

FEDERATION OF MEDICAL WOMEN OF CANADA Women, Peace and Security Committee

FÉDÉRATION DES FEMMES MÉDECINS DU CANADA Comité sur les femmes, la paix et la sécurité

FMWC WPS Committee Meeting Minutes February 11, 2021 19:00 – 20:00 hours E.S.T.

Attendance (by teleconference):

Dr. Nahid Azad - Chair, WPS Committee

Dr. Karen Breeck - Member, WPS Committee; Military Member Canadian WPS Network

Ms. Celina De Biasio – Student Member, WPS Committee

Dr. Edith Guilbert – Member, WPS Committee; SOGC Representative

Dr. Shelley Ross - Member, WPS Committee; Past Secretary-General, MWIA

Ms. Brintha Sivajohn - Student Member, WPS Committee

Dr. Joelle Thorgrimson – FMWC Member – arrived late

Dr. Patricia Warshawski - Member, WPS Committee

Guest: Dr. Padmini Murthy - Secretary-General, MWIA

Regrets:

Dr. Anne Niec

1. Introduction and Welcome

The conference started at 19:00 hours and ended at 20:00 hours E.S.T.

2. Approval of Meeting Minutes

The minutes of the October 1, 2020 meeting were accepted by Dr. Ross and seconded by Ms. De Biasio

3. Review of the Chair term and mandate:

Dr. Azad will stay on as the Chair of the committee. Ms. De Biasio and Ms. Sivajohn have agreed to be co-chairs.

4. MWIA – WPS Special Interest Group: Annual workplan

MWIA has accepted us as a Special Interest Group. Dr. Murthy has invited the MWIA reps to see if anyone in MWIA wanted to join the Special Interest Group but the only respondents were

Drs. A 2022

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Drs. Azad and Ross. She will put out another request. The mandate will be until the summer of 2022. She suggested that we showcase the work of our committee in the MWIA newsletter

The United Nations Coalition on the Status of Women session will be held virtually March 15 – 26, 2021. The MWIA is allowed to have 20 members attend. However, anyone can sign up as an advocate to attend a parallel group. To do this look up "NGO CSW. Forum" to **register**.

https://ngocsw65forum.us2.pathable.com/

https://mwia.net/events/csw65-mwia-parallel-event-women-doctors-champions-of-global-equality/

Dr. Ross asked about our application to become a member of the UN Department of Global Communications. Dr. Murthy said she would write a letter of support for us. Dr. Azad will follow up with Michael Read in the national office as to the status of this request.

5. Canadian WPS Ambassador Jacqueline O'Neill Webinar November 24:

Dr. Azad said that Dr. Niec suggested that we submit a review of this webinar to our newsletter. Dr. Warshawski will get a recording of it from the national office and write an article

6. Rape Kit: https://www.canada.ca/en/department-national-defence/services/benefits-military/conflict-misconduct/operation-honour/sexual-misconduct-response-centre/resources-search-tool.html

Ms. De Biasio will look into applying to the CMAJ for publication of this information.

7. Updates of the Abortion Fact Sheet and Mifegymiso:

Dr. Guilbert has put the FMWC logo on the Abortion Fact Sheet and it is up on our website. She has sent it to the SOGC. She also reviewed it with a committee in Montreal which requested slightly different wording. She will follow up with Michael in the national office to confirm that the information has been sent out to the requested organizations. She said to let her know if we know of any other organizations that might want this information too, such as nurses' organizations.

8. Plan for the next webinar:

Dr. Dustin Costescu was going to give a webinar on medical abortion. Dr. Guilbert suggested that Dr. Wendy Norman give this webinar instead since she will be presenting a research article on medical abortion Access in Canada in the last five years to Health Canada at the end of February. Dr. Azad will communicate with Dr. Niec about this.



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9. Climate Change and Health Effect:

Lancet Countdown on Health & Climate Change Summary of Policy Brief By: Brintha Sivajohan

Introduction Climate change has been described as the "greatest threat to health of the 21st century" and presents an opportunity to the health of millions of Canadians. Climate change has both directly contributed to rising rates of illness through changes to hear and air pollution levels (ie. COPD) and exacerbated inequities amongst certain groups (ie. racialized folks and those with low socioeconomic statuses tend to bear the brunt of climate change on their health more heavily than those in higher socioeconomic classes). Additionally, climate health is central to Indigenous cultures and ecological change has significantly altered their traditional cultural practices, diets and health. Six evidence-based policy changes have been recommended to improve "physical, social, economic, and environmental well-being" and post-pandemic governance should include these in their recovery framework. Recommendations 1. Turn Down the Heat: Canada's aging population is at risk of suffering from extreme heat because of frequent social isolation, reduced access to energy-efficient and heat-resilient housing, and reduced ability to regulate body temperature. Prior chronic conditions such as hypertension, diabetes and heart disease also put them at risk. Older folks, outdoor workers and those in low-income neighborhoods have reduced access to green spaces, public transport and proper insulation. Specifically, Indigenous communities are impacted by rising temperature through food insecurity, access to clean water, land use, ice safety and housing stability. a. Infrastructure improvements — improve current infrastructure through retrofitting and designing novel communities to improve resilience to heat. Take into account vulnerable groups when implementing these changes. Trees and urban vegetation (such as parks, streets and green walls), cooler buildings can help equip Canada against these health consequences. b. Land-based Indigenous-led approaches — incorporate approaches promoting adaptation to rising heat in Northern Indigenous communities. 2. Clean Our Air: air pollution is impacted respiratory conditions such as asthma and COPD and increasing rates of lung cancer, respiratory infections, stroke and heart disease. Marginalized groups are again disproportionately impacted by air pollution since they are more likely to live in neighborhoods near busy roads or industrial sites. a. Sustainable housing — increase supports and investments in sustainable housing including low emissions design and improved insulation and energy efficiency technologies b. Transport — fund low emissions transport and affordable public transport initiatives. Take into account communities and inequities when it comes to access to healthy transportation. Transitioning to sustainable transport can avoid transport-related emissions and deaths that can be prevented. 3. The Way Forward: Healthy Recovery—we require an urgent transition to environmentally sustainable societies that prioritize low-income groups, migrant workers, older persons and Indigenous peoples. Canada's healthcare system also has one of the largest carbon footprints in the world & require urgent transition to low-carbon, energy-efficient, reduced-waste health services. a. Just Transitions transition to carbon-neutral society, consider health and equity impacts of all proposed policies to address climate and COVID-19 crises. Prioritize communities that have been disproportionately impacted (ie. Indigenous people, older folks, women, racialized people, low socioeconomic status). b. Strengthen Health System Resilience — prioritize decarbonization, energy efficiency, improved waste management and supply chains.



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The Arctic and Northern Canada have been impacted greatly by climate change. Dr. Azad said Bill C-12 should be reviewed in five years and it's targets should be doubled. Public input is important. Members of our committee should be advocates using our WPS lens, as women and children have been disproportionately affected by climate change. Dr. Azad wants to work with Ms. De Biasio and Ms. Sivajohn in this area. Dr. Warshawski said that there is a physicians' group called C.A.P.E. (Canadian Association of Physicians for the Environment) which advocates for this purpose.

10. Canadian WPS Network:

2020 was the 20th anniversary of UN Declaration 1325 and the 25th anniversary of the Beijing Platform for Action.

Dr. Azad reported on a recent meeting of the Canadian WPS Network group. This group provides valuable assessment of the Canadian national Action Plan. It advocates for gender issues, disarmament, decolonial approaches, etc. The Canadian Feminist Foreign Policy was discussed at the recent meeting. There will be an AGM for WPS network on March 11, 2021 and Dr. Azad asked if any of our members wanted to attend. As well, because the FMWC is a member anyone in our organization can be on their news list.

11. Action Plan:

- **a.** Dr. Azad will send information about our committee to Dr. Thorgrimson
- **b.** Dr. Murthy would like someone to send an article about our committee work to be included in the MWIA newsletter.
- **c.** Dr. Azad will follow up with Michael Read about the status of our application to the UN Department of Global Communications.
- **d.** Dr. Warshawski will review the webinar given by Jacqueline O'Neill and write an article about it for the newsletter.
- e. Ms. De Biasio will inquire about the CMAJ for publication about the rape kit information.
- **f.** Dr. Guilbert will follow up with Michael Read to confirm that the Abortion Fact Sheet was sent out to the organizations that we requested it be sent to.
- g. Dr. Azad will contact Dr. Niec about an upcoming webinar and potential speaker
- **h.** Dr. Guilbert will ask Dr. Norman to speak to our group.

Minutes taken by Dr. Warshawski