FMWC WPS Committee
Meeting Minutes
November 28, 2019

20:00 – 21:00 hours Eastern Standard time

Attendance (by teleconference):
Dr. Nahid Azad – Chair, Women, Peace and Security Committee, FMWC
Dr. Patricia Warshawski - Member, WPS Committee; Vancouver Branch President
Dr. Karen Breeck - Member, WPS Committee
Dr. Anne Niec – MWIA National Coordinator; Member, WPS Committee
Dr. Charissa Patricelli - President-elect; Member, WPS Committee
Dr. Shelley Ross, Past Secretary General MWIA; Member, WPS Committee

Regrets:
Dr. Kathee Andrews, Past president, FMWC
Dr. Beverly Johnson, Member WPS Committee

1. Introduction and Welcome

The conference started at 20:00 hours and ended at 21:00 hours Eastern Standard Time

2. Approval of Meeting Minutes

The minutes of the September 4th conference call and the agenda of this conference call were approved by Dr. Niec

3. Abortion Fact Sheet – see attached appendix a.

The revised abortion fact sheet has been reviewed. Dr. Azad asked the committee's opinion on distribution of the fact sheet. Dr. Niec suggested that we put the Federation logo on it and that it should go on our website. We need the president's endorsement first. Dr.Niec suggested sending it to the College of Family Physicians, the SOGC and the CMAJ, with our recommendation that the CCFP and the SOGC consider sending it to their members. We need a covering letter to go out with it. We could send a laminated copy to whomever requests it for a small charge. We should state that Dr. Guilbert and Ms. Pronovost put together this fact sheet, with collaboration from our committee. Drs. Azad and Niec will get together to produce a covering letter. Dr. Niec will write to Dr. Hemans with the suggested cover letter and distribution list.

4. Abortion Advocacy for Mifegymiso

Dr. Azad asked our opinion on what we should be doing on this topic. We should press our government for better access to Mifegymiso. We should involve Dr. Wendy Norman as to where to go with this. Dr. Niec said that Dr. Dustin Costescu, an Ob/Gyn in Hamilton, was at a meeting she was at where this topic was discussed. A statement was sent to MWIA as a result from that meeting. Dr. Niec will contact Dr. Costescu as to where we can go with this. Dr. Breeck is on the WPS Committee with CNAP and Global Affairs. She is advocating for women in uniform. She suggested that this should become part of Canadian foreign policy. Medical teams that are involved in conflict zones, such as the Canadian Red Cross along with the World Health Organization should have this in their mandate. Dr. Breeck said that she was involved in the production of a progress report which will be critiqued in parliament in the new year and she will report on this after the critique has been done.

5. Invitation to Dr. Wendy Norman

Dr. Azad recommended that we involve Dr. Wendy Norman with our support of Mefigymiso. She is currently in London, England so she has limited access at present. Dr. Norman is doing a Canadian study on medical abortion. The FMWC will become a formal member in the implementation of medical abortion.

6. Physicians and Gun Violence blog (cross posting with WPS-N) – see attached appendix b1 and b.2

A blog has been written with the WPS agenda in mind, especially because firearms are used in intimate partner violence. Dr. Azad would like help with this topic. Dr. Breeck said that this blog was created for election purposes and since the election was over we do not need to be involved with this. She suggested that the old blog could be replaced by a new one. There is also a gun violence blog put out by the CMA. The CMA wished the FMWC opinion on the statement they have formulated. Dr. Azad will send out the CMA request to the members of our committee.

7. Women and Climate Change – see attached appendix c.1 and c.2

Dr. Azad sent out a blog on this topic to be posted on our website in September, with another reminder a few weeks ago. She will follow up on when this will be posted. Dr. Niec said that Dr. Clarissa Fabre, the president of MWIA was involved with a statement regarding this. Dr. Ross said to ask Dr. Murthy, Secretary General of MWIA, rather than Dr. Fabre regarding this.

8. Canadian WPS Ambassador: Jacqueline O'Neill

Dr. Azad said that she was at a WPS network meeting with Jacqueline O'Neill for the latter to get ideas about what should be her priorities. Dr. Azad said we should look into getting her as a speaker at an event in Ottawa for International Women's Day. It was felt that she might be too busy at this time. A female human rights lawyer, Sheri Meyerhoffer, who is the new Canadian Ombudsperson for Responsible Enterprise (CORE) was suggested as an alternative. Her duties are to review alleged human rights abuses arising from Canadian companies operating abroad.

9. Terms of Reference

Dr. Azad said that she was the recipient of a lot of information, and, because of time commitment and limited support she is not able to deal with it all. She suggested we have sub-committees to deal with all of these issues. Another idea was to have certain priorities each year. Dr. Niec agreed that we need a priority list. We have to make sure that the subjects we will be working on are mandated in our terms of reference. We need a list of what needs to be done and we need to delegate people to do it. Dr. Niec said if our committee accomplishes one to two items a year that is enough as everyone is busy. Dr. Warshawski said she is willing to deal with any issues regarding abortion that we need to work on. Dr. Azad also said that if we are aware of any information that interests our committee we should send it to all the committee members, not just her.

10. Updates:

a. MWIA – follow up on WPS resolutions

b. FMWC IBM - the date is not finalized, but it will be in late January or early February and in Toronto, not Ottawa. Dr. Azad would like a committee conference call about one week prior to the meeting.

c. Member update – Dr. Breeck said that the Canadian WPS Committees had a meeting with Senator McPhedran yesterday. She also said that she heard a medical student from Sudan speak against child marriage and female genital mutilation. Sudan is not a member country of MWIA and Dr. Breeck didn't know how to form a medical women's group in Sudan. Dr. Ross will send this information to Dr. Breeck.

11. WPS-Network blog October update – See attached – appendix d.

12. Canada National Statement – WPS open debate at UNSC – see attached -appendix e.

13. CMA Policy Consultation for member advocacy proposal –

The CMA would like our opinion on different matters, such as our opinion on gun violence. They also would like our suggestions for new policies. This is a good organization that we can do lobbying together with. Dr. Breeck will look into this and get back to our committee.

https://www.cma.ca/member-proposals

Dr. Niec commented that we are an active committee of the FMWC and that we have accomplished a lot. Dr. Azad thanked everyone for doing their part on our committee.

14. Action list:

i. Dr. Azad and Dr. Niec will collaborate to produce a cover letter to go with the Abortion Fact Sheet. Dr. Niec will write to Dr. Hemans with the fact sheet and cover letter and suggested distribution list.

ii. Dr. Niec will contact Dr. Dustin Costescu as for follow-up of our Mifegymiso advocacy

iii. Dr. Breeck will report back to our committee after WPS Committees of CNAP's progress report has been critiqued when parliament sits next.

iv. Dr. Azad will send out the CMA request for our committee's input on their gun violence statement

v. Dr. Azad will look into when our blog on Women and Climate Change will be posted on our website.

vi. Dr. Ross will send information on how to set up a new medical women's organization in Sudan, which Dr. Breeck will pass on to one of the medical students from that country.

vii. Dr. Breeck will look into the CMA's policy statements that our committee can comment on.

Minutes taken by Dr. Patricia Warshawski

Appendix a.

INDUCED ABORTION AND MEDICAL ABORTION

Canadian women facing an unplanned pregnancy may now obtain surgical or medical abortion. Since July 2015, Health Canada approved the use of the therapeutic combination of mifepristone and misoprostol for the medical termination of a pregnancy up to 63 days (up to 70 days according to evidence).

Several myths and stereotypes NOT supported by scientific evidence are transmitted in the population. This fact sheet aims to bring facts and put these myths and stereotypes in perspective. It is intended to assist health care professionals in their counseling of people who have concerns with induced abortion.

#	Myths and stereotypes	Facts
1	"Abortion can lead to breast cancer."	Abortion does not increase a woman's subsequent risk of developing breast cancer.
2	"Abortion can lead to infertility. The risks of becoming infertile are greater with medical abortion."	Medical and surgical abortions have no impact on future fertility. Sexually transmitted diseases are the number one factor responsible for infertility and must be ruled out before any type of gynecological procedure.
3	"Abortion is more dangerous than childbirth."	Abortion is between 10 and 14 times safer than childbirth, regarding the risk of death and overall morbidity. Abortion is very safe when it is provided by registered health care professionals.
4	"Abortion causes emotional distress that leads to a mental illness such as post-abortion syndrome."	No such syndrome is scientifically or medically recognized. Since 1989, the psychological and medical communities have not found any evidence of the existence of a "post-abortion syndrome".
5	"Women use abortion as a contraceptive."	One in three Canadian women will have an abortion by the age of 45. You don't have to be "irresponsible" to need an abortion. The number of induced abortions performed yearly in Canada has been declining over the last 20 years. Studies show that better access to contraceptives and adequate sexual education are key factors in decreasing the number of unplanned pregnancies.
6	"Risks associated with medical abortion are significantly higher than those associated with surgical abortion."	First trimester medical abortion is as safe as first-trimester surgical abortion as shown by studies conducted over the last 30 years.

7	"Fetus feels pain during a medical or surgical abortion."	Studies show that the fetus is unable to feel pain before the third trimester of the pregnancy. Close to 90% of abortions are performed in the first trimester when the fetus is incapable of feeling pain.
8	"Medical abortion can be reversed."	Medical and surgical abortions are irreversible.
9	"Women can abort whenever they want and kill a perfectly healthy baby."	Late termination of pregnancy in the third trimester (28 weeks +) are performed for medical reasons (viability of the pregnancy or health risks for the woman).

While surgical abortion is performed with instruments in a specialized facility, medical abortion is induced by two medications. It is a process similar to a natural miscarriage that a woman experience in the discretion of her home. These medication are mifepristone and misoprostol. Mifepristone blocks progesterone which supports of the early pregnancy. It is taken first, orally. Then, 24 to 48 hours later, misoprostol is absorbed between the gum and the inner cheek. Misoprostol stimulates uterine contractions and expulsion of the products of conception.

This therapeutic combination has few contraindications that must be ruled out by a health professional before use. Its effectiveness is 95% to 98% up to 63 days of gestation. The most notable side-effects are short-lived bleeding and cramping. Complications, such as hemorrhage or infection, are rare. They may require emergency care. It can be provided in primary care and most provincial government insurance plans cover it.

More information on Induced Abortion, Medical Abortion and unplanned pregnancy can be obtained on:

- https://www.sexandu.ca/pregnancy/unplanned-pregnancy/
- http://www.arcc-cdac.ca/publications.html

References

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Appendix b.1

Whereas there are troubling statistics reflecting increasing gun violence in Canada, constituting a public health issue, and

Whereas the most common method of femicide is shooting, and

Whereas a growing majority (69%) of Canadians support stricter gun-control legislation and safety laws, and

Whereas most gun injuries are entirely preventable;

Be it resolved that the FMWC actively support the position of the Canadian Doctors for Protection from Guns requesting stricter gun-control, stronger background checks, and better record keeping requirements.

Appendix b.2.

The Federation of Medical Women of Canada, as concerned physicians for public health and safety, in context of increasing firearm-related homicides and injuries, supports the position of the Canadian Doctors for Protection from Guns, and calls for action from the Federal Government to: .

1) Enforce stricter handgun-control,
2) Perform stronger handgun background checks,
3) Require comprehensive handgun record keeping requirements, and
4) Increase research into the epidemiological causes and impacts of gun violence.

The statistics are troubling. Within a context of decreasing crime in Canada, gun violence is increasing. [1] Of the 611 homicides in Canada in 2016, 223 involved firearms, with 130 (58%) of these involving handguns. The problem worsened in 2017, with 660 homicides, 266 involving firearms, and 145 (55%) involving handguns. Handguns continue to be the most frequently used type of firearm for homicide. Sadly, this the 4th consecutive-year increase in these cases and Overall, there has been a 42% increase in gun violence since 2013 in Canada. [1][2]

Although, at 1.8 homicides per 100,000 population, we compare favourably to the USA at 5.3, other western countries are doing much better (France at 1.3, Germany at 1.0, and UK at 1.0). Even in 2016 in the USA, 47% of firearm-related homicides involved handguns. [3][4]

In summer of 2018, physicians in Canada and the US engaged in an impromptu social media campaign against gun violence in response to a tweet from the American National Rifle Association telling them to "stay in their own lane" regarding gun control. In no time at all, heart wrenching stories of gunshot injuries and deaths flooded the internet from physicians who have seen all they can take of the senseless gun violence sweeping North America. Check out the Twitter account @ThisIsOurLane and #ThisIsOurLane to keep up with the discussion.

And while gun-related crime has been dropping in Edmonton, Ottawa, and Vancouver, it is on the rise in Calgary and Toronto. [5] Regina has the highest gun-related crime at 59/100,000, while the rate of gun-related crime in northern communities is double that in southern communities. [1] The recently published report, Femicide in Canada 2018, found that 34% of femicides were committed using a firearm.[6] The recent call by the United Nations for countries to create femicide observatories is a significant and urgent signal. Despite research

done to date, and advances made, this issue remains a very serious and critical issue for women and girls in Canada and around the world.

Missing in the calls to restrict gun bans to cities is the reality that gun violence, per capita, is higher in rural Canada than urban. Such measures are also strongly supported by medical research which consistently shows a clear correlation between restrictions on access to guns and improved public health and safety.

Gun control is a public health issue for individuals, their families, and the communities they live in. Most gun-related injuries are entirely preventable with policies that restrict access to guns. Even though a growing majority (69%) of Canadians support control of handguns and assault weapons legislation, it remains a contentious issue pitting gun enthusiasts and hunters against almost everyone else. [7]

Physician advocates have a role to play in effecting change.

Canadian Doctors for Protection from Guns (CDPFG) was formed in response to the summer 2018 Danforth shooting in Toronto where two young people were killed, thirteen were wounded and an entire city horrified by the actions of a lone shooter who went on a rampage one warm summer night. CDPG is a grassroots organization concerned about the increasing public health impact of firearms. [8] They represent physicians working in collaboration with nurses, paramedics, rehabilitation specialists, psychologists, researchers and other front-line health care professionals. These physicians have all witnessed first-hand the emotional and physical trauma and devastation caused by guns. CDPG calls for a comprehensive public policy in response to this crisis in our communities, including preventative tools to reduce gun use and its consequences on youth violence, domestic abuse, and suicide.

This year on April 3rd, more than 1,000 health professionals and medical students in 16 cities participated in a National Day of Action in support of Bill C-71 and a ban on assault weapons and handguns. At the same time, the Canadian Medical Association Journal endorsed advocating for a public health approach to guns. The medical community is broadly united on this issue and Canadian Doctors for Protection from Guns intends to ensure gun control is an issue in the upcoming federal election through a variety of campaign interventions.

While election time is for giving promises, but Canadians need action on gun control now. The new government cannot maintain inadequate compromise on effective gun control legislation.
Whereas there are serious concerns about climate and environmental changes threatening the lives and health of the public - women in particular; and

Whereas Canada is not meeting the mitigation and adaptation targets set at 2015 Paris Agreement;

Be it resolved that the FMWC, as caring medical professionals in support of the Canadian Association of Physicians for the Environment, call for actions by the federal government to meet the Paris Agreement climate change commitments.

References:

1] Statistics Canada, Canadian Centre for Justice Statistics, Uniform Crime Reporting Survey, Firearm-Related Violent Crime, 2009-2017. https://www150.statcan.gc.ca/n1/en/pub/89-28-0001/2018001/article/00004-eng.pdf?st=u3slYnFM

[2] https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54980/tbl/tbl05-eng.htm

[3] https://en.wikipedia.org/wiki/List_of_countries_by_intentional_homicide_rate

[4] https://www150.statcan.gc.ca/n1/en/pub/89-28-0001/2018001/article/00004-eng.pdf?st=u3slYnFM

[5] Robison Fletcher. CBC Report on Gun Violence in Canada, August 30, 2018. https://www.cbc.ca/news/canada/calgary/canada-gun-facts-crime-accidental-shootings-suicides-1.4803378

[6] Canadian Femicide Observatory for Justice and Accountability, #CallItFemicide: Understanding Gender-Related Killings of Women and Girls in Canada, 2018. https://femicideincanada.ca/callitfemicide.pdf

[7] Ekos Politics. Here's a Simple Idea: Most Canadians Want a Strict Ban on Guns in Our Cities, December 4, 2017. http://www.ekospolitics.com/index.php/2017/12/heres-a-simple-idea-most-canadians-want-a-strict-ban-on-guns-in-our-cities/

[8] http://www.doctorsforprotectionfromguns.ca

Appendix c.1.

Whereas there are serious concerns about climate and environmental changes threatening the lives and health of the public - women in particular; and

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Be it resolved that the FMWC, as caring medical professionals in support of the Canadian Association of Physicians for the Environment, call for actions by the federal government to meet the Paris Agreement climate change commitments.

Appendix c.2.

The Federation of Medical Women of Canada supports the Canadian government in its declaration of a Climate Emergency and we call for urgent action in reducing carbon emissions and in mitigating the negative impacts of climate and environmental changes.

We urge political leaders to listen to the voices and experiences of women in addressing the changes we are all facing (1). In particular, women must be consulted concerning how Canada should prepare and support its health care workforce (of which the majority are women) in dealing with climate change-related health care emergencies. In addition, by utilizing gender-based analysis, policy makers can discover how climate and environmental changes adversely impact the well-being of women and girls.

FMWC call to action on Climate crises: Is our healthcare workforce ready?

Background

The Canadian government, in June 2019, passed a motion declaring that Canada, and indeed, the world, is in a climate emergency. This was in response to a report released by Environment and Climate Change Canada (ECCC) that Canada is warming at twice the average rate globally. According to Canada's

Changing Climate Report (2), since 1948, the annual temperature in Canada has increased 1.7C, with an even greater increase in the North, average of 2.3C. The report states that the effects will include increased rates of precipitation, disappearing permafrost and the challenge of released carbon and transportation issues as roads decay, intensification of heatwaves, increased drought and forest fires, flooding and extreme weather events such as tornados and hail.

The Intergovernmental Panel on Climate Change (IPCC) is the international body (3) charged by the United Nations to provide up-to-date and accurate information on the state of climate change across the globe. In their most recent report, The Special Report on Global Warming of 1.5C (2.7F), they warn that a reduction of 1.5 is possible, but only with significant changes to how we all live, no matter where we live. The importance of 1.5 degrees is the amount needed to stave off even greater destruction and the negative effects of excess carbon emissions.

Impact on women

Climate experts warn that the effects of climate crises will highlight and further exacerbate existing inequalities. Marginalized people live in precarious environments that will first feel the effects of changing climate patterns, particularly people living in rural and lower lands areas or who are connected more intimately to the land: fishing, hunting, harvesting. Racism, sexism, ableism, will intersect to impact access to mitigation and adaptation resources.

Climate crises are already affecting many communities and countries around the world, creating climate migrants, calculated at 17.2 million in 2018 alone, displaced by the devastation of droughts, floods, forest fires, natural disasters, extreme weather events and eroding coastlines. According to the UN, 80% of climate migrants are women.

As local rivers and lakes that sustain communities dry up and disappear, women are forced to walk further to find water. In flooded areas, women are most likely to die from simply not being able to swim. During food shortages, women eat last. Female headed households are less likely to recover after natural disasters and extreme weather events. Women farmers have the most difficulty in recovery due to lack of access to recovery resources. Women are the invisible producers of food and they are specially positioned to use their intimate experiences with the land to help mitigate and adapt to climate change.

The Situation in Canada

Women and Climate Change Impacts and Action: Feminist, Indigenous and Intersectional Perspectives, a joint report by the Canadian Research Institute for the Advancement of Women and the Alliance for Intergenerational Resilience (4) states that women, particularly Indigenous women, are being left out of the climate crisis equation, with little to no analysis of the impacts on women before, during and after climate emergency situations. They charge that climate change solutions are viewed through a Eurowestern lens, favouring neoliberal, masculinized technology that perpetuate existing economic inequities over the "deep cultural shift" in corporate behaviour needed to effect real change. In addition, they assert that the economic and social wellbeing of women in "Fourth World" communities, such as Canadian Indigenous communities, are particularly impacted as their relationship to the environment shifts. It is imperative for policy makers and researchers to use a gender-based and intersectional analysis in understanding the impacts of climate crises on all Canadian women.

The Situation in Health Care

The health care services through their practices, is the largest carbon emitter in the public services sector and most health care workers are women. Again, women are under-represented in health care

climate change leadership, yet policy decisions impact women's employment and processes. In June, Physician Mothers of Canada (5), initiated a petition to the federal government calling for support for the Call to Action on Climate Change, a report produced by the Canadian Association of Physicians for the Environment (CAPE) (6). This includes prioritizing elimination of emissions across all government portfolios, adopting a carbon pricing strategy, eliminating fossil fuels, incorporation of green energy, and eliminating single-use plastics. The petition is open until October 4, 2019. You can access it here. https://petitions.ourcommons.ca/en/Petition/Details?Petition=e-2180

Importantly, health care providers need to understand the health impacts of climate crises and how to help and prepare their patients for changes in the future. CAPE has created an online toolkit consisting of 8 modules designed for health professionals to help understand the science and impacts of climate change for themselves and their patients.

FMWC is committed to advocate for and be involved in actions combating climate and environmental changes.

References:

1. CRIWA report
   https://www.criaw-icref.ca/images/userfiles/files/Women%20and%20Climate%20Change_FINAL.pdf
2. Canada's Changing Climate Report
3. The Intergovernmental Panel on Climate Change (IPCC)
4. Feminist, Indigenous and Intersectional Perspectives, a joint report by the Canadian Research Institute for the Advancement of Women and the Alliance for Intergenerational Resilience states
5. Physician Mothers of Canada
6. Canadian Association of Physicians for the Environment.

https://cape.ca/campaigns/climate- health-policy/climate-change-toolkit-for-health-professionals/

Appendix d.1.

#WPSAdvice – Lead by example.

By Karen Breeck CD, MHSc, MD

Federation of Medical Women of Canada Women, Peace and Security Committee Member.

FMWC.ca

Canada has made bold commitments to the Women, Peace and Security (WPS) agenda that we encourage the next government, regardless of party, to continue. The specific advice offered is for Canada to "lead by example". Canadian women in uniform are still waiting for their government to ensure an equitable (which is not the same as equal) work environment. Leadership in WPS must first be seen at home for Canadian uniformed women, before Canada can hold itself up with integrity as the standard to which other nations should be modelling themselves after.

When women were first integrated into the operational side of the Canadian Armed Forces (CAF), they were expected to conform to the already existing system that had, of course, been designed by men for men. This male bias can be found in everything from military customs and traditions, to military uniforms and equipment, to expected leadership styles and rewarded behaviours, to research and health care priorities.

"Add women and stir" is not the recommendation

While many sincere efforts have attempted to rectify the challenges resulting from the "add women and stir approach" to CAF's gender integration, most efforts have been individual "bottom-up" initiatives. The prevailing norms have required that the exact same woman who experienced the inequity firsthand, is largely left responsible to name the inequity, determine the potential solution for the inequity, and then individually advocate for the systemic changes required to remedy the inequity for her and those following behind her. The emotional labour and burden of advocating for system change from the bottom up often ends up with the unintended consequence of costing these women both their health and wellbeing and their careers. Rarely are "bottom-up" tactical level individual initiatives successfully integrated into

the desired permanent "top-down" system changes. Yet it is only with systemic changes that true and lasting organizational improvements in equity can happen.

Other nations have learned from Canada's initial mistake. They provided strategic level, dedicated funding and support for positions to oversee, coordinate and disseminate lessons learned when first introducing women into all roles in the military, thus providing a "top down" strategic support system. Canadian military women are still waiting for the funds and resources to strategically identify and rectify the many remaining gaps and barriers that continue to hold women back from universally experiencing a gender harmonious military workplace.

The need for pervasive culture change

Many, including parliamentarians of all stripes, have historically endorsed a "gender blind" approach to integration (a soldier is a soldier, whether a man or a woman) which incorrectly assumes that men and women are starting off as "equal" within the military workplace. After over 30 years of attempting to increase the number of women in the military, where is Canada at today? It appears that taxpayers will be on the hook for well over a billion dollars to pay out federal class action lawsuits for LGBTQ, race and sexual misconduct (military and RCMP). Although much progress has been made regarding the integration of women into all workforces, in the end, the crown has failed to lead by example. Federal workplaces, be them military or RCMP or Parliament Hill, are still not free from sexual violence and discrimination.

Barriers to service and deployment

Effective culture change requires further implementation of Gender-based Analysis Plus (GBA+) at all levels. This will ensure that policies, programs and equipment procurement are funded, designed, implemented and quality assured to enable women to be operationally effective in

their jobs, regardless of their physical and physiological differences from men. CAF leadership has fully committed to culture change. OP HONOUR is evidence of that. Effective culture change however, requires strong leadership from within and from outside the organization. Culture change requires subject matter experts to conduct specialized training, individualized mentorships for senior leaders, and independent quality assurance to oversee and monitor

progress. These components require dedicated positions, personnel and money from government to achieve the desired federal government workplace culture change.

WPS evidence strongly supports that the meaningful participation of women in all aspects of military-related conflict resolution, including as uniformed members of peace operations, leads to stronger, more durable peace outcomes. In support of peace, the Canadian government has committed in its National Action Plan to increasing the number of women in the CAF to 25% within the next decade and to 15% women on future UN deployments. Canada has also committed to helping other nations deploy more uniformed women on United Nations peace operations through the Elsie Initiative. Canada must be seen to be leading by example domestically through its own success stories before it can legitimately stand up to act as mentor for other nations. This is important not only to preserve Canadian reputational credibility but also for the sake of setting up the brave, trailblazing women who are leading the gender integration efforts in their own nations' militaries for success.

Canada has taken an important first step. Canada has asked the Geneva Centre for the Democratic Control of Armed Forces (DCAF) to study and identify any potential barriers to deployment for women in the CAF. Some challenges are already known. Examples include equipment limitations such as ballistic vests that don't fit properly over female breasts and the lack of female specific UN medical care standards and capabilities. In fact, the UN's Director of Peacekeeping Operations (DPKO) has for countries who are deploying troops to ensure they include at least one female physician and obstetric and gynaecological specialists on all medical teams.
https://peacekeeping.un.org/sites/default/files/dpko_dfs_gender_military_perspective.pdf

Our #WPSadvice for the new government is to continue with Gender-based Analysis (GBA+) across all of Government, but especially in the military where its time to implement it deeper. Military equipment is more likely to need procurement change, redesign, modification or alteration for equitable use by women and that costs money. Women make more health care related visits than men, so more women in the military means more health care provider positions and resources are needed. There are still many gaps in occupational health research knowledge for Canadian women in uniform, particularly in the area of sex-specific operational health including but not limited to reproduction health. Female specific research is commonly more complicated and expensive then male only research. Simply put, women do cost more than men to recruit and retain in the military.

If Canada is serious about supporting WPS objectives, then the Government of Canada needs to provide the oversight and financial resources to ensure servicewomen have workplaces that support and enable their full and equitable participation across the military. Thirty years ago, Canada was considered a world leader in women's participation in the military. With a bit of focused financial help, Canada could be true WPS world leaders once again.

Please note that the views in these blog posts are those of the authors and may not represent the views of all members of the WPSN-C.

Appendix d.2.

October 2019 Update

Dear WPSN-C members,

Here's hoping that you all enjoyed a relaxing and re-energizing long Thanksgiving weekend.

We're very happy to share a few updates from the WPSN-C.

1) **Consultations and discussions with the new Canadian WPS Ambassador, Jacqueline O'Neill**: Members have been discussing and feeding into discussions on the proposed priorities for the mandate of the Ambassador. Thanks to Diana and Monique for organizing a webinar (October 3rd) so we could hear from people outside of Ottawa. Thanks to Michelle and everyone at the Canadian Red Cross for hosting our in-person consultation on October 9th. The discussions were held under Chatham House rule, but there will be a very short summary of the October 9th meeting available soon. There was a great discussion and many suggestions for the Network as a whole, not just the Ambassador. One follow-up suggestion that we are investigating is an informal coffee or 'bring your own' lunch once a quarter with the Ambassador.

2) **Exploring Concepts and Analytical Frameworks**: Planning is underway for a joint Government of Canada / WPSN-C ½-day workshop that will explore how government departments participating in the CNAP and NGOs are using methodologies related to GBA+, gender-sensitive conflict analysis, gender mainstreaming, WPS, etc. We'll be sending out more information shortly, looking to identify interested participants (including people who are willing to present how they have been working with these concepts/analytical frameworks in their own work). Thanks to Kristine for leading on this initiative.

3) **Funding**: We have submitted a proposal to PSOPs to organize a meeting for civil society organizations alongside the WPS Focal Points meeting that Canada/Uruguay will be hosting next year (tentatively in May in Ottawa). The initial feedback is that they would like to support this type of meeting, they are in discussions on budget and logistics. We have also asked for their support in connecting us with other

government departments that may be able to support our Network. We're looking to reactivate our funding working group, so if you would like to be part of this group, let Beth know.

4**) CNAP Progress Report and next Advisory Group Meeting**: The CNAP commits the Government to tabling annual progress reports in Parliament in September. This year, given the election it was not possible to make the report public. We now have to wait until Parliament is sitting and the new Government decides to release the report. This is disappointing for us and for the WPS Government team, as the report is ready to go. Given this timing, we're looking at a date in January for the WPS Advisory Group (this means that there will only be 1 meeting of the group in 2019), as the primary purpose of that meeting is to discuss the report. [CNAP is the Canadian National Action Plan on WPS.]

5) **#WPSAdvice Blog series**: Many thanks to all who have contributed blogs to our series, "our advice to the incoming government on WPS issues". We've posted 6 blogs to date and there are more to come. If you haven't had a read, do take a look. Please continue to promote on social media.

A big thank you to Monique for her ongoing work on the website!

6) **Elsie Initiative**: We have a small working group following the Elsie Initiative. We're scheduled to have a briefing later on this month. If you are interested in joining this working group, let Beth know.

7) **NATO CSAP**: The WPSN-C was selected as one of 12 organizations to participate on the NATO WPS Civil Society Advisory Panel. Let Beth know if you have questions.

8) **Upcoming UNSCR WPS Open Debate**. October is a busy month in New York with events and discussions on WPS. Here are some notes.

Background on the formal debate can be found here. There are rumours that there will be another Resolution. Advocacy points from the NGO Working Group on WPS can be found here.

We've heard from the Global Network of Women Peacebuilders (GNWP) that they will be organizing five events in New York:

1) **Speaker's and Advocacy Workshop –** a full-day workshop to learn different techniques on how to optimize our message and delivery, engage with GNWP partners and staff, and practice key speeches for enhanced advocacy – **October 26, 2019 from 9 am to 3:30 pm. Venue: To be confirmed**

2) **Multistakeholder Forum –** only one representative per organization at this full-day forum – contact Dinah Lakehal (Dinah@gnwp.org) if you are interested or wish or receive further information – **October 28, 2019**

3) **Localizing Sustaining Peace – lessons learned from the Women, Peace and Security Localization –** Grassroots women leaders speak about how we can make peace sustainable

including in the implementation of peace agreements - **October 30, 2019 from 1 to 3 pm. Venue: UN Church Center 8th floor Conference Room**

4) **Demanding Sexual and Reproductive Health Rights as a Pre-Requisite to a Survivor-Centric Approach to Implementation of the Women, Peace, and Security Agenda** – October **31, 2019 from 9 to 11 am. Venue: To be confirmed**

5) **Civil society 1325 score card –** Civil society organizations from Burundi and DRC present the civil society 1325 scorecard as an instrument in monitoring the implementation of UNSCR 1325 and the supporting resolutions. **– October 31, 2019 from 1 to 3 pm. Venue: UN Church Center 8th floor Conference Room**

If you will be in New York for any of the WPS activities, do send a note to the listserve so people can connect. Also, we'd love to hear what you are hearing and learning about the debates and discussions.

9) **Other upcoming events**:

- Global Summit on Preventing Sexual Violence in Conflict, UK, November 18-20, 2019
- WPS Focal Points meeting, Montevideo, December 10, 2019
- Women, Peace and Humanitarian Fund conference in Vienna with participation from civil society (sorry – don't know the date)
- Generation Equality (Beijing Plus 25 process, convened by UN Women and co-presided by Mexico and France) will include global forums in Mexico City (May 7-9) and Paris (July 7-10).

10) Next meeting: We're hoping to organize a meeting in late October, so stay tuned for a doodle poll.

11) Some **resources** to check out:

- A new report on Engaging Women in Sustaining Peace from Community of Democracies.
- An expert group convened by UN Women in preparation for Beijing +25 included a few papers on WPS issues.
- From Monash (in Australia) and UN Women, a policy brief on Misogyny & Violent Extremism: Implications for Preventing Violent Extremism.
- A new PRIO publication: Lorentzen, Jenny (2019). Women's Participation in Peace and Reconciliation Processes in Mali.
- Our Secure Future has a website outlining how the women they polled from around the world define security.

With best wishes from the WPSN-C Steering Committee: Beth, Diana, Kristine, Rachel, Sarah, & Sophia.

Appendix e

Canada National Statement - Women, Peace and Security Open Debate UN Security Council

October 29, 2019

Mister President,

I will now make a few additional remarks in a national capacity.

Thank you, South Africa, for presenting today's resolution. As the Council President said this morning, it's good to see a return to consensus. We commend South Africa's focus on full implementation.

Like many, we would have liked to have seen stronger language on women human rights defenders, civil society, and sexual and reproductive health rights.

Mister President,

As many speakers have highlighted, this is the time to double down on the full implementation of the Women, Peace and Security agenda. But what does successful implementation of the agenda mean in practice?

To Canada, it means transforming how we work together.

There are three ways that we make this happen: through innovative partnerships, new approaches to funding, and by focusing on inclusion.

First, through **Partnerships**.

The WPS agenda demands that we reach across institutional and social silos, and rethink what it means to put gender at the heart of our peace and security efforts.

In Canada for instance, our National Action Plan on Women, Peace and Security is a partnership between nine ministries and agencies, including many with primarily domestic mandates. We recognise that peace and security are not just foreign policy or defence issues. Women around the world face intersecting forms of violence and discrimination, including in Canada, particularly among Indigenous women, girls and Two-Spirit People.

Partnerships based on mutual respect with other countries are equally important. In 2020, Canada will co-chair the Women, Peace and Security Focal Points Network with Uruguay, building on current chair Namibia's excellent work. Through the WPS Focal Points Network we will continue to strengthen and support a global community dedicated to implementation of the WPS agenda.

We are also getting innovative about how we build partnerships to support women's meaningful participation. Through the Elsie Initiative for Women in Peace Operations, Canada partners with Ghana, Zambia and Senegal to assess and address barriers and design bold interventions to make a difference for women in police and military institutions.

It could not be clearer: no country and no region has a monopoly on good ideas.

Canada's Chief of Defence Staff is also now Chairing a Women, Peace and Security-focused UN Network of his counter parts, and invites all Chiefs of Defence Staff to join.

By working with our many partners, we look forward to the day that instead of saying "we need to do more" we can say "we did it, and it worked".