You were less likely to be able to get a positive decision for your disability claim if you were making that claim on the basis related to sexual assault.

There were really three main reasons for that historic bias against survivors. One was the lack of evidence. Often, veterans could not prove that this happened. There was no medical record. There were no witnesses. The second was the difficulty of establishing a service relationship. For many decades, it was assumed that a sexual assault that happened in the military was not service-related. It doesn't fit the dominant understanding of what a service-related injury is. It's not combat-related trauma. It's not PTSD, maybe. It was seen as the individual's personal responsibility, in fact, if you read a lot of those decisions.

The third issue that made the adjudication of these claims more difficult and less likely to be successful was complex trauma issues, where often if there was a pre-existing trauma condition, the board sort of dismissed the sexual assault as having caused it.

Anyway, that's probably more detail than you need to know. I think the important point for all of you is that with the final settlement agreement in the sexual misconduct lawsuit, we now in Canada recognize military sexual trauma as an occupational hazard of military service. That is now recognized, and it has led to policy changes. Class members can also go back and have all decisions reconsidered. There is a special unit at VAC that is looking at those old cases if people want to bring them forward.

There's no question in my mind that survivors of military sexual trauma have historically not had access to the same services on an equitable basis.

THE CHAIR: Thank you, Dr. Eichler.

MLA Lachance.

LISA LACHANCE: This is sort of linked to your discussion around disability. I wanted to ask a little bit about the experience of women and gender-diverse vets as they leave the military and need to connect with the civilian public health system in terms of what we see in that experience. Are there any specific experiences or challenges in Nova Scotia when vets leave and try to transfer over?

Your discussion about disability really reminded me that usually to submit disability claims involves the implication of specialists and physicians. There is a lot of challenge in getting those completed in any event in the current system. I was just wondering about health care recommendations or issues.

MAYA EICHLER: I think the number one issue in Nova Scotia is really access to a primary health care physician - a family doctor. Again, this is an issue that impacts a lot of Canadians in Nova Scotia, but then is sort of exacerbated for veterans who are disabled and need access to services more quickly.

I think that would be one issue for your committee to consider: how the health issues intersect here with veterans' issues in important ways. We know that about a quarter of military members are leaving the military with a medical release. They have existing medical care needs. We know that that is even higher for women. Women are leaving at higher rates of medical release.

That being said, I would say that even a lot of veterans who leave for voluntary reasons, who get a voluntary release category or are leaving because it's the end of their - they are at the time and age - I would say that almost all of them also have health care needs, really. A lot of times they have not connected to the systems of support. They are not as easily able to connect to Veterans Affairs Canada. Often, people move after retirement, so you might have a lot of veterans who are moving to Nova Scotia and have to sign up here for their health card. They have to find a family doctor. All of these things would be real challenges, I would say, in the Nova Scotia context.

[2:15 p.m.]

I think one interesting idea is to also think, maybe, about a veteran identification on health cards in the province. That is something that you could consider. A veteran might decide to want to identify or not. Some people may not want to identify as ex-military. I think it's really an important question for every service provider and health care provider to ask a new patient: Do you have a history of work in the military? Of course, we're talking here about even just gaining access.

Yes, I think any work that your committee could do to find out more about the experiences of veterans who are releasing in Nova Scotia or moving to Nova Scotia to embark on the military to civilian transition and what their specific health care needs are would be really interesting.

I don't know of any Nova Scotia-specific research that has happened. I am just embarking on a small study where I'm asking about what is specific about the Atlantic Canadian experience of transitioning out of the military, but I don't think any other such research exists.

I do think Nova Scotia has particular challenges. In addition to the lack of family doctors, of course, a lot of veterans move into non-urban areas. A lot of veterans seek out specifically rural areas for retirement. These are more underserved areas.

I don't have a very good answer here for you, except maybe to keep these issues in mind. Think about veteran identification on health cards. Keep in mind that veterans - and women veterans in particular - are a vulnerable population when it comes to health issues. We know that they have existing health needs that are not being met. I think education, maybe, that could happen at the provincial level for service providers would also be helpful in terms of creating awareness of military-specific health needs.

Especially, and again here, I'll talk again about the sex-specific health care needs of women veterans. I think not a lot of care providers have probably provided care to women veterans. They would be unaware of what their specific needs are. I think any kind of education that could happen for service providers in that regard would be really useful.

THE CHAIR: Thank you, Dr. Eicher. Again, just a reminder - thank you everyone for your patience, as I see some virtual hands and then I see some physical hands going up. I'm doing my best to make sure I keep the order right, in order of who's getting my attention first. MLA Harrison, I have you next on the list because you put your physical hand up. I didn't see your hand on your Zoom, but I did see your physical hand.

MLA Harrison.

LARRY HARRISON: Dr. Eichler, I can just see the passion in your voice concerning these women who really need to be respected in a totally different way than what they are right now in military.

You indicated in your research that female veterans may be underdiagnosed for PTSD. That's a reality. It's a huge reality. Could you expand on the reasons why that might be the case, and how we can help change that?

MAYA EICHLER: Thank you. I'm not a medical expert, so this is maybe a little bit beyond my area of expertise.

What I will say is that servicewomen and servicemen - at release from the military, both of those groups struggle with mental health issues. A big part of the medical release reasons is for mental health, but there is a difference that we have seen in diagnosis. Men are more likely to be diagnosed for PTSD, and women are more likely to have a depression diagnosis. I think that's one difference to keep in mind. Why that is the case or not, I don't think I really have the expertise to comment on.

What I have found in my work is that some survivors of military sexual trauma had to struggle very hard to get the correct diagnosis, and often it was a PTSD diagnosis that was needed. I think there is maybe a lack of knowledge about the female-specific mental health care needs, so that is one factor that is leading to underdiagnosis, perhaps. I think the research you were citing was probably from the U.S., but we do find a similar situation here in Canada.

I don't know that I really answered your question to your satisfaction. Do you have a follow-up maybe that would help me clarify? One other thing I'll say is that we see that mental health needs for women veterans - or the mental health challenges - manifest in different ways, so we see women struggle mainly with depression, with eating disorders, and insomnia. If you have a medical system - and especially a military medical system - that is geared toward serving the needs of men and looking for particular symptoms and is used to giving particular diagnoses, women might not fit that model.

I think it goes back to that latter point that I was making about how do we undo that long history of the male service member and veteran norm that makes us only see certain things. Basically, if you have a male norm, even if it's just implicit, what that leads to is the invisibility of experiences that don't fit within that norm. If women's mental health issues manifest in different ways, they might not be correctly diagnosed.

THE CHAIR: I think that's a well-in-depth answer to the question. MLA Harrison, if there would be a follow-up to that, I might ask you to maybe add another question to our list so we can get more questioners in.

MLA Jessome.

BEN JESSOME: I'll jump backward to my attempt at a second question earlier in the meeting related to that situation that we talked about whereby women who have chosen the military as a career are leaving earlier relative to their male counterparts. I'm just wondering if you can take a deeper dive into that to provide some context as to what the leading factors are that can be attributed to that early exit. If you can comment on whether or not there is any indication as to how strongly the fact that you can get a pension in the military weighs into their decision at the time of recruitment, that would be appreciated.

THE CHAIR: Dr. Eichler.

MAYA EICHLER: I'm happy to speak to that point. When we look at why women release - and you're correct that a lot of release just before, around the 20-year mark - we see that the main push factor is dissatisfaction with the military workplace. The main pull factor out of the military is family reasons. A lot of women leave the military in order to start a family or in order to gain better work-family life balance. That is a fact.

We need to really keep in mind servicewomen's unique family constellations. Servicewomen have quite different family constellations compared to men. We know that more servicewomen than servicemen are single. We know that more servicewomen than servicemen are single parents while serving, and importantly, we know that the vast majority of women who are married in the military or in a common-law relationship, are together with another serving member. This is what I previously referred to as dual service couples. Something like 80 per cent of women in the military who are married or in a relationship are also with another service member.

You just have to imagine for a moment the demands on those families in terms of managing two military careers. We're talking here about a career that is obviously very demanding, 24/7, and trying to raise children. I know the military has, of course, been making efforts over the last decades to address some of these issues around supports for military families, but from the perspective of serving women, I have to say there is still a lot to be done.

Let me just remember your question. Your question was: Why did they leave? I guess one of the main reasons is family reasons. They can't imagine balancing that anymore. Often what happens is that a decision is made on whose military career is more important. One of us has got to choose.

Then this continues into the post-release phase because you actually have a lot of women veterans who are released, but now they're military spouses. So again, there are certain expectations on their labour, on their ability to move to follow the next posting, and so on. The demands don't stop. A lot of women veterans will say that they have left the military, but they feel like their life is still being dictated to a very large degree by the military.



The other question you asked me was about whether pensions are a factor when they join. I have never heard that from any veteran, that they join for the pension. Mostly, it's quite young people who are joining. They're not really thinking about pensions yet at that point in their life. The reasons for joining, at least based on my own research, are quite similar for both women and men. I will say that most of the veterans whom I've interviewed over the last couple of years joined for opportunity, for economic and educational reasons specifically.

The other most prevalent factor is probably a military family connection. We often find people joining who already have military-connected families. Those are the reasons that I have heard the most. I have not heard anyone joining already thinking ahead in terms of pension.

THE CHAIR: Thank you, Dr. Eichler. Now, in my evaluation of who's on the list here, I think I saw MLA Young's physical hand go up. MLA Young, you're next.

NOLAN YOUNG: Thank you, Dr. Eichler. In your research, you've touched on military-to-civilian transition, and you've talked about some of it here. Could you expand a bit on that, particularly the necessary steps that are required for the transition before the military members are released from duty?

MAYA EICHLER: Military-to-civilian transition is a very big topic these days in Canada, both within National Defence and Veterans Affairs Canada. There's a lot of attention that's been paid, especially over the last two decades, to this question of how to create the necessary supports for smoother transitions to civilian life.

I think one of the important innovations of the last couple of years - and I think it needs to be strengthened further actually - is this idea that DND and VAC need to work together on what they're calling now the goal of a more seamless transition. Often, in the past, people left and were dropped out of the military system, and then it would take some time if they were even going to seek support from VAC - many people do not, in fact - this question of how to make that transition a bit more seamless.

I think there's a lot of effort that's been put into that question of supports. Again, transition services at DND, Canadian Armed Forces are being revamped at the moment to try to be more adequate to the needs. Also, we're seeing for the first time a Gender-based Analysis Plus lens being put onto transition services - both at DND/CAF and VAC. I think our understanding of what military-to-civilian transition entails and how it might play out differently for diverse veterans is definitely something that's evolving right now.

What I can say as well about military-to-civilian transition is that it plays out at many different levels - at the individual level, the family level, the community level, broader society as well, and policy. All those different levels need to be taken into account. Also, we need to think about all the different dimensions that are impacted by the transition.

We've already mentioned quite a few here today. Health is foremost on a lot of veterans' minds, but also this question of finding a new purpose - what is post-service life going to be like? Not everyone is seeking new employment, but everyone has to redefine their identity post-release. That's a big challenge for a lot of veterans.

[2:30 p.m.]

There's also - this is kind of connected to finding new communities - finding a new social support system. I think that's probably something we could think about in Nova Scotia as well - how to facilitate that better, how to facilitate that integration into civilian society a little bit better.

For many veterans, the transition is relatively smooth, but we know that about a quarter to a third of veterans experience difficulties, and some, very severe difficulties. For a lot of veterans, challenges emerge much later - like 10 or 20 years later. I think one of the things I'd be advocating for is that we take a longer view of military-to-civilian transition, that we don't just think of it as this two- or three-year project that is accomplished and then you move on with your life. I find that for a lot of veterans this is a process that can go on for quite a while. A lot of veterans will also say that they never fully reintegrate into civilian life. They don't become a civilian. For a lot of veterans, that military identity remains really defining to their identity.

I could talk more about military-to-civilian transition, but I'll maybe leave it at that and see if there are any other questions.

THE CHAIR: Thank you, Dr. Eichler. By my clock, I have about 12 minutes left for questioning. On my list now I have MLA Barkhouse and MLA Lachance - and MLA Duale, did I see you put your hand up? Will you want one question, MLA Duale?

I think in the interest of time - to give the witness, Dr. Eichler, a good opportunity to answer the questions - we'll finish with these three questions.

MLA Barkhouse, you're next.

DANIELLE BARKHOUSE: Mine will be quick. You've touched on this throughout your answers, and I must say, you are an excellent witness and well-informed. You've touched on this topic throughout all the questions, so I thought I might just throw the opportunity out for you to be able to just have one concise - well, I'm sure it will have a lot of information in it, but one question. What would you say are the most pressing fixes that should be done to our current system to support veterans?

THE CHAIR: Dr. Eichler.

MAYA EICHLER: From the perspective of women veterans, I'm going to answer that question. I think the most important fix would be a consistent application of gender-based analysis throughout all the development of policy, programming, services. That would make the biggest impact.

Again, as I said previously, if you could do that in your own work and lead by example, I think there would be great support for that. I think that everyone now recognizes that there is a need to do that. If we look at the mandate letters that were given to the Minister of Veterans Affairs in 2021 and 2020, both of those spoke explicitly about the need to apply Gender-based Analysis Plus to begin to address the needs of diverse veterans, of women, LGBTQ+, racialized veterans, Indigenous veterans, all of that.

The moment has really come for us to move forward on this. The national conversation is changing. I think we're recognizing now that there are a lot of veterans that have remained invisible for a very long time. It is time to start making their experiences visible so that we can learn about those experiences, so that we can learn about their needs, and then develop services that correspond to their needs.

I think in all of this, what is really important is to bring the lived experience into conversation. I'm very grateful that you've invited me as an expert, but I would also hope that you invite veterans with lived experience from some of those subpopulations that we've talked about today: women veterans, LGBTQ+ veterans, and so on.

One of the important principles that has come out of veterans' advocacy over the last couple of years is this idea of first of all, we don't want to do any more harm, but secondly, we want to make sure that what is created is created in the interests of those that it is meant to serve. Really, the only way to find out whether we are creating appropriate services is to include the voices of lived experience. I think as much as you're able to do that in your committee and amplify those voices, and make them part of the public record, I think you're already taking a step in the right direction.

I'm happy to suggest some names as well from Nova Scotia to your clerk if that is helpful after the meeting.

THE CHAIR: MLA Lachance.

LISA LACHANCE: You've mentioned previously the specific challenges and greater rates around homelessness and affordable housing for women vets. I'm wondering if you could just speak a bit more to what that looks like in terms of here in Nova Scotia or across Canada.

MAYA EICHLER: This is another huge blind spot we have in the research on women veterans specifically. We know that veteran homelessness is a problem in Canada, but we have very little research that exists on the experiences of women veterans. There

was some mention included in a report by Economy and Social Development Canada a few years ago that showed that women veterans were something like 11 per cent more likely to suffer from episodic homelessness than women in the general Canadian population. I think women veterans certainly faced heightened risks for homelessness.

The other thing to keep in mind is that of course a lot of women veterans are single, so they don't have family support. They're more likely to be isolated and not have the supports they might need to not fall through the cracks.

I hope that someone takes up that research soon because we know it's an issue. We know anecdotally from women veterans that they often fall between the cracks when it comes to existing services, so they might not feel comfortable or safe or welcome in the typical male veteran shelters that do exist in some parts of the country. They may not seek out the veteran-specific homelessness services that exist, because a lot of them - again, to the point I've made previously today - they are built for men, really.

In the civilian women's shelter system, they might also not feel as understood or welcomed. That's the story that I've heard from some people in the women veterans' community - that there isn't really a good place for women veterans to go who are facing housing insecurity and homelessness.

I think here in Nova Scotia - because this is a much bigger conversation we would need to have on the need for affordable housing. I think as the Province moves forward on this issue, to keep in mind that the women veteran population is a vulnerable population when it comes to homelessness would be useful.

What we do know from U.S. research is that one in three homeless women veterans in the U.S. had dependents with them. They had children who also needed a place to stay. That in particular is something that some of the male veteran services might not be able to accommodate. There was something else I was going to say. Maybe I'll just leave it at that for now.

THE CHAIR: Dr. Eichler, if I may just recommend to MLA Lachance, maybe if there's another addition to your answer, you could keep in touch with Dr. Eichler offline, and we could have the question answered.

We do have one more question left in the interest of our timetable. If I could ask MLA Duale to ask your question of Dr. Eichler, please.

ALI DUALE: First of all, thank you for being here with us today. That was a very productive research, and I have to say this for the office, giving us this information ahead of us. I read most of the documents.

If I just summarize my question, you mentioned a couple of times, this committee taking some ideas and some actions. Do you mind just summarizing one or two items that this committee can actually take and discuss to become an actual action item? Thank you.

MAYA EICHLER: One thing I've mentioned several times is applying Gender-based Analysis Plus to the work you do. I don't know whether any of this has happened already. Maybe it is happening. Basically, that would just mean that moving forward, you consider whose experiences are being discussed in committee, whose experiences are being made invisible, who's being included and excluded in these conversations on veteran issues.

You can ask yourselves: Is the lived experience of women veterans being consistently considered in every committee meeting? What do we know about the intersecting factors and how they impact the particular issue we're looking at? For example, if you invite someone to talk about homelessness in general, I guess make sure to ask about what work they're doing to address the needs of women veterans in particular, as well as diverse veterans more specifically.

I think that is something very concretely that could be done moving forward. I would also find it quite interesting to do that analysis looking back a little bit, over the last five years. I think you want to make sure that you don't contribute to the reproduction of a particular image of the veteran as the male veteran, or the veteran as the combat veteran, or the veteran as white and heterosexual. I think you want to be part of that change that is happening federally to really rethink who is a veteran and to open up that category a little bit and be more inclusive of a variety of identities and experiences. To me, that would be the most impactful thing that you as a committee could do, to consistently apply Gender-based Analysis Plus to the work that you do.

THE CHAIR: Thank you so much, Dr. Eichler. That concludes our question period from our committee for the questions for you, Dr. Eichler. We'd like to give you an opportunity to take a couple of minutes, if you'd like, just to give a closing statement and to leave us with a few comments as we go forward as a committee.

MAYA EICHLER: First of all, I want to really thank you for inviting me here today and giving me the opportunity to talk about these issues. I think it's wonderful that your committee is interested in women veterans' issues and also gender-diverse issues, which we didn't get to enough today, but maybe in the future.

I think the main thing to keep in mind is that one size doesn't fit all veterans, but a lot of veterans have experienced discrimination and marginalization in the military workplace. My main recommendation, again, is to make sure not to treat women veterans' issues just as a one-off or in silo from the other issues that we discussed in committee, but really to try to make an effort to integrate a sex and gender lens and an intersectional lens in all the work that you do. I think that kind of systemic, consistent, ongoing approach will,

in the long term, yield the best effects and be the best strategy, in fact, to help address women veterans' issues.

[2:45 p.m.]

Like I said, I think your committee can play an important role in naming sex and gender discrimination as important veterans' issues and can help change the way we think about veterans' issues in Canada. I think you can't underestimate the importance of that work. It is exactly this kind of work that can be helpful in changing the broader culture - the military culture, and veteran culture. I think there is a lot of responsibility that comes with that. I do hope that you will do that. Thank you so much.

THE CHAIR: Thank you, Dr. Eichler. Again, very enlightening. You've raised a lot of great questions for us as committee members to speak about with a lot of different stakeholders. For all of us who represent Legions and veterans in all of our constituencies, thank you on behalf of all of them.

We're going to move on to our committee business, so Dr. Eichler, you're free to leave now. Thank you again.

Committee members, we'll move on to committee business briefly here. It was brought to our attention by our clerk that the regular meeting for March falls during March Break. Does the committee wish to change the date? For example, we could move the committee meeting that's scheduled in March Break to March 22<sup>nd</sup> in the morning. It would have to be the morning to avoid a Natural Resources and Economic Development committee meeting in the afternoon that day.

I put that out there as a topic of discussion. If anyone wants to discuss that or bring anything up, feel free.

THE CHAIR: MLA Harrison.

LARRY HARRISON: I'll make a motion that our March meeting be changed from March 15<sup>th</sup> to March 22<sup>nd</sup> at 10:00 a.m.

THE CHAIR: Any discussion? MLA Hansen.

SUZY HANSEN: I have a specific conflict with that. Human Resources Committee is at that same time.

HEATHER HODDINOTT: I believe Human Resources meets on the last Tuesday, not necessarily the fourth Tuesday. My understanding was that they would be meeting at the end of March.

THE CHAIR: MLA Hansen.

SUZY HANSEN: Thank you for that clarification.

THE CHAIR: So just to clarify, there is no conflict, then, with the time that was put forward in the motion?

HEATHER HODDINOTT: That's correct.

THE CHAIR: All right, great.

DANIELLE BARKHOUSE: I will second that.

THE CHAIR: Is there any further discussion?

MLA Jessome

BEN JESSOME: Thank you, Mr. Chair. Food for thought - assuming that's the same ballpark, timewise, that the Legislature goes into session, does it make sense to contemplate a date earlier in March so that we can ensure our committee meeting takes place prior to the Spring session?

THE CHAIR: My understanding is that the committee can meet during the Legislature anyway, but I'll leave that up to the clerk or anyone else.

MLA Jessome.

BEN JESSOME: I was under the impression that it was - Mr. Hebb may be able to weigh in on whether it's policy or a rule. Typically, the only committees that meet while the House is in session would be Health, PAC, and HR to approve appointments to agencies, boards, and commissions. All the other committee work gets pushed until the House session wraps up.

Just keeping that in mind, if the timeline is - I mean, it's at the discretion of the Speaker, so it could happen before, it could happen later. Knowing that's the time of year that we all go back to session, I'm wondering if it makes sense to other committee members to try to house that meeting earlier in March so that we can ensure that, given this committee does only meet monthly, that we do make our strongest effort to have a March meeting.

THE CHAIR: Mr. Hebb, could you just clarify that for our committee, if possible?

GORDON HEBB: There's no rule against sitting when the House is sitting, but it certainly has been the practice not to sit for this committee when the House is sitting.

THE CHAIR: MLA Barkhouse.

DANIELLE BARKHOUSE: We don't know when the House is going to sit. Usually, it does sit at the time, but we don't know. Is this something that we can tentatively schedule for then, vote on that for then, and if we have more information by next month, change the date? Again, we don't know if the House is going to be sitting. We do now know, thanks to Mr. Hebb, that we can sit, although it's not the norm. I'm just wondering. Trying to negotiate a little bit here with that.

THE CHAIR: We do have a motion on the table to change the date of our next meeting to March 22<sup>nd</sup>.

MLA Young, you have another discussion?

NOLAN YOUNG: In my opinion, I'm fine with keeping the motion on the floor right now. We have another meeting coming up in February. If something has to change in February, there's plenty of time to amend it in between for clarity.

THE CHAIR: Is that a thumbs-up from MLA Jessome? I think we have a motion on the table.

All those in favour? Contrary minded? Thank you.

The motion is carried.

It was also brought to our attention from the last couple of weeks, as a part of our committee business, just to report that we had a poll to hold meetings virtually for January 18, 2022 and a poll to adjust the start time of this meeting from 2:00 p.m. to 1:00 p.m. Both polls were unanimous among our committee, and the results were shared by email from the committee clerk.

Are there any other topics of discussion? MLA Young.

NOLAN YOUNG: I'd like to put a motion on the floor, as well. In order to better do our part to slow down the spread of the pandemic and to better align with the current Public Health guidelines, I move that the committee be held virtually until otherwise recommended by Public Health officials.

THE CHAIR: There is a motion on the floor to hold meetings virtually until further clarification and guidance from Public Health. Discussion? MLA Lachance.

LISA LACHANCE: I'm wondering if there's a chance to reassess this month by month. I don't think Public Health actually gives guidance to the legislative committees per se on meeting and that sort of thing. Certainly, there's been pretty clear guidance given



to the public service. That's one guidepost, but I really think probably assessing this on a month-by-month basis would be appropriate.

THE CHAIR: MLA Jessome.

BEN JESSOME: Agreed.

THE CHAIR: MLA Taggart, do you have a comment?

TOM TAGGART: Whether it's Public Health or whether it's the Minister of Health and Wellness or the Premier, I'm not sure exactly who it is, but somebody sets gathering limits. Maybe the wording is not right, but I'm not interested in being at a meeting that doesn't meet the gathering limits as set out by whether Public Health, the Premier, or the minister, or whoever it is. However we want to word that, I'd like to see this business go month to month. There's no need of it. We either follow the guidelines or we don't, and I want to follow the guidelines.

THE CHAIR: MLA Young, could you read your motion again, so we have a clear understanding of the motion?

NOLAN YOUNG: Just essentially, what I'm looking at doing here is better aligning our committee with the practices of all the other committees. The other committees right now, besides one, are meeting in a virtual setting. The motion as it's read again is: In order to better do our part to slow the spread of the pandemic and to better align with current Public Health guidelines, I move that this committee be held virtually until otherwise recommended by Public Health officials.

THE CHAIR: We've had a bit of discussion on the motion.

MLA Hansen.

SUZY HANSEN: I as well - if we go by Public Health guidelines, kids are at school right now. We could all be in office. I know that there are numbers for that, but if you think about children sitting in classrooms right now, there are more than 15. In saying that, I think the public service and maybe going about it in a way monthly, which is what most of my other committees are doing. They're reassessing it month by month. Just to keep that on the floor, I understand Public Health doesn't actually drive our committee meetings, so just a suggestion.

THE CHAIR: MLA Lachance.

LISA LACHANCE: I think just to add clarification, certainly my understanding is that the current gathering limits are particularly focused on informal gatherings, arts and recreation, sports, that sort of thing, and that workplaces and recognized organizations are

able to bring people together. My understanding is that other committees are reassessing on a month-by-month basis, and I think that is probably most appropriate.

I am a staunch supporter of Public Health's restrictions, but I also know that we have kids back in school. Certainly keeping an eye on when we can gather together again, I think, would be important.

THE CHAIR: MLA Jessome.

BEN JESSOME: Public Health's not going to issue us a directive to meet in person or not. We do have a responsibility to consider their restrictions as part of our operations, but they're not going to issue us a directive, as MLA Lachance has indicated. In saying that, I think it gives us the flexibility to assess on a month-to-month basis based on the reality. The advice has always been, in times like these when we've seen spikes in cases, that if we're able to meet in situations that are not in person, that we exercise that as an option if it doesn't impact our ability to do our work. I think I'm most comfortable sticking with the month-to-month. It's just a quick poll and then we move on.

THE CHAIR: In the interest of time, our committee meeting is scheduled to end at 3:00 p.m. Based on the further discussion of this motion, I think we'll probably come to a conclusion very soon on this discussion. I think there might be one other motion to come forward. We need a motion to extend our meeting time. Clerk Heather, I might ask you, can we just put a motion on the floor?

BEN JESSOME: So moved.

THE CHAIR: Do we put a time frame on the extension, or just extend the meeting? Ten minutes?

BEN JESSOME: I move that we extend for five minutes.

DANIELLE BARKHOUSE: I second that five-minute extension.

THE CHAIR: There's a motion on the floor to extend our meeting.

All those in favour? Contrary minded? Thank you.

The motion is carried.

MLA Barkhouse, to finish the discussion on this matter.

DANIELLE BARKHOUSE: I feel that this could be a ball that bounces. Just to make things simple, I can state that if Public Health changes its guidelines for public

services to work from home if they can, then we can bring this to the table then. If it's next month, the month after - it's tomatos/tomahtos here. I'm ready to take the vote.

[3:00 p.m.]

THE CHAIR: MLA Young, I see your hand. You'll be the final word on this motion and then we'll call the vote.

NOLAN YOUNG: I just want to put clarity to this. We've reached out to Dr. Strang regarding committee work. The advice at this time is to work remotely if possible. All we're asking to do, under the advice of Public Health, is that we will continue to meet virtually until we're recommended otherwise through Public Health.

THE CHAIR: Thank you, everybody, for the discussion. The motion on the floor - I think we know what the motion is. Do we want that read one more time or are we good to vote right now? I think we're good to vote.

All those in favour? Contrary minded? Thank you.

The motion is carried.

Any other committee business? I understand there is another motion to come forward.

MLA Jessome.

BEN JESSOME: This kind of came up as a possible order of business for me today in the discussion. MLA Barkhouse started a line of questioning and kind of sparked my interest. I passed that on to Heather Hoddinott to circulate, so I will read it as soon as I can get my act together here.

My motion is that the committee direct the Chair to write a letter to the federal Minister of Veterans Affairs requesting an update on the scope and progress of the initiative to pilot support groups for CAF members and veterans of sexual misconduct during their service.

I can answer a couple of questions if necessary.

DANIELLE BARKHOUSE: I will second that. I think it's a good motion.

THE CHAIR: Thank you, MLA Jessome. Give me some work. That's fine. Is there any further discussion on MLA Jessome's motion?

All those in favour? Contrary minded? Thank you.

The motion is carried. Thank you, MLA Jessome.

That will conclude our committee business. If there's no other committee business, our next meeting will be Tuesday, February 15<sup>th</sup>. Our topic will be services provided by the Veterans Legal Assistance Foundation, and our witness will be Peter Stoffer, VLAF board member.

Again, thank you to all of you on our committee meeting today. It was very informative. Look forward to our next discussion in February.

[The committee adjourned at 3:03 p.m.]