



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

HUMA • NUMBER 053 • 1st SESSION • 41st PARLIAMENT

EVIDENCE

Tuesday, October 30, 2012

—
Chair

Mr. Ed Komarnicki

Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

Tuesday, October 30, 2012

•(0845)

[English]

The Vice-Chair (Ms. Chris Charlton (Hamilton Mountain, NDP)): I'd like to call the meeting to order.

Thank you so much for being here today. We're looking forward to your testimony.

With your indulgence, Ms. Davis, Ms. Page, and Ms. Kittmer, Senator Boisvenu has to leave shortly after 9 o'clock. We'd very much like to hear his presentation, do one quick round of questions for the senator, and then we look forward to your presentations.

Senator, you have the floor.

Hon. Pierre-Hugues Boisvenu (Senator, CPC, Senate): Thank you very much.

I would like to apologize because I didn't have enough time to translate my presentation into English, so I will go in French.

I can stay as long as members have questions; don't worry about that. I have another committee after this one, but I'll stay for your questions.

[Translation]

I want to thank the committee members for inviting me to speak about Bill C-44.

I would like to begin by commending the commitment shown by the Conservative government and by our Prime Minister, the Right Honourable Stephen Harper. After taking office in 2006, he made victims rights a priority, bringing them to the forefront of Canada's justice system. I also wish to highlight the fantastic job that the Minister of Human Resources, the Honourable Diane Finley, has done in putting together this bill, an effort that I contributed to as best I could given my commitment to helping victims of crime.

The impetus for this bill—which I urge all members to support—comes from both my personal experience and that of the victims who belong to the organization I founded in 2004. I and three other fathers whose daughters had been murdered established the Association of Families of Persons Assassinated or Disappeared. Allow me to begin with an overview of my personal history, which is at the heart of my ardent support for this bill.

In 2002, the course of my life changed after my eldest daughter, Julie, was murdered by a repeat offender. That event spawned my political commitment as an advocate for the rights of families of

victims of crime. When my daughter was killed, the Government of Quebec was offering a meagre \$600 to families whose loved ones had been murdered. No psychological support, no legal support, absolutely nothing. Conversely, the government was spending an average of \$50,000 on legal aid to ensure that criminals could exercise their right to fair representation in our justice system.

That reality was unacceptable, underscoring the severe and unfair imbalance between criminals' rights and victims' rights. In creating the Association of Families of Persons Assassinated or Disappeared, I decided to bring together families who had experienced a similar tragedy. The organization helps families, supporting them through the legal process and providing them with psychotherapy resources.

Since its creation, the association has begun administering the Isabelle Boisvenu Fund, named after my second daughter, who died in a car accident. The fund provides two yearly scholarships to students in the field of victimology. This research will help us better understand the full impact a crime has on families. Clearly, it's devastating.

As the association's chair, I personally met hundreds of families. In many cases, either the father or the mother had to stop working in order to take care of their families in the wake of the crime. And in some cases, both parents had to stop working.

Last week, the committee heard from the parents of Brigitte Serre. They gave you a poignant account of their experience following their daughter's murder. You can be sure that hundreds of families in Quebec and across the country go through the same thing every year. I could tell you dozens of stories equally as heart-rending as the Serre family's.

It is a fact that many Canadian parents have a private benefit plan that allows them to stop working in order to look after their families. But since its creation, the association has worked to help those fathers and mothers who don't have any income support, either because they are struggling to make ends meet or they are self-employed. That is the case for about 50% of families.

The choices these families face are painful. Either the parents are forced to go back to work too soon, resulting in serious psychological problems, or they choose to stay home with their families and risk losing their jobs. As long as there is no assistance or support for them, no matter what they decide, these mothers and fathers will have to live through another traumatic event.

Let me give you an idea of what reality is like for these families, the collateral damage, so to speak. The statistics speak for themselves: 80% of couples separate within a year of their child's murder or disappearance; 50% more brothers and sisters quit school following the tragedy; and 50% more fathers take their own lives after their child has been murdered.

I could go on about people losing their jobs, suffering from emotional stress, developing chronic illnesses, going bankrupt and so on.

These families need support and recognition. That is why the passage of Bill C-44 would represent a tremendous victory for these fathers and mothers. The bill before you delivers everything my association has been calling for.

Parents whose children have been murdered or have disappeared as a result of a crime will receive adequate support during the most critical months because of the benefits provided. On top of the 35 weeks of benefits, parents could qualify for an additional period of EI benefits. What's more, the Canada Labour Code is being amended to provide employees working in areas of federal jurisdiction with job protection for two years, similar to Quebec's Labour Code.

Ladies and gentlemen, to its credit, this measure will give victims guarantees that will be applied, regardless of where they live or where the crime took place. As I see it, this bill paves the way for the fundamental protection of victims across the country, from coast to coast. In 2012, we, as a nation, must not allow victims of crime or their loved ones to be treated differently depending on the province they live in.

I urge every member on this House of Commons committee to make this important measure a reality, one that will give more than a thousand families the ability to rebuild their lives so they can better support their loved ones in the wake of the devastating loss of a son or daughter.

Thank you.

• (0850)

[English]

The Vice-Chair (Ms. Chris Charlton): Thank you very much, Senator. Thank you so much for sharing your lived experience and your own perspective on this important bill.

Go ahead, Madame Boutin-Sweet.

[Translation]

Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP): Thank you, senator. I want to begin by saying how sorry I am you had to go through such difficult experiences. That's surely not easy.

As I am the first person to ask questions today, I will raise the issue I brought up last time. I want all the witnesses to know that, at the NDP, we know this assistance is necessary to the parents of missing, murdered or gravely ill children. We entirely agree when it comes to that. However, we would like some amendments to be made so that this bill can have the best possible effect and so that as many parents as possible can benefit from it, as those situations are difficult for many people.

You talked about financial and psychological aspects. Parents need a great deal of assistance. Your association gives them a helping hand, which is very valuable and appreciated, I am sure. However, I would like to know if you think that \$350 per week for 35 weeks is sufficient for a family with a much lower income. Do you think that can help a family with minimal savings survive?

• (0855)

Hon. Pierre-Hugues Boisvenu: As I was saying earlier, most criminals in Canada are defended through legal aid. That costs each province about \$50,000, as all those criminals go before the Supreme Court of Canada to appeal the jury's verdict. That was my case. Those proceedings take from five to seven years. Of course, if each province gave to families the amounts given to those criminals, the situation would be ideal. However, as I am a realist, I think this bill is the first step. Time will tell whether those compensations actually meet families' needs.

It should also be understood that victim assistance programs in Canada are improving. In 2002, Quebec gave \$600 to families whose loved ones were murdered. That's what I received. Today, they receive \$5,000. In Quebec, compensation is not provided to murdered victims, but it is provided to surviving victims. We will continue working with the provinces to help them improve their own programs. The provinces are responsible for assisting victims, and the federal government is responsible for assisting criminals. So we will continue to put pressure on the provinces to provide better compensation to the victims.

All that aside, what the federal government is trying to do with Bill C-44 is very significant. This will mark the first time in Canadian history that a federal government will give victims the same compensation, from coast to coast.

Ms. Marjolaine Boutin-Sweet: The parent of a murdered child has to earn \$6,500. However, some people work for \$10 an hour, and others work for \$20 or \$25 an hour. Poorer families are at a disadvantage, as eligibility is based on the money earned and not on the number of hours worked.

Do you think this bill could be amended when it comes to that?

Hon. Pierre-Hugues Boisvenu: I have been involved in providing support to families for 10 years. According to my experience, very few families make less than \$6,500. Those are exceptional cases.

I personally think it's important to pass this bill quickly, and then see over the coming months whether any families are being left out. If certain families are being overlooked because of their low income, amendments to the legislation can be proposed.

However, madam, my experience tells me that very few families are in that situation. Those with income below that amount are exceptional cases.

[English]

The Vice-Chair (Ms. Chris Charlton): Thank you very much, Madame Boutin-Sweet.

Go ahead, Mr. Butt.

Mr. Brad Butt (Mississauga—Streetsville, CPC): Thank you very much, Madam Chair.

Senator, thank you very much for coming today, and thank you very much for your tremendous leadership on this issue—to you and the others who have been working for many years to get us where we are today.

I am pleased to say it looks as if we have all-party support to get this bill moving forward, and I think that's a credit to everybody around the table. I'm sure when we've finished with it in the House of Commons, the Senate will work with haste as well in getting this done.

Do you have any idea, Senator, from your experience, how many families so far have had to simply quit their jobs, and in many cases because they have quit their jobs, they would not be eligible for EI benefits? Do you have any idea, when this bill is passed, how many families this is likely to help support, who currently would get no support whatsoever if they had to resign from a job and would have no EI income? Do we have any idea of how many families we're talking about?

• (0900)

[Translation]

Hon. Pierre-Hugues Boisvenu: In 2006 and 2007, when we submitted the first requests to the federal government, we estimated that about 1,000 families in Canada could benefit from that time off, as those affected could decide to stay with their family for a while.

During my experience in Quebec, sir, I met over 15 people who had lost their job. The most touching case is that of a nurse from the South Shore, across from Montreal.

Thanks to her insurance, this woman was first able to go on leave for a year. In the second year, she asked for unpaid leave because her husband was suffering from depression and her two children had left school. You would think that a hospital environment, where she was working, fosters empathy toward victims, but the board of directors denied her leave. So she had to resign. That happened in January. In May, she came to the association to try to appeal her dismissal. However, under the Quebec Labour Code—which did not protect jobs at that time—she had only 45 days to launch an appeal. Therefore, she did not have a chance to do that. She found a new job at another hospital, but she lost her 18 years of seniority.

Those are very sad cases. I think that, even if only one person lost their job, it would be unfair for the family. Those families did not choose to be victims.

Earlier, I said that the provinces are responsible for assisting victims and the federal government is responsible for assisting criminals. There is no law in Canada that recognizes victims' rights, but the Canadian Charter of Rights and Freedoms grants criminals 17 rights. No victim in the country can state to have used a given piece of legislation to claim their rights, as there is no such legislation. Yes, there are some programs and statements of principle. However, no Canadian or provincial piece of legislation recognizes any victims' rights. That's not normal.

This will mark the first time in Canadian history that victims will have one of their rights recognized—the right to receive compensation over a period of time.

[English]

Mr. Brad Butt: As you know, Senator, this bill proposes not only to make changes to the employment insurance system, but also to the Canada Labour Code for federally regulated businesses, and obviously the federal government, etc.

We are going to need some help from the provinces in getting them to adopt companion legislation—which, in the case of Ontario, where I'm from, would be the Employment Standards Act—to allow for the ability to leave work for up to two years in the case of a murdered child, because a family is probably going to need that amount of time or greater. Do you have any advice on what we can do, or what your organization can do, as far as assisting us once this bill is passed, in getting our friends in the provinces to come on board?

[Translation]

Hon. Pierre-Hugues Boisvenu: In 2007, Quebec passed Bill 25, which amended the province's labour code to allow family members to go on leave for two years. That way, a job would be protected for two years. At that time, we asked the federal government to make a similar amendment, as there were two categories of workers in Quebec. A person working at a bank subject to the federal labour code did not have the right to that leave. In addition, a federal employee working in Quebec did not have the right to that leave, but a provincial employee did.

So two categories of workers were created. I think we should approach the provinces based on that argument. I think Saskatchewan has already amended its labour code. I believe the provinces should be engaged in conversation based on the discrimination issue. Otherwise, federal employees will have that right in the provinces, and provincial employees will not. I think that's the only argument the provinces will respond to, and I am convinced they will make changes.

• (0905)

[English]

The Vice-Chair (Ms. Chris Charlton): Go ahead, Mr. Cuzner.

Mr. Rodger Cuzner (Cape Breton—Canso, Lib.): I get on the first round today. Good.

The Vice-Chair (Ms. Chris Charlton): It's a kinder, gentler chair.

Voices: Oh, oh!

Mr. Rodger Cuzner: Senator, thank you so much for being here today, and for your contribution to the bill as well. As has been said, there's support for this around the table, and we think it's going to be of benefit for those who need it the most, so thank you very much for your contribution.

I was really taken by the stat you shared with us with regard to the number of suicides of fathers of children who were lost. Could you share with us that number again, and where those figures came from? Where would you draw those stats from?

I'll look forward to the hard copy, the translation.

[Translation]

Hon. Pierre-Hugues Boisvenu: Statistics were produced during the association's eight years of existence, when we followed families over a long period of time. Those statistics also come from comparative figures. There is very little data on the impact of a crime on families, especially in cases of homicide or disappearance. Over the 50-odd years criminology has existed in Canada, focus has mostly been placed on the reasons for crime—in cases of sexual assault, domestic assault and conjugal violence. Criminal behaviour has been considered at length, but very little attention has been given to the impact of a crime on families.

The profession of victimologist is a recent one. It's only four or five years old in Canada. That's why the Isabelle Boisvenu Fund was created—to encourage people to study in that field. It should be said that universities are more concerned about what happens to criminals than about what happens to victims. However, more interest is slowly being shown in victims.

So, our data come from our own statistics gathered within the association, which has been following families for almost a decade. Much of that data comes from the VCI, as well as from crime victims' assistance centres and sexual assault centres. We have managed to compare our data to that for other types of crime. In our opinion, if homicide is the most violent of crimes, statistics should be comparative.

So we have compiled those statistics from our own experience and from the already existing data regarding impact on victims.

[English]

The Vice-Chair (Ms. Chris Charlton): I think there's time for another short question.

Mr. Rodger Cuzner: Yes.

The problem, as Mr. Butt shared with us, is that a great deal of responsibility to come forward with companion legislation now lies within provincial purview. But certainly suicide drifts into the realm of mental health. Would you see merit in the development of a national mental health strategy? This would be an extreme instance.

[Translation]

Hon. Pierre-Hugues Boisvenu: Sir, it should be understood that, in 2002, families whose child had been murdered were receiving no psychotherapeutic assistance. However, since 2006, the Government of Quebec and several other provincial governments started providing assistance to those families. They can have up to 30 hours of psychotherapeutic services provided by a psychologist or a therapist. So I am convinced that the improved support provided to victims will help us identify people contemplating suicide or thinking about dropping out of school, for instance.

[English]

Mr. Rodger Cuzner: That's in Quebec. Is that common in the other provinces, or you're not...?

[Translation]

Hon. Pierre-Hugues Boisvenu: As I said earlier, the provinces are responsible for assisting victims. Canadian provinces are divided roughly into three groups: four provinces are truly leaders in victim assistance—Ontario, British Columbia, Quebec and Manitoba; four

maritime provinces are somewhere in the middle; four others provide absolutely no assistance, including Northwest Territories and Newfoundland and Labrador. I am close to an Ottawa family whose daughter was murdered in Newfoundland and Labrador. This family has already spent \$30,000 just on attending judicial proceedings. The province provides no support.

I campaign a lot for Canada to adopt a victims' rights charter. In Canada, the provinces administer a health care system, but our health legislation comes from the federal government. A sick Canadian—be it in Quebec or Ontario—receives services of roughly the same quality. However, if you are a parent living in Toronto and your child was a victim of crime in Montreal, you will receive no services, either from Quebec or Ontario. The crime has to have been committed in the province you reside in. That's not normal. Canadians should be treated equally from province to province. I campaign a lot for reciprocity among provinces. Agreements should be concluded between provinces, as is the case for labour and training. If a crime is committed against you in Quebec, but you live in Ontario, Ontario should provide you with support, and vice versa.

If a crime is committed against families from Vancouver or Toronto in Quebec, they receive assistance from the association I have founded. They receive no assistance from their province.

To answer your question, I must say I'm convinced that psychotherapeutic services will enable us to identify more quickly what I would refer to as collateral damages in families. In such cases, psychotherapeutic assistance could be provided.

● (0910)

[English]

The Vice-Chair (Ms. Chris Charlton): Thank you very much, Senator. We very much appreciate your testimony and your expertise.

I know this committee is much more riveting than the one you'll be going to next, but I appreciate that you have to leave, so thank you so much for spending some time with us this morning.

[Translation]

Hon. Pierre-Hugues Boisvenu: Thank you, Madam Chair.

[English]

The Vice-Chair (Ms. Chris Charlton): Thank you so much for your indulgence in allowing us to proceed this way today.

I will next ask Madame Page, from the Canadian Cancer Society, to make her presentation.

Are you making it together with Ms. Kittmer?

Mrs. Denise Page (Senior Health Policy Analyst, Canadian Cancer Society): Yes. We will share our time.

The Vice-Chair (Ms. Chris Charlton): That's terrific. I look forward to your presentation.

After that, we'll hear testimony from Ms. Davis, and then we'll take questions.

[*Translation*]

Mrs. Denise Page: Thank you, Madam Chair.

Good morning. I am Denise Page, Senior Health Policy Analyst for the Canadian Cancer Society.

On behalf of cancer patients and their families, we thank the committee for giving us this opportunity to speak about problems in access to special benefits and to highlight the improvements Bill C-44 will bring.

The Canadian Cancer Society is a national, community-based organization of volunteers whose mission is to eradicate cancer and enhance the quality of life of people with cancer. For a few years, the society has been calling for special benefits for parents of children with cancer. We want those benefits to reflect the reality the parents face. Currently, the only benefits parents have the right to are six weeks of compassionate care benefits, if a physician certifies the death of their child in the next six months.

I want to begin by talking to you briefly about childhood cancer. It is estimated that, in 2012, 1,400 children will be diagnosed with cancer and 160 will die from the disease. Although the five-year survival rate, for several types of childhood cancer, is 82%, cancer remains the second leading cause of death in children over one month of age, after accidents.

We are recommending that the committee ensure the flexibility of the new benefit program for parents, and here is why. The progression and the treatment of the disease vary depending on the cancer type and the child. Although each patient is different, chemotherapy treatment, for a child, takes about six months, but it can range from three to twelve months.

When radiation therapy is used as the main cancer treatment, it is usually administered once a day, five days a week, over three to eight weeks. Treatment may also be longer, and hospitalization periods may be more frequent or longer—or both—and not always ongoing. In addition, specialized pediatric oncology treatment is available only in certain Canadian cities, so many parents have to travel more than 100 km to have access to the required medical care for their child.

Taking care of one's child after a cancer diagnosis is not optional. It is critical for parents to participate 24/7 in the care of their child.

Cancer in children and youth creates a disproportionate impact on health and social services systems, as well as on the economy. Having a child with cancer is a difficult experience whose significant repercussions go beyond treatment. An estimated two-thirds of childhood cancer survivors have at least one chronic or late-occurring effect from their cancer therapy, and up to one-third of these late effects are considered major, serious or life-threatening.

One of the important things for this committee to keep in mind is that, in the case of cancer, more children are treated over a longer period of time, but not always on an ongoing basis. Cancer treatment is episodic. Pediatricians strongly encourage that children resume a normal life as soon as they feel better.

For that reason, we recommend the committee ensure that the program is flexible, so that parents can take time off from work when

necessary, and resume a normal life when their child does. The idea is to recognize the non-continuity of treatments and the flexibility regarding benefit renewal in the event of a relapse or late side effects.

I will now briefly talk to you about combined benefits. Ms. Kittmer will be able to explain that better by sharing her personal story.

The combining of benefits is an important improvement that will stem from Bill C-44. It will allow an individual receiving parental benefits to claim sickness benefits in case of illness. Cancer cases during or following a pregnancy are not very common. The type of cancer most often related to pregnancy is breast cancer. We don't know exactly how many women in Canada are affected, as that data is not collected. However, in the United States, 227,000 breast cancer cases are diagnosed annually, 7,000 of which are supposedly related to pregnancy.

Like Ms. Kittmer, many women told us about how difficult it was for them to access sickness benefits. They were going through the best time of their life and their worst nightmare at the same time. They are very happy about this improvement.

● (0915)

Unfortunately, given the surgery, chemotherapy treatments and radiation treatments involved, the 15 weeks of sickness benefits expire before the end of treatment. We are recommending that the committee ensure the program's flexibility when it comes to combined benefits, so that it will be easier for parents to go from sickness benefits to parental leave during the treatment, or vice versa, and so have the time to recover without losing any quality time with their child.

The job protection component of this legislation will help many Canadian families. As a number of people have mentioned, this will unfortunately not apply to many jobs that come under provincial and territorial legislation. That is why the Canadian Cancer Society is urging the committee to ask the federal government—at the next meeting of the relevant federal, provincial and territorial ministers—for a clear commitment to discussing the need to amend provincial and territorial legislation in order to provide the same job protection to all Canadians.

Last February, the Minister of Finance said that the new family caregivers tax credit is a first step. We see this bill as another important step. We will work with the members of this committee and all the governments on moving this issue forward. The Canadian Cancer Society feels that the next key step is to enhance sickness benefits.

Thank you.

Ms. Kittmer will now share her story.

[*English*]

The Vice-Chair (Ms. Chris Charlton): Thank you very much.

Ms. Kittmer.

Ms. Jane Kittmer (As an Individual): Good morning.

I am pleased to be here today to tell you my story. I hope it encourages you to pass Bill C-44 and make some much needed changes to the EI Act.

I gave birth to my second son, Nolan, on March 9, 2010. I had a very uncomfortable pregnancy, as I felt very ill and tired, but doctors assured me this was normal for a second pregnancy. In my 36th week of pregnancy it was determined that the baby's growth had slowed or stopped and they decided to induce me early.

Within an hour of giving birth to my healthy baby, the doctors detected a mass in my abdomen. After an MRI it was determined that I had a large tumour that was suspected, and later confirmed, to be from my adrenal gland. I had surgery seven weeks later and the tumour was successfully removed, along with my right kidney and gall bladder. It appeared the tumour hadn't spread. It was confirmed that this tumour was adrenal cortical carcinoma, that is, cancer of the cortex of the adrenal gland. That is a very rare and very aggressive form of cancer.

Although it was hoped that all the cancer had been removed, it was suggested that I take daily chemotherapy, ideally for five years. I started taking daily chemotherapy—it was a drug called mitotane—on July 1, 2010, and I took it until July 26, 2011, when I stopped because the side effects of the drug were greatly affecting and greatly reducing my quality of life. This chemotherapy drug builds up and stores in the fatty tissue of the body, so the side effects were remained, but they're thankfully wearing off as time passes.

During the 16 months when I gave birth, had surgery, and took chemotherapy, I wasn't able to look after myself, my children, and my home without a great deal of help from my husband, my family, and hired help. Two and a half years have passed since this all began and I have still not returned to work because of the lingering side effects of the chemotherapy.

I don't usually tell this story to this many people.

I started dealing with Service Canada before my surgery in 2010 and I am still dealing with them. I assumed it would be an easy conversion from maternity benefits to sick benefits, but I was shocked when I was told from the beginning that I wouldn't get sick benefits. I have spent many hours talking to people about this. I appealed the denial of the sick benefits to the board of referees—and I have done this all while I was sick.

In my case, I did not fall ill after the start of my maternity leave. I was very ill prior to giving birth and prior to the start of my maternity leave. My condition was finally diagnosed immediately after giving birth and after the start of my maternity leave.

My fight for additional benefits was more about the time I lost with my sons than the financial penalty of not getting sick benefits.

An additional 15 weeks of benefits would have been a welcome improvement; however, it wouldn't have seen me through the chemotherapy. To say this was a difficult, stressful, and devastating period is a gross understatement. I don't think that anyone should have to fight for sick benefits when they need it the most.

Changing the legislation to allow stacking EI benefits would be extremely beneficial for those who are sick when on special benefits. It would give a person additional time to hopefully improve, health-

wise, so they don't have to return to work sick, or give them more time to make major life decisions.

I'm sure there are more mothers who are facing the same situation, and many of those need the financial benefit and recovery time of sick benefits. I am very happy to see there are proposed changes to the existing system.

Thank you.

● (0920)

The Vice-Chair (Ms. Chris Charlton): Thank you very much, Ms. Kittmer. Thank you very much for your very powerful personal story and your courage to share it with us today. We very much appreciate that.

Go ahead, Ms. Davis.

Ms. Marie Adèle Davis (Executive Director, Canadian Paediatric Society): Thank you for inviting the Canadian Paediatric Society to present to you today.

I'm Marie Adèle Davis, the executive director. I'm pleased to address you on behalf of more than 3,000 pediatric specialists and subspecialists who are our members from across Canada.

CPS members represent the physicians who are caring for the children, youth, and their families who will benefit from the changes proposed in Bill C-44. We applaud the Canadian government for understanding the particular challenges faced by parents of gravely ill children, the need for them to be at the child's bedside in the hospital, their ability to stay home and care for their recently discharged child, and the necessity for parents to be available to make health care decisions on behalf of their child throughout the illness. Further, the proposed legislation recognizes the emotional stress of having a child afflicted by cancer, severely injured in a life-threatening situation, or at the end stage of an incurable genetic disorder.

Like the Canadian Cancer Society, CPS also supports that flexibility be built into the legislation, that it recognize that the parents of a gravely ill child may not be taking all the leave at any one time in a given 52-week period. Given the resilience of kids, even those facing a life-threatening illness, they may be able to return to normal life for periods of time, attending school and other activities. The fact that Bill C-44 would allow parents to re-apply for the benefit, should the child have a serious relapse, is also practical. We also fully support that the benefit can be shared between parents, ensuring that both can be fully involved in the care of their gravely ill child.

● (0925)

[Translation]

The Canadian Pediatric Society can work with the Canadian government to ensure the smooth implementation of Bill C-44.

Since our members make up the majority of physicians who will fill out forms for families, we would like to help design the forms, to ensure their ease of use. The forms must be created by taking child and youth health into consideration, and not just by modifying forms designed for adults' health care needs. We think that, if a family-oriented form is designed, the benefit application process will be much smoother and red tape will be reduced.

It's important to remember that physicians caring for gravely ill children are extremely busy. We want to make sure that they devote their time to families rather than to paperwork and the appeal process.

[English]

CPS would also welcome the opportunity to refine the definition of gravely ill, to make it as workable as possible for family pediatricians and the federal employees managing the program. Under the compassionate care benefit, the definition criterion was that death was expected within six months. This is very hard for pediatric specialists to predict. Children are amazingly resilient and can beat seemingly insurmountable odds at various times during a critical illness. So it is very difficult to predict death with any certainty.

Further, the whole practice of pediatrics is based on hope for the future. Pediatricians work hand in hand with the family to ensure that kids have the best possible chance at life. To deliver a diagnosis of certain death within six months is just not something a pediatric specialist can do or will do, as it takes away from the hope that is critical to working towards a positive outcome.

In closing, the Canadian Paediatric Society is very supportive of the changes proposed in Bill C-44. We do encourage the government to work closely with us to ensure the smooth implementation of the bill and to realize all its potential to support the parents of gravely ill children and youth.

Thank you.

The Vice-Chair (Ms. Chris Charlton): Thank you very much.

We'll now move to our round of questioning, and just so members are aware, we'll do our regular round of questions, but we'll abbreviate the spots to three minutes each so that everybody can have a turn.

We'll start with Madame Boutin-Sweet.

[Translation]

Ms. Marjolaine Boutin-Sweet: Thank you, Madam Chair.

Ms. Page and Ms. Davis, you talked about flexibility and about the amount of time treatments take.

The bill allows parents with gravely ill children to take unpaid leave for 37 weeks out of 52. However, I got the clear impression that the treatments—be they for cancer or other diseases—usually take more time.

Could you clarify how much time a parent needs to take care of their child?

Mrs. Denise Page: The required amount of time will vary depending on the child and their age. Currently, parents have

nothing. Often, they have to leave their job, and that's why this flexibility is necessary. If the 35 weeks of leave are taken as needed, at least a year should be covered. That's why we are asking for flexibility. A child may receive chemotherapy treatments for six or eight weeks, feel better, resume a normal life, and then have a relapse six months later.

Program flexibility would enable parents to either submit a new application, or have a new 35-week leave period for the same child and the same disease.

● (0930)

Ms. Marjolaine Boutin-Sweet: Unless I am mistaken, we would be talking about 35 paid weeks, but 37 weeks altogether.

Mrs. Denise Page: Yes.

Ms. Marjolaine Boutin-Sweet: What do you think about that, Ms. Davis?

[English]

Ms. Marie Adèle Davis: I agree with Denise. It's a great change from what's available now, and it's a good start. I think it will be very important to monitor the program to see for how long parents are accessing it and how many parents may not receive support for the full length of their child's illness. The great thing about kids is they are very resilient, and even those who are gravely ill can actually return to good health.

So for a new program, we feel that 37 weeks is a good start, and we'll be monitoring it to make sure that it does support the parents in the way that our pediatricians know they need to be supported.

[Translation]

Ms. Marjolaine Boutin-Sweet: While we are on the topic and we can propose amendments, do you have any specific recommendations regarding flexibility, regarding time periods or forms? Do you have any recommendations we could take into consideration now in order to improve the bill?

Mrs. Denise Page: As far as flexibility goes, it should be easy for the parent to stop working. Once they receive the diagnosis, parents don't have six months to prepare; they have to be ready right away. So it should be easy to fill out the form and have access to benefits.

Parents should be able to return to work as soon as the child is doing better. As Ms. Davis was saying, that may happen quickly. At times, we may think that only one or two weeks are needed, but 48 hours later, the child seems to be cured and returns home, beginning a period of remission. In such cases, for the good of the family, the parent should be able to resume a normal life, but still have access to a flexible program that can be used in case of another relapse.

Ms. Marjolaine Boutin-Sweet: So the process should be flexible, simple and quick.

[English]

The Vice-Chair (Ms. Chris Charlton): Thank you very much. We'll move on to the next question.

Go ahead, Mr. Daniel.

Mr. Joe Daniel (Don Valley East, CPC): Thank you, Madam Chair.

Thank you, witnesses, for your testimony. I really appreciate that.

It's obviously not an easy situation, particularly for families to deal with, and I'm really looking to see if I can get some feedback from you. In your view, to what degree do families benefit from the legislation, and do you feel that this strikes at least an adequate balance? Anybody can answer.

Ms. Marie Adèle Davis: Certainly from speaking to our members—and I'm sorry I don't have one here today. It's a very busy time for pediatricians because there are lots of respiratory illnesses going around and pediatricians don't like to take office time away, as important as they feel this is. They deal with these families every day and they see the struggles they face.

As Madame Page pointed out, for many of these illnesses, the family is dealing not only with a sick child, but they actually have to leave their home community to receive the tertiary care in a pediatric health care centre and they may have no income support. The pediatricians see families who make a very difficult decision to split up for the time their child is being cared for. Say it's somebody from Cape Breton. The mom and dad will go down to the IWK in Halifax and somebody else will stay home with the other children.

As I said, this is a great change, and I think it will be important to monitor it to make sure that it does meet the needs and to look for that flexibility. The other thing for me that would be very important is that the actual application process be as simplified as possible.

Some parents may work and then be off for two weeks, work for a month and be off for a month. You don't want a complicated and elongated process every time they need to reapply for it.

Mr. Joe Daniel: Ms. Kittmer, from your experience, does this bill start to address some of the issues that you've faced?

Ms. Jane Kittmer: Yes, it certainly starts to address it. Flexibility is a really good idea. In my case, I had surgery. It took eight weeks to recover from that. Then I felt pretty good. Then I started chemotherapy, and I didn't feel the side effects from that for about a month and a half. Once I started to feel the side effects of the chemotherapy, I felt that every day for eight months.

So the flexibility is really good. It's great that the sick time would be stacked on top of the EI. Maybe 15 weeks is a good start; I think 15 weeks is a little short—a lot short.

• (0935)

The Vice-Chair (Ms. Chris Charlton): Thank you very much, Ms. Kittmer, and thank you, Mr. Daniel.

Madame Day.

[*Translation*]

Mrs. Anne-Marie Day (Charlesbourg—Haute-Saint-Charles, NDP): Good morning. Thank you for joining us.

One of my constituents has a 20-month-old daughter with scoliosis. So she regularly has to spend from six to eight weeks at the hospital, where her baby's rib cage is manipulated. That treatment will be repeated until the child reaches adulthood.

Do you think the legislation before us is sufficient to cover that person's care without her being penalized? That woman has a PhD.

She was supposed to enter the labour market and did not think something like this would happen.

I would like to know what you think about these kinds of illnesses that require frequent care?

Mrs. Denise Page: I will let Ms. Davis answer this. I work in the area of cancer. She is in a better position to talk about scoliosis or other illnesses.

[*English*]

Ms. Marie Adèle Davis: That's exactly why we would welcome the opportunity to work on the definition of what would include gravely ill, to really make sure we consider all of the situations. Certainly, there's no question that cancer means that a child is, unfortunately, gravely ill, but there are a number of other genetic conditions, orthopedic conditions...and that's where we need to work to make sure that this, in our opinion, benefits the majority of parents.

[*Translation*]

Mrs. Anne-Marie Day: In the case of a missing or deceased child, the person is required to have accumulated at least \$6,500 in revenue. If the person has low wages, they will have to work much longer to earn that amount of money. Do you think that situation is fair? Shouldn't the eligibility be based on the number of hours worked, rather than on the amount earned?

Mrs. Denise Page: For children....

Mrs. Anne-Marie Day: I am talking about children who die or go missing.

Mrs. Denise Page: I have no idea. I am here to talk about benefits for parents of gravely ill children. I think you are asking me a question that has more to do with murdered children....

Mrs. Anne-Marie Day: ...missing or deceased.

Mrs. Denise Page: I can't really answer.

Mrs. Anne-Marie Day: That's okay.

Ms. Davies, is that also the case for you?

[*English*]

Ms. Marie Adèle Davis: Unfortunately, I'm in the same boat, being from a health care organization.

[*Translation*]

Mrs. Anne-Marie Day: I have another question.

Let's take the example of a child under 18 and a disabled person who is 24 years of age or older. Is there a difference when it comes to accessibility?

Mrs. Denise Page: Are you talking about the new benefits?

Mrs. Anne-Marie Day: Yes.

Mrs. Denise Page: According to what I know of the current system, if someone has a disabled child who is 24 years of age or older, they receive all the benefits for disabled children. The new special benefits, on the other hand, will aim to protect parents' employment at specific times, during crisis periods, when a child is gravely ill or has suffered a serious accident.

Is that the same thing? A disability requires long-term daily care. The benefits are intended for times of crisis. I don't think that employment insurance is the best tool for helping those families.

Mrs. Anne-Marie Day: Thank you.

[*English*]

The Vice-Chair (Ms. Chris Charlton): Thank you very much.

Ms. Leitch.

Ms. Kellie Leitch (Simcoe—Grey, CPC): Thank you very much, and my thanks to all the witnesses for coming today. I particularly appreciate your time, and also, Ms. Kittmer, your personal story.

Like my colleagues, I want to thank the opposition for their support of this bill. Our intent is to do this expediently so that families have access to these benefits as soon as possible.

I'm a pediatric orthopedic surgeon, so I have some idea of what each of you has spoken about. I've met families in circumstances similar to yours, Ms. Kittmer, and these circumstances were very challenging to deal with as a physician.

The intent behind this legislation is to help make the family unit more cohesive in dealing with this problem. I think you all understand that the focus is on the child and the family when these things happen. You want to make sure that all those other extraneous things are put to the side.

I was wondering, Ms. Davis and Ms. Page, if you have some specific examples of families that you think would be beneficiaries of this type of critically ill issue. Ms. Davis, to the point you made before, just so that you are aware, the definition of "critically ill" is quite clear and it is made by a subspecialist, an ICU intensivist, or a traumatologist. So it will be very clear-cut, and it will enable things to move through expediently, as opposed to the previous definition of "gravely ill".

Maybe you could each make a comment and give an example of a family.

• (0940)

Ms. Marie Adèle Davis: Many of our members don't work in an area where there is a large pediatric centre. There are only 16 across the country.

I'll use the example of our president, Andrew Lynk, who is a community pediatrician in Cape Breton. When he first sees a family in this situation, he probably will send them down to IWK, and he'll want them to go as a family. Maybe they'll just be there for an afternoon, but depending on the complexity of the situation, they may be there for a month or two for diagnosis and original treatment. He knows that it's very important for the family to be together during those times to make the decisions and to support the child. Once the child gets back to Cape Breton, they may be well enough to go to school for a while and then they may have a relapse. The child may stay in Cape Breton or go to IWK, but it's important for the family to be there and participate in the care.

I mentioned this briefly when I spoke.... One big difference for children and youth, as opposed to adults, is that up until they're capable of consenting to their own health care, it is the parent who needs to be there. These decisions can't wait until five o'clock when

somebody gets off work. They need to be made at 10 o'clock in the morning, if that's when a procedure needs to be done. So not only is it important from a psychological point of view, but it's very important from a health care delivery point of view that the parents are available.

The Vice-Chair (Ms. Chris Charlton): Thank you very much.

I'm sorry, but we have to move on.

Mr. Cuzner, perhaps you want to follow up.

Mr. Rodger Cuzner: No, but I have something I'd like to ask.

Ms. Page, how long have you been with the Canadian Cancer Society?

[*Translation*]

Mrs. Denise Page: I have been working at the Ottawa office for five years, and I spent two years before that at the Quebec Division.

[*English*]

Mr. Rodger Cuzner: Do you remember a piece of private member's legislation that would have been brought forward by my former roommate and colleague, Mark Eyking?

Mrs. Denise Page: Yes.

Mr. Rodger Cuzner: It extended the health benefits from 15 weeks to 52 weeks for those experiencing health problems such as cancer or transplants. It received a ringing endorsement from the Cancer Society and the Heart and Stroke Foundation, but the bill was defeated in committee by the Conservatives at the time.

As I listen to your compelling story, Ms. Kittmer, and the distress that you would have experienced through that, I can see that a bill like that would be more supportive or a little bit easier to work with than this.

How do you see this legislation? Is it the stacking provisions that you see as being of benefit for the duration? How do you see it playing out?

Ms. Jane Kittmer: I see the stacking as very helpful. I'd like anything that would lengthen the 50 weeks of maternity and parental leave. I didn't get the maternity leave while I was on it; I was sick most of the time. The stacking would have given me time, when I was healthy, to have my parental leave.

• (0945)

Mr. Rodger Cuzner: Maybe somebody could share with me how that benefit sort of stacks up. We make reference to the stacking. Maybe the parliamentary secretary would walk me through that.

Ms. Kellie Leitch: I'm happy to do that.

I guess the primary intent with respect to the stacking is that.... In the past, an individual was seen as having an ability to have access to sick benefits or a maternal benefit—both were separate. What Ms. Kittmer was outlining was that she was not able to have her maternal benefits because she was having sick benefits. Now an individual in the future will be able to place them together sequentially. So it ends up being a longer period of time that the individual is eligible for a special benefit under employment insurance, albeit they're different special benefits.

Mr. Rodger Cuzner: Is it just 15 weeks at the end of a maternity benefit?

Ms. Kellie Leitch: Correct.

The Vice-Chair (Ms. Chris Charlton): Thank you very much, Mr. Cuzner.

Thank you very much to all of our witnesses. It's been a pleasure having you here this morning. Your testimony has really helped our work here very much. We appreciate you taking the time.

We're going to suspend for about five minutes to get ready for our next round of witnesses.

• _____ (Pause) _____

•

• (0950)

The Vice-Chair (Ms. Chris Charlton): I'm going to call the meeting back to order.

I want to welcome Mr. Stephen Moreau and Ms. MacEwen. Thank you so much for being here to give us expert testimony on Bill C-44.

Ms. MacEwen, if you would like to go first, then, Mr. Moreau, I'll ask you to make your presentation, and then we'll do a round of questioning on both presentations at the same time.

Ms. MacEwen, you have the floor.

Ms. Angella MacEwen (Senior Economist, Canadian Labour Congress): Thank you very much.

I'm here on behalf of the Canadian Labour Congress, which is the national voice of 3.3 million workers across Canada. They bring together Canada's national and international unions, along with provincial and territorial federations of labour—130 district labour councils whose members work in virtually all sectors of the Canada economy, in all occupations and in all parts of Canada. I'll be focusing my comments on the EI portion of the bill.

EI is a critically important program for Canadian workers, especially in tough times like we face today. Introducing 35 weeks of benefits for parents of critically ill children is a welcome addition to employment insurance. This change recognizes that the current six weeks of compassionate care is insufficient in many cases. Critically ill family members often require substantial care, even if they are not terminally ill.

While it's not paid from EI funds, the grants of \$350 per week for up to 35 weeks for the parents of murdered or missing children is also good news. However, we feel this grant shares some of the weaknesses of benefits administered through the EI system because it requires applicants to have earned a minimum level of income and to have taken time away from paid work. It should be recognized that parents of sick, missing, or murdered children face costs that go far beyond lost wages, so predicating a grant on labour market income in this situation, we believe, is problematic.

As for enhancements to employment insurance put forward in Bill C-44, we would like to note that our EI program already leaves too many Canadian workers, especially women and low-wage insecure workers, out in the cold. For most of the past 12 months, only four in

ten or fewer than four in ten unemployed workers have been able to qualify for unemployment insurance benefits. When adjusted for inflation, the maximum weekly benefit of \$485 a week is much less than it was in 1996—about 20% less—and the average benefit now is only \$371 per week.

This program is worse when we look at how it works for women workers. Cuts in the mid-1990s affecting who is eligible and the amount of benefits paid sharply reduced the supporting role of EI, especially for women. This matters because it is often women who take up the special caretaking benefits.

• (0955)

The Vice-Chair (Ms. Chris Charlton): Excuse me, Ms. MacEwen. We have a point of order.

Ms. Kellie Leitch: I ask the chair, since we are focused on Bill C-44 and are talking about critically ill children and murdered and missing children, that you request of our presenters that they stay within the scope of what we're discussing today. I'd appreciate her opinion with respect to this bill.

The Vice-Chair (Ms. Chris Charlton): Thank you very much, Ms. Leitch.

The bill obviously impacts EI, so I'm going to give the witness some latitude.

You heard Ms. Leitch's concern, so please continue with your presentation.

Ms. Angella MacEwen: Okay. To specify why I'm bringing this up, it is because the parents of critically ill children will need to qualify for EI, so they will fall under these same weaknesses. These are weaknesses in the EI system that will affect parents of critically ill children when they need to qualify for EI.

The EI program provides 35 weeks of parental benefits, nearly 90% of which are taken by women. Women currently make up 74% of beneficiaries for the six weeks of compassionate care. There are key EI program rules that exclude or unfairly penalize women, because they fail to take proper account of the different working patterns of women compared with men. The great majority of women do engage in paid work, but the hours they work cause them to be excluded from EI benefits, as do periods of time spent away from work caring for children, elders, or others.

One reason for the gender gap comes from the fact that to qualify for special benefits, a person must have worked in the previous year for at least 600 hours, and while women do have sufficient hours to qualify, their benefit levels are still on average \$60 per week lower than men's. This is due partly to a persistent wage gap and the higher unpaid work burden that many women carry, thus reducing the number of hours they are available for paid work. On average, women work about 30 hours a week compared with men, who work over 35 hours.

Because they lack enough qualifying hours, only about half of part-time workers who lose their jobs actually qualify for unemployment benefits. Of women who are employed, 27% work part time, compared with only 12% of men.

We are also concerned that workers who access special benefits, such as parental care and leave to care for a critically ill child, are vulnerable to lay-off when they return to work. This bill stacks sickness benefits along with parental benefits, but they will still have to requalify for regular benefits if they have taken this special benefit and have returned to work and been laid off. They won't have access to EI. Allowing special benefits to be stackable with regular benefits would ensure that families who have required special benefits are not subject to financial insecurity through subsequent job loss.

The Canadian Labour Congress recommends a lower entrance requirement of 360 hours of work across the country so that more workers will qualify if they are laid off or require access to special benefits; longer benefits of up to 50 weeks; and higher weekly benefits across the country based on the best 12 weeks of earnings. In addition, a replacement rate of 60% of insured earnings would help women and their families. Reducing the entrance requirement would be particularly important in terms of helping to close the EI gender gap and ensuring that this legislation helps more Canadian families during their time of need.

Thank you.

The Vice-Chair (Ms. Chris Charlton): Thank you very much, Ms. MacEwen.

Mr. Moreau, you're next.

Mr. Stephen Moreau (Lawyer, Cavalluzzo Hayes Shilton McIntyre & Cornish LLP): Thank you, and good morning, members of the committee. Greetings from Toronto, and for Ms. Leitch, greetings from Wasaga Beach, where I visited a cottage a few weeks ago.

I will be brief. I'm speaking very specifically about clauses 15 and 21, which are the clauses that deal with enhancing or clarifying the ability to provide a sickness benefit during a parental leave period. I'm only speaking to that smaller set of amendments in Bill C-44.

I should open by saying that although I'm going to speak a little more narrowly about those particular provisions, the fact that I don't touch on some of the points Ms. MacEwen makes shouldn't be taken to mean I don't agree with her. I think everything Ms. MacEwen said about the employment insurance system and some of its problematic aspects are entirely true.

In fact, the Federal Court of Appeal, in a case called *Lazure*, essentially echoed some of these comments that the witness made without necessarily finding a violation of what we call section 15 equality rights in the charter, but it did find that the act does disproportionately affect women in the workforce. Insofar as the committee is looking at that, what Witness MacEwen has to say is entirely accurate and should be paid special attention to.

As I said, I'm focusing specifically on clauses 15 and 21, the addition of the sickness benefit. In my view, this is a provision that on its face does call for the committee's support. I believe it is helpful to clarify in the Employment Insurance Act that an individual, and

it's predominantly a woman, who falls ill during their parental leave should be entitled to claim a sickness leave benefit.

I approach this from a different perspective from most, if not all, of the witnesses who have presented to the committee. I am a lawyer, and more specifically I'm a lawyer to a number of individuals who have successfully made EI sickness leave claims during or toward the end of their parental leave. My specialty is employment insurance, and I have litigated quite a number of employment insurance cases. From my perspective, the main reason to support this bill is that through my work I've come to believe that the special benefits are of great assistance to working Canadians.

Once you start paying additional benefits to people for socially good reasons, such as caring for children, caring for relatives, taking maternity leave, or because of illness...paying people during temporary periods of unemployment does help with their return to the marketplace. It does serve the main purpose of employment insurance, which is to provide for a gradual return to the market. So I support any additional provisions that provide for additional benefits.

I want to stress, though, and you may have seen this in my brief, that while I support Bill C-44, and particularly again clauses 15 and 21 and those amendments as clarificatory provisions, the reality is that these provisions are not specifically necessary. Bill C-49 in 2002 already provided for those benefits, for the ability of individuals who fall sick during their parental leave to make a sickness claim during their parental leave. Those provisions and that interpretation of those provisions were upheld in the umpire award under the EI Act, which I provided as appendix A to my brief.

To some extent, while I support the bill as a means of clarification, I do not necessarily stand with the idea that the bill is, strictly speaking, necessary. That being said, the fact that historically the House and this committee have supported these kinds of provisions in the past is another reason why we should consider supporting Bill C-44 and in particular clauses 15 and 21.

I don't want to say anything more at this point, as I do want to leave plenty of time for questions, which I always think are helpful.

Again, I thank you for this opportunity to present, and I look forward to answering any questions you may have.

• (1000)

The Vice-Chair (Ms. Chris Charlton): Thank you very much, Mr. Moreau.

We'll now move to rounds of questions at five minutes each, starting with Madame Boutin-Sweet.

[*Translation*]

Ms. Marjolaine Boutin-Sweet: Thank you, Sir, Madam.

Ms. MacEwen, you talked about employment insurance. To be eligible, parents of murdered or missing children have to have earned \$6,500 over the course of the year, and not to have worked a certain number of hours. You mentioned that some people had a lower income. So those people will be at a disadvantage, even though their needs are that much greater because of their lower income.

For instance, a person who earns \$10 an hour must put in 150 hours, while people who earn \$20 an hour must put in half that number of hours.

I would like to hear your thoughts on this. Can you tell us what kind of amendments could be made to Bill C-44?

[*English*]

Ms. Angella MacEwen: That's correct. Thank you for your question.

Requiring any level of income earned in the year before is really problematic. It's delivered outside the employment insurance system. It's not primarily about labour market attachment; it's primarily about supporting families during a time of need. Families need that support, whether they've worked and made \$65,000 in the past year or not.

One thing you could do is base it on hours rather than money. That takes the wage inequality out of the equation. If you would base it on the number of hours worked, that would be an improvement. Eliminating the requirement for labour market attachment at all would be ideal in the case of missing and murdered children.

• (1005)

[*Translation*]

Ms. Marjolaine Boutin-Sweet: By the way, I also wanted to say that I share your opinion. This money should not come from employment insurance, as there is not much money in that account as it is.

My next question is for Mr. Moreau.

In the document you sent us, it says that Bill C-44 will not allow a parent to go on sickness leave shortly after taking a maternity leave. In other words, if a maternity leave ends and, a week later, the person finds out they are sick, they will have to work 600 hours to be eligible for sickness leave. Did I understand that correctly?

Mr. Stephen Moreau: Yes, you understood correctly. That's exactly right.

Ms. Marjolaine Boutin-Sweet: Do you think that should also be changed? I feel that having to work 600 hours to be able to go on sickness leave when returning from maternity leave is too much.

Mr. Stephen Moreau: That's absolutely true. If the person works 20 or 30 hours a week, for instance, they will need from 20 to 30 weeks to accumulate the required hours.

Normally, after a pregnancy, a woman has her baby and takes care of it. The illness may come to light only after the person returns to work. Or they may realize only after returning to work that they have a health problem that prevents them from working.

That's something of an issue in law, in general. What can be done to change that? The decision-makers could consider the hours of work the woman has accumulated—we are usually talking about a woman—before her maternity leave began and decide that she needs 600 hours. That's one way to proceed. They could perhaps calculate the average hours worked over three years. That's another way to proceed. If the woman returns to work and stops receiving benefits between parental leave and sick leave, they may also say that this was in response to her employment insurance claim. There are ways

to insert a sickness benefit claim after the return to work, if someone really wants to do that.

Ms. Marjolaine Boutin-Sweet: I have a quick question for you.

Are you familiar with Bill C-362 introduced in Parliament by my colleague Ms. Charlton, who spoke to you earlier? In cases where individuals lose their job during or after a parental leave, the bill provides for the extension of the benefit period to a maximum of 121 weeks.

Mr. Stephen Moreau: I read it a few months ago, I think, but I have forgotten its exact content. I apologize for that.

However, that's an example of leave extension. The original leave, which is known to have been granted correctly, is basically slightly extended. That's one way to comply with the law without overriding employment insurance principles.

[*English*]

The Vice-Chair (Ms. Chris Charlton): Thank you very much, Mr. Moreau.

Go ahead, Mr. Moore.

Hon. Rob Moore (Fundy Royal, CPC): Thank you, Madam Chair.

Thank you to our witnesses for appearing today.

As you know, we're amending the Canada Labour Code to provide the 52 weeks of unpaid leave as well as the 35 weeks of benefits under the Employment Insurance Act for parents who are in these unfortunate situations.

Ms. MacEwen, you mentioned that you represent 3.3 million workers. Unfortunately, some of them would be going through some of these very situations we are talking about.

You mentioned 35 weeks. We can talk about coming up with an exact number, but 35 weeks would be an improvement over the previous compassionate care provisions. Can you speak to the situation some of your members are in and how accessing the 35 weeks of benefits would be beneficial in some of the scenarios workers you represent may be facing?

• (1010)

Ms. Angella MacEwen: Absolutely. This is definitely an improvement, and it's an improvement in two ways over the six weeks. The first is that for the six weeks of compassionate care, you needed to have a note from your doctor saying that the family member was terminally ill and was expected to die within the next six months. Very often people are critically ill and require care, and in the case of cancer, for example, they would require lengthy care, more than six weeks, but they aren't necessarily terminally ill. So this would allow families to have this benefit without necessarily being in that dire a situation.

Also, the 35 weeks is much longer than the 6 weeks, obviously, so that gives you a good amount of time. We would look at that, monitor it over time, and see how it is helping our members. But I feel that 35 weeks is a really good start.

Hon. Rob Moore: Thank you.

Why do you think the 35 weeks is important, from the perspective of someone's ability, perhaps, to return to the workplace as a productive person? I know as a parent—and many of us around this table are parents—when something is wrong with your kids, you immediately become wrapped up in what's happening and everything else becomes secondary. But at the end of the day, bills still have to be paid, and in the future returning to work is important.

How do you think this will all fit together, when the goal is to have a productive workforce and to have people able to contribute to society, but when these situations arise, they are able to rise to the occasion and take care of their children?

Ms. Angella MacEwen: Absolutely. With the example of parental leave, that is 35 weeks long, and that has been shown to be very effective in maintaining labour force attachment, for mothers particularly. Families can take the time to focus on their family, what's important there and what needs to be done, and have some support in doing that. It reduces the stress on the family as well, particularly if you're talking about a sick child. That's a very stressful situation, and anything that can reduce the stress and better help the families cope with that situation is going to improve their whole lives, including their return to work. Returning to work is then less stressful because they've been able to take the time to properly deal with the situation.

Hon. Rob Moore: On the changes with regard to accessing sick benefits of an additional 15 weeks when someone is already on leave, whether it be parental leave or maternal leave—I don't know if you were here for the previous witness's testimony. We heard a real-life scenario where someone could benefit from those additional weeks. Do you think that's going to be an important measure for your membership? Do you think that's something that's going to be accessed? Just looking at the number of people you're talking about, the 3.3 million, there are going to be people in that situation. How do you think that's going to be an improvement?

Ms. Angella MacEwen: Again, I think that will reduce stress for people, because that's a stressful situation: to be sick when you have a small child.

What would be a further improvement is allowing regular benefits to be stackable with parental leave. When they return to work or if they lose their job, they no longer qualify if they haven't had the time. It might take up to six months to a year to requalify for EI, especially if they go back part time. Let's say they're working 20 hours a week after having a child; that could take up to 35 weeks before they requalify for EI again. So if they were to get sick or lose their job after they'd gone back to work, it would be great if we could extend the benefits the way Mr. Moreau was explaining.

Hon. Rob Moore: Thank you.

The Vice-Chair (Ms. Chris Charlton): Thank you very much.

Mr. Lapointe.

Mr. François Lapointe (Montmagny—L'Islet—Kamouraska—Rivière-du-Loup, NDP): Thank you, Madame Chair.

[*Translation*]

Mr. Moreau, you talked about how important the time off is for someone going through that kind of a tragedy. My understanding is that it is important because it ultimately helps people return to work

and reintegrate into society. According to what you said, consequences would be even worse without that time off.

With that in mind, I would like to clarify something with you. As things currently stand, 30 weeks or 35 weeks after the death of a very ill child, their parents must in theory return to work the following week. We understand that the time frame is even shorter when the child dies on a Thursday. However, if a child goes missing or dies as a result of a crime, people have 52 weeks or 104 weeks to recover. It seems to me that something is wrong with this system.

A month ago, a young boy died quickly from a sudden bout of cancer. Everything played out in a few days. In such a case, people would not receive any assistance. How do you view this aspect of the law?

•(1015)

Mr. Stephen Moreau: I don't have much to say about that, as I have not had a good look at the clauses of the bill that apply to assistance in case of serious illness. Consequently, I am not entirely sure I can answer the question, other than to say that I think it is unfair to ask a parent to return to work so soon after the death of their child.

Mr. François Lapointe: That assistance will not be provided because the death has not been caused by a serious crime. Nevertheless, losing a child is losing a child.

What do you think, Ms. MacEwen?

[*English*]

Ms. Angella MacEwen: I would agree. I noticed this as well, that after a missing child is found, the parents have 14 days; after a critically ill child dies, the parents have until the end of the week.

I think the labour standard in Canada for leave to grieve is only three days, so that would mean they would have an additional three days after that end of the week, which wouldn't even get them to the funeral, quite honestly.

I think that is almost cruel.

[*Translation*]

Mr. François Lapointe: So you think that there is a problem here. Thank you.

I would like to come back to a specific aspect of the legislation with Mr. Moreau.

Since you are a lawyer, I would like to know whether we should expect any problems when it comes to the probable commission of a crime. What will be done if a child is reported missing, but it is suspected that the child ran away and no crime or kidnapping is involved? The parents' distress is not any lesser if the crime is not 100% proven. How will that grey area be handled?

Mr. Stephen Moreau: It is very difficult to answer that, as I have not spent much time considering those provisions. I must say that, at the Canada Employment Insurance Commission, people are well-trained when it comes to determining whether or not something is consistent with a legislative provision. There is a sound system through which individuals can access benefits. If they don't agree with a decision, they can appeal it before a board of referees. Soon, that process will go through another tribunal. That is all I can say on the topic.

Mr. François Lapointe: Okay. I understand your position.

Ms. MacEwen, I don't know if I am exaggerating by describing the situation as follows, but I think that, even today, more women than men accept part-time positions to be able to take care of children. Given that social reality, which is still very relevant, it is more likely that women will fall into the category of people who have not earned \$6,500 or more.

When a child becomes ill, logically, the important parent is the one who has spent a lot of time at home and worked little. However, that parent is more likely to be denied access to the benefits. What should be done in those situations? Should the parent who earns \$60,000 a year stop working to take care of children, although they have taken care of them little over the previous year, so that the other parent can return to the labour market? Do you see what type of situation this may lead to? I am thinking about my wife and me trying to deal with that kind of a situation.

[English]

Ms. Angella MacEwen: Right, and that is part of the weakness in the employment insurance system as it stands right now.

If you're making more money, like \$60,000 a year, a replacement rate of \$485 a week might be a severe cut to your standard of living and you may not be able to take employment insurance. If you're making that kind of money, it may be unaffordable as well, because that replacement rate is so low.

If you are already working part time—let's say you're taking care of kids at home, you're a mom, and you're working 20 hours a week—you may not have had sufficient hours to qualify. Your benefits may be quite low, because if you're only working 20 hours a week, your level of benefits will be lower.

That's why I did focus my testimony on the weaknesses in the EI system, because it's going to affect the people who are taking these special benefits.

• (1020)

The Vice-Chair (Ms. Chris Charlton): Thank you very much.

Thank you very much, Ms. MacEwen.

Ms. Leitch.

Ms. Kellie Leitch: Thank you very much.

Thank you both for your presentations today. I greatly appreciate your taking the time to come and present to us.

I'm particularly pleased to hear that you might be a constituent in the future, Mr. Moreau, if you spend time in Wasaga Beach.

Mr. Stephen Moreau: If I retire to Wasaga Beach, yes.

Ms. Kellie Leitch: Everyone should retire to Wasaga Beach. It's the loveliest place in the world, as Mr. Moreau will attest.

I'm a pediatric surgeon, and I guess the one thing that I think this piece of legislation is doing is trying to make sure that both moms and dads have an opportunity to spend time with their families.

One of the individuals who presented earlier made the comment that you need to be able to make decisions quickly when your children are in these circumstances. Part of making those decisions quickly is both parents standing in the room being able to make them together. I think it's important to recognize that dads are just as important as moms in all of these scenarios. This is about families, and families being together, and making sure we can facilitate that. Moms and dads make these decisions together every day, and these are tough decisions to make. As I said, the intent behind this legislation is to make sure that families are together.

We also had a number of witnesses comment last week about how there is an opportunity in small businesses. These small businesses really try to take care of their employees as family.

I guess I have two questions to begin with. The first is, in your organizations, what are the things that you do to support families, over and above these types of things that we hear about happening in communities and that small businesses are doing for their employees?

Also, what are some examples of families that you know of in your organization, or that you've been in touch with, that will benefit from these changes...whether it be the stacking components or whether it be the critically ill, murdered, or missing children benefits? Do you have some specific examples?

What have you seen being done out there? We want to make sure that we're highlighting what great Canadians are doing.

Ms. Angella MacEwen: I think that's a great question.

We represent such a diverse group of people that I don't think I could speak for what any of them are doing. My role is as an economist, so I'm actually not often in touch with what's going on at the ground level. I do know that union locals very often consider themselves family, and I've heard examples of people having weekly raffles, and if they know a family is hungry, they keep telling that member that they've won the raffle for food cards to the grocery store for that week. I know that very often people will donate clothes, will share what they have.

Yes, I agree, small businesses and small communities—I grew up on a farm—very often take care of each other, and union locals are very often like that. They're like a community; they take care of each other, and they look out for one another, from babysitting to what have you.

That's fantastic, but I'm not sure it's really related to the bill.

On the murdered and missing children...fortunately, it is rare enough that I actually don't know of any examples in our membership where that has happened.

I think this will absolutely be a benefit in terms of sick children. Quite regularly, young families have cases like this. My own daughter, when she was born, was in a NICU for two weeks. I saw lots of grandmothers in the NICU because the parents had to work, and the babies were in there for months at a time.

I think something like this will definitely benefit, and where fathers are able to take the leave, that's fantastic. Very often, though, if the father is the higher earner, the family simply can't afford to lose that income, even with EI, because as I said, the weekly replacement benefit of \$485 per week is so low that they can't afford to do it, or if they can, they can only afford to do it for a certain period of time.

Absolutely, I am focusing when I talk about women; I'm talking about families and I'm talking about dads. Make no mistake.

Mr. Stephen Moreau: Do you wish an answer from me as well about some of my clients?

Ms. Kellie Leitch: Yes, that would be great. Please go ahead.

• (1025)

Mr. Stephen Moreau: I can speak, again, about some of my clients who have fallen ill during parental leave. One client, Ms. Rougas, was diagnosed with breast cancer in about week 32 of her parental leave. What that means, when you're diagnosed with breast cancer, like her, like another one of my clients, Ms. McCrea out of Calgary, is that sometimes you undergo treatments that make you basically incapable of caring for yourself and your children. There's a kind of false situation when they can't take sickness leave and they have to stay on parental leave. We're paying these individuals to care for children when they're barely able to care for themselves.

Ms. McCrea in Calgary, for instance, was diagnosed with breast cancer in about week 20 of her parental leave. She was in the hospital for a week or two, and she couldn't lift anything after. She was not permitted to lift her own children. From her perspective, it just seemed kind of false when the commission decided last year that she could only take parental leave, that she could not take sickness leave in addition. The sickness leave, in her situation, would have enabled her to rest easy if she had known that there was an expanded period of time during which she could say, "Okay, you know what? I'm here to care for myself. I'm going to care for my children when I'm better." That would have given her that kind of peace of mind.

Those are the kinds of people I'm encountering who benefit from a sickness benefit, whether it comes just at the start of a parental leave, the middle of a parental leave, or at the end of a parental leave, absolutely. I do want to stress again that these are individuals who should already be receiving that benefit, notwithstanding Bill C-44.

The Vice-Chair (Ms. Chris Charlton): Thank you very much, Mr. Moreau.

Mr. Cuzner.

Mr. Rodger Cuzner: Thank you very much, Madam Chair. You're doing an outstanding job today.

Mr. Brad Butt: You're better than last week's chair.

Mr. Rodger Cuzner: Oh, that's really....

The Vice-Chair (Ms. Chris Charlton): And you still only get five minutes.

Some hon. members: Oh, oh!

Mr. Rodger Cuzner: I'll make a comment that really sprang from the last witness. Perhaps I could direct this to Mr. Moreau. It's with regard to the stacking provisions, and I'll use a line that's often used by the government benches, ad nauseam. On the stacking provisions, as I understood it...I was reaching to find where the big benefit was for the witness, because I thought those provisions were already there. I got clarification from Ms. Leitch on it.

Mr. Moreau, in your testimony you said those stacking provisions already existed under former Bill C-49, which was presented in the House in 2002 and which the Conservatives voted against. The Conservatives, the Reformers, the Alliance—whatever they might have been at that time—voted against those provisions.

You said, and you made reference that you've successfully argued this point, that those provisions exist.

Can we have your comments on it?

Mr. Stephen Moreau: My comment is this. I don't want to be too partisan, Mr. Cuzner, but I will say—

Mr. Rodger Cuzner: That's my job.

Mr. Stephen Moreau: —I do support Bill C-44 because it's clarifying the existence of this sickness benefit during a parental leave. If you want the absolute, frank, honest truth—as in, what does the law provide for today, with or without Bill C-44?—since March 3, 2002, by removing the anti-stacking or by removing what we call the caps, it has already provided for the provision of a sickness benefit during parental leave.

On the example you mentioned about a case...Ms. Rougas was my client. She was given a sickness benefit even though she got cancer in the middle of her parental leave. She was given that because of the Liberal amendments in 2002 to Bill C-49.

Mr. Rodger Cuzner: Great. We appreciate that. Thank you.

Ms. MacEwen, I'd like to give you an opportunity, if you could, to speak about the disproportionality for women, and the impacts. You said that two out of five or three out of five don't qualify for EI right now. Could you elaborate more on the disproportionality of the impacts on women?

Ms. Angella MacEwen: Sure. Right now it's actually men and women. Fewer than two out of five workers qualify for EI right now, for regular benefits. It's again because women more often work part time. When they work full time, they work fewer hours. On average, women work 30 hours a week, and they tend to have lower wages, so when they do qualify, their benefits are lower. On average, women's benefits are \$60 a week lower than men's. They're less likely to qualify. I think about 35% of unemployed women right now qualify for benefits, and 39% to 40% of men qualify for benefits. These men and women are not in isolation; they're in families.

•(1030)

Mr. Rodger Cuzner: Yes. That would have an impact, because I still think the primary caregiver remains....

Ms. Angella MacEwen: It does very often, partly because of the wage gap. If you're going to forego an income, very often the choice is to forego the lower income. More often now, that is the male income. More and more men are taking parental leave, but still the overwhelming majority, 74%, of compassionate care benefit recipients are women and 90% of maternity and parental benefits are women.

Mr. Rodger Cuzner: That's fine for me. Thanks.

The Vice-Chair (Ms. Chris Charlton): Thank you very much, Mr. Cuzner.

Thank you very much, Ms. MacEwen and Mr. Moreau. It's been a pleasure having you here this morning. Thank you very much, particularly for your testimony with respect to the changes to EI.

We'll now move on to other committee business.

Mr. Butt.

Mr. Brad Butt: Madam Chairman, are we suspending or are we just going into committee business?

The Vice-Chair (Ms. Chris Charlton): I think we can just go straight into committee business.

Mr. Brad Butt: Okay, thank you. I would move that we go in camera to deal with committee business.

The Vice-Chair (Ms. Chris Charlton): All right, then. I'll suspend for a couple of minutes so that we can move in camera.

[Proceedings continue in camera]

MAIL  POSTE

Canada Post Corporation / Société canadienne des postes

Postage paid

Port payé

Lettermail

Poste-lettre

**1782711
Ottawa**

If undelivered, return COVER ONLY to:
Publishing and Depository Services
Public Works and Government Services Canada
Ottawa, Ontario K1A 0S5

*En cas de non-livraison,
retourner cette COUVERTURE SEULEMENT à :*
Les Éditions et Services de dépôt
Travaux publics et Services gouvernementaux Canada
Ottawa (Ontario) K1A 0S5

Published under the authority of the Speaker of
the House of Commons

SPEAKER'S PERMISSION

Reproduction of the proceedings of the House of Commons and its Committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the *Copyright Act*. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a Committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the *Copyright Act*.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its Committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

Additional copies may be obtained from: Publishing and
Depository Services
Public Works and Government Services Canada
Ottawa, Ontario K1A 0S5
Telephone: 613-941-5995 or 1-800-635-7943
Fax: 613-954-5779 or 1-800-565-7757
publications@tpsgc-pwgsc.gc.ca
http://publications.gc.ca

Also available on the Parliament of Canada Web Site at the
following address: <http://www.parl.gc.ca>

Publié en conformité de l'autorité
du Président de la Chambre des communes

PERMISSION DU PRÉSIDENT

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la *Loi sur le droit d'auteur*. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la *Loi sur le droit d'auteur*.

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

On peut obtenir des copies supplémentaires en écrivant à : Les
Éditions et Services de dépôt
Travaux publics et Services gouvernementaux Canada
Ottawa (Ontario) K1A 0S5
Téléphone : 613-941-5995 ou 1-800-635-7943
Télécopieur : 613-954-5779 ou 1-800-565-7757
publications@tpsgc-pwgsc.gc.ca
http://publications.gc.ca

Aussi disponible sur le site Web du Parlement du Canada à
l'adresse suivante : <http://www.parl.gc.ca>