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Chair

Mrs. Karen Vecchio

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• (0945)

[English]

The Chair (Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC)): Good morning and welcome to the 135th meeting of the Standing Committee on the Status of Women. This portion of the meeting is in public. Today we'll continue our study of the challenges faced by senior women, with a focus on the factors contributing to their poverty and vulnerability.

For this, we are pleased to welcome Krista James, National Director of the Canadian Centre for Elder Law. She is coming to us via video conference from Vancouver, British Columbia. Krista will be the only witness making an opening statement this morning, as she is not one of the returning witnesses.

I am also pleased to welcome back Madeleine Bélanger, as an individual, by video conference from Quebec City.

We also welcome the Association québécoise de défense des droits des personnes retraitées et préretraitées. To all of those people who are francophone, I apologize for my pronunciation. Emmanuella, you can help me on that later. Representing that organization is Geneviève Tremblay-Racette. She is the Director and is replacing Luce Bernier, who appeared on February 28.

From FADOQ, we welcome Gisèle Tassé-Goodman, who is the Vice-President, and Philippe Poirier-Monette, Collective Rights Adviser for the Provincial Secretariat.

Welcome back, and thank you very much for making the time to come back. We'll start with our opening statement, and I'll turn the floor over to Krista James for seven minutes.

Ms. Krista James (National Director, Canadian Centre for Elder Law): I was actually asked to prepare a 10-minute statement, but you would like a seven-minute statement instead. Is that correct?

The Chair: Seven minutes would be appropriate, if you wouldn't mind.

Ms. Krista James: Okay.

Thank you for this invitation to speak to the committee. I am a lawyer by training. I direct an organization called the Canadian Centre for Elder Law. I have been with the CCEL for 12 years. The CCEL is a think tank focused on—

Oh, there's an echo, suddenly, where I hear myself in English. Is that normal?

The Chair: We're just checking with the studio for you to see what the issue may be.

We've been advised that the volume is a little too loud on your side and that's creating the echo, so you have the opportunity to turn that down.

Ms. Krista James: I cannot.... Well, I can whisper.

The Chair: We can actually see you much better now. It's perfect. Is the sound okay? Is it still echoing?

Ms. Krista James: I can hear you perfectly. I just hear myself while I speak. Can you change that? It's like being God with the echo of your own voice.

Some hon. members: Oh, oh!

The Chair: You're awesome.

We're being advised that it has something to do with your end. Maybe they can work on that in the studio. Are you able to continue, though, with your seven minutes?

Ms. Krista James: Sure, I'll continue. It's a little crazy-making.

The Chair: Okay. Please go ahead.

Ms. Krista James: Thank you for this invitation to speak to the committee. I'll do my best.

The CCEL is a think tank focused on law and policy issues related to aging. We are part of a B.C. non-profit. A large part of our work involves consulting with seniors about their experiences and then working with expert advisory committees to craft law and policy recommendations to address the problems identified through consultation.

From 2011 to 2017, we worked on our older women's dialogue project. This work was funded over the years by various organizations, including the Government of Canada. We started this project because we noticed that, while gender has a significant impact on life experience, research and policy analysis seemed to be focused on younger women. Feminist work tended to focus on girls and women of child-bearing age, and aging policy tended to be gender-neutral. As a result, older women's experiences became invisible. We developed our project to address this gap in research.

We held a total of 35 consultation events collaborating with local agencies, holding events in 10 different languages, as well as American Sign Language, and speaking with women from their fifties to their nineties. We held five consultation events with indigenous older women. In total, we consulted with over 500 senior women living in the Vancouver area.

Our findings and recommendations are summarized in two reports, which are included in the brief I provided. There are also links in my brief to summary reports available in English and French. I will highlight a few elements of those reports.

I'd like to underscore at the outset that an overarching finding of this project was that the experience of poverty and the vulnerability of senior women are significantly impacted by many aspects of identity—not only gender. Women with disabilities, indigenous women, ethno-cultural minority and immigrant women, and LGBTQ women experience unique challenges as they age. Policy responses thus must be tailored to address the experiences of older women in all their diversity. Generic policies will fail to support the most vulnerable women in Canada, and I can't underscore that enough.

In my presentation, I'd like to talk about poverty, health care, violence and abuse, and access to justice.

Certainly, catastrophic events such as divorce, injury, and job loss can negatively impact income security in old age. However, the poverty of senior women is often a function of events occurring across their lives, particularly the choices women must make to prioritize unpaid family caregiving over paid labour. Currently, policy measures do not adequately address the reality that women often earn a lot less than their male counterparts and so have fewer savings in old age. Recent changes to the guaranteed income supplement unfortunately do not lift the most vulnerable women out of poverty.

For many women, I must also say that “retirement” is a misleading term. Many of us are engaged in caregiving throughout our supposed retirement years. Days are filled with physically and emotionally demanding care for spouses, adult children with disabilities, and grandchildren. This caregiving labour is often a treasured part of women's lives; however, they require financial support to fulfill these critical roles in our communities.

In our report, we have three recommendations related to income security. We recommend that the government enhance the old age security and guaranteed income supplement programs; amend the Canada pension plan to include a dropout provision, parallel to the child rearing provision, that would be applicable to all years of full-time family caregiving; and develop programs providing better financial, housing, and other supports to senior women who are the primary caregivers of underage children, particularly indigenous women. What happens often is that eligibility terminates when you turn 65, but caregiving does not stop.

In terms of supporting senior women survivors of violence and abuse, we learned that violence has a significant impact on aging. Some women do experience violence in old age. Others experienced violence as children or younger women that continues to impact their quality of life. In particular, historic trauma has had an enduring

impact on the lives of indigenous older women. Keeping their children and youth safe is a priority.

Through consultation with service providers who work with senior women who have experienced violence, we learned that senior women are particularly reluctant to go to a transition house. Maintaining a connection to their communities is very important to them. Leaving home often means transitioning to long-term care, because transition houses are not set up to address their complex health needs. Also, as they value family relationships, sometimes over their own safety, they will stay in dangerous situations to make sure the people they love are cared for, including spouses who are harming them.

• (0950)

Current policy measures also increase risk for immigrant women experiencing abuse. Pension policy excludes many senior immigrant women from access to old age security and the guaranteed income supplement. Immigrant women stay in dangerous situations because 10-year to 20-year agreements between their sponsoring family members and the Government of Canada prevent them from accessing many publicly funded services, thereby effectively tying them to family members who harm them.

To address these concerns, we have recommended that the Government of Canada and the provincial and territorial governments fund initiatives to enable senior indigenous women, women elders and their communities to develop locally based and culturally appropriate programming to support healing within their communities.

We ask that you enhance support for organizations that assist senior women experiencing or fleeing abuse. This not only means transition houses and safe houses, but also seniors-serving agencies and immigrant-serving agencies, particularly to develop and enhance outreach services so that women can be served without leaving their home.

We would like enhanced funding to safe houses and transition houses, to allow them to implement practices identified in the report “Promising Practices Across Canada for Housing Women Who are Older and Fleeing Abuse”. It is referenced in our brief. This would allow programs and agencies to enhance accessibility and appropriateness for senior women.

Also, we are asking for a review of old age security and guaranteed income supplement eligibility criteria respecting access for senior immigrant women who otherwise have no financial support.

In terms of access to health care, I'm going to skip some of my introduction and just lead into the recommendations.

We've recommended that the government fund patient advocate and navigator programs to provide support and assistance to senior women who experience barriers to receiving timely and appropriate health care. Women with complex health issues find system navigation challenging. Health care is often delivered through a mix of providers.

We recommend enhancing funding for programs aimed at providing housekeeping assistance, such as meal preparation, laundry and housework to senior women requiring support. This is essentially home support. What we've found in recent years is that some of these kinds of services—which are the services women tend to need more than others—have been cut.

We ask that you explore models of health care delivery that better serve women with complex health circumstances, such as community health centres that bring together primary care physicians and allied health professionals. The problem with going to see a physician, as many people know, is that you're often limited to seven minutes with a doctor. If you're an older woman or a woman with disabilities with many complex health issues, seven minutes does not allow you to tell your story and get the right kind of care.

Finally, I have a few words about enhancing access to justice. Senior women tell us that they find it difficult to access legal representation and legal advice. Most cannot afford the legal services they need, and many do not know how to find a lawyer to get help. For some reason, the outreach and promotion of legal services did not seem to reach older women.

Senior women who have survived violence have told us that the legal system can be harmful and re-traumatizing, rather than helpful. Lawyers don't provide the assistance they require; judges may not support them to tell their stories in court, and justice professionals do not seem to help keep them safe. We have worked with a group of older women to develop an eight-minute documentary to illustrate this dynamic. You can watch it on our website. It's called *No Voice*.

We also have a number of recommendations related to access to justice, as follows.

Provide sustainable funding for programs that provide legal representation to grandmothers who are the primary caregivers of children, including in-house staff lawyer positions within key community agencies. Grandmothers providing care tend to be a group of people that the policy never contemplated would happen.

Identify practical solutions to barriers to access to justice facing older women in B.C. and other provinces, with particular attention to outreach strategies.

Increase the number of hours of funded legal representation in instances where older women require legal aid.

Ensure that justice sector stakeholders, including lawyers, judges and law students, develop a better understanding of the dynamics of trauma.

Enhance funding for advocacy programs that allow senior women to access support that they would not get from a legal aid-funded lawyer. Advocates can provide holistic, emotional and practical assistance that allows women to make better use of their advocates and their legal counsel in a limited time. It provides a better wraparound service for women with complex needs.

Those are the issues that I wanted to highlight in my submission.

Thank you.

•(0955)

The Chair: Thank you very much, Krista.

I hope you've been okay with listening and getting that feedback. I hope it's getting better there, and I know it's finally getting light outside in Vancouver. Thank you very much.

We're going to start with our first round of questioning, and we're going to turn the floor over to Emmanuella Lambropoulos for her seven minutes.

[*Translation*]

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): Thank you for meeting with the committee again here in Ottawa.

[*English*]

Thank you for being here with us today.

[*Translation*]

My first questions are for the representatives of the Association québécoise de défense des droits des personnes retraitées et préretraitées and the Réseau FADOQ.

You've met with the committee before.

What further initiatives could the government take to improve the situation of seniors? Our government has already implemented the new horizons for seniors program. It still plans to invest \$5 million a year in the program, which will help many more organizations.

What more can we do to help seniors, and senior women in particular?

•(1000)

Ms. Gisèle Tassé-Goodman (Vice-President, Réseau FADOQ): Good morning, Madam Chair and honourable members.

At the Réseau FADOQ, when we think about the survival of our life partners, it's a serious matter. Women have a longer life expectancy than men. We know that 8.4% of women in Quebec are widows, which is significant. The death of a spouse is a difficult life experience for anyone. It's difficult on a financial level. When you get up one morning, as a couple, to see the sun rise, and the next day your spouse is gone, your life changes.

When Old Age Security and Canada Pension Plan recipients die, their benefits stop. We want their benefits extended to three months after their death, because the bills keep arriving in the mailbox. The widowers or widows, who are seniors in many cases, continue to fulfill the financial obligations. These obligations were often established before the death of their spouses. We're asking for compassion in this area.

We also want the guaranteed income supplement increased by \$50 a month. Many women were in the workforce before they needed to stop working to raise their children at home, and they weren't able to contribute as much as their spouses to an RRSP. We're also asking for compassion in this area.

Before the age of 60, men are more likely than women to live alone. We want this reality to be taken into account and we want an increase in old age security benefits. For the guaranteed income supplement, we want an increase of exactly \$50 a month.

We commend the government for improving the earnings exemption for experienced workers. We're very pleased with it.

Many women in Quebec act as caregivers. The gap between women caregivers and men caregivers is larger among those aged 45 to 64. In this age group, 39.7% of women are caregivers. One in three women caregivers holds a job, while one in five men caregivers holds a job. We want the government to double the caregiver tax credit because it's often given to women. The credit must also be refundable.

In 2016, the Appui pour les proches aidants d'âinés estimated that 2.2 million adults in Quebec perform a caregiver task each week for a senior.

The Réseau FADOQ recommends that the federal government raise the weekly earnings threshold for calculating caregiver benefits so that the amount provided is closer to the income of program recipients.

Ms. Emmanuella Lambropoulos: Okay.

Thank you, Ms. Tassé-Goodman.

Mr. Philippe Poirier-Monette (Collective Rights Advisor, Provincial Secretariat, Réseau FADOQ): From a broader perspective, we address the Canada Health Transfer issue in our brief.

I believe that more resources must be allocated to the provinces so that they can provide quality services to citizens. The health transfers used to increase each year by 6%. The federal government then reached an agreement with the provinces for increases of about 3%. We want the federal government to raise its annual increase in health transfers and to calculate the transfers based on the aging population variable. For example, our brief states that it costs \$12,000 a year to provide health care for a senior, as opposed to about \$1,200 per person in the general population.

I also want to remind the committee that the nurses in our hospitals and CHSLDs are primarily women—

•(1005)

[English]

The Chair: I hate to interrupt, but I must. Sorry about that, but there are bells going right now.

I will need unanimous consent to continue. We will need to decide what to do. Of course, we have to recognize that we've just brought these witnesses back for the second time. We have the opportunity to continue or stop. I need unanimous consent to continue for, I would say, up to 15 minutes.

Can I get unanimous consent for us to continue?

Some hon. members: Agreed.

The Chair: Please go ahead.

[Translation]

Mr. Philippe Poirier-Monette: As I was saying, nurses and orderlies are primarily women. These women are responsible for many patients each day. Clearly, an increase in health transfers would make it possible for the government to provide more resources to help these women and give them a break.

These are the FADOQ's recommendations.

[English]

The Chair: I'm now going to have to stop you because we're quite a bit over your time.

I'm going to switch over to Rachael Harder for the next seven minutes of questioning, and then we'll go to Irene Mathysen so we can finish up and have all parties ask questions.

Rachael, you have seven minutes.

Ms. Rachael Harder (Lethbridge, CPC): Thank you.

Madame Bélanger, my questions will go to you, in large part. In your testimony that you had the opportunity to share with us on February 28—and on behalf of the committee, I apologize for the disruption you faced that day—you talked about the importance of choice, the importance of freedom, the importance of autonomy, but you juxtaposed those with the fact that many elderly women find themselves feeling perhaps lonely or isolated.

Could you talk about that a bit more in terms of your observation and what could be done?

[Translation]

Mrs. Madeleine Bélanger (As an Individual): I've had the opportunity to meet with many senior women. I don't need to deplore the difficulties that I've just heard about with regard to senior women. I've always been willing to take the place given to me.

However, many women are becoming isolated. I think that we need a public awareness or educational movement and that we must change mentalities. We've just talked about how more women are becoming widows or how they sometimes live a long time without a partner. When women end up alone, we often think that they're being left behind somewhat or that they'll get together with other women. They aren't solicited enough for the public service or jobs. Mentalities change, but it still isn't easy for women who have reached retirement age to return to the labour market [*Technical difficulty—Editor*].

[*English*]

The Chair: We're frozen for a moment.

We've lost the witness. If you want to continue with your questioning, we can come back to that.

What would you like to do with your time?

Ms. Rachael Harder: I'll give my time away to someone else, and then it can come back to me when she is reconnected.

The Chair: Okay. You have five minutes left. I'm going to switch it to Irene.

Irene, we're going to give you the floor for seven minutes, and then we'll come back for five with Rachael.

•(1010)

[*Translation*]

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

[*English*]

I have so many questions. I'm going to try to be succinct.

I want to thank you for coming back; this is very kind. Thank you for the work that you do. It is so important.

I want to come back to the recommendation in regard to the Canada health transfer and the fact that it needs to be increased. There needs to be more money, because we're heading into the peak of the baby boom generation. I recognize that you want the increase to go to \$167 billion. Should there be strings attached? Provincial governments are notorious for taking money and then giving it away as tax breaks or spending it in ways that do not meet the intent, so should there be strings attached to that funding?

[*Translation*]

Ms. Gisèle Tassé-Goodman: It's tricky to answer that type of question, because health care is under provincial government jurisdiction in Quebec.

We can't ignore the fact that Quebec's population is aging faster than the population in other provinces. We're asking for a proportional annual increase of 6% to include in the current formula. The variable takes into account Canada's aging population.

[*English*]

Ms. Irene Mathysen: Should we see the protections that we see in Quebec in other provinces as well, protections for that funding for seniors' health?

[*Translation*]

Mr. Philippe Poirier-Monette: I don't think that it should come with any conditions. When the federal government wants to direct the delivery of certain services, it allocates specific amounts to those services. In the 2018 budget, I believe that it did so for home care. This method sends a clear message to the provinces, which are then free to implement the program or to withdraw from the program in exchange for compensation.

Our brief clearly states that health care costs provinces and territories \$167 billion, but that the federal government spends only \$37 billion on this budget item. We don't think that the federal government should cover the full \$167 billion. However, we believe that it should invest more money in health care and that it should also take into account the aging population by adding a variable that allocates more money to the provinces with the oldest populations.

[*English*]

Ms. Irene Mathysen: Thank you.

Do we have our guests back?

The Chair: Yes, our guests are back.

Ms. Irene Mathysen: Okay, thank you.

I have so many questions. I'm very interested in the concern about the OAS and the GIS. First and foremost, back in the 1990s—and I think this is approximate—we spent about 3.4% of GDP on OAS. Then we saw an increasing baby boom generation, so by about 2010 we were up to about 3.9%, and fear reigned in the land. These are figures from the Parliamentary Budget Officer. The Parliamentary Budget Officer was very clear that by 2030 that percentage of GDP would come back to less than 2.6% because there would be fewer and fewer seniors. Therefore, increasing the OAS, according to research and the Parliamentary Budget Officer of the day, was a reasonable thing. I thank you for that suggestion. Do you support that notion?

Second, in 2012, if we had increased the GIS by \$1 billion—and I want to remind you that it sounds like a lot of money, but a billion dollars in the federal budget is very insignificant, really—that would have lifted all seniors out of poverty. Is there any sense of how much would be needed now in order to raise all seniors, including the majority of seniors who are women, out of poverty?

•(1015)

The Chair: Who is that question for?

Ms. Irene Mathysen: It is for Krista James.

Ms. Krista James: Thank you. I'm sorry; I didn't realize the question was for me.

We're not economists, at the Canadian Centre for Elder Law. I am not able to crunch numbers, but I would like to make two further points about raising the GIS and the OAS. First, when we think about those numbers, it is useful to think of them as an investment, and think of old age security as a kind of preventative care. We spend lots of money on supporting seniors who have worsened health, worsened safety, because they can't meet their basic expenses. A homeless senior, or a senior who isn't able to see a physician, is going to have a much worse health situation that costs us a lot of money toward end of life and being in the hospital emergency. So if we're worried about the money, if we invest in helping keep seniors healthy they'll cost us a lot less as they age.

Second, there has been some research recently into the basket of goods measure and the cost of living in different parts of the country. It is problematic to think that it costs the same amount to live in Vancouver as in Charlottetown. It is worthwhile to think about how we approach the OAS and the GIS in a way that reflects the actual cost of living in different communities across the country.

In Vancouver, seniors really suffer because they cannot afford housing in the city, but they also cannot afford to move. They can't afford to move to a less expensive city when they're older because the community that helps keep them well is where they have been living. We know all the factors. Isolation increases mortality and abuse, and decreases quality of life. We want to keep seniors where they are, but if they've been living in an expensive city, they can't afford to continue to age in that city, so they are in a real catch-22 trying to live on OAS and GIS.

The Chair: That's excellent.

Irene, we're going to turn over the time to Rachael Harder now.

Rachael, you can finish your time.

Ms. Rachael Harder: Thank you so much.

My question continues with Madame Bélanger. What are your thoughts, your reflections on the importance of protecting a woman's freedom, her choice and her autonomy, but also providing her with the necessary supports to make sure she's empowered to thrive in her years of being a senior?

[Translation]

Mrs. Madeleine Bélanger: We must ensure their safety and autonomy. The major issue with seniors is that we have the impression that society infantilizes them to some extent. They're completely taken care of. Senior women don't want to be taken care of by all the other services. They want to be themselves and express themselves, and they want the means to do so.

Obviously, the needs in Vancouver and Quebec aren't the same. However, the needs are similar when it comes to ensuring the independence of senior women. They must still be able to take pride in being, living and participating in the community. This may involve performing civic duties, but also being part of a family and participating in the community.

Should we leave this desire in the hands of the government? Not necessarily. We must take responsibility for this matter together. We must ensure that senior women have a place in our society, because they're full-fledged people who have a wealth of life experience to

pass on and who still have plans for the future. That's how I see things.

[English]

Ms. Rachael Harder: Madame Bélanger, can you comment a little further on the contributions that you have made and that you see other women being able to make in their senior years?

[Translation]

Mrs. Madeleine Bélanger: In terms of my contributions, I've been very involved in helping abandoned children, mainly abroad, and refugees. Throughout my teaching career, I focused on volunteering for international causes that help children, such as causes that support sending child workers to school. I've been very involved on an international level.

On a local level, I've done some pastoral work, obviously, but I've also worked on behalf of teachers, mothers and women who have been abused. I've flourished in that area, and dedicated my life to it.

• (1020)

[English]

The Chair: We're going to have to suspend now, unfortunately, because we have to go to votes.

On behalf of the committee, I would like to thank very much Gisèle, Philippe, Geneviève and Krista, as well as Madeleine. I am sorry that we have been interrupted once again.

We will be reconvening at 11 o'clock with Daughters of the Vote.

Thank you very much.

• (1020)

_____ (Pause) _____

• (1100)

The Chair: We're going to reconvene.

I'll give you a bit of information. We're doing this on reduced quorum right now. Usually this membership has two Conservatives, one NDP and six representatives from the Liberal government. It is a bit reduced today, but there will be members from all parties represented, which is really important here as well.

We will begin with our opening statements. To begin, I would like to welcome to the panel Jaelyn Jarrett, Hannah Martin, Nokuzola Ncube and Dharana Needham. Thank you very much for appearing.

Basically, we're going to have three full panels of four. They each have two minutes. We'll do a round of questioning for each, but we'll reduce it to three and then continue if we need to after that. Then we'll switch up our panels.

I would like to welcome you all today. Hannah, you have the floor for your opening two minutes. When you see me put up my finger, that means your time is done.

Go ahead, Hannah.

Ms. Hannah Martin (As an Individual): [Witness spoke in Mi'kmaq]

[English]

Hello. My name is Hannah Martin, and I am from the traditional unceded territory of the Mi'kmaq in a place called Tatamagouche, in Nova Scotia. Today I am representing the riding of Cumberland-Colchester, and I will testify on the devastating impacts of resource extraction and development on water and communities in Mi'kmaq territory.

The theme of my testimony is that the violence against indigenous lands is violence against indigenous women. Today I will be making three calls to action on the impacts of Canadian mining at home and away.

For the first time in history, the province of Nova Scotia is planning to release a request for proposals for mining exploration in Warwick Mountain, Nova Scotia. If this mine is not stopped, the tailings will poison the French River watershed and six other watersheds of which the mountain is a part. This will have a direct impact on human life, plants and wildlife—all for five years of jobs.

To date, adequate consultation has not been conducted by Atlantic Gold or the Province of Nova Scotia with indigenous or non-indigenous folks. On behalf of members of the Sustainable Northern Nova Scotia group, and as a Mi'kmaq woman, today I call for the immediate halt of the request for proposals.

With urgency, I call on the Canadian government to hire a now 15-month overdue ombudsperson for responsible enterprise, or CORE. On January 17, 2018, the government promised that it would create the CORE, which would be fully independent and would have the powers to compel documents and testimony.

I, myself, have witnessed the violence of Canadian gold companies abroad in places like San Miguel, where Canadian gold companies are raping and forcibly removing indigenous women from their lands and territories. This is happening by Goldcorp.

Reconciliation and respectful relationships have no borders. We need to be treating indigenous folks and carrying out our promises to indigenous peoples not only in Canada, but also abroad.

• (1105)

The Chair: Thank you very much for your opening statement, Hannah. That's fantastic.

We're now going to move over to Nokuzola. If you could begin, you have your two minutes.

Ms. Nokuzola Ncube (As an Individual): My name is Nokuzola, but you can call me Zola. I'm a body—a biological process—but I very much belong to social systems. Frankly, my mom might have given me a pep talk before I got here.

In 2017, nearly 4,000 people died from opioid-related causes in Canada. Over the past five years, one in eight Canadians—that's 3.5 million people—has reported having a close friend or a family member who is dependent on opioids.

Opioids are a classification of drugs that, when consumed, activate the reward centres in our brain, which in turn floods our brain with dopamine, which causes feelings of euphoria. We can definitely see that although there may be an aspect of individual agency, this is very much a biological process.

There are two streams that contribute to the opioid-related mortality in Canada: the prescription drug stream and the illegal drug stream. Thirteen per cent of women used prescription opioids in the past year. Among women, the greatest risk for opioid addiction is receiving a prescription for opioid meds in the doctor's office. This is due to many reasons. Women tend to frequent the doctor's office more. They tend to have undealt-with trauma and violence and as a result self-medicate, and they have differing chronic pain experiences.

Though Canada has implemented warning stickers on some opioid labels, as well as information sheets to be given along with prescriptions, there is a relationship between social isolation and addiction. If opioid addiction starts in the doctor's office, specifically for women, so should social support. We need to look into social prescription programs to accompany opioid prescription and employ doctors to listen to women in the doctor's office.

Thank you.

The Chair: Excellent, thank you very much.

We're now going to move over to Dharana for two minutes.

Dharana, you have the floor.

Ms. Dharana Needham (As an Individual): Thank you.

Hello, everyone. My name is Dharana Needham. I'm a second-year student at McGill University, and I will be representing Vancouver Quadra.

Today I will be speaking on women and poverty, focusing specifically on single mothers living in poverty, subsequent child poverty, and the impact of the health care system on impoverished people with disabilities.

My older brother and I were raised by a single mother who is both diabetic and living with chronic illness. This places her in a category of persons with disabilities.

I am a student living with both physical and learning disabilities, and my entire family is living in poverty. I have been below the poverty line my entire life and, as such, have seen the progression in the lack of resources being made available to single mothers, persons with disabilities and low-income families, which has perpetuated the problem of poverty, specifically within Vancouver.

Due to my mother's disabilities, she is unable to drive. It takes us an hour on public transportation to reach affordable food centres. It takes double the time to reach our nearest welfare offices. Vancouver has become unaccommodating and neglectful to people living in poverty, and I can safely say that this is not the only city in Canada in which this is happening. The issue of access is intensified for single mothers and even more so for a single mother living with a form of disability. This is an occurrence that is significantly more common than one may think.

The current medical system does not accommodate those living in poverty. We claim to be living in a universal health care system; however, we've plateaued at the term and have not considered the fact that an inordinate number of people are still being barred from the health care resources they need because they cannot afford them.

Canada's health care system can be put up on a pedestal because, technically, it is universal—and I am forever grateful for that—but when I have to choose between paying for my medication and paying for my rent, I cannot be proud of our system.

I understand that the topics I am discussing are regulated by provincial governments. However, these cannot be considered provincial issues. They are concerns that fall under the mandate of each respective provincial government, but they are problems that transcend one province and are perpetuated across the country.

• (1110)

The Chair: Thank you very much.

We're now going to move over to Jaelyn Jarrett.

You have two minutes.

Ms. Jaelyn Jarrett (As an Individual): *Uplaakut.*

Good morning. My name is Jaelyn Jarrett. I'm originally from a small Inuk community in northern Labrador called Nain, Nunatsiavut. In the early part of my life, I got the opportunity to be raised by my *anaanatsiaq* and my *ataatatsiaq*, my grandmother and my grandfather. They showed me my traditional way of life, how to live off the land, and my language. Those are values that I have carried with me every day throughout my 21 years. These were the best times of my life.

However, I've also been in foster care. I've been adopted; I have suffered from isolation in the cities and lost my language. I've had a grandparent who attended residential school, and I've dealt with the deep-rooted trauma that has come with that. I've also suffered from depression.

I'm still here, and I'm still breathing and, while it hasn't been easy, I'm very thankful for that. However, many of our Inuit youth are not actually able to say the same, and some of them aren't with us today. A few days ago, I was going through some of my childhood memorabilia, and I found a little kindergarten graduation cap. When I looked at the names inside the cap, I realized that a lot of the kids I had grown up with aren't with us today because they've taken their own lives. As I continued to look through my pictures and my memorabilia, I noticed that, as I have gotten older, I would put RIP next to some of the people I had lost.

While my story may seem kind of like an outlier compared to the rest of Canada, it's not. Unfortunately, it's probably very familiar to many Inuit. Whether it's losing family, relatives and friends to suicide, or whether it's being in the foster care system and suffering from isolation or suffering from loss of identity, it's very familiar, and I'm sure that what I'm saying can resonate with many Inuit.

The Chair: I have to cut you off there; it was an excellent job.

Now, instead of three minutes, we're going to increase it to four minutes. We're going to give four minutes to the government side, four minutes to the Conservatives and four minutes to the NDP.

Rachel, you have four minutes.

Ms. Rachel Bendayan (Outremont, Lib.): Thank you very much. Do I address the question to individuals specifically or...?

The Chair: You can address it through the Chair. It's very informal.

Ms. Rachel Bendayan: Thank you very much for your presentations, which were all excellent.

I would like to ask a question of the last speaker. Your intervention was regarding the friends you've lost over the years, and perhaps you have some suggestions for federal government programs that might be able to assist young people in your community.

Ms. Jaelyn Jarrett: There are two groups of Inuit: those who live in Inuit Nunangat, in the four Inuit regions, and also Inuit urban youth. I think what happens a lot of the time is that a lot of us fall between the cracks in policies and programs. Being an urban Inuk, I wasn't able to act on those programs in Ajax, where I had moved when I was adopted. I think programs that move us back to our culture in our communities are needed. Sometimes it's not accessible because of finances and such.

I think that programs and funding that allow youth to be able to go back to their small communities and experience their culture are really important. That's my suggestion for the federal and provincial governments, because obviously both are involved.

Thank you very much.

Ms. Rachel Bendayan: Thank you.

With respect to the intervention regarding support for patients when they are in the doctor's office, I was wondering what type of support you think would be required. I believe you mentioned social work. Is there a specific kind of support that you had envisioned that a social worker could provide at that time?

• (1115)

Ms. Nokuzola Ncube: Yes. It's not necessarily a social worker. I'm a graduating health sciences student at Western University. We're looking into the implementation of a social prescription checklist for doctors. We know that doctors' time with the patients is relatively limited, so it's about giving doctors a checklist to go through the social supports that their patient does or does not have, and provide referrals if they themselves determine that this patient does not have adequate social support.

It's not necessarily adding any extra human resources to the hospital, but rather taking the extra minute from doctors and ultimately leveraging the existing social supports of the community.

Ms. Rachel Bendayan: Given that you're in university at the moment, do you think that the current program in medical school prepares doctors to provide that type of service and support?

Ms. Nokuzola Ncube: I don't. I think it's growing, and I think it starts at the medical admission process. It has been relatively test-based, and the curriculum doesn't allow for doctors to gain an understanding of the social determinants of health. It has been functioning on the biomedical model, which puts the individual at the centre of everything.

In regard to medical education, I think we also need to teach prospective doctors that though an individual can do whatever they want to be healthy, if they exist in a system that does not accommodate that, then there is no point.

The Chair: You have 30 seconds left.

Ms. Rachel Bendayan: Dharana, could you perhaps comment on the work that the government is currently doing with respect to a pharmacare program federally? Would that respond to some of your concerns?

Ms. Dharana Needham: Sure. In terms of federal programs in that regard, at this point I can't speak specifically on that program. I think when it comes to health care, a lot of pressure is put on the provinces because health care is a provincial mandate. I think there needs to be more accountability put on provinces, and I think there needs to be streamlining.

Whether or not that is happening, it needs to be increased, and at least a fraction needs to be focused on people in poverty. Whether or not we have health care programs, that's fine, but I'm here to talk about poverty, and I'm here to talk about the fact that we have the history of health care programs, and that's great, but it doesn't matter that we have health care programs if they are not serving people in poverty.

A lot of that comes down to the fact that people in poverty cannot afford extended medical. It creates issues because they can't see specialists. They can't see doctors, and they can't afford their prescription medications. My mother cannot afford her insulin for diabetes, because there are no programs in place for her.

The Chair: Thank you very much. You did a great job.

We're now going to move to Kellie Leitch. You have four minutes.

Hon. K. Kellie Leitch (Simcoe—Grey, CPC): Thank you very much.

Thank you all for taking some time to present to us today.

Dharana, I had a question for you first, because you raised the issue of health care. It was great to meet you yesterday. I hope you all enjoyed the reception last night.

Your points are very well taken with respect to the inequities in our health care system. I'm a practising physician, and I see them up close and personal, whether it be parents who have to drive literally hundreds of kilometres to see me.... The gas alone is probably different for them than it is for someone who could walk right next door.

What do you think is the public policy direction we should take to create that equity? Are there certain things outside the creation of social programs that we should be considering?

For example, Senator Michael Kirby, a Liberal senator many years ago, talked about accountability as part of the Canada Health Act.

Should we be considering things like that so physicians and parliamentarians and everyone is accountable to that patient? If we're going to say that we're going to provide health care, we should actually do that.

What are your thoughts on that?

Ms. Dharana Needham: Yes, I think that actually aligns very well with what I said in my speech, the fact that the federal government is not currently holding the provincial governments as accountable as I think they should be. As well, doctors holding themselves accountable for their patients is a massive issue, and I think it is something that could be easily fixed. It could be something that can be fixed, and it would help people living in poverty because it would help them access the resources they need to function better so they're not living for survival.

I think a lot of that includes extended medical care programs and opening up more facilities, opening up walk-in clinics. I understand that these are difficult things to establish; however, I don't think it should be something we turn away from just because it's hard.

• (1120)

Hon. K. Kellie Leitch: Right.

These are very challenging questions, and I think parliamentarians need to take responsibility for them, absolutely.

Ms. Dharana Needham: I agree.

Hon. K. Kellie Leitch: Zola, I am not going to even try to pronounce your full first name. I am going to call you Zola.

You raised issues around physicians. Are you in medical school, or are you in the health sciences program?

Ms. Nokuzola Ncube: I am in health sciences.

Hon. K. Kellie Leitch: Okay.

Could you tell us a bit about whether it's different...? I was a professor at the University of Western Ontario, so I taught community health. I know what we teach our students, which does include education with regard to drug-related issues and addictions.

What do you learn in health sciences? Outside of just having physicians take on the responsibility, what do you think those other health care professionals should be doing to make sure we deal with this crisis?

Ms. Nokuzola Ncube: Sorry, I forgot the first part of your question.

Hon. K. Kellie Leitch: With respect to your own program, how are you being educated? How is it different from the medical school program?

Ms. Nokuzola Ncube: In the health sciences program, our understanding of the human is very broad. We see the human as obviously the biological process—and we do learn about physiology and all that typical bio stuff—but we also have an extreme focus, right from our very first year, on the social determinants of health, so aspects beyond one's personal health that impact their health. We're talking about transportation, housing and addiction.

In regard to the second question, about who else can be involved, I think it would be valuable to get NP-run clinics involved, as well as social workers, and get a whole integrated system of health to support everyone.

The Chair: You have about five seconds.

Irene, we're going to turn it over to you. You have four minutes.

Ms. Irene Mathysen: Thank you very much.

I have a question for each of you. I'll be succinct.

I want to say congratulations to each and every one of you. Tomorrow, I hope, is not the last time you will take a seat in the House of Commons. I have great faith in you, and I look forward to your taking your places as leaders.

I'll start with Hannah. You talked about this Canadian mining operation. We have laws in Canada about the conduct of mining companies. Are these laws being ignored?

Ms. Hannah Martin: Yes, these laws are being ignored. The example I gave you was Goldcorp. It has a mine in San Miguel called the Marlin mine. There was a recent case, which is actually very dependent on the ombudsperson that we need to implement immediately. There are actually a number of Mayan women who travelled to Toronto last year to be heard about their case. There were several women who were raped at the site of the mine by security personnel who were part of Goldcorp.

They were also forcibly removed from their lands. Many times, when these companies go in, they actually trick women into signing off their lands. Lots of these women don't speak Spanish. They speak their indigenous language only, which, as we know, is an extremely precious gift that we have as indigenous peoples. However, some of these companies are going in and actually tricking them because they don't speak Spanish, stealing their land and removing them from their territories.

The result is these massive open pit mines, which produce chemical tailings that kill everything as far as your eye can see. I've seen these tailings ponds. There was a recent break in Brazil. I'm sure everyone here is aware of that. I do not think we are following regulations and our laws abroad as a country, and we really need to be more responsible. These are people's lives, you know.

The same thing is happening in Canada. As a Mi'kmaq woman, I won't be able to practise my treaty rights and my inherent rights under the peace and friendship treaties if a mine is implemented in my backyard. It's literally a few kilometres down the road. Not only does it affect my spirituality, but it also affects my physical and mental health. This is a responsibility that I carry as a Mi'kmaq woman for myself and my future children, and your children and your families.

This is an issue that I think a lot of people are starting to realize is more than an indigenous issue. That is why I come here associated with not only my Mi'kmaq community but my community of Tatamagouche. I'm a member of Sustainable Northern Nova Scotia, which has been actively trying to stop the mine since it was announced last fall.

I think this is an issue that is really happening not only abroad but in our own communities, and we have to take action.

• (1125)

Ms. Irene Mathysen: Thank you very much.

Zola, you talked about women and their access to services. You touched on the fact that housing and transportation are very difficult to come by. We have a housing crisis. In your opinion, or as you have seen it, do we need a national housing strategy so that we don't have this crisis and this terrible burden on all people, but women in particular?

Ms. Nokuzola Ncube: I am sure that women are personally affected, but right at this moment I don't have the statistics to comment effectively on that.

Ms. Irene Mathysen: Okay. Do we need a national housing strategy?

Ms. Nokuzola Ncube: I will look at the statistics and get back to you.

The Chair: Thank you very much to Jaelyn, Hannah, Zola and Dharana. It's been excellent.

We are going to suspend and have the second panel. The first panel will be dismissed. We are suspending for about one second.

• (1125)

_____ (Pause) _____

• (1125)

The Chair: For our second panel, we have Immaculée Kalimurhima, Megan Linton, Valérie Daniel and Phoenix Nakagawa.

We are going to start with Immaculée.

You have two minutes. Go ahead.

Ms. Immaculée Kalimurhima (As an Individual): Hello. My name is Immaculée, and the LaSalle-Émard-Verdun district of Quebec is where I call home today.

Today I want to talk to you about one of the residents of my riding, a refugee girl who fled the Congo with her family. They moved from country to country, looking for safety. They went to Uganda, where they sought refuge for 10 years. Her parents finally got jobs there, so they sent her to school. She went to school for the first time when she was 14 years old. She couldn't read, write or even spell her name.

After 10 years in Uganda, they came to Canada in 2014, and she enrolled in an adult school. Two years later, she graduated, winning awards and being named valedictorian.

Today, the girl struggles to finish her college education because of the responsibilities to her family. Unlike Uganda, Canada chose not to recognize her parents' education and experience, so they, too, went back to school.

Like many refugee girls, the daughter works long hours in low-paying jobs to support herself and her entire family, while hiding from those who want to exploit her desperation and poverty. Her parents work too, but they don't make enough money to feed everyone. All eight members of the family suffer from post-traumatic stress, and the untreated impacts on their mental health can be debilitating. There is neither time nor money at home for proper treatment.

Four years ago, that girl slept under trees, sick with malaria and fleeing civil war. Today, she speaks to you in the Parliament of Canada. I am that girl, and I am extremely grateful to be in Canada, but more needs to be done to help refugees, especially refugee women.

Recognizing the education of refugees and immigrants is crucial. We need workers, engineers, lawyers and doctors like my mom and dad.

• (1130)

The Chair: Thank you very much. Thank you so much for sharing your story. That was wonderful.

We're going to move on to Megan for two minutes.

Ms. Megan Linton (As an Individual): I would like to begin by situating us in an area of Canadian history that is all too often ignored. Throughout Canada's early colonial history, segregation and eugenics were dominant ideologies. The very women whom many of us consider the Famous Five, who are galvanized in copper and set on Parliament Hill, were also famous for their eugenics and white supremacist attitudes. It was not until 1975 that eugenics legislation was repealed. It was not until 1996 that women in institutions were given the right to vote.

However, the institutions that have warehoused oppressed groups for centuries have yet to crumble, despite mass calls for deinstitutionalization. The institutions that saw—and see—the abuse, rape, forced medicalization and forced labour of disabled people remain. No longer are my people housed in institutions. Instead, they are in nursing homes, not-for-profit group homes, psychiatric institutions and prisons. We are tucked into the corners of society, out of sight, but we must always be in mind.

We must remain vigilant of the ways that history repeats itself. We must remain vigilant that pharmacare not be used to forcibly medicate persons in institutions. We must remain vigilant that a mental health strategy not seek to segregate people into institutions, away from community. A mental health strategy must not pathologize or criminalize marginalized identities.

As our population ages, we must remain vigilant that nursing homes are not spaces for warehousing people. We must reinvest in the importance and knowledge of elders.

I challenge you to leave here today remembering that it is not feminist to revoke someone's consent because they are mentally ill. Remember that consent extends beyond the bedroom, all the way into our hospitals and institutions. Remember that warehousing people is not feminist. Remember that prisons are not feminist.

I challenge you to leave here today recognizing your privilege and your responsibility to patients who live without a patients' bill of

rights, without access to democratic institutions and fundamentally segregated from this very place where I am sitting.

The Chair: Thank you very much.

We're moving on to Valérie for two minutes.

[*Translation*]

Ms. Valérie Daniel (As an Individual): “Go home with your friends,” “Watch your drink,” and “Plan your transportation.” These were the recommendations of an awareness campaign that was still under way at the end of last year. The campaign was hardly unique.

I've noticed that the imperative form of the verbs is used to address women. Why are women being addressed in a way that dictates choices to them? Why should we live in fear of being assaulted when we return home in the evening or at night? It would not occur to our male friend, who leaves shortly after us, that the man walking across the street may decide to harass, rob, assault or even abduct him. We must ask the following question. How does an individual end up taking this type of action?

Personally, I agree with the philosopher Jean-Jacques Rousseau, who said that a human being born with an open heart is ready to share. However, today's inequalities mean that the same opportunities and possibilities aren't available to everyone. As a result, I believe that a proper education, parental support, information or awareness campaigns, and the values conveyed by society through advertising and our economic system must be adjusted or improved in order to bring about long-term change.

When people are children, teenagers or young adults, they develop their personality, identity, opinions and ambitions. This is where action must be taken. Once they have joined the labour market and are responsible for a home and children, a number of people lose the determination needed to bring about change.

I also think that we need to change the education and customs of our society. Even if we adopt new rules or legislation, or change the Constitution overnight, the habits, behaviours and ideologies will remain the same. As a result, we must keep seeking new knowledge and applying critical thinking skills. Through learning, education and communication, we can bring out change in our country.

I come from Baie-Saint-Paul, a small town of 7,000 people in the Charlevoix region. Before I started university in Montreal, I had never experienced sexism and gender inequality. I thought that we lived in an egalitarian society.

• (1135)

[*English*]

The Chair: Thank you, Valérie. Excellent. Great job.

Phoenix, the floor is yours for two minutes.

Ms. Phoenix Nakagawa (As an Individual): Hello. My name is Phoenix Nakagawa. I am a third-year agriculture student at the University of Manitoba, majoring in agroecology and entomology. I am here representing the riding of Winnipeg Centre, and I'll be talking to you today about women in sport.

I'm a global indigenous transwoman of colour and a competitive rower. I live between colliding worlds, one that validates my identity and one that does not. I would love to talk to you all today about the struggles of women, especially queer and coloured women, in sport. Sadly, I cannot do that. The reason is simple: I have not been validated as a woman in the sporting community.

Ever since I've come out, I've had an uphill battle with sport and its continued erasure of transpeople like me. I competed twice at the Canada Summer Games, once at the Western Canada Summer Games, and twice at nationals, where the experiences caused me discomfort. The 2017 Canada Summer Games was especially difficult for me, because I had just come out as a transwoman to most of my crew and support team. I was accepted within my crew, but I had to race as a man. I knew of this reality, but I decided to continue to pursue the games, hoping that other accommodations would be made. They were not. I was in the men's dorm room and the men's food hall. I was not permitted to enter the women's area. My name tag had a large "M" on it, representing male, which caused me constant dysphoria.

The major issue today in the sporting world is that nobody wants to address us as women, as people of colour, as queer or trans identities, or, for that matter, as disabled athletes. Most sporting organizations are afraid to tackle many of the issues faced by our communities. However, I would like to advocate for one thing that would engage at least the queer community to enter sport—that is, a gender-inclusive category.

This gender-inclusive category would help diverse queer identities, such as non-binary and gender-fluid people and other transpeople, to safely participate in sport. This category would involve disabled athletes, athletes of colour, and other intersections of disability, colour and queer as well. Of course, this idea is not perfect, but we must start somewhere or else we will never have full public access to publicly funded sport.

The Chair: I'm sorry, Phoenix, but I will have to cut you off there. It's excellent information that you're giving us, but we have to move on to the line of questioning.

Terry, you have the floor for four minutes.

Mr. Terry Duguid (Winnipeg South, Lib.): This is a surprise. I thought someone else was going first. I'll just get my act together here.

First of all, thank you all for your excellent presentations. I hope you're having an amazing experience as Daughters of the Vote, and thank you all for your commitment to making the world a better place.

Sorry, I wasn't expecting to be going first, so I'll just get my thoughts together here.

Megan, I had a very dear uncle, and he is one of the reasons I'm sitting here today. He was a conservation officer in Manitoba, and he

invited me to all sorts of places in Manitoba—a beautiful province, I'm sure you'll agree—to experience the amazing environments we have in Manitoba. He developed brain cancer, unfortunately. I got to visit him in the geriatric ward at St. Boniface Hospital. I don't know if you've been up there, but you used the term “warehousing” for our seniors and people who are at the end of their lives.

I wonder if you have any solutions for us in terms of community care, home care, more personal care homes. I'm sure you've done some thinking on that, and maybe you can elaborate on it in your two minutes.

Ms. Megan Linton: Yes. I think one of the major problems you touched on is geriatric institutions. One of the broader problems we have seen is when young people under the age of 20 are warehoused in seniors institutions and geriatric institutions. There was a case in Manitoba; I don't know if you've been following it. Beyond the fact of seniors institutions being largely devoid of nurses, doctors and personal support workers, the workers who are there are vastly underpaid. There's only one nurse required per centre, which is violent for both the patients and the workers.

There has been a lot of wonderful research, especially in regard to the butterfly model. However, I think what we're seeing right now is a real lag in community living and our understanding of community living. Community living is not living in a for-profit group home, segregated from society. Community living is living in a society that both recognizes and supports people with disabilities and neuro-divergent identities and also allows them in society.

How do we expand our ways of thinking beyond sane or not, ill or not, geriatric or young, and instead have more community living workers? That means provinces funding health care and mental health care in a capacity beyond just hospitals. What we're seeing right now is that mental health care and health care are exclusively being funnelled toward access to services in institutions, but that doesn't represent many people's experience.

What would it look like if everyone had access to a community support worker? What would it look like if you had beyond 15 hours of help from a personal support worker? Currently in Manitoba, you're eligible for 15 hours. That's not enough hours in a day for you to get dressed, go to work, get changed, eat dinner and sleep, so those people are then forced into institutions.

To answer your question, I think that more access to supports and more funding beyond just institutional health funding are needed.

● (1140)

The Chair: Excellent.

You have 15 seconds left.

Mr. Terry Duguid: Thank you.

Maybe I'll ask Phoenix a question later. I was very impressed with your powerful presentation. I come from a sports family, the sport of curling, and I hope some day we have gender-inclusive curling.

The Chair: You and I have to talk about family curling.

Phoenix, I've already had a note sent over saying, "I need a meeting with Phoenix."

Rachael, you have the floor now, for four minutes.

Ms. Rachael Harder: Thank you.

Immaculée, am I correct in understanding that you are originally from Congo but then came through Uganda to Canada as a refugee?

Ms. Immaculée Kalimurhima: Yes.

Ms. Rachael Harder: Very good. Welcome.

You've called Canada home since 2014, and clearly your family has done incredibly well in establishing a new life here. I understand that there have been challenges along the way, and I think you've outlined those really beautifully. Thank you for taking the time to share your story with us.

Ms. Immaculée Kalimurhima: Thank you.

Ms. Rachael Harder: I'm wondering if you can reflect a little on your parents' journey, their credentials for working in Canada and how they found that transition.

Ms. Immaculée Kalimurhima: When we got to Uganda, my parents got jobs in a refugee camp. My dad was assistant doctor and my mom was a nurse, and they worked there for 10 years, helping the refugees who were sick with all kinds of life-threatening diseases.

They came here with their papers and everything, and they were told their papers weren't considered here, so my mom had to go back to high school at the same time as us. She fought really hard to get that education in Congo, where women don't have the right to education, and here, where we consider the country to have gender equality, her higher education was viewed as nothing. She had to go back to school, with six children to take care of.

Ms. Rachael Harder: Were your parents successful in going back and getting their credentials? Can I ask how they are doing today?

Ms. Immaculée Kalimurhima: My mom is still going to school. She's in CEGEP now, the same as me. My dad is going to school part-time and working, as we are.

Ms. Rachael Harder: Can you talk to me a bit about your hopes and your dreams, going forward?

Ms. Immaculée Kalimurhima: I hope to finish school successfully, which is kind of hard right now, because I have to help take care of my young brothers and sisters, help my family have a better life and help to see if Canada can at least evaluate the education of refugees when they come here. Canada gave us an opportunity, and we want to give something back. We have the education to do so, but we don't have anywhere to prove it. We don't have a chance to prove it.

● (1145)

Ms. Rachael Harder: Immaculée, it's clear that you and your family have worked really hard to be a part of Canada and to make a life for yourselves here. I have every confidence that you are going to be successful going forward. I commend you. What you are doing is not easy—helping with five siblings and even supporting your parents while they pursue their dreams. Simultaneously, you are pursuing yours. I have every confidence that you're going to be successful. I wish you all the best as you move forward.

Ms. Immaculée Kalimurhima: Thank you.

The Chair: Okay. Irene, you have four minutes.

Ms. Irene Mathysen: Thank you.

Thank you for bringing these very divergent but important perspectives. Ideally, that's what parliamentarians are supposed to do: bring their community to this place and allow this place to make good decisions about that community. Congratulations, and thank you.

Again, I have so many questions. Immaculée, you talked about the recognition of foreign credentials. Are your parents experiencing difficult barriers? Is it too slow a process? Is it too ponderous and unfair?

Ms. Immaculée Kalimurhima: It is unfair, considering they have done their education. They already have work experience with so many different organizations. They worked with UNHCR and other medical organizations that are in the refugee camps. When they got here, nothing was considered. They were not considered for even the lowest job at the hospital. My dad was working low-paying jobs in a factory, making \$11 an hour, and he is a qualified assistant doctor. It's totally unfair. We would like to have the opportunity to help the community that has helped us a lot.

Ms. Irene Mathysen: Okay. Thank you.

Megan, you talked about the institutionalization of human beings. We heard very recently about forced sterilization of indigenous women. We were horrified by it, but it's a reality. Despite the fact that indigenous people are 5% of the population, they make up 30% of those who are incarcerated. I understand your frustration.

I wanted to get to what you talked about in terms of home care for those who are vulnerable, and making it part of the social fabric through the health care system. I've had experience with community living. It matter what happens to those challenged individuals. Could you describe what you see in terms of the social agencies becoming part of the health care system?

Ms. Megan Linton: Yes. I am currently in a province where the health care system is being significantly slashed. We are losing access to services left, right and centre. I know my own community living centre was slashed in half just over a year ago. Within the social fabric of our society, this needs to be mandated in a way it currently is not. The way it is currently mandated, with the provincial responsibility on health care—despite a national strategy—isolates people within provinces.

Within Ontario right now, we're seeing significant cuts, specifically to accessibility of post-secondary education and access to schools. I think our understanding of community living and disabled voices needs to be expanded. We need to recognize and support disability and disabled bodies beyond a capitalist mindset of what they can produce, and work that into every fabric of our society.

Ms. Irene Mathysen: Thank you.

Phoenix, with regard to your experience as a transgender woman in sport, I think we regard it as something where there aren't too many people in your situation, but I wondered about it. Is there a significant number? Also, what kind of awareness is beginning in terms of the work that needs to be done to meet your needs and respect that community?

Ms. Phoenix Nakagawa: Well, it's a very small community, because a lot of queer people in sport have been abused. There are very high rates of rape. There are very high rates of abuse. There are very high rates of ignorance by coaches as well. I'm the only one in my rowing club, and I think I'm probably the only one in the Prairies to be trans in sport.

The policies are coming forward. Rowing Canada, my association, did come up with policies, but after reading through them, I am very disappointed, because they are words on paper. I am offered no protections. My community is offered no protections. It's just stating that we can race, but that's it.

I am truly ashamed that this happening, because I want to be able to race with my people and with the community and to love the sport for what it is.

• (1150)

Ms. Irene Mathysen: Thank you.

The Chair: I'm sorry, but your time is up.

Ms. Irene Mathysen: I know. I'm sorry. I wanted to talk to Valérie.

The Chair: Thank you very much to today's panellists: Immaculée, Megan, Valérie and Phoenix.

We're going to suspend for a few seconds and change up the panels.

I'm just going to make a little note; I'm sure the clerk will be okay with this. After all the witnesses have testified, let's have a group photo with all the MPs and all who have taken part in this.

• (1150)

_____ (Pause) _____

• (1150)

The Chair: We're going to reconvene.

I would now like to welcome the next panel: Charlotte Scott-Frater, Claire Belliveau, Eugénie Veilleux and Corina Picui.

We're going to start with you, Charlotte. You have the floor for two minutes.

Ms. Charlotte Scott-Frater (As an Individual): Today I'm here to talk about something that I feel is an under-discussed part of the post-secondary undergraduate experience, specifically for women, and that's the issue of professor-student intimate relationships. Often, that's greeted with a sort of knowing chuckle. It has a lot of cultural

baggage, but if we strip that away, it constitutes an abuse of power and a violation of trust, plain and simple.

Predatory professors use their position of authority and the admiration that students hold for them to induce them to enter romantic relationships, and then use that power to compel these women to stay quiet. While it isn't exclusively women who are affected, it is disproportionately women. The idea of a bad end to a relationship with a professor impacting grades and career prospects is really a legitimately scary thing that prevents a lot of young women from speaking out about this. As well, a lot of these professors will tell them to stay quiet in order to protect their reputation.

Most universities do not have outright bans on teacher-student intimate relationships. My own university, McGill, recently declined to do so despite two full years of sustained student advocacy for this policy.

In first year, I was told by an older female student in my department that I should never take classes with a certain prof because everyone knew that he would hit on his students during office hours. A lot of people don't have access to that information. I was very lucky. It's a shame that whisper networks have to evolve in order to protect female students where institutions fail to do so. As well, there is a great personal cost to speaking out on this. A student at my university is currently being sued by a professor because she's alleged to have told other students about allegations against him.

I understand that the federal government doesn't get involved in education, but it's a national issue, and you should call for an outright ban.

Thank you.

• (1155)

The Chair: Excellent. Thank you, Charlotte.

We're now going to move on to Claire for two minutes for her opening statement.

Ms. Claire Belliveau (As an Individual): Thank you very much.

It is clear that there are an increasing number of women in politics. The 2015 federal election saw a record number, 88 women elected as members of Parliament, but we still face many challenges. In my opinion, one of the biggest challenges is sexual harassment and the terms of language directed to and in reference to women in politics.

An article published by Global News in 2018 highlights the issue of sexual harassment in Canadian politics. The article states:

One MP, speaking on condition of anonymity to protect her personal privacy, said that while she has never experienced sexual harassment on Parliament Hill, she has heard her male colleagues share many jokes and remarks of a sexual nature about female MPs and employees.

Despite her best efforts to make clear that the jokes—which her colleagues find trivial—are unwelcome and inappropriate, they have not stopped.

I am deeply disappointed and disheartened by the behaviour of some of Canada's leaders. It is clear that gender balance and equal representation in cabinet do not mean equal respect on Parliament Hill. Both the women and the men in politics need to work together in order to address this issue.

I ask the women of Parliament to address inappropriate workplace language. While some women may remain afraid to speak up against harassment, I encourage them to confide in a trusted co-worker. However, I also call upon the men in politics and in Parliament to address and challenge inappropriate language that they may hear among their co-workers in regard to their female co-workers. Language in politics needs to be addressed because, far more often than not, women are verbally harassed and they do not speak up against harassers in fear for their job.

The leaders of our country need to be held accountable for their inappropriate language and their actions towards women in politics. While it remains a male-dominated field, an increasing number of women are now involved in politics. If the gender representation in Canadian politics can shift, so can the language towards women in politics.

Thank you.

The Chair: Thank you very much, Claire.

Eugénie, we're passing it over to you for two minutes

[*Translation*]

Ms. Eugénie Veilleux (As an Individual): Thank you, Madam Chair.

Recent events have made me realize that being a woman, and especially a small woman, has had more repercussions that I would have thought, at several points in my life.

I'm thinking in particular of a recent event, a public speaking contest where I had worked very hard to win first place. The comments that I received after the contest surprised me. People told me that I had really surprised them. They didn't think that a small person like me would have such a strong voice. This didn't bother me. The comments weren't bad. In the end, why do people make those comments? The reason is that the characteristics of a good speech aren't associated with small women like me. A powerful voice, strength and greatness are demonstrated in speeches.

This just confirmed the importance of destroying stereotypes, which are especially blatant in politics. Inequalities are strongly perpetuated by stereotypes. The more intense the socialization process, the stronger the stereotype. This issue is addressed in paragraph 5(a) of the Convention on the Elimination of All Forms of Discrimination against Women, or CEDAW, which condemns the perpetuation of these stereotypes.

One issue is that politics was exclusive to men for such a long. As a result, the stereotypes are very strong. We don't need to look very far to see that Canada has never elected a woman prime minister. In Quebec and the United States, there have been very few. In addition, few women are leaders of political parties running for election, for example. How can a woman have aspirations in a field built so heavily on male stereotypes?

Lastly, my message is that parity is still important in politics. Above all, I want to point out that parity comes from general recommendation no. 5 of the CEDAW, which proposes temporary special measures. This just means that parity is a temporary measure to enable women to infiltrate decision-making institutions. We've reached a point where so many competent people have doctorates, training and experience. These people are women as well as men. Experience is no longer an issue. Stereotypes must be dismantled during the hiring and selection process. I'm excited to see more women in positions of power.

I'll conclude with an observation by Simone de Beauvoir. Women's rights are not and will never be permanently acquired.

Thank you.

[*English*]

The Chair: Excellent. Thank you very much.

Corina, I'm going to pass the floor over to you for two minutes.

Ms. Corina Picui (As an Individual): On March 26, 2017, I was sexually assaulted in a university lecture hall. After it happened, I was very confused and overwhelmed, and I wasn't sure if it happened because I'm racialized, queer or a woman. What my research afterward did show is that marginalized peoples are far more likely to experience forms of sexual violence and gendered abuse. It's important to keep in mind that the communities facing sexual abuse and sexual violence are the very same communities that have historically and systematically been excluded from the political process.

I think it's pretty clear that the consequences are devastating. At least 16 indigenous women were forcibly sterilized in Saskatchewan as recently as 2017. Similar reports have been echoed in Alberta, Manitoba and Ontario. Thousands upon thousands of missing and murdered indigenous women have experienced forms of sexual abuse and physical abuse, and their names still ring in the families that are missing them. I want to make it clear that it isn't a cultural genocide, as the Canadian government might call it—this is a genocide, period.

Other forms of sexual abuse exist within other marginalized communities. Queer women and bisexual women are nine times more likely to face sexual abuse, even when every other factor is accounted for, such as poverty, housing and location. I think it's really important to keep in mind that these communities aren't being represented in the political process, because of this legacy of historical exclusion. The fact is that only 26% of people in Parliament are women. That's a devastating number, because gendered violence, as an issue, won't be represented in the same way.

I am here today to ask everyone to ensure that people affected by the policies and the realities of Canada today are at the table to speak about these issues. It's important to have indigenous women there. It's important to have women of colour, disabled women, queer women and every other kind of women at the table when you talk about forms of violence and sexual violence, because the way in which they experience this trauma and the way in which they are affected by it are very different for every woman.

• (1200)

The Chair: Thank you very much.

We're now going to start on our rounds of questioning.

Eva, you have the floor for four minutes.

Mrs. Eva Nassif (Vimy, Lib.): I would like to start by thanking each and every one of you for being there and for having the courage to speak at our committee.

My question is for all of you. The four of you spoke about violence on campus, the same topic almost. One of you talked about a personal experience of being sexually abused. I would like to hear from the others. What would you do if you were sexually abused? The other part of the question is this: Would you become actively involved in politics, and what would be your number one priority?

[*Translation*]

Ms. Veilleux, you have the floor.

Ms. Eugénie Veilleux: Thank you.

This question doesn't necessarily pertain to one of the topics that I covered. However, it fits in well with those topics and is very relevant.

I don't yet know whether I want to get involved in politics, but I certainly always encourage people to report, discuss and spread the word about sexual abuse. That's the most important thing, whether we're talking about the victim or the perpetrator.

Mrs. Eva Nassif: Have you personally experienced or witnessed sexual harassment or abuse on campus?

Ms. Eugénie Veilleux: Certainly.

Mrs. Eva Nassif: What did you do?

Ms. Eugénie Veilleux: I spoke to the appropriate authorities about it. At the Université de Montréal, we have a student association, and I want to thank the association. It has done a good job of establishing reporting procedures. There have been a number of cases at the Université de Montréal. Reports have been made concerning professors, and in some cases, the professors' employment has been at stake.

Mrs. Eva Nassif: Do you think that these actions have been successful?

[*English*]

The Chair: Just as a reminder, if you don't feel comfortable going in depth on these matters, please don't feel that you need to. You can keep it at a very high level if you wish.

[*Translation*]

Mrs. Eva Nassif: Do you think that the reporting process has produced good results?

Ms. Eugénie Veilleux: Some cases are currently being negotiated, if I may say so. Those aren't the right words. Anyway, it's a long process.

Mrs. Eva Nassif: Okay.

[*English*]

Claire, could you tell us about your personal experience? If you were to be abused, what would you do?

Ms. Claire Belliveau: I definitely have had inappropriate comments directed towards me. It's a shame that this is still happening.

Mrs. Eva Nassif: Was that at the university?

Ms. Claire Belliveau: It's not necessarily at the university, but at work events.

I am extremely fortunate to have a very strong network of politically engaged women around me. I am a student at Dalhousie University. At this moment, I would like to thank Julia, Sabrina, Christine and Brianna, as well as the Progressive Conservative MLAs in Dartmouth, the female MLAs, for being that strong network for me and always reminding me of the respect I deserve as a young woman in politics.

When these situations happen, I believe it is very important to speak to it. If we keep avoiding the fact that it happened, if we stop speaking, we're just feeding the problem. By speaking out, whether it's to a co-worker, a friend, an employer, or anyone who might be able to help us with this situation, we are directly addressing the problem. That needs to be important. We need to remind young women that there should be no shame in coming forward.

• (1205)

Ms. Corina Picui: [*Inaudible—Editor*] I think this is a very inappropriate question to ask any young lady. This shows you exactly why we have to speak to survivors and have that kind of conversation with them, because these kinds of conversations in the House of Commons are certainly incredibly insensitive and very inappropriate.

Mrs. Eva Nassif: Thank you so much.

The Chair: Thank you.

Kellie, we'll turn the floor over to you for four minutes.

Hon. K. Kellie Leitch: Thank you.

Thank you very much, all of you, for your presentations. They were greatly appreciated.

I want to ask you, Charlotte, along the lines of the academic issue you raised—I will tell you that these approaches occur not just in academia—if maybe you have some ideas of things the federal government could do. I have one recommendation for you. As much as it might seem indirect, every university in this country receives funding through granting councils—CIHR, NSERC, SSHRC and otherwise. We can put parameters around that as a federal government, and we can say to universities that if certain criteria are not met—often with regard to innovation or maybe commercialization—around issues of how they treat students, we can definitely have an impact on their funding.

I would encourage you and your colleagues to focus on that, because it is a very effective and powerful tool that a provost would listen to. But if you have thoughts, we'd like to hear them.

Ms. Charlotte Scott-Frater: I actually think that's great. One thing I would advocate for—I'm in the humanities, so I think a lot about SSHRC—is that granting councils should not be allowed to give funds to professors found to have been in these relationships, once bans are implemented, because there's a real problem of consequences. There ought to be consequences. That's why I think the federal government should be involved in calling for each university to implement in its gendered and sexual violence policy a total ban of teacher-student intimate relationships. I think granting councils are a great way to impose consequences on that.

At the end of the day, it is something that is so prevalent in so many professions. Just to speak to my own experience, I also want to say that Students for Consent Culture Canada will be putting out a full report on this later in the year. I really encourage you all to read it. They do incredible work.

Hon. K. Kellie Leitch: Claire, I'd like to ask you a question as well. It's based on what you were talking about in terms of the language and how we conduct ourselves. Obviously, I think the majority of parliamentarians, and the majority of professionals, try to adhere to a certain code of conduct. We absolutely have people who do not meet that bar. What are your thoughts or ideas with regard to what regulations—being different from public policy—that have some teeth to them should be implemented to make sure that individuals know there is some bite behind the ideas? We've seen lots of talk about this issue, in fact for decades, but there doesn't seem to be any uptake. People seem to continue along the same path of this inappropriate behaviour.

Ms. Claire Belliveau: I find that a really interesting question, because it seems that women speaking up about the language used toward women in politics is not enough. For a man to have to step forward and say, "Hey, you can't talk to her that way" is kind of surprising. A woman saying, "No, that's enough" should be enough. We teach our children now, but.... Obviously, I'm not stereotyping politicians on Parliament Hill. This does not apply to everyone. There are a few bad apples in the bunch. But it's shocking that they don't stop after being informed that it is inappropriate. As a young woman in politics, I think it's very disappointing.

We were originally told that we would have three minutes for our speech, so I had to cut mine down some. In my original address, I spoke to that a little bit. What will it take for this language to shift? I believe there needs to be more support behind any victim of inappropriate language coming forward, whether it be a man or a woman. In this case, we're talking about women and how they are too afraid to come forward. Women are afraid to come forward because they worry about the repercussions on their jobs. They worry about being alienated amongst their peers. We need to create a culture where that won't happen, where women are supported, where their first thought after being sexually harassed isn't "What's going to happen to my job?" but "How should I go about this? How should I report this? Who do I need to speak to? How does this need to be addressed?" They shouldn't be worried about their jobs.

• (1210)

The Chair: Thank you.

We'll now move over to Irene for four minutes.

Ms. Irene Mathysen: Thank you, Madam Chair.

And thank you to you. You are incredible. You've shown courage. This is highly emotional, and I truly think that there isn't a woman on the planet who hasn't been inappropriately harassed. It's just a reality, and it seems so ingrained in our society. We have to address it. We have to end it.

I wonder—and each of you is certainly welcome to respond—how we can raise awareness and how we can address this. As recently as within the last few weeks or days, we've heard that women are unreliable. They are emotional. They are hysterical. They're not team players. You can't rely on what they have to say when they raise issues.

How do we face that head-on? Quite honestly, that drives women out of the political arena. It drives them out of professional jobs. What is your advice to us?

Ms. Corina Picui: With regard to harassment and stuff, different types of women will experience that type of harassment in very different ways. I think that speaking with individuals within those communities and having better understanding as to where they're likely to experience harassment.... Poorer women or women who don't have a lot of money are more likely to experience workplace harassment. Where they don't have the capacity to say anything and where they work in lower-paid jobs, they're more likely to be abused, and there's a lot more pressure and a disincentive to speak out because their children's food relies on their ability to stay employed as a maid, for example.

I think that making sure we have communication with all types of women and speak to them is a really important way in which we can stop these kinds of narratives and stop harassment. Perhaps at the more elite level there are narratives surrounding women. I think it just has to do with us promoting women in general. Programs like Daughters of the Vote are incredible. Even watching the movie *Captain Marvel* was a really awesome thing; she was this very strong woman, and her emotions were strong. I know that might sound silly, but the ways in which we project traditional narratives are also very important.

Ms. Charlotte Scott-Frater: I think one really critical thing that can happen is that we collectively need to move away from “comeback” narratives in which, for a powerful man who is accused of harassment and assault, the question becomes whether, first of all, these women are ruining his life. Second, after a “suitable” period of time, he has clearly repented and he should be allowed back into society. That is not survivor-focused language. That is not language that validates the incredible courage it takes to come forward about men who are in power. I think that one way we can make the culture better is to move away from language like that.

Ms. Irene Mathysen: One of the things you've all touched on is the reality of poverty and how poverty impacts women. We need a national housing strategy. If women didn't have to worry about housing themselves and their children, would they be more able to defend against what is unacceptable in terms of social harassment?

Ms. Corina Picui: I guess it's just the ways in which we do house them. I know that women experiencing homelessness do not like to go to shelters because they're likely to experience abuse or theft or to get sick when they get there. I think that, again, it has to do with the communication with these groups. Housing is obviously a really important aspect and the fact that housing is such an important part of safety is obviously very important, but the way we approach housing has to be in communication and in conjunction with these women.

Ms. Irene Mathysen: Thank you.

Do I still have a little bit of time?

The Chair: I'll give you 20 seconds.

Ms. Irene Mathysen: Corina, you talked about indigenous families. One of the realities is—and others have mentioned it—that families get pulled apart when there is poverty and violence and difficulty. Do we need to have a support system in place to keep families together so that they can maintain language and thrive as a family?

Ms. Corina Picui: Yes, but the thing is that it's the Canadian government in many cases removing families, in a form of genocide. I think it has less to do with creating support systems. It's to stop stealing children away from their families.

•(1215)

The Chair: Excellent.

This has been absolutely fantastic. We have a little bit of time left, so I'm now going to extend this to everybody out there as well. If you're one of the Daughters of the Vote, it's time to reverse the tables and ask questions of us.

I have not advised any of the MPs that that's what we're doing.

Bob, go ahead.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): I never had a question, so can I get one?

The Chair: Golly gee, Bob. I can let you have a question too.

After Bob's question, though, we're going to allow you guys to ask us questions. We don't have a lot of time, so we're going to have to keep it really succinct. Bob can have his question, and then you will have the opportunity to ask us. Anybody, just put your hand up and we'll call upon you.

Go ahead, Bob.

Mr. Bob Bratina: My wife of 53 years was a teacher, and one of the joys of my life is when former students come up to her and say, “Thank you. You've set me on a path of success” and so on.

Can all of you quickly point to a person, a mentor, a teacher or someone? Obviously, you're different from the average. You're here as Daughters of the Vote. Is there someone who set you on this path?

[*Translation*]

Ms. Eugénie Veilleux: I've had very good teachers, but I don't know whether one teacher in particular set me on this path. It's really my initiative. I can think of some teachers who helped me develop an interest in politics and law.

[*English*]

Ms. Claire Belliveau: I live in Nova Scotia, so I have to credit Tim Halman, MLA for Dartmouth-East. He was the one who took a chance on me and gave me my start in politics. Once again, I also credit the strong women of the PC party of Nova Scotia.

Ms. Charlotte Scott-Frater: I'm really glad you asked this question, because that person for me is actually in the room. My mom is here. She taught me so much. She is the person who makes it possible for me to sit before you today, for any number of reasons. Actually, you're going to be hearing from her. She's testifying before you later this week. I come by it honestly.

Ms. Corina Picui: On a personal note, there is a teacher I had in grade eight. Her name was Faziah Gamaz, and she was the one who forced me to go into IB. I was really scared of school, but she helped me fill out my application at the last minute. I used to mark tests with her during lunch because I didn't have friends because I was so dorky. She was always there for me.

On a more academic level, there's a professor at my university, UBC, called Professor Jurkevics. She is the most intelligent and most qualified woman I have ever met, and she makes me believe in women so strongly when I am sitting in that lecture. She probably doesn't remember my name, but if you are watching this, Professor Jurkevics, please be my adviser next term if I make it into the honours program.

Mr. Bob Bratina: Madam Chair, I would ask all of our young ladies, Daughters of the Vote, to become mentors themselves.

The Chair: Corina, what we should do.... All of the testimony ends up getting posted, so that's something that will be fantastic to send to your professor.

This has been great. Actually, if you want to have a mentor, it's Kenza here. She's fantastic. She has actually already started a list of different people who have questions. It's time to reverse it. It looks like we have seven questions, and we have only a few minutes.

Eugénie, the floor is yours.

Ms. Eugénie Veilleux: Thank you very much.

First, I just want to know how many people here in the room speak French.

The Chair: It's a work in progress.

Ms. Eugénie Veilleux: I was just curious. That's all right, thank you.

Then my question was this: How do all of you perceive the parity? I know Justin Trudeau is very much into parity and having the same number of women and men in Parliament and in the committees, and they're working on that.

I wanted to know your opinions on that. How do you think it ended up?

The Chair: Let's keep this really succinct. Let's go to an individual from each party.

Go ahead, Terry. Then we'll go to Irene, and then Kellie.

Mr. Terry Duguid: I think our Prime Minister's was the first government in Canada that implemented gender parity at the cabinet level. We have many competent women. There were many competent women to choose from. There were also many competent men to choose from, probably an over-supply of the latter.

It's not just men and women. My belief is that cabinet, Parliament itself, should reflect the diversity of the nation. We have a long way to go, as you've pointed out. Only 27% of the members of the House of Commons are women. In my view, the Parliament of Canada could be more diverse as well.

• (1220)

The Chair: Excellent.

We're going to move over to Irene to answer.

Ms. Irene Mathysen: This is a great question. In regard to parity, it's absolutely essential. We need that 51% or 52% of the population to have a voice. I introduced a bill some time ago that demanded fifty-fifty in public corporations, in the hope that it would pass and then spread to the private sector. It did not pass. It was voted down. I still think that's essential.

I have to say that in the first government of which I was a member, the effort was made to have 50% representation in cabinet. It was very important. In the party that I am a member of, since 1970 there has been a policy that any nomination meeting has to include parity, and women have to be looked at as candidates in winning and winnable ridings. This is absolutely critical.

The Chair: Do you have anything to add?

Hon. K. Kellie Leitch: I think diversity is exceptionally important, but I don't think women should be a quota, because when you go out and earn it, you own it, and that's exceptionally important. I think all of you, just like young women from across the country, are more than capable of beating any guy at anything you do.

I commend the actions of getting to parity, but I think it diminishes us when we get there because we're a number. The last thing I want to have happen is for someone to question that a Jane Philpott, who is a doctor like me, didn't get there on her own because she was a number in a quota, even though she is an outstanding

woman who has done great work, and I know she could get there all on her own.

The Chair: Excellent. Thank you very much.

If this is working out, that's okay, but, to our members, I'm going to start clicking you off.

Zola, you have the floor. You can direct your question to everybody, or if there is one member you wish to direct to, go ahead.

Ms. Nokuzola Ncube: Dr. Leitch, given your experience as a physician, and recognizing that the burden of the opioid crisis, specifically related to the prescription of opioids to women, isn't entirely on physicians, what role do physicians play in solutions?

Hon. K. Kellie Leitch: I think physicians have a huge responsibility in the solutions. I am a pediatric physician, and I think we have a bit of a different approach because we have to spend a lot of time educating the parents and children about medications or, in my case, surgery. We all, as physicians, have a responsibility to make sure that patients absolutely understand what the medication they're taking is. I think better patient education would go a long way in making sure that people make good choices for themselves.

Obviously, as a pediatric physician, I also include nurse practitioners, social workers and others in my practice because we take care of families. We don't just take care of the child, and it's a bit of a different approach than the one taken with adult patients. I think it could be translated to adult patients and provide them with better care.

The Chair: Immaculée, the floor is yours.

Ms. Immaculée Kalimurhima: Thank you.

I am addressing my question to all members of the committee.

The Chair: So we'll have one each.

Yes, go ahead.

Ms. Immaculée Kalimurhima: I want to know the reason why the education of refugees and immigrants is not considered. Why is there no evaluation process, at least, to see what they already know, and a training process to see what they need to know? Why don't we have something like that?

The Chair: That's an excellent question. Who wants to take it from this side?

I'll switch over, because I know Kellie has an idea on this one.

Hon. K. Kellie Leitch: I do know something about this.

Professional bodies in Canada do their best to educate people on what is required for them to make foreign credentials applicable in Canada—for example, physicians through the Royal College and different colleges across the country for engineers, professional associations and others. It's not a government responsibility in Canada; it is the professional bodies that have responsibility for it.

What we do a poor job of is that we aren't the best at making sure that newcomers to Canada know what those criteria are and who to talk to about getting them recognized. We don't do a good job of that.

In 2012—and in 2014, I think, but in 2012 for sure—there was a study done by the Government of Canada's standing committee on human resources and skills development. I think you'd find it very helpful in understanding what things are done but also in identifying what things still have to be done to make sure that individuals like those in your family have opportunities here.

I think we are doing some work towards it. We could do more, but we do genuinely try to evaluate people's capacity and integrate them, because I think it's in all Canadians' interest to make sure that people who are well educated are integrated into Canadian society.

• (1225)

The Chair: Excellent.

I'm looking at the time. What we're going to do is direct the questions, I'm afraid.

Go ahead, Phoenix. You have the floor.

Ms. Phoenix Nakagawa: Do I have to direct the question to somebody?

The Chair: Yes.

Ms. Phoenix Nakagawa: Okay. How about you, then?

The Chair: Oh, my God. You're putting me on the spot, Phoenix.

Ms. Phoenix Nakagawa: Of course. I just want to ask the chair, how do you communicate with minorities within your community—any minority, queer, coloured, disabled? How do you listen to their voices?

The Chair: That's a great question. Thanks very much.

One of the key things I do.... I am also the shadow minister for families, children and social development, and I also work specifically with the LGBTQ2S community, which has probably been one of the greatest challenges, but the greatest growth that I've ever had in my 48 years on earth.

The biggest thing is going out there and talking—not actually talking, but listening—introducing myself and saying, “Share with me your story.” Yesterday I had three women chiefs who came and sat down with me. My job wasn't to tell them; my job was to listen. I think that's one of the greatest things.

I try to always be available. I am just Karen. That's the way my persona is. If you see me on the street or in the grocery store, you come up to me, and it doesn't matter who you are. That's how I represent my constituents.

Ms. Phoenix Nakagawa: Okay. Thank you.

The Chair: Thank you.

Jaelyn, you have the floor.

Ms. Jaelyn Jarrett: Reconciliation isn't just an indigenous thing; it's also a non-indigenous thing. I don't really know whom to direct the question to, but how do you participate in reconciliation specifically in regard to the Inuit?

The Chair: That's a great question.

I'm looking at Terry. Go ahead, Terry. You have one minute.

Mr. Terry Duguid: I've been to Nunavut probably four or five times. It's an amazing place with amazing people. I'm more familiar

with Manitoba. There are 63 first nations there. It's the homeland of the Métis nation, and we're very active in the reconciliation process. It's a long journey, because there have been 200 years or more of colonialism, but we need to work together.

I had a very special experience just a few weeks ago, when 25 governments, first nations, Métis, and local reeves and mayors came together to sign a memorandum of understanding on how they were going to work together on issues like water quality for Lake Winnipeg, on creating an Internet utility together and on a solid waste utility. These are communities that hadn't spoken to one another in 150 years.

While it may seem slow, we're making significant investments as a government. We are on this very long journey together, and we just have to keep on it. As we say every year in Manitoba, we are all treaty people. Remember, there were two signatories in the case of first nations.

The Chair: Thank you. Excellent job, Terry.

Hannah, we're going to pass the floor to you.

Ms. Hannah Martin: My question has to do with Bill C-262, which is the private member's bill on the United Nations Declaration on the Rights of Indigenous Peoples. As you know, the Government of Canada spoke at the United Nations in 2016, officially declaring that Canada would be adopting this piece of legislation without qualification. I would like to hear your thoughts on this. Personally—and this is the belief of many indigenous people in Turtle Island—I believe this document has to be presented and legislated as a full box of comprehensive rights. It can't be chopped up and divided, or it's going to lose its essence as a piece of legislation.

I would like to hear from anyone who's willing to speak to this.

The Chair: We have the opportunity for one speaker at this moment. We have to keep it as brief as possible. I recognize it's very long.

Irene, good luck. You can do this, Irene.

Ms. Irene Mathysen: I have to say we're very proud in my party to have Romeo Saganash. He was one of the writers of this piece of legislation, and you're absolutely right that it has to be a part of everything we do. We have to make it integral to our decision-making and respectful of the needs of indigenous people.

Almost 10 years ago, I was on this committee and we travelled and talked to indigenous women about the reality of their communities. We went to the north. We talked to Inuit women. I wanted to come back to this. In regard to their needs and the needs of their families, they said, “We know what has to be done.” That's how we respect the entire issue of reconciliation. We listen to the people who have experienced a trauma and we respect their solutions.

•(1230)

Ms. Hannah Martin: Thank you.

The Chair: Excellent. Thank you so much.

Megan, we're going to give you the floor.

Ms. Megan Linton: I'm hoping to direct this towards the Conservative Party, which mandated and followed this, and specifically to you, Ms. Leitch, as a physician. How do you justify the use of forced segregation in prisons despite its having been decreed a form of psychiatric torture by the United Nations and many physicians?

The Chair: Kellie, did you want to take it?

Hon. K. Kellie Leitch: I'm happy to answer the question. I'd have to have more specifics, particularly around what piece of legislation or what piece of programming you're speaking about.

As a physician, I think that mental health is an issue that has to be addressed for all Canadians. As minister of labour, I spent a significant amount of time working on mental health issues in the workplace. I'm happy to speak to you or anyone else about what you may know that I don't know, because my knowledge is not all-encompassing with regard to the legislation of any government. I don't even know if I was elected at the time this piece of legislation came forward. I'm happy to talk to you about it.

To the points you made on the panel and today around mental health issues, obviously, as a physician, I think they're exceptionally important, and I have published on these issues.

The Chair: You'll also find that there is a published paper that we've done, from the status of women committee. It's a study we did on indigenous women in the correctional system. There may be some information you could find in there. You may want to look at some of the testimony in there as well. You may find that very helpful.

Moving on, we have Corina.

Ms. Corina Picui: I want to direct this to the chair. According to the Convention on the Prevention and Punishment of the Crime of Genocide, article II, which defines the term "genocide", there are many examples of what would constitute genocide, including things like "[f]orcibly transferring children of the group to another group", "[i]mposing measures intended to prevent births within the group", "[c]ausing serious bodily or mental harm to members of the group" and many others. Given that reality, it seems pretty clear that Canada isn't committing cultural genocide, but rather genocide, period.

What are you, individually, doing to prevent this, especially given the fact that women experience very harmful consequences of forms of genocide?

The Chair: That's a great question. One of the things I'm doing right now is sitting down and speaking with families. When we talk about families going through a crisis, as I said yesterday, we're talking about intergenerational trauma that some of our first nations persons have gone through. It really gave me the understanding that the decisions the chiefs were making yesterday are not decisions for today but decisions for seven generations from now. Those are really important things. To be honest, we have to sit down and we have to understand more and stop putting our lens on it—as in, Karen

Vecchio's lens. We need the lens coming from everybody else who has actually been impacted.

Those are some of the biggest things that I think we have to look at.

Ms. Corina Picui: To clarify, would you agree that the Canadian government is committing genocide against indigenous peoples in Canada?

The Chair: I really can't go there on this one. I appreciate that question, but I really can't go there.

We're now going to move on to Charlotte.

Charlotte, you have the floor. Please be very quick.

Ms. Charlotte Scott-Frater: This question is for Ms. Mathysen.

I'm really interested in the national housing strategy; I think it's critical. I just wanted to know how the national housing strategy is going to address sustainability. Would it address green or grey urbanism, densification and that sort of thing?

Ms. Irene Mathysen: Thank you very much, Charlotte.

I want you to know that some years ago, we did have a national housing strategy. It was terminated in 1993. It utilized CMHC revenues in order to build co-op and not-for-profit housing. I have 14 co-ops and not-for-profit housing projects in my riding alone. The Government of Ontario, between 1990 and 1995, built 50,000 units, and they became communities; they're very important communities. We have to get back to that. We have to make sure that the funding is there, that the vision is there, that the capacity is there and that the will to invest in that housing comes from the federal government, and not in some distant future.

We have to start now, because in the last 20 years, the erosion of housing has been criminal. There are a million people who suffer because they don't have adequate housing, and we have to change that.

•(1235)

The Chair: Excellent. We'll now go on to our final question, from Claire.

Ms. Claire Belliveau: Thank you.

My question is for any woman who would like to jump in and address it. I'm not asking for a specific story, instance or experience, but I would like to ask you this: As a woman in Parliament in Canada, do you feel that the harassment policy is effectively followed? What I mean is this: If you or someone you know were to be harassed, whether you go through your party, through Parliament or however you go about it, do you feel that those procedures are effectively being followed? If not, will you champion for those to improve?

The Chair: I'm trying to stay the chair, so I'm trying to stay neutral.

Hon. K. Kellie Leitch: My answer is no, and I'm happy to champion it. I have gone through a leadership campaign where people aggressively pursued harassing me. I've also had that happen on Parliament Hill. To your point, I think it's important that women in leadership roles have a voice and actually act as a voice for others. I'm happy to talk to any of you about that, and I'm happy to talk to

young women outside this room, in order to make sure they feel they have a champion.

The Chair: We have bells. We have a vote in 15 minutes. For anyone who wants a group photo here, I'm willing to stay 10 seconds. If we want to do a group photo, that's fine.

The meeting is adjourned.

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