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Chair

The Honourable Hedy Fry

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• (1530)

[English]

The Chair (Hon. Hedy Fry (Vancouver Centre, Lib.)): I think we will begin.

I want to welcome all the witnesses who are here today. As you know, because there are so many of you, we have shifted the way we usually sit. We usually sit in opposing sectors, but we're not doing that this time.

We're going to be discussing today, pursuant to Standing Order 108(2), a study on increasing the participation of women in non-traditional occupations. Today we have, as everyone can see, five sets of witnesses, and we only have a particular period of time within which to fit the witnesses, so I think we will begin. The witnesses are, obviously, the Canadian Medical Association, who will begin first; the Conseil d'intervention pour l'accès des femmes au travail; the Communications, Energy and Paperworkers Union of Canada; then Equal Voice; and the Federation of Medical Women of Canada, the fifth witness.

Under the rules of this meeting, every witness group has ten minutes within which to present. So you can make a decision if you want to split that with however many of you are here. I will give you a two-minute indicator so that you know you only have two more minutes left. So there are ten minutes per presentation, and then we will move to the question and answer rounds.

I'm going to start with the Canadian Medical Association. We have present today Anne Doig, president of the CMA, and Mamta Gautam, who is an expert physician adviser from the Centre for Physician Health and Well-being. I know that Anne and Mamta will decide how they do their thing.

Dr. Doig, can you start?

[Translation]

Dr. Anne Doig (President, Canadian Medical Association): Thank you Madam Chair, and good afternoon.

As you said in introducing me, I am Anne Doig. Like the chair, I am a family physician. I provide complete family medicine services, which means that I treat patients in hospital and in my office, including obstetrical services. I have practised in Saskatoon for nearly 32 years.

[English]

It is my pleasure to be here today. As president of the Canadian Medical Association, I represent all physicians, but today I am proud to represent women participating in what is now a traditional

occupation for them, and that is medicine. Joining me today is Dr. Mamta Gautam, a specialist and champion of physician health and well-being. For 20 years she has worked as a psychiatrist treating physicians exclusively in her private practice in Ottawa, and has been hailed as the doctor's doctor.

The Association of Universities and Colleges of Canada has reported full-time university enrolment increased by more than 190,000, or 31%, between 2000 and 2006. It now stands at record levels. Full-time male enrolment has surpassed 350,000 students and full-time female enrolment has surpassed 460,000. Women account for two-thirds of full-time enrolment growth since 1971, a surge driven by the rapid increase in women's participation in the professions, including medicine.

As it stands now, men outnumber women among practising physicians, 67% to 33%. While there are still more men than women in practice, the percentage of female first-year residents in 2008 was 57%. This is a reversal of the percentage when I graduated, and an increase from 44% just 15 years ago. This means that a significant majority of physicians close to the beginning of their medical careers are women. Not surprisingly, given those figures, there are many medical disciplines where the proportion of women is much higher than it was even just a few years ago. For instance, in general surgery—long held to be a bastion of male physicians—women comprised 18% of the 1993 first-year residents. That's compared to 40% in 2008. And in 1993 just over half of first-year family medicine residents were women, compared to 64% today.

However, women medical graduates still tend to choose residency training in family medicine, pediatrics, and obstetrics and gynecology in greater proportions than their male counterparts. As has always been the case, males continue to have a stronger preference for surgery, at 23%, compared to 11% of females—although that gap is narrowing. The overall numbers of women physicians are increasing, as are the percentages of those going into what one might call non-traditional specialties, albeit at a slower rate.

The so-called feminization of medicine brings with it several other issues, and I will touch on two major ones. The first is the work and home balance. The rise in the number of women physicians is bringing a positive shift in the way physicians practise and the hours they keep. Very few of today's young physicians, male or female, are willing to work the long hours that physicians of previous generations did. That said, data from the 2007 national physician survey, which included responses from over 18,000 physicians across the country, show that on average male doctors still work nearly 54 hours per week. Female doctors work 48 hours—although many work more than that.

These figures do not include on-call time, nor time spent on child care or other family responsibilities. Many members of the committee can empathize with this level of commitment. In contrast, the European Union's work time directive has said that the maximum work week must be 48 hours. If Canada were to try to apply that directive to physicians, our health care system would grind to a halt.

The number of physicians opting to be paid by a means other than fee-for-service has dramatically increased. Fee-for-service rewards the doctor financially for seeing more patients. Female physicians typically spend more time in each patient encounter, a trait that is valued by patients but not rewarded by fee-for-service remuneration.

• (1535)

The second issue is stress. In spite of their increasing numbers, women in medicine still report higher rates of incidents of intimidation, sexual harassment, and abuse than their male counterparts. As well, many female physicians continue to assume primary responsibility for home and family commitments in addition to their practice workload, thus compounding their stress levels. Female physicians are more likely to work flexible hours. Flexibility in work schedules has been the method by which female physicians balance their professional and personal lives. Yet as they take on more and strive to be more flexible, that in itself creates more stress as they battle to be all things to all people.

[Translation]

In its 1998 policy on physician health and well-being, the CMA recognized the need to address and alleviate the special demands placed on women physicians. I have brought copies of that document with me today for you.

As I said at the outset, Dr. Gautam, who is with me today, is familiar with the stress factors experienced by physicians and women physicians in particular. She has broad experience in treating them.

[English]

We will be happy to discuss the participation of women in medicine and to answer questions that you may have.

Madam Chair, if I may, I do wish to apologize to the committee for the fact that I will have to excuse myself at five o'clock for an event by Senator Keon. With your indulgence, thank you.

The Chair: Thank you, Dr. Doig.

Now, is Dr. Gautam going to present? You have another two minutes left. No?

Dr. Mamta Gautam (Expert Physician Advisor, Centre for Physician Health and Wellbeing, Canadian Medical Association): Not at this time, thank you.

The Chair: Good. Thank you.

Now we will go to the Conseil d'intervention pour l'accès des femmes au travail. Ms. Beeman, will you be speaking for both of you?

Ms. Jennifer Beeman (Coordinator, Employment Equity Portfolio, Conseil d'intervention pour l'accès des femmes au travail): Yes, I will speak first, and then I'll pass the mike on to my colleague, Nathalie Goulet.

[Translation]

Madam Chair and members of the committee, I would like to thank you for your invitation to appear today.

I will introduce you to the Conseil d'intervention pour l'accès des femmes au travail, or CIAFT. Ours is a Quebec organization, made up of groups and individuals who work in the field of women's access to and integration in the labour market. It has been one of the principal defenders of women's rights at work since its creation in 1982. Our organization really believes that women's financial autonomy is primarily based on their access to paid work, on the condition that this work is paid according to its full value. We work to defend, promote and develop services, policies and programs that respond to the specific needs of women at work. We work on reconciling work and family life, pay equity and employment equity. In the last two years, this has become a very important issue for us.

We would now like to talk about women's work in predominantly male occupations. We have 50 members. Essentially, they are women's employability groups, and some work actively on the integration of women into jobs that are predominantly male. Despite 30 years of sustained work by women's groups, the situation regarding women and predominantly male occupations has not changed. Some very specialized occupations have been entered by women, but in the full range of occupations in the labour market, very little has changed. In our member groups there are significant experiences and important expertise, but they remain scattered and unknown. Many groups are doing grassroots work to integrate women, but their experience is really scattered in geographic terms, and this expertise is not being pooled.

Women's groups must confront the enormous myth that women have achieved equality in the labour market, that when they want to achieve something, they can, no matter the sector or occupation. The success of a certain number of women is overshadowing the precariousness, the low wages and the poor working conditions of many other women. In Quebec, only 16% of women have a university diploma. Many of them go into other less well paid occupations, as we will see later.

For women who try to enter a predominantly male occupation, they remain in precarious situations in terms of integrating into the job and keeping it, when they do not face outright discrimination in hiring. There are really enormous problems of discrimination in hiring for women trying to enter male occupations. The most flagrant case we are working on at present is the construction industry. Women are being trained in a construction trade, but they comprise only 12.% of the construction labour force in Quebec. Even if they are trained, about 5% of the people enrolled in training program are women. There is a pool of women ready to enter this industry, but it is closed to them.

The labour market is still profoundly segregated by sex. There is truly structural segregation of the labour market by sex, despite an increasing level of activity by women and great advances in terms of education. Clearly, in terms of education, women are advancing very rapidly, and educated women are advancing nicely in the labour market. Other women remain concentrated in a limited number of careers.

I have also given you a table. I don't think everyone has it, but it shows segregation in the programs with the highest enrolment, in terms of vocational and technical training. We are talking about college diplomas—in English it would be junior college, technical or vocational training, and we can see the segregation. These are the nine programs with the highest enrolment and they are completely segregated by sex. We have auxiliary nurses, secretaries and bookkeepers, especially bookkeepers. They are the three biggest programs for a large majority of women. Annual earnings are about \$28,000, \$31,000 and \$33,000.

Then we come to men, who become mechanics, electricians, carpenters, cabinetmakers, welders or electrical mechanics.

● (1540)

In those areas, we see that earnings are much higher. Electricians start at \$47,000, but it can be much more. There are all sorts of electricians, depending on the industry, and so on.

So there is weak representation of women in the trades, in technical and scientific careers, where terms are more attractive. At the same time, there has been a decrease in funding for training and integrating women into predominantly male trades. The government is withdrawing from this concern somewhat. Not a lot of funds are being spent on this battle, while there are still multiple barriers to access for women and retaining women. We find that there is sometimes also significant resistance in the workplace.

So for all these reasons, the CIAFT has adopted a concerted action strategy in which we try, using that strategy, to create a portrait of the situation. We bring together information. We have held consultations in all regions of Quebec. The regional aspect is extremely important, because women's wages in the regions are much lower than elsewhere, since they don't have access to good jobs in terms of resources. They are really limited to health services and education, or to precarious jobs. So we held broad consultations to get a portrait of the situation. We collected information from everywhere.

We are now in the analysis phase, we are identifying the progress that has been made and possible avenues for action. There will be a mobilization in the fall. We are going to invite everyone back who

took part in the process, to get their views on an action plan. We are going to hold mini-summit meetings on the issue, with all the actors.

So this is a huge project with an action plan, because otherwise, initiatives continue to be scattered and the situation doesn't change.

I will now give the floor to my colleague Nathalie Goulet, the director of CIAFT.

● (1545)

Ms. Nathalie Goulet (Director, Conseil d'intervention pour l'accès des femmes au travail): It's a fine project, isn't it?

For these project, we have felt for some years that there needs to be mobilization on this important issue in Quebec. We need a report card on access to equality programs and the various legislation we have on this subject. Various government departments, partners and companies have to mobilize around this issue. That is why we think there has to be a summit meeting on this issue in Quebec. What we learned in the 2008 consultations is that there has to be action, particularly in relation to vocational and technical training.

Not all women go to university. Three quarters of women do not get a university diploma, and they do not have access to jobs. In fact, half of women in the labour market, out of 520 possible jobs, are concentrated in only 20 occupations and jobs. That is 20 occupations out of 520. That is quite unbelievable.

At CIAFT, we have found that pay equity is one factor of what needs to be done in relation to women in the labour market. Full value for female jobs is an issue we have worked on and continue to work on in Quebec. It is one of the facets. The other facet is employment equity, integrating women into non-traditional occupations. We want to carry that project out and it is very difficult to obtain funding to do that. The CIAFT submitted a three-year project to the Women's Program of Status of Women Canada on that issue. We received a rejection last week.

So for that mobilization, which is both a grassroots mobilization and a political effort to promote, raise awareness and hold a dialogue, we think the federal government and Status of Women Canada has to fund the project.

That concludes our presentation. We will have an opportunity to answer your questions later. Thank you for your attention.

[English]

The Chair: Next we have Madame Pageau and Mr. Coles, from the Communications, Energy, and Paperworkers Union of Canada.

Will you be sharing your time?

Ms. Gisèle Pageau (Human Rights Director, Communications, Energy and Paperworkers Union of Canada): No. I will do the presentation and brother Coles, who is our national representative in the construction industry, will be here to answer your questions, especially more specific questions that I cannot answer.

The Chair: Okay, go ahead.

Ms. Gisèle Pageau: On behalf of the 150,000 members of the Communications, Energy, and Paperworkers Union of Canada, we thank you for giving us the opportunity to present our views on methods necessary to increase the participation of women in non-traditional occupations.

The CEP brings together workers from almost every occupation in Canada. Our sisters work at a variety of occupations in a multitude of industrial sectors. However, most of our female membership still work in the traditional occupations. The CEP also represents over 5,000 construction workers in Canada. These skilled-trades members are employed in small to large construction projects, mostly in western Canada. Unfortunately, our female construction membership reflects the national average, where only 4% of our construction workers are women, or just over 200 members. Combined, our construction members in Canada earn well over \$15 million in wages and benefits each year, of which CEP female construction members only earn \$600,000 in the same period.

The CEP finds this crisis in women's participation in non-traditional occupations unacceptable, but we also recognize that we are not any different from any other construction union in Canada in our reflection of structural problems. As many witnesses to this committee have already testified, there is an undeniably thick glass door that blocks women's entry into construction across Canada. This door was not built on the backs of women because of their anatomy and physiology. This barrier is in fact a man-made, institutionalized, artificial block, cemented by generations of discrimination against women. In other words, the CEP does not consider the physical or psychological status as women as relevant to the question of why so few women participate in construction in Canada.

We instead argue that the barriers are formed by poor educational and legislative decisions made by governments, educational institutions, employers, and unions. It is because of this analysis that the CEP is optimistic that this crisis can be reversed reasonably quickly and in time to assist Canada's construction industry with its pending chronic labour shortage. The CEP feels it can be part of the solution, both with our ideas and with our resources. We draw our proposed remedies in part from the excellent and unprecedented study on the crisis recently produced by the construction sector council, which also enjoyed funding from the Government of Canada's sector council program. We understand that this thorough scientific research paper on the participation of women in construction has already been made available to this committee. We respectfully request and recommend your careful review of it.

Our reading of this study makes it clear that two remedies are paramount. The first remedy, which is familiar to this committee, is multi-party targeted entry level trades training programs for female students who have been recruited expressly for the purpose of considering construction as a lifelong occupation. Throughout Canada, many institutions and organizations have engaged in these types of specific programs. In fact, it is exactly what the CEP has done in Saskatchewan. In 2009, the CEP humanity fund participated in a joint venture with the Saskatchewan Institute of Applied Skills and Technology women in trades and technology program. The union's fund contributed \$15,000 to the joint program that recruited,

oriented, and educated over 20 aboriginal women in the Regina area on the basics of the construction industry.

They learned about the basic skills of the construction trade, the apprenticeship option and responsibility, the economic benefit of the construction industry, and the tricks of the trade they needed to get their boots on the job. After a successful graduation from the six-month classroom exploration of the industry, the CEP immediately dispatched four eager participants to a nearby construction project that we represent. The CEP is walking the talk and has, with our partners, successfully brought women into construction who otherwise would not have participated.

The CEP believes that this committee can and must recommend to Parliament that more similar programs are needed immediately across Canada.

● (1550)

The second CEP remedy to this crisis is more dramatic. We believe that if we are to immediately attract women into construction, the owners or payers of construction projects must demand increased participation of women as a condition of their project.

Owners of construction, from condominium developers to receivers of Government of Canada stimulus moneys, should employ a gender-based hiring quota as a condition of contract for their builders. The CEP has long fought for equity hiring in its construction collective agreement, and we argue it is reasonable for construction project owners to demand it in their service contracts.

Currently, funding agencies place dozens of contract conditions on their construction projects. The CEP proposes that this committee recommend to Parliament that the Government of Canada lead by example and require a condition be added that would increase the participation of women in funded projects.

We urge you to recommend to Parliament that the Government of Canada's construction funding become an agent of change and turn the tide of women's participation in construction.

In conclusion, the CEP recognizes the crisis in construction concerning women's participation. We say the artificial barriers can be removed by aggressive educational opportunities for women, combined with proactive contractual obligations that will compel their hiring.

We thank you.

The Chair: Thank you very much, Madame Pageau.

Now we go to Equal Voice, with Nancy Peckford, who is the executive director, and Giovanna Mingarelli, who is the communications and membership liaison.

Nancy, you weren't here when we talked about the ten-minute presentation, so who is going to be speaking? You will share it?

Ms. Nancy Peckford (Executive Director, Equal Voice): Yes, we will share it. I will start.

My name is Nancy Peckford, and I am the executive director of Equal Voice. With me is Giovanna Mingarelli, who has joined us as a communications and membership liaison.

For those of you who don't know Equal Voice, we were founded in 2001 and we're a not-for-profit national and multi-partisan organization that advocates for more women in politics. It's self-evident why we are here today. We clearly need more women in politics, and we strive for parity, so our goal is that 50% of all legislatures in the country, from regional to federal, have 50% women and 50% men.

We gave some postcards to the clerk. I hope you have them. That postcard reveals some of the more sobering statistics about why Equal Voice exists. I don't think many of Equal Voice's founders imagined we would still need this sort of organization in order to move forward, but the reality is that representation of women across the country and in many legislatures remains very low. Federally, as you all know, it's hovering at 22%, and has been there for more or less a decade. There has been some stagnation and fluctuation back and forth, but we are in the low twenties.

Gia will say more about that in a moment, but despite the fact that we have such low numbers, Canadians in general consistently say they want more women in Parliament and in legislatures. We did an enviro-nics poll during the previous federal election in 2008. It was released last May and it overwhelmingly demonstrated that more than 85% of Canadians were supportive of increased efforts to elect women to our legislatures.

So we do not have a public opinion problem, but we do have a system problem, and that's what Equal Voice works on. I'll tell you a bit about some of our strategies, but I would like Giovanna to give you more of a sense of the numbers as we go forward.

Giovanna.

• (1555)

Ms. Giovanna Mingarelli (Communications and Membership Liaison, Equal Voice): Thank you, Nancy.

Thank you for having us here with you today.

I will go over some federal, provincial, and municipal numbers before giving it back to Nancy.

The number of women elected to political office is actually the highest it has been in Canadian history. Since the 2000 election the number of women elected to the House of Commons has increased from 20% to 22.1% of our 308 members of Parliament. The federal cabinet consists of 26.3% women, which is 10 out of 38 ministers, and the number of women appointed to the Senate currently resides at 33.7%, or 35 out of 104 senators.

Taken to the provincial level, women have also seen an increase in political representation. Of 697 provincial seats, 24.9% are held by women, with the strongest presence in Quebec, Ontario, and Manitoba. The number of women elected in the territories remains very low, with 16% representation as of this year.

Municipally, 23% of Canada's mayors and city councillors are women, out of 5,533 mayors and 24,432 councillors.

Whereas the political representation of women has increased, as you've seen, the numbers remain well below the United Nations threshold of what is considered to be a critical mass of 38%. We currently sit in 50th place internationally, behind countries such as Sweden, Germany, Spain, Rwanda, and Afghanistan.

Let's go back to Nancy.

Ms. Nancy Peckford: Those are some of the statistics that we are all up against collectively in this room and elsewhere. We really appreciate the fact that the status of women committee is doing this kind of work to look very strategically at where women fare overall in Canada.

At the political level, the good news is that in the last election more women ran for office than they had in any other federal election in Canada's history. Between 28% and 29% of the candidates in the last federal election were women. That's good news, and it demonstrates that women are very keen to be involved.

One of the things that Equal Voice tries to challenge is the notion that women don't want to get involved in politics. In fact, the contrary is true. Because of who women are and who they care about and what they care about and how they live in their communities and how they live in their families, they are compelled to get involved. However, the ways in which they get involved and the kinds of doors they bang into or ceilings they may hit obviously make their own intentions and the translation of their interest into formal representation more difficult. Equal Voice has been employing three strategies to date to in fact increase the numbers and to encourage more women to feel equipped to run and also to win.

One of our more interesting projects of late is Experiences. I don't know if all of you know about Experiences. It is a federally funded project. In 2009 it was launched. It's a three-year project that is intended to encourage more women to get involved in the political process. The age range for Experiences is from about 13 to 24 years. What we encourage younger women to do is to hear from women leaders in their high schools and at the post-secondary level. We also encourage young women to sign up for a mentor. Many of you may have been approached to be a mentor so that you can share your experience and insight as someone who is living and breathing politics every day.

The Experiences program is intended to reach women from across the country and to get many of those who may be inclined to think about politics and those who don't to really engage in a more systematic fashion. We're very pleased to have the Experiences program. In my view, it is simply a drop in the bucket. There is so much to be done, but it's a really good start.

Another thing Equal Voice has done is launched the Canada Challenge. Some of you in this room were involved in the Canada Challenge. We've had two, one in 2006 and then another in 2008. The Canada Challenges are designed to invite federal leaders to demonstrate their political leadership so that in anticipation of a federal election they actually commit to working hard to improve the numbers within their own parties in terms of the numbers of women nominees.

We've successfully invited all federal party leaders to do that twice. Once was in 2006. Of course there was lots of anticipation about a federal election then, which ended up being in 2008. We did it again last year, in 2009, in anticipation of a federal election. And all the federal party leaders are now on record saying they want to work hard to improve the numbers of nominees within their own parties.

Finally, in a more recent development, Equal Voice has done a very soft launch of a campaign called "Be Her or Support Her". That campaign is designed to reach out to the general public and to women in general to either consider running or to support another woman running.

We can talk more about those in the questions and answers.

• (1600)

The Chair: You have two more minutes, and I know you will use it.

Ms. Nancy Peckford: Okay. Well, in fact I would say that Giovanna has been working very hard on what we've called the "Be Her or Support Her" campaign. It's a campaign that we intend to roll out nationally and more formally in the coming months, but it is really designed to encourage women not only to consider themselves as candidates, but to also think strategically about how they can support another woman in getting elected. We think that's part of the puzzle.

I should say that Equal Voice is very open to women and men. We have had men serving in executive positions in our chapters across the country, and we do believe this is obviously an issue that touches all Canadians. It's a democratic deficit issue, and as a consequence we work collaboratively across the country with as many partners and supporters as we can.

I think I'll leave it there.

The Chair: Thank you very much.

Now we'll go to Fédération des femmes médecins du Canada. We have Dr. Dollin and Dr. Gartke.

Are you both going to speak?

Dr. Kathleen Gartke (Past President, Federation of Medical Women of Canada): I'll actually be doing the majority of the speaking.

Thank you, Madam Chair, for the invitation.

I spent 25 years practising orthopedic surgery, and that's a specialty that fits squarely into the non-traditional category. I've seen and experienced first-hand many of the barriers young women face when they consider surgical careers. Some surgical disciplines remain formidable to women, and they fear certain aspects of these specialties. They have few role models to reassure them.

Still predominantly male enclaves, the old boys network mentality remains disconcerting. Women worry that they're going to have to choose between career and family, or that they will not be able to continue to enjoy the respect of their peers when their family responsibility collides with their practice or forces them to modify it in some way.

I've been approached by a number of female medical students who wanted to discuss these issues. While I have personal solutions, they are very much a one-off sort of thing and not transferable. It's difficult to reassure these women that they can make that kind of unencumbered choice until there are some more general solutions in existence.

If medical school enrolment continues to be an increasingly feminine pursuit, efforts will need to be made to find solutions to these barriers. If we look at the 1970s, less than 25% of medical students were women. This has now reached well over 50%, 60% in some schools, and even as high as 70% in others.

Women have made positive changes to the practice of medicine, and patients have responded positively. There has been an increased interest in work-life issues, something both men and women benefit from.

Women are choosing, however, very specific fields of practice. They're choosing primary care specialties, such as family medicine, obstetrics, gynecology, and pediatrics. If we look at the CIHI statistics over the past 30 years, we see that the percentage of women pursuing specialty training is increasing at the same rate as the percentage of women following family practice. We know that certain specialties, such as obstetrics and gynecology, are attracting a much greater share of women—as a matter of fact 87% of the trainees. So given that these two curves remain parallel, it means that some of the specialties are grossly under-represented. Why is this happening? Is it some inherent characteristic in women, or are there other factors at play?

If we focus on the surgical specialties, we can see that according to CMA data, in 1998, 12% of physicians practising in surgical specialties were women. By 2008, ten years later, this had only increased to 19%, despite the fact that over that time, over 50% of the medical school graduates were female.

In other words, we have to look at the causative factors. It's not simply a pipeline effect. From the Canadian post-MD education registry we know that upwards of 60% of graduates entering specialty training in Canada are women. Most are choosing non-surgical specialties. So we know that 64% of those entering family medicine are women, while only 45% of those entering surgical specialties are women. It's not balanced among the surgical specialties. For example, in obstetrics and gynecology, 87% of the trainees are women, versus only 23% of the trainees in orthopedics.

We have to ask ourselves why this is happening. Why do women not take advantage of the entire spectrum of medicine? We need to make the changes that will allow their skills to be evenly distributed. What factors are at play? What influences a woman in choosing her medical career, her satisfaction, and her advancement? Are these choices unencumbered? We will talk about a couple of these things.

If we look at the U.K. Royal College survey in 2009, we can see that women make career choices partly on the basis of the resulting practice pattern they will be participating in. Women seem to choose more people-oriented or more plannable specialties. We have Canadian statistics, but we don't have uniquely Canadian analysis, which is why we're referring to one from out of the country. In fact, most of the discussion or analysis of these factors come from either the U.K. or the United States. We're a little bit behind in that regard.

• (1605)

If we look at our first-year post-MD trainees, we see that the split mirrors what's going on in the U.K., and I think we can use their conclusions.

So the plannable aspect of medical practice seems to be the dominant factor, and that's not really surprising. Women in and out of medicine shoulder more responsibilities related to their personal or family lives. This must and does affect their choice of career. Women physicians are the primary caregivers for family members, and this is not only true for younger women. We see that 65% of women over 40 have the major responsibility for dependants as well. So work climates must not only support this 65% of women, but also the 44% of men who are responsible.

Medical practice traditionally involves long hours of work. Women physicians work an average of 47 hours per week, versus 52 hours per week for men. However, if that's broken down by dependants, we see an interesting shift. Men who have younger dependants work longer hours, which is the reverse for women who have younger dependants; they work shorter hours. If you look at the group of physicians who don't have dependants, men and women work the same hours.

We have to be careful, because there's been a tendency in the press to relate hours of work to productivity and say that perhaps women bear some responsibility in decreasing productivity. But can we say that a woman who works 47 hours a week is not contributing her share? Does the satisfaction or wellness of a doctor's patients count? Clearly, productivity will need to be measured in different terms.

What is an appropriate work week? Certainly medicine lags behind some other industries. We know that pilots and truck drivers have strict rules as to how much time they should work in a given week. This is really to avoid negative outcomes or errors, which we know increase with fatigue. We know that in Europe some of the unions have put a 46-hour cap on the work week, and Canadian women are working longer than that.

So what is it that women need to allow them to make freer choices? We know that from the end of post-secondary education to the end of specialty training takes at least ten years, and in many cases more. That usually overlaps with when women are looking to have and establish their families. Students tell us they need improved opportunities for different styles of education, with part-time training, job sharing, improved availability and cost of child care, financial support, and importantly a family-friendly culture and elimination of stigmas attached to availing themselves of family-oriented policies. Once these women get out into practice, many of the same things apply. They need many of the same supports. They need organized exit and re-entry strategies if they have to leave for a period of time—again, the family-friendly culture.

Aging is important in Canada. Many medical women find themselves caught in the sandwich generation, with younger dependents and older family members. They really need socially-supported leaves of absence for caregiving, and a family-friendly culture that includes a positive attitude toward caregiving.

For women to be comfortable or to thrive in any of these roles, we need a cultural shift. They need to be confident that they can contribute in a meaningful way and still maintain the respect of their peers. Generation X has brought forward these women's issues—men's issues as well—and none of that generation are willing to put in the kinds of hours that were worked before. That means women's issues are on everybody's agenda, and the response to this will require system and policy changes so that each individual no longer has to navigate this path on their own.

• (1610)

The Chair: Thank you very much.

Now I'm going to begin the question and answer segment. The first round of seven minutes will be for questions and answers, so I would ask everyone to try to be as brief as they possibly can.

I will begin with the Liberals and Michelle Simson.

Mrs. Michelle Simson (Scarborough Southwest, Lib.): Thank you, Madam Chair.

And thank you to all the witnesses. It's been extremely interesting listening to your presentations.

I want to start first by questioning Dr. Gautam. I was fascinated by the fact that you treat specifically physicians.

All our witnesses throughout this study have indicated the same common hurdle, in that women in the sandwich generation are typically caring for aging and ill parents and they still have youngsters or children who require attention. This is one of the biggest factors that tends to affect their careers. I've heard the same thing today, from all of you.

Is there any specific or unique type of stress in being a female physician that other career females—for instance, lawyers or other professions where they work approximately the same number of hours a week—wouldn't have?

• (1615)

Dr. Mamta Gautam: Thank you. I appreciate that question.

There are probably more similarities to the stressors and challenges that women face as professionals, throughout all the professions. The one that's unique to medicine is that both men and women in medicine face the fact that this is not how we see ourselves.

We in medicine are caregivers. We're not care receivers, and we don't see ourselves that way. Our personality traits are such that we put everybody else first. We will take care of ourselves, but only when everyone else is well taken care of.

What I see, and why I think the whole issue of physician health is so crucial, is that by the time physicians, including women physicians, come for help, we are probably further down that road than the average person would be.

The very nature of our business, where we spend our whole day taking care of others, means that we are at risk of burnout. But I think we hang in and try to cope. We see reaching out for help as some sense of failure or weakness. A lot of my work has been helping colleagues see that the real weakness or failure is in not getting help when they need it.

Mrs. Michelle Simson: So essentially they're facing the same types of stresses. I wanted to determine if there was something I was missing.

Any of the medical witnesses can answer this question, or you can each give me a short answer.

You've stated that females tend to be drawn toward family medicine and that type of thing. Has the growth in Canada with the walk-in clinics, for lack of a better expression, where it's not a sole practitioner but a group of physicians who get together, in any way alleviated some of the stress or pressure that female physicians are under because of family commitments or that type of thing? Do you have any feedback on that?

Dr. Anne Doig: If I may start, I think it's fair to say that any time physicians are able to work in collaborative group settings, whether that's shared practices among the same discipline, or any kind of sharing with other practitioners, clearly there is a less stressful work environment when work can be shared and one knows it's okay to take an afternoon off.

It's okay for me to be in Ottawa this week, because I have 13 other physicians in my group who are carrying my load while I'm away.

I think that group practice, in general, supports that kind of sharing.

Mrs. Michelle Simson: Do you think that is something that was driven by the physicians for that very reason? Or are there other factors that affected it? Is it being driven by the health community without regard for that, or are they concluding that they need to work fewer hours?

As the sole practitioner, you're basically on your own. As you say, the entry-exit strategies are a bit more manageable in a setting like a collaborative clinic.

Dr. Anne Doig: I think doctors have always understood that there needs to be cover. If one is working where there is someone with whom one can share the load, there is that ability to take a bit of personal time away from the practice and R and R, which is not available to a solo practitioner. This is not new in medical practice. I think we have been pretty good over the years in understanding how to share coverage with each other.

What I think has changed, and Dr. Gartke alluded to this, is the fact that it's more okay to take a little more time for ourselves than it

used to be. The 60-hour weeks are disappearing; we're down to 48-hour, 49-hour weeks.

Mrs. Michelle Simson: With due respect to time, I think an argument can be made that there are a lot of females working in various professions that either have the same number of hours or exceed that. Typically, I hear a lot of women are putting in 60-hour weeks. Is it because they're caring for people? Is it the added responsibility? They're caring for children; they're caring for their patients. They're constantly in that mode. Is that a factor, do you think?

• (1620)

Dr. Kathleen Gartke: As Dr. Gautam suggested, physicians are of a certain type, and most physicians are A-type personalities, perfectionists, hard-driven, want to get everything completed and perfectly so, which does lead to some of the 60-hour work weeks you're talking about.

I also wanted to mention that certain types of practice—and this may be why women are gravitating towards certain types of practices—lend themselves more to a communal type of practice with back-up. Certainly if we focus on where I've been focusing, on the surgical specialities, there is a special contract, or whatever you want to call it, between the patient and their surgeon. That's not as easily shared around.

Mrs. Michelle Simson: Thank you.

The Chair: That's bang on. So we will go to the Bloc Québécois, Nicole Demers.

[Translation]

Ms. Nicole Demers (Laval, BQ): Thank you, Madam Chair.

Thank you for being here this afternoon, ladies.

I am going to ask you three questions in a row, because I don't have a lot of time and I want to use it to get as many answers as possible. I will let my colleague, our expert in labour law, ask questions for Ms. Pageau and Mr. Coles.

Dr. Doig and Dr. Gartke, I would like to know whether you think that male doctors are feeling a little threatened at present. We hear voices everywhere calling for fewer women to be accepted into faculties of medicine, because, apparently, they are not admitting enough men any more.

Can you explain for me why this situation has arisen? I don't understand. It seems to me that when you are admitted into medicine it's because you have the marks you need. So the fact that there are fewer men has nothing to do with the fact that there are more women.

Why would people want to limit the number of women in faculties of medicine? That is of great interest to me, specifically because, just this morning, I was reading an article that said they want to do the same thing in the public sector. They want to remove the positive discrimination clause that encourages the hiring of more women, because, apparently, there are too many women there too. When there are too many women in a situation, do men feel they are being hurt? I don't understand.

Next, Ms. Mingarelli, I would also like to ask you a question. When Kofi Annan was United Nations Secretary General, he said that when there are more women elected to government, the situation improves. Then he gave the example of Rwanda, where the government is over 56% women and the maternal and child health situation has improved greatly in recent years. Are there other situations where the fact that there are more women leads to better distribution of wealth and various items?

Ms. Goulet, I am very surprised to learn that you did not receive your funding. The Minister had promised me personally that if you submitted your project last September you would have your funding to start your activities in February. I am very surprised that you did not receive it. I am even angry. I want to know why you didn't receive it. I would like to know how much you requested. It is a three-year project. What do you think are the reasons why you didn't get funding?

Thank you. Over to you.

[English]

The Chair: Dr. Doig, would you like to start?

Dr. Anne Doig: Thank you very much for that question.

I think the question you are asking is whether there is push-back from men about the number of women that are in medicine. You raised the question of marks as the bar to pass to entry into medical school. In the statistics I presented to you I think it was fairly clear that the number of actual female students in university is significantly higher. So the ratio between the number of female students in university and the number of female students in medicine is roughly equal. I think it is a little higher at some of the universities in Quebec that are approaching 70% female as against 30% male in medicine. But generally speaking—

[Translation]

Ms. Nicole Demers: Excuse me, Dr. Doig, but that wasn't my question.

There are voices calling for it at present. There was an article in the newspaper last week in which they were calling for fewer women to be accepted into medicine. That's what I mean. I know there are more women at present. But they are calling for there to be fewer, and that's what concerns me.

• (1625)

[English]

Dr. Anne Doig: I would share your concern if people were listening to those voices. But I have no reason to believe that this is a sentiment that is held by the deans of the colleges of medicine, or by the people responsible for entry into medicine. Those people who are responsible for ensuring who gets in are not under those kinds of pressures. So this may be an opinion that you are reflecting, but not one that is held by the colleges.

Ms. Nicole Demers: I'll send you the information.

Dr. Kathleen Gartke: I just wondered if I could make a comment on that.

Actually from a personal point of view, I agree with you, balance is good in many aspects of life. I think that the method of accepting students to medical school has actually been a very complex process

that's been worked on over many years, with the goal, of course, of getting the best students into the school. But I think what has happened to some degree is the method of selection has perhaps gradually varied into an area that tends to favour women, because I don't think we can say that women are smarter than men.

So I hear your concern. I would hate to see it go completely the other way and have nothing but women.

[Translation]

Ms. Nicole Demers: I'll send you the information, because it amazed me.

[English]

Dr. Janet Dollin (Past President, Federation of Medical Women of Canada): The other point to your question I would like to add is the advantage to the men who are in medicine who are gaining from the balance perspective the women are talking about. I would like to say that we are happy to work with our male colleagues, and we want them to take parental leave and want them to take flexible time and want them to work fewer hours, and they're happy to be agreeing that that's probably the better way to go for life balance.

[Translation]

Ms. Nicole Demers: Thank you.

Ms. Mingarelli.

Ms. Giovanna Mingarelli: Good afternoon, Ms. Demers. Thank you for your question.

I would ask that Nancy answer the question, if possible.

Ms. Nancy Peckford: There have in fact been positive changes in the system.

As well, a lot of research is being done in the Scandinavian countries.

[English]

What we know is that once there is a critical mass,

[Translation]

that is, over 30%,

[English]

public policy outcomes and the focus of debate in legislatures changes. It's both a cultural thing—the culture of the legislature is more conducive to issues that women care about—and there also tends to be more collaboration.

Some of this research is still preliminary, and much of it has been done in Scandinavian countries, where in fact there have been increased numbers of women in legislatures for quite some time. I think the Rwandan example is still one that's being studied. Equal Voice recognizes that women come to the table with all kinds of opinions and approaches.

That said, there appears to be a trend that underscores that legislatures tend to become more collaborative and that public policy outcomes tend to focus more on issues women care about.

[Translation]

That is what we know now.

[English]

The Chair: I'll let Madame Goulet have a minute to answer the question.

[Translation]

Ms. Nathalie Goulet: Last year, we were told, in Quebec, that occupational diversification for women was one of the leading objectives in the invitation to submit proposals that year under the Women's Program by the Women's Community Program.

After three or four tries, we submitted an application for a Women's Partnership Fund project, which did not produce results. We worked on that project for two years. We were not given a reason, we were not given justification, in the letter we received, rejecting our project.

I would like to say that this was a project that met the program objectives. It was not a collective rights project, it was an umbrella training project on women's rights in the workplace, focusing on non-traditional jobs. We also wanted to provide tools for nearly 100 companies in Quebec, and we wanted to work on the project with our member groups that provide employability services for women and that are spread out all across Quebec.

• (1630)

[English]

The Chair: Finish your sentence and then I'll have to stop.

[Translation]

Ms. Nathalie Goulet: As well, we have been retained by Emploi-Québec to carry out a coordinated action strategy, which we have just described for you. We are going to continue to do it, but unfortunately without federal funding at the moment.

[English]

The Chair: Merci.

We now have the Conservatives and Madame Boucher.

[Translation]

Mrs. Sylvie Boucher (Beauport—Limoilou, CPC): Good afternoon, everyone. I hope you are well.

What we are hearing is very interesting. For several weeks, we have been studying the issue of non-traditional jobs for women. We have heard about a lot of things. One of them is education. Often, the image of women in non-traditional jobs is not sold well, even in the academic community. When we travel around Quebec, in the cégeps, we see that it is not being sold to our young women. We might say it is not attractive or we are selling it badly. Last week, we met with women in mining. That seemed very interesting. We wondered how it could be that we don't hear more about that.

I have two daughters, aged 21 and 22. When I talk to them about non-traditional jobs, they always have the same image, a woman in construction or mechanics and pipefitting, as if these were the only two jobs and there were no others.

I would like to ask the question for pretty much everybody. If we want there to be women in non-traditional jobs, it's a question of

education. Is there a way to do it? Could the government or governments, because there are several levels of government, work together to find positive ways of attracting women into non-traditional jobs, by making them attractive? In medicine, you have to study chemistry and physics. We know that women don't find that very... Most girls have a lot of difficulty with anything non-emotional. How would you sell it? That is one of my first questions.

I would also like to ask male doctors whether they feel that people are resistant to there being women in non-traditional jobs. I put the question to either the men or the women, or both. Is there also resistance in the unions? We have heard women say that unions were not open to them entering non-traditional jobs. Those are my two main questions.

I would like to ask the CIAFT representatives whether we could see the letter. I was involved in that case and I want to know. I would very much like you to tell me about that rejection. I learned about it this morning and I would like to understand it to.

[English]

Mr. Josh Coles (National Representative, Communications, Energy and Paperworkers Union of Canada): Madame Boucher, that's an excellent question regarding how we can go out and proactively get more female students into non-traditional occupations. I'd like to refer to our report in regard to construction.

In Saskatchewan we literally had to go out and do house calls. You literally have to use your networks of friends and associates to proactively find students and explain to them what you or the college is offering, and explain to them that construction, for example, isn't as bad as it once was but has become a lot better and that there are barriers that both of you can get through together. You need to physically make contact with these people. So instead of waiting for students to come to you, we have found—in the west, at least—that colleges will work alongside us in proactively going out to get the people. We have found that it's this kind of labour-intensive recruiting that pays dividends.

Dr. Kathleen Gartke: I was just going to say in terms of medicine and the literature on medicine that it's very clear that what we lack in some areas are mentors and role models. I don't necessarily have a program to recommend for how they can be used, but there's no doubt that this seems to be one of the big inhibiting factors in a lot of areas of medicine.

I think this goes to what that gentleman just said, that it's about bringing people in contact with someone who can perhaps erase some of the misconceptions and reassure them about the fears they may have, whether they're properly grounded or not. It's about being able to answer those questions.

I think we need more matching of role models and mentors with mentees.

•(1635)

Dr. Janet Dollin:

I would add that this is one prong of the approach. This committee is doing what it needs to do for the second prong of that approach, which is to approach women who are working in the field to ask them what their personal barriers are and what part of those personal barriers are really systemic barriers. Then it needs to put policies in place to deal with the systemic barriers.

[*Translation*]

Ms. Jennifer Beeman: Thank you, Ms. Boucher, for the question and the interest in our case, but thank you particularly for that question.

To make it attractive, oh heavens, there are projects to promote non-traditional jobs to girls, cute campaigns of all sorts to show girls on the job, and also the other way around, to attract boys into jobs relating to health care, education, and so on.

Promotion is one thing, you have to go out and look for the women. Employability groups will identify the women immediately. A woman who may be older, in retraining, in her thirties, has more baggage. She has what it takes and it would be really worthwhile for her to try. Once we have done promotion, we really have to go and look for the women. Right away, they are confronted with challenges. It is a challenge to be all alone in class. There is resistance, jokes from the guys, instructions who are not supportive. We are just talking about training, but after that, you have to get hired. We don't see girls on worksites, in the trades, and so on. So to get yourself into the workplace later, you have to overcome the resistance, barrier by barrier, and it's huge.

I quite liked what the others said about planability; I don't know how to translate it. It is essential to know that it is possible to plan the work. There is a huge job to do, I completely agree, when it comes to education. For girls to be able to get themselves into these jobs is essential, and for them to be able to do it otherwise. We had "Chapeau, les filles!", a competition held in Quebec for women and girls who choose non-traditional occupations. They get all dressed up to go there, they don't come in dressed in construction boots. They lead a full life, there are other sides to their personalities. That has to be seen and grasped and understood.

Mrs. Sylvie Boucher: I'm talking from experience. Not my personal experience, but my daughter's, who wants to learn cabinetmaking. It was a woman who denied her access to the job. My daughter also talked to me about the image projected. We often here, about me, that I'm a rabid feminist. Those who know me, Nicole, know that I am a feminist, yes, but not rabid. At the age of 20 or 21, our young people growing up don't know everything that was done in the last 40 years. To them, when they come into the world, it's already accomplished, the things have been achieved.

Is that it?

[*English*]

The Chair: Merci, Madame Boucher.

We'll go to Ms. Mathyssen, from the NDP.

Ms. Irene Mathyssen (London—Fanshawe, NDP): Thank you, Madam Chair.

Thank you for all this wonderful expertise. It's very important that we get all of this on the record, and I'm most grateful for it.

I want to start with a general question. Anyone can jump in.

In March of this year a report on respect and equality was released by the Canadian Human Rights Commission. The media immediately seized upon it, because in one page of the report it talks about women in the public sector and that 55% of the jobs in the public sector are now held by women and that 43% of managers are women. It leaves out the fact that 45% of jobs are held by men, and 57% of managers are men. That being said, the media seized upon it and said that women have arrived and they've achieved equality, and we know it because they're included in the Charter of Rights, and employment equity is of the past and we don't need it any more—it's passé, so get rid of it.

I would appreciate a comment from anyone who would like to chip in on this.

•(1640)

Ms. Nancy Peckford: I think it's obvious, given where you work, and where we are, that we have far from arrived. I think until all of our legislatures have a minimum of 50% of women in them, we cannot say that equality is here. I think it's incumbent upon all of us to recognize that these institutions are ones women look up to. If they see such a small number of women in them, I think they are sometimes reluctant to see themselves as the decision-makers and the brokers that I think they aspire to be.

Ms. Gisèle Pageau: I don't think we've arrived yet. Just listening to the presenters today, with 12% for physicians in certain specialties, and our sisters in the Quebec construction area at 1.2%, which is even lower than we are—I thought we were bad, and we're at 4%—we certainly haven't arrived.

One of the things that the CEP does is to give scholarships to women going into non-traditional education. One of the sites that I use all the time is the Job Futures site for Canada, just to make sure the numbers show that a certain job is still not a traditional job now for women. Again, some of the applications I've seen have been for the environment and for the sciences, which are still predominantly male. So I'm not quite sure where that comes from, but we still have a long way to go.

The Chair: Ms. Beeman.

[*Translation*]

Ms. Jennifer Beeman: I would like to come back to the idea that it is essential that... There are success stories. Undoubtedly there are, but we are so far from success for a majority of women. We have proved we are capable of managing, we are good managers, teachers, and so on. But the success of that 10% or so of the female population conceals the very difficult circumstances of a large majority of women in the labour market who cannot work at a job they want to work at.

[*English*]

The Chair: Dr. Gautam.

Dr. Mamta Gautam: I just want to add to this.

I've heard similar comments in medicine. I must say I'm a proud member of the Federation of Medical Women of Canada, like my colleagues here. I've had people say, "well, do you think you still need that federation any more?" or worse, if it's possible, "well, maybe we should start a federation of medical men of Canada." I think that in some ways underscores the fact that we have made a lot of progress over the last few decades. I think we are making a lot more, and there's more to be done, but I have to say those are the comments that stand out. For the most part, I see my male colleagues very definitely appreciating the benefits and changes that women have brought to medicine.

The Chair: Irene, did you want to move on, or did you want to hear from someone else?

Ms. Irene Mathysen: Madame Goulet was indicating.

[*Translation*]

Ms. Nathalie Goulet: In this particular case of predominantly female jobs, we have to knock down the myth that we already have equality. Because there are women in the labour market, we have the impression that they are present everywhere. With a few good, well-chosen statistics, we can show that very quickly.

[*English*]

Ms. Irene Mathysen: Merci.

I heard today a reference to pay equity. In connection with that, I also heard about the need for cultural attitude changes. Do you think that if we truly did have equal pay for work of equal value we could effect that cultural shift that seems to elude us even now?

The Chair: Everyone has two minutes in which to answer this.

Ms. Pageau.

Ms. Gisèle Pageau: I think it would certainly go a long way to assisting in that, but there's more than just equal pay for work of equal value. We also have to look at—and I think this was brought forward—child care as well and universal child care.

One of the things we find in the construction industry is the accommodation of women for certain professions. In construction we know that the hours are long. It's 12, 14, 16 hours a day. The projects are three to four months. To find appropriate child care is difficult. So as a union, we try to negotiate some child care funding, but having a universal child care fund would assist women in reaching equality.

•(1645)

The Chair: You have only a minute.

Ms. Irene Mathysen: I'd be interested in hearing about child care. I truly would.

Dr. Kathleen Gartke: I think the key phrase here is equal pay for work of equal value. I think this is something in which progress needs to be made. We know, for example, that women physicians spend longer with each patient. They're more involved in preventive medicine. Some of these things have a strong value, but they have not typically been valued in the past. While I think as a solution it sounds excellent, we have to redefine it a little bit more closely.

Medicine has always been piecemeal: you see a patient, you get so many dollars. It doesn't matter whether you do a good job or a bad job. So I think we have to perhaps refocus a bit.

Ms. Irene Mathysen: It would be a model other than fee for service.

The Chair: We have now gone seven minutes. Because we've had five witnesses, we've gone longer in our presentations than we need to.

I'm going to move to the second round. This is a five-minute round. We have five minutes for questions and answers.

I'll go to Anita Neville for the Liberals.

Hon. Anita Neville (Winnipeg South Centre, Lib.): Thank you.

Please accept my apologies for coming in late. I got caught in a previous meeting.

As I'm listening to all of you through the many hearings we've had at this committee, whether on this study, on women's economic security, or on EI, I am struck by the commonalities of the issues that we're hearing through the whole range of our studies. Whether it's from doctors or construction workers or whomever, the issues seem to be more or less the same for women, wherever and however they work.

I have a couple of questions that I'll ask right at the outset, because my time is limited.

I wanted to pick up on the pay equity that Ms. Mathysen identified. I'm going to read the question that our researcher prepared. It's geared for the communications group. In your submission on pay equity in 2002, you said the undervaluation of women's work manifested itself prominently in the pay inequities that exist in the workplace. I'm not going to go through all of it, but are there still wage gaps between men and women in the job classes in the industries represented? Does the gender wage gap persist in jobs for which union contracts exist? That's one question.

My next question is more a comment than a question. It's on the lack of funding you were expecting from Status of Women. That issue was actually discussed at this committee some time ago. You may or may not remember. It came at about the time the government made their pay equity announcement within the budget bill. You issued a press release that was critical of it, and your funding seems to have stopped; I hope that's not a coincidence, but it looks mighty strange to me.

My other quick comment to all of you is that we will be making a report with recommendations. I'd like a quick survey: what would be your foremost recommendation to the committee, based on your own organization's experiences?

The Chair: Go ahead, Madame Pageau.

Ms. Gisèle Pageau: With regard to pay equity, no, we haven't achieved pay equity yet. It's really unfortunate. In a study released less than a year ago, I believe, we studied where we were about 15 years ago and where we are today. About 15 years ago, women were getting about 75¢ on the dollar. Some of the study's recommendations were that women needed to get educated; there weren't enough women in universities and colleges. Women, over that 15-year period, did that, but what the study found was that women now are only getting 71¢ on the dollar, so we've gone backwards. In the case of women with university degrees, the study found they were only getting only 68¢ on the dollar. For aboriginal women and women of colour, it was even worse—I believe they were at 62¢ to 64¢—so we haven't achieved pay equity in general in Canada.

With regard to union contracts, the situation for women with unions is better. The study shows that about 92% to 93% of women achieve pay equity through union contracts. Equal pay for work of equal value is achieved in our construction industry because for an electrician, whether a male or female, the industry standards are the same, but we have a long way to go yet.

• (1650)

Hon. Anita Neville: I don't mean to rush you, but I really am anxious for a quick recommendation from everybody.

The Chair: Does anyone from the federation have a quick answer?

Dr. Kathleen Gartke: I would like to see continued encouragement for developing this climate change we've been talking about: encouraging the family-friendly work environment and removing the stigmas attached to people availing themselves of these policies, which have been put there for very specific reasons.

If I could have one new wish on the list, it would be for some social support for leaves of absence for caring.

Dr. Anne Doig: I think Dr. Gartke has said it all, but really it is a question of mentorship and leadership from those of us who are currently active in the profession to achieve those kinds of goals and specifically to address the systemic issues that are still barriers. We have come a long way, but we have a long way still that we could go.

The Chair: Do you think doctors have achieved pay equity?

Dr. Anne Doig: No.

The Chair: Nancy?

Ms. Nancy Peckford: I'm going to allow Giovanna to answer this one.

Ms. Giovanna Mingarelli: I think it is really important to get more young women involved in the political process at a young age. We can do that through mentorship programs as well and by making sure that we are engaging young women in conversations that interest them. So we've experienced at Equal Voice that women under the age of 16 don't like the word "politics". It turns them off. So how do we reinvent the conversations that we are having with young women?

Ms. Nancy Peckford: I would say, in addition, that I think there are some systemic barriers that women are up against, and I think you have all lived those. I think we have to have an honest conversation about what those are at the nomination level in terms of

media representation, in terms of access to financing. Also, what we are hearing from many of you is that there are women out there who would really like to run but their professional responsibilities or their family responsibilities are not flexible enough to allow for that. So what does that look like in terms of making sure that enough women run, so that enough women win, so that we could have the parity that we seek?

[Translation]

Ms. Jennifer Beeman: On the question of the wage gap, we are doing a statistical study of women's wages in Quebec, from every possible angle. On the question of pay equity between men and women, unionization is really the determining factor. It is a constant. We ourselves take a particular interest in women at the bottom of the ladder, where the gap is huge. It is really a question of pay equity. At the bottom of the ladder, it is not the same jobs held at all, and that's why we are interested in directing women into non-traditional occupations. Those jobs truly offer more for women who have only a secondary school diploma or a college diploma. We have to get the people working on this issue together. Some people are working on it, but it is so scattered. We have to bring them together around the strategy, which is why funding is important. Thank you.

[English]

The Chair: For the Conservatives, Ms. Brown.

Ms. Lois Brown (Newmarket—Aurora, CPC): Thank you, Madam Chair.

I have questions for all of you, but I know I'm not going to get through them all, so I am going to bundle them and see if we can get through some. First of all, I would like to correct something my colleague Ms. Mathysen said, because equality was put back into the status of women mandate. So I just want to clear that up.

I want to address one of my questions to our physicians. We're talking about life balance, work balance, and our government has introduced and put in place legislation where people who are self-employed, as physicians are, can now access our EI benefits. They can buy into that program. Do you see that as being beneficial now, that women can have access to those EI funds so that they can take the time they need, should they choose to start a family? I'll let you comment on that one.

My next question is to Equal Voice. We had some discussion at a meeting just a few weeks ago about how we can engage women at an earlier point in the democratic process. Many of my colleagues, in fact all of my colleagues, will have riding associations with whom they are involved, and regardless of our political stripe, we all have an interest in engaging our constituents in that riding association. I had my annual general meeting just a couple of weeks ago, and I'm very pleased to report that the number of women who are sitting on my board are equal to the number of men, and I think that is a remarkable opportunity for them.

I'm hoping to see younger women being developed through that process. As a parliamentarian, I believe I have a responsibility to be looking to the future generation to whom I'm going to be passing the torch. I have a responsibility to be developing those young women. So I wonder if you could talk about how you are going to be engaging young women in the political process at the association level.

My third question is to CIAFT. I know that you had a project in 2007 where I believe you received about \$90,000 from Status of Women Canada. If the time allows, could you report on the progress of that particular project?

I open the floor.

• (1655)

The Chair: Okay, we'll begin with the physicians. Yes, Dr. Doig.

Dr. Anne Doig: Very, very quickly, and this will be the last question I'll be able to stay for. My thanks to you, Madam Chair, for allowing me to leave.

I think it is an improvement that the benefits that are available under programs such as EI will be extended to self-employed professionals. Certainly when I had my children there was no such thing as maternity leave; I had to self-insure. As a result, my leaves were only between two and three months at the longest for each of the children.

Having said that, these are benefits that some of us have negotiated with our provincial governments. In fact, about eight years ago the first of the provinces began to have parental leave negotiated into physicians' contracts, and that has been available to both males and females. So yes, there are some advantages to that kind of federal legislation, but it's not the whole picture.

Ms. Lois Brown: There is a choice now you're able to access.

Dr. Anne Doig: There is a choice.

The Chair: I'll move now to Equal Voice.

Ms. Nancy Peckford: Giovanna and I will both answer this. I remain very concerned that media representations of women politicians are such that younger women are entirely turned off from the political process. I think we have to really examine how the media in Canada represents gutsy younger women who are part of our political system. I think that's an issue we have to confront head-on.

I'll let Giovanna answer the rest.

Ms. Giovanna Mingarelli: Thank you for your question.

I think at the local level it's very important to engage young women where they are. Within your riding, at the district level, it's very important to find out what young women are talking about, what they're doing, where they're coming together, whether it be schools, colleges, or campus clubs. Then find a way to communicate to them on their terms, whether that be at speaking panels, or coffee shops, or using social media, which is a whole new form of communication. There are statistics that show 34% of the 85% who are digital users in Canada are young people between the ages of 18 and 24. So how do we start targeting demographics—especially young women—in different and transformative ways?

The Chair: Thank you.

I guess we're going to have to go over to....

You have 30 seconds.

[Translation]

Ms. Nathalie Goulet: We did receive \$90,000 spread over 18 months to do a project on the first call for proposals, but that was an entirely different subject. It was about reconciling family and work life. In our member groups in Quebec, we trained women for returning to the labour market. They received training about their rights in terms of reconciling family and work life under Quebec's Labour Standards Act and on various strategies they could use to be able to reconcile those two aspects of their lives. It was an entirely different project. For the fourth call for proposals, our project on predominantly male occupations was rejected.

As well, I would like to add that on the question of collective rights it is extremely important that the federal government offer funding. Quebec does it under certain government departments. I know this is not the first time the committee has considered this question, but it is important that national groups like ours, that do not offer services directly to the public, that work at the political level and come to meet with you here, are able to get adequate funding. This has unfortunately not been the case since 2006, under the two funding programs.

• (1700)

[English]

The Chair: Merci, Madame Goulet.

Now Monsieur Desnoyers for the Bloc.

[Translation]

Mr. Luc Desnoyers (Rivière-des-Mille-Îles, BQ): Thank you, Madam Chair.

I have three questions. My first is for Ms. Goulet. I want to come back to the non-traditional occupations program. I think it's important for women to have access to that tool, particularly when we know what has happened in terms of losses resulting from the crisis. Women have dropped back down to the bottom of the ladder. They are in the worst of situations, when it comes to precarious and part-time jobs. So they have lost ground, and not just by losing the Federal Pay Equity Act. When you have losses like that, it is tragic.

My colleague asked you a question about the amount of money in this program, so I would like to know a little more about that.

My second question is for Dr. Gartke and relates to surgery. Occasionally, in the media, we see a kind of violence associated with your specialized occupation, surgery. I'm talking about violence between work colleagues or violence in the home. How can we fix that? Have tools been provided for that on the job? I would like to hear you on that subject, on your occupation.

Ms. Pageau, you talked about several things. How can we help women? Your union covers several industries. We are not talking strictly about construction, but several industries. You talked about affordable child care, how we could develop that. Everybody talks about pay equity, employment equity. We know that we need strong legislation to help women, because if we are not equipped, we will not advance.

As the people from the CIAFT said, we have not made progress for several years. They are not the first to tell us that. I would like to hear your thoughts on that subject.

Ms. Nathalie Goulet: In Quebec, to get the economy back on its feet after the crisis, the Quebec government announced a massive infrastructure investment program in Quebec municipalities. It is a \$42 million program, with no access to equality program for women. When the president of the Conseil du statut de la femme, Christiane Pelchat, pointed this fact out in the media in Quebec, she was ridiculed by a lot of the media.

So we see how far we have to go in terms of raising awareness and coordinating the partners' efforts in this regard. Nobody talks about access to equality programs anymore. There are various laws, it's complicated. In Quebec, we still have pay equity, fortunately for us, although there is still a lot left to do to uphold the Pay Equity Act and to achieve tangible equity in half of the companies and SMEs in Quebec.

That is the other facet. We analyze it this way. There is recognizing the value of women's jobs, which inevitably calls for a pay equity act and unionization of women workers in industries where they are not unionized. The other facet is employment equity and access for women to predominantly male occupations, where there is a huge amount of work to do. As I was saying just now, there is a myth to break down. We have to make this situation known and ensure that the partners work together on this issue.

[English]

Dr. Kathleen Gartke: I'm not sure that your question came through in the translation quite the way you meant it. Is it violence by surgeons? Is it on the part of surgeons? Is it a specific incident?

[Translation]

Mr. Luc Desnoyers: Is there violence in your workplace, among your coworkers? Does that violence get carried back into the home?

[English]

Dr. Kathleen Gartke: I would say no. Now, I'm just talking from personal experience. No, I haven't seen violence in the workplace.

• (1705)

Dr. Janet Dollin: I think you're talking about a big literature on harassment and intimidation in the workplace, and that certainly there is. There's a lot of literature about the same issues coming up in medicine as would come up in any other profession in which women are not the majority, and those are issues of harassment and climate.

The women are facing harassment by patients, by colleagues, by supervisors in their workplaces that makes it a place that's difficult to navigate or that makes them want or choose to opt out.

But a lot of good measures are being put in place. I think Dr. Gautam could speak to all of the preventive.... Just the fact that we're naming it—calling it what it is—and are pretty good at that has improved things immensely.

[Translation]

Mr. Luc Desnoyers: Thank you.

I have one minute left, Ms. Pageau.

Ms. Gisèle Pageau: I will do it very quickly, because I can't repeat.

I can tell you that we have to develop proactive laws if we want to change things. We have to start thinking outside the box.

What happens, at present, is that we have all stopped at the same spot, and we can't think of what might be done differently for people. We have to have funding to support groups like NAWL that have lost their money. We have to do more proactive studies so we can think outside the box, to improve the lives and experience of women at work.

[English]

The Vice-Chair (Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC)): Thank you. Ms. Mathysen is next.

Your time has run out, according to our.... I'm sorry for jumping in.

Ms. Irene Mathysen: Madam Chair, before I ask my question I have a correction to make with respect to the record. At no point in my remarks did I make any reference to the word "equality" being removed from Status of Women Canada's mandate. It was indeed removed, and because it became such a political problem it was reinserted—not the spirit of equality, just the word. I want the record to reflect that.

I'd like to throw out a question to everyone here. We heard from CIAFT that you've been working among many groups for many years—30 years of sustained work—with regard to the issue of women being represented in non-traditional work. You said something about the state pulling out.

When you talk about the state not being there for the training, for the support, for the kind of work that needs to happen, would you include the federal government in that? I wonder if you could provide examples of where the state needs to be there to support women.

[Translation]

Ms. Jennifer Beeman: I don't know history well enough to state an opinion about the federal government. Because generally it is in an industry under provincial jurisdiction, unlike other industries that are under federal jurisdiction. That's why we talk a lot more about the case of Quebec than about things in federal industries.

Our experience, the experience of the people responsible for programs, counsellors at Emploi Québec or employability groups funded by the government, is that there have been systematic cuts, because it is expensive to support a woman in non-traditional occupations. It's an investment, these are long-term changes.

Based on purely economic calculations to determine what is cost-effective, there has been a complete change of direction to give preference to rapid re-employment. Women are being sent overnight into secretarial jobs, and the groups were having to achieve a high placement rate quickly. That meant not giving women new training, and not reintegrating them elsewhere, where they had a chance of really improving their living and working conditions.

That is why, over the last 10 years, there has been considerable ground lost when it comes to integrating women into non-traditional occupations. It's because government resources are no longer available to support them in their efforts.

• (1710)

[English]

Dr. Kathleen Gartke: Actually, if I could add to my wish list, let me say that we have terrific statistics in Canada; we keep good statistics about medicine and the practice of medicine. But what we need is to analyze our own data. It's always a bit disheartening to have to look to the U.K. or the U.S.A to find the reasons and to delve deeper into the numbers. It would be really nice to have the kind of support that would allow us to do our own analysis.

Ms. Nancy Peckford: Equal Voice is entirely funded by the private sector, except for the Experiences program, which is a specific initiative for which we receive Status of Women Canada funding.

There have been some conversations within Equal Voice about whether or not the public funding mechanism at the federal level to support political parties could be used as an incentive to ensure that more women run and win. Certainly that's been done elsewhere in the world, and I think it's worth looking at here. Could we use public funding as a way to encourage parties to run more women candidates and reward them for their success if they have success? It's something to think about.

Ms. Irene Mathysen: That would be a good reason to maintain public funding.

Ms. Nancy Peckford: It would be a good reason to maintain it and potentially increase it.

Dr. Mamta Gautam: It's a little bit difficult, because although we're talking about federal initiatives, health care is really doled out in a provincial way in Canada. But there are a couple of things. The 2008 election promise to invest in human health resources would certainly improve the working conditions of both male and female physicians within our profession. I would request federal support for initiatives by the Canadian Medical Association or the Federation of Medical Women to improve job flexibility, child care, and other working conditions.

Mrs. Cathy McLeod: Perhaps politicians could learn something from the medical physicians about work-life balance in hours worked. I don't have any idea, but I suspect it's not very balanced.

Just as an aside, I am doing some renovations in my office. When I went back this week a young woman who was a journeyman carpenter was doing the work. I thought, "Here we are doing a study on women in non-traditional roles, and without any quotas there she is working ahead".

I'd really like to delve into something right now that has come up time and time again. For two years I was involved within the province of British Columbia in the regulatory area of child care. I'll give you one example of what I found during that time.

A beautiful licensed facility opened up beside the hospital. The intention was it would be used by nurses and people working extraordinary shifts. It was thought that it would be this absolute boon and a win. But this place just fell flat. It didn't get customers. Physicians who were on call had such a disrupted lifestyle they didn't want to use it. The nurses didn't want to leave their babies there for 12-hour nights. So people found many other ways to accommodate their child care needs, whether it was with nannies, next-door neighbours, or some sort of system.

I absolutely believe we need to have quality child care. During that time I found that if you didn't have a lot of income you had pretty good support from the province. But the people who were making good money...and we had some people talk about incomes in some of the trades being \$90,000.

When my children were little I had the challenge of living in a rural community. I was very pleased to be paying for my child care. I didn't actually want the government to subsidize it.

I believe we need a whole range of child care options. We absolutely need licensed child care places that are easy to get. Sometimes we need the employer working with the employee.

I'd like to get some general comments on that, Dr. Gartke.

• (1715)

Dr. Kathleen Gartke: I think you're completely correct there isn't one solution to fit everybody. I believe there are a number of different solutions depending on the circumstance, the workplace, and the needs. There should be support, but I don't think that legislating government child care is an answer at all. People are far too diverse.

The Chair: Dr. Gautam.

Dr. Mamta Gautam: I would just add that it's not just that people are diverse, but people's needs are diverse. With my three children, over the last 18 years I think I've used probably six different child care options based on the phases they were at and what their needs were and what my needs were. So I think there really needs to be a basket of options available, but the support and the intention to support is crucial.

Thank you.

The Chair: Ms. Beeman.

[*Translation*]

Ms. Jennifer Beeman: I come from Quebec, where there is a universal \$7 per day system. It is popular, major, important. The quality of the services is excellent. There are CPEs, where there may be several dozen children, and home-based care, where there is one teacher for six children. For the youngest children, it works very well.

It is difficult for women in non-traditional occupations because of the hours. In general, the schedule is 8 a.m. to 6 p.m. So there are constraints, and problems. It isn't easy. However, what it means for women and the labour market in Quebec is very important, in every respect.

Ms. Nathalie Goulet: Women's employment rate has risen by one percentage point a year since the early childhood centres were set up in Quebec, in 1998. The job of child care worker, which was once under the table, is now recognized. Wages and unionization rates for these women have doubled. What that means in Quebec, in terms of women's participation in the labour market, is incredible.

[*English*]

The Chair: Thank you, Madame Goulet.

Ms. Pageau.

Ms. Gisèle Pageau: I'm going to refer this to my colleague.

Mr. Josh Coles: There are two undeniable facts about construction in regard to child care. The first is we still are at 4% women's participation. Obviously, it is surprising to see a journey person

carpenter, because we're only at 4%. So obviously child care is a barrier. It's part of the glass door.

The second part—and I share these concerns with the construction industry, who are the ones who are asking the hardest questions about this, the owners of construction—is that when you have a construction labour shortage, as we do in Canada, and everybody accepts that it's chronic, clearly we are ignorant to ignore the possibilities of bringing more women into construction. And clearly day care and child care is one of those issues that we have to cross. When you have these massive job sites in northern Alberta of 10,000- to 15,000-person camps and not a single day care within 200 kilometres, clearly the family issue is front and centre.

So for the industry—and I mean from oil companies to construction contractors—and for the labour providers such as ourselves, and also even in some senses the Alberta government, which has taken some good positions on this, it's a hurdle we have to address front and centre; otherwise the construction crisis will continue and the barriers to women's participation access in construction will continue.

The Chair: Thank you, Mr. Coles.

I want to thank the witnesses for coming and for giving us their time. I think it was an interesting panel.

We have to move in camera, so I'm going to ask for about a minute while the witnesses leave. Thank you again.

[*Proceedings continue in camera*]

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