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Chair: Mr. Sean Casey

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• (1800)
[English]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): I call this meeting to order.

Welcome to meeting number 13 of the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities. Pursuant to the orders of reference of March 24, April 11, April 20 and today, May 25, 2020, the committee is meeting for the purpose of receiving evidence concerning matters related to the government's response to the COVID-19 pandemic.

Today's meeting is taking place by video conference, and the proceedings will be made available via the House of Commons website. The webcast will always show the person speaking rather than the entirety of the committee.

Before speaking, please wait until I recognize you by name. When you're ready to speak, please click on the microphone icon to activate your mike.

Before we get started, I would like to remind everyone to please use the language channel of the language they are speaking.

I would now like to thank the witnesses for joining us. With us today, appearing as individuals, are Shamez Kassam, author and financial adviser; and Kevin Milligan, professor at the University of British Columbia. From Fraserway RV, we have James Epp, president.

Mr. Kassam, you're up first for your opening statement. You have the floor for seven minutes.

Mr. Shamez Kassam (Author and Financial Advisor, As an Individual): Good evening.

I would like to thank the members of this committee for the opportunity to speak today. I also thank you for your continued public service during these challenging times.

I am a financial adviser based in Calgary, and an advocate for financial literacy.

With respect to the government's response to the COVID-19 pandemic, I want to thank the government for its quick action to help Canadians impacted by this crisis. I also have several comments and some suggestions.

The rules around the CERB program were initially confusing and live operators were difficult to reach for many Canadians, which caused more anxiety for individuals who were already suffering

from increased stress. Some groups, such as students, were initially left without any direct assistance.

Many Canadians also fell through the cracks. For example, several people I know had their incomes dramatically reduced but were still earning \$1,000 per month and therefore did not qualify for the program, but they did need assistance.

The CERB program also created some adverse incentives for workers in lower-paying jobs. I have heard several stories of individuals turning down jobs or not returning to work because they would rather remain on the CERB program.

Rather than rolling out support programs on a piecemeal basis, a better method would have been to immediately provide every Canadian over the age of 18 and workers under the age of 18 with a benefit of \$2,000 per month on a taxable basis. This benefit could then have been clawed back based on income tax filings for the 2020 tax year, similar to the way it is done for the old age security program. Many accountants I have spoken to in my local community also expressed strong support for this concept.

In addition to this, in my opinion, the government was not adequately prepared with enough PPE for front-line health care workers and citizens. This should be strategically stockpiled in the future.

Some other missteps were the failure to act quickly on border crossings and ineffective, and in some cases absent, screening for travellers returning to the country, and also rapidly changing advice on whether civilians should or should not wear masks.

I would now like to turn to another area that the COVID-19 pandemic has exposed, which is the critical need to enhance the financial literacy of Canadians. While I applaud the work that is being done by the Financial Consumer Agency of Canada, FCAC, more needs to be done, and the need is urgent.

So many Canadians make significant financial mistakes in many areas, including poor investment choices, taking on too much debt and not saving enough. In my opinion, at least 90% of these mistakes could easily be prevented with the right knowledge. This knowledge should be taught in high schools right across the country. Financial education need not be complicated. If our students can do high school math, they can certainly be successful in managing their finances and investments.

Several provinces have taken steps towards teaching financial literacy. I urge the federal government to work with the provinces to put in place a mandatory financial literacy curriculum for high schools in all provinces. Although educational curriculums may be under provincial jurisdiction, the federal government can help to push this agenda forward. If requested, I would be pleased to assist with this effort.

I want to emphasize that if students were armed with a good base of financial knowledge coming out of high school, they would be less likely to make critical financial mistakes, and over the long term we can improve retirement readiness for the next generation. This would ease the burden on government resources in the future.

Another area that should be reviewed is the financial advisory industry. The standard to become a financial adviser in this country must rise and drastically so. Today, becoming a licensed financial adviser and providing advice to Canadians requires a high school education and passing three multiple choice exams with a 60% passing score on each.

• (1805)

While there are many competent financial advisers in the country who do wonderful work, the low barrier to entry also allows natural salespeople to come into the industry and easily obtain required certifications, and Canadians can suffer the consequences, in many cases with high fees and poor advice.

My frustration with this situation and the lack of a clear road map for Canadians seeking financial advice led me to write and publish a book in 2017 entitled *Your Money's Worth: The Essential Guide To Financial Advice for Canadians*.

Today we're seeing the consequences of poor financial literacy. Many Canadians are without savings and a personal safety net. Too many are on the brink of personal bankruptcy. Even many Canadians who are earning higher incomes are on the financial edge. They did not save for a rainy day and now it is pouring. Many retirees have also suffered deep losses to their portfolios and are afraid of outliving their money.

The COVID-19 pandemic has exposed the issue of financial literacy and there's much work to be done in this area on an urgent basis.

I would like to conclude by informing the committee that for many years, from my early childhood to my mid-thirties, I suffered from a severe stuttering disability which significantly impacted the quality of my life, including being unable to say my name, speak on the telephone, being challenged to find employment or order what I wanted at a restaurant. Stuttering is a condition for which there is no cure and it impacts 1% of Canadians. Thankfully it can be controlled with appropriate treatment.

In Canada we are fortunate to have the Institute for Stuttering Treatment and Research, known as ISTAR, which is affiliated with the University of Alberta. It is a world-renowned treatment centre that has changed thousands of lives around the world. I would like to recognize and thank Deborah Kully and the late Dr. Einer Boberg for establishing this institute, as well as all ISTAR staff.

Without their help, I would not have been able to appear before this committee.

If you come across people who do stutter, please ask them to consider seeking treatment at ISTAR.

Thank you.

The Chair: Thank you very much, Mr. Kassam.

Next we have Mr. Milligan. You have the floor for seven minutes, please.

• (1810)

Professor Kevin Milligan (Professor, University of British Columbia, As an Individual): Thank you, Mr. Chair, for the invitation to appear.

My comments today will be focused on the Canada emergency response benefit, the CERB.

The CERB was designed to sustain Canadian families as we put much of the economy on pause. The CERB helped to support millions of Canadian families in the early uneasy weeks of the COVID pandemic, but we are now entering a different part of the pandemic, with work and economic activity beginning to resume in many parts of the country.

We need to release the pause on the labour market now and let the labour market return to its regular function of matching workers with jobs. The CERB was designed for an emergency, not for regular labour market functioning. For this reason, we must now prepare to end the CERB. I will now explain my views on the why, how and when of ending the CERB.

First is why we should end the CERB. The CERB was designed as a temporary emergency measure, but in the coming months, we need programs that encourage the resumption of work and the search for new job matches. The CERB was designed to freeze and not to restart the economy. How do we end the CERB?

In my view, the best way to end the CERB is to transition the remaining CERB caseload to the existing employment insurance program. There are two main reasons for this. First, through EI, workers gain access to services such as job training and job search assistance. Second, for issues such as how much you can earn while keeping your benefits, EI has existing rules and a system for handling them. This is much easier than trying to reinvent and paste these kinds of rules into the CERB. Those transitioning from the CERB to EI might, for example, be grandfathered in at a \$500-a-week benefit level to keep benefits the same under the CERB.

At least three groups require special consideration: first, child care for parents of school-age or preschool-age kids who are unable to work because of their children; second, the self-employed and others who are not normally eligible for EI but are eligible for the CERB; and third, those unable to work because of health concerns. Solutions for all these groups should be found before we start to wind down the CERB.

Finally, when should we start to wind down the CERB? The CERB, in my view, should be allowed to run its current 16-week course. Those who took the CERB from mid-March will exhaust their 16 weeks of eligibility in early July. Others who started the CERB later may have different eligibility. I think this transition to EI should begin as soon as possible after the 16-week CERB period is complete.

What does as soon as possible mean? We know the existing EI administration was not equipped to handle that initial surge in March. I do not know if we have the administrative capacity to handle this kind of transition in July. It may require more planning, more computers and more administrators. Maybe these preparations will take place in August. Maybe they will take place and be ready in September. I don't know. What I do know is that we should not delay starting to make these preparations.

If the EI administration cannot handle the CERB caseload now, perhaps the CERB might be extended on an interim basis until the transition to EI can be made. The exact timing is less important to me, but what is important is the decision we make about the destination right now. To me, that destination is clear. We must prepare to end the CERB, and that should be planned as a transition toward EI.

Thank you very much.

The Chair: Thank you, Mr. Milligan.

Next we have Mr. Epp. You have the floor for seven minutes, please.

Mr. James Epp (President, Fraserway RV): Thank you for the opportunity and for listening to me.

During the last 10 weeks, the RV industry has found dealing with COVID and its restrictions challenging. The rentals division has taken a massive hit. The Canadian RV rentals sector combined contributes over \$260 million annually to the economy. Now we hear that there might be no recovery until a vaccine is available, as per Premier John Horgan and Dr. Bonnie Henry in the Vancouver Sun on May 7. This could jeopardize our industry for the next two years.

What is the government's plan for tourism-focused companies for 2020 and 2021? What are the serious plans to open up the borders, including flights from Europe? With regard to the procurement of PPE, have we plans to fill the shelves for that first worst-case scenario? Why the slow response on stopping flights from China in early February? Has a study been done for the people who follow basic protocol: wash your hands often and well, use antiseptic when moving from one place to another, keep a two-metre space and use a mask when that can't be accomplished, and don't touch your face?

As the largest Canadian RV rental company, Fraserway RV has over \$100 million in RV rental inventory, half of which will now need to be liquidated. Many small businesses and service providers along the highways of Canada rely on summer tourists for their survival. Some may think that locals will fill the gap. However, overseas tourists average more than three-week rental bookings, plan their holidays four to 12 months in advance and fill campgrounds seven days a week. Locals travel mostly during long weekends. They contribute only 10% to the rental revenue quoted above. Currently, most campgrounds are shut down. With provincial parks now putting restrictions on limited capacity and no interprovincial travel, it poses challenges for the campgrounds and providers and causes a significant drop in their revenue.

Rental operating expenses continue 12 months through the year. This is significant and serious, causing a lot of anxiety and concern for many operators who will not be able to survive the long winter coming up. Businesses have been innovative in operating and following protocol during this crisis. For example, Fraserway RV had 12 open locations—limited open locations—and had zero COVID experience, including family circles across hundreds of employees and customers. For this we are very thankful.

There are challenges for people isolated at home for long periods of time and for individuals who can't pay their bills. Many of those who have lost their business or lifetime investments will have serious health challenges. Who will pay the taxes as our federal deficit climbs to a quarter of a trillion dollars and as our debt starts to approach the range of one trillion dollars?

I understand that with every death there is a grieving family, but the media love to amp up the overall fear of this crisis. They need to look at things from a broader picture, including celebrating our successes, how the majority is committed to the new protocol, how most provinces have levelled the curve, and how important it is to open the economy safely while following that protocol.

● (1815)

Most decisions are being made by individuals who do not have worries about employment or have a regular salary through government payroll, health institutions or consultancy. This is not to question those at the table but to question those who are under-represented. Small business contributes a large part to the Canadian economy and is a leading innovator. In 2009, we led the G7 out of the deepest recession since the Great Depression. What are our plans now?

Finally, when some political parties start collecting on the wage subsidy program when they don't contribute taxes, this is a conflict of interest.

In my family journey as an entrepreneur, over 51 years there were many times when payroll went out and the family was told not to cash the cheques, which meant minimal spending for a period of time. Other times, we spent 50 to 80 hours a week getting another unit ready so a customer could take delivery so we could make payroll. Customer service, banking, purchasing, paying taxes along with a myriad of other regulations, through this all we grew the business and were successful. Today we have a great team. We pay taxes. We support the community. We run a charitable foundation. We will survive this financial crisis, but to ensure that we are there in the future, we will need to cut expenses. How much will depend on your response—I should say, the government's response. You're the committee reporting.

This experience is nothing new for the upcoming generation of entrepreneurs who have poured and will pour their lives into their businesses and are now potentially losing everything. These are the drivers of our future economy.

I do agree we need to ensure that we don't have a relapse of the virus, and we want to be cautious. As we move forward, we need to be responsive with a multi-pronged approach to limit the economic damage and ensure a quick rebound. Given the greater risk of COVID-19, individuals—

• (1820)

The Chair: Mr. Epp, I'd ask you to try to wrap it up. We're about a minute over time here.

Mr. James Epp: Okay.

Given the greater risk of COVID-19, individuals with compromised immune systems and underlying medical conditions, including many elderly people over 65, myself included, should be prepared to take extra steps of precaution so that the overall economy can operate under normal circumstances following the protocols that have been put in place for reopening business.

Thank you very much.

The Chair: Thank you, Mr. Epp.

Now we're going to move to rounds of questions beginning with the Conservatives.

Ms. Kusie, you have six minutes, please.

Mrs. Stephanie Kusie (Calgary Midnapore, CPC): Thank you very much, Mr. Chair. I'll be splitting my time with Mr. Vis.

Thank you very much to all of our witnesses who are here today.

Mr. Kassam, thank you so much for your presence here today. This is the first time in knowing you that I've heard about your problem with stuttering, so congratulations on overcoming that and thank you for having the courage to be here today.

Recently our party put forward two potential solutions in an effort to help seniors in particular with their finances during this difficult time. The first is a one-time RRSP withdrawal that would have to be paid back by December 31, 2023. With this they could poten-

tially help their own finances, the finances of their family or perhaps they have a business or want to help the family business. We think this is something that would be useful relative to relying on the government to bring us further into deficit and debt.

Our other solution was no mandatory RRIF withdrawal this year. Again, this is a time when portfolios are taking a significant hit. Of course, you know, as do I, from following the markets, that times of great gain usually follow times when portfolios lose so much, and seniors have so much to lose.

Could I please get your response to these two policy ideas that we've put forward, how they could help the government and most importantly, how they could help Canadians both in this difficult time and going forward?

Thank you.

• (1825)

Mr. Shamez Kassam: Thank you for the question and for your kind words.

I think any idea that allows seniors to get better access to their investments is a good one. At the moment, there are many seniors being put into a position where their families and adult children need assistance. Therefore, if some funds could temporarily be taken out of the RRSPs, that would be useful. There are also some seniors who may not need to take money out of their RRSPs and RRIFs. This year, for those people, not having to take money out would enable them not to have to sell assets at the depressed levels. I like both ideas.

I will just share something with the committee, and this goes back to the concept of financial literacy. There are so many Canadians who make exactly the wrong decision at the wrong time. They panic about their investments and sell at depressed values, which is very unfortunate, but it happens every market cycle.

Mrs. Stephanie Kusie: Thank you so much.

I'll pass my time to Mr. Vis.

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Thank you, Chair.

Thank you, MP Kusie.

I'm just going to jump right into it. I have two quick questions for Mr. Epp.

First, how has COVID-19 impacted our local market in the Fraser Valley region? Second, how has the emergency wage subsidy responded to the needs of your business as a small or mid-sized national business during this financial crisis?

Mr. James Epp: Let me start with labour. Labour has always been challenging in the Fraser Valley, at least for the last 10 to probably 15 years. However, the crisis has not helped at all. Part of it may have been because of the generosity of the government initially in some of the offers. Even now when we try to bring people back to work, they are getting paid pretty much the same or maybe more in some cases. I don't know all the details on it, but I know people are declining to come back to work today because they are on great government programs. That is challenging us right now.

From a technical point of view, we always need technicians. There's a shortage of technicians. It could be industry or government, but we have not promoted the great job of being a technician. You will never be out of work if you're a good technician because there's never been unemployment in that part of the market, where you're earning, in terms of dollars per hour, anywhere from the low twenties to start, up into the high thirties. Sometimes with incentives you'd be working overtime and earning over \$40 an hour.

That's a big hit for us now, and because of COVID we had the big shutdown of business so that we sold very little for a short period of time. Now it seems to be coming back, so it's a bit of a rebound just as we are getting into spring. I don't know how long that is going to stay, but it feels good right now. However, now we can't get the people to fill the pipe to deliver a great service on the product we're delivering, so that is a challenge.

• (1830)

The Chair: Thank you, Mr. Epp.

Thank you, Mr. Vis.

Next, we're going to Mr. Dong for six minutes.

Mr. Han Dong (Don Valley North, Lib.): Thank you very much, Chair.

I want to thank all the panellists for joining us this evening or, in some parts, this afternoon. Thank you very much for your thoughts and suggestions.

Professor Milligan, your presentation was focused on the CERB. I want you to compare the CERB to a universal direct payment system, which was suggested to the government some time ago. What's your view on that?

Prof. Kevin Milligan: Back in the initial stages of the crisis, there was a lot of very vigorous and productive debate, I thought, about how to provide income support to Canadians.

There were two important criteria, I think. One was for something that we could do quickly. Another one was for a program that could replace lost income for people who lost their job because of the crisis. There are various different ways to do that. The one that was chosen was using the CERB, which, as we all know, was delivered fairly efficiently and quickly through the Canada Revenue Agency. By early April, cheques were arriving in mailboxes and by direct deposit. It was focused on replacing income.

The contrast is to some kind of system of basic income or "a cheque to everyone" kind of approach. There would be two challenges with that approach. Number one, it is not actually clear that it would have been any faster, because there does not exist any master database so that you can just press a button and send a

cheque to everyone. That simply doesn't exist. It would have taken time to build that, and in fact would have taken longer than the CERB to deliver things.

The second thing is that there are millions of Canadians who lost their jobs and, at the same time, there are 30 million adult Canadians. If you had sent a cheque to every one of those 30 million adult Canadians, that would have spread the same amount of money very thinly. Instead of sending everyone a smaller cheque, the idea was to focus resources on those who lost income because of work.

Mr. Han Dong: Thank you.

I want to move to the wage subsidy. As you heard, there was CERB first and then, very quickly, for small business and employers, a subsidy from the government to cover partial wages, at 75%. How important do you see the wage subsidy being as a tool to help businesses while we're entering the recovery or the reopening of most of our businesses?

Prof. Kevin Milligan: For the initial phase of the crisis, the idea of freezing the economy or pressing pause so that we could push down the curve and understand a bit more about what this virus was doing was, I think, tremendously important. We've seen in almost all provinces that we've had really good success in pushing that down, and in many provinces, really close to zero. A couple of provinces are still working on their cases, but great progress has been made. That was in part because we put in place programs that allowed us to pause to fight the virus.

Now, as we enter a different phase of the crisis, I think it's important to understand that we have policies that are appropriate to this phase. In this phase, when it is safe in a particular place in a particular province, we want people to get back to work. We need to make sure that our policies support those decisions. That's where the wage subsidy comes in.

We want firms to start re-employing people so that they will have money and they can spend it in their neighbourhood shops, and then those people will have money to spend in their neighbourhood shops. That's how an economy works. It's this circle of money that goes from one place to another, from my pocket to yours. We want to kick-start that entire process by getting people back to work. In my view, that's what the wage subsidy is trying to do.

Mr. Han Dong: In your view, you think the CERB is a much faster way to get money into the hands of people who need it. In your view, it's even faster than a universal basic income model. Can you confirm that? Is that what I'm hearing?

Prof. Kevin Milligan: That's my understanding. Because of the administrative complexities of trying to figure out whom to send a cheque to, it was actually faster to do it the way they did, with the CERB rather than the alternative.

• (1835)

Mr. Han Dong: Do you know how much more expensive it would be if we were to go with the basic income model?

Prof. Kevin Milligan: It totally depends on what kind of model you had in mind. If it were to be a \$2,000 cheque to each adult and there are 30 million adults in Canada, that would be \$60 billion a month multiplied by 12 months. You'd get into numbers that are astronomical.

Of course, one could try to tax that at the back end, but that's a lot of giving up money on one end and bringing it back on the other. There are already enough challenges with CERB in trying to do that. I can't imagine at tax time in 2021 trying to collect \$300 billion or \$400 billion that was handed out at the front end.

I think the decision that was made with CERB was the right one for those circumstances to be faced in March, April and May. As we get into July and August and, in some provinces, June, as we're starting to open up, I think it's appropriate to shift our policy focus towards the wage subsidy.

Mr. Han Dong: You mentioned call backs. If that were to take place, which portion of our working population would suffer the most? Who would feel the most pain?

The Chair: A short answer, please, Professor Milligan.

Prof. Kevin Milligan: As we get into the return to work, the greatest challenge is in industries where there simply is going to be a change in reality, whether it is tourism, professional sports or other related industries. I think we need to develop a longer-run strategy to help folks in those industries because unleashing the economy in June is not going to bring tourists back; it's not going to bring professional sports back in a quick way.

Mr. Han Dong: Thank you very much, Professor Milligan. That was great.

The Chair: Thank you, Mr. Dong.

Thank you, Mr. Milligan.

[Translation]

We'll now give Ms. Chabot the floor for six minutes.

Ms. Louise Chabot (Thérèse-De Blainville, BQ): Thank you, Mr. Chair.

Good evening to all the witnesses.

Thank you for joining us, for being available and for your presentations. I'll start by asking Mr. Kassam a question.

You spoke about the CERB and the CESB, which are adverse incentives for workers. You said that a \$2,000 taxable benefit should have been provided instead. My question is as follows. In your

analysis, you didn't mention the minimum wage. Do you believe that a higher minimum wage could be a potential solution?

[English]

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): I have a point of order, Mr. Chair.

The Chair: Ms. Wagantall, on a point of order, please.

Mrs. Cathay Wagantall: It's so difficult to hear because both the French and the English are at the same volume. Are they on the right language channel?

[Translation]

The Chair: Ms. Chabot, are you on the French channel?

Ms. Louise Chabot: Yes, I'm currently on the French channel, Mr. Chair.

I asked a question about the minimum wage. We know that the minimum wage, at 40 hours a week, amounts to barely over \$2,000.

The Chair: Please wait a moment, Ms. Chabot.

[English]

Ms. Wagantall, does that seem to be better?

Mrs. Cathay Wagantall: No. I'm wondering if I just need to mute the original audio. This is something new to me, which I don't seem to be able to do.

It's fine. Go ahead.

Mr. Paul Manly (Nanaimo—Ladysmith, GP): I'm on English as well, and I'm getting the same thing. I'm getting the French and the interpretation.

Mr. Shamez Kassam: I'm sorry. I don't know if that question was for me, but I had great trouble understanding it. I had the same issue.

The Chair: Thank you, Mr. Kassam.

To the IT folks or to the interpretation folks, is there anything we can do to resolve this?

The Clerk of the Committee (Ms. Marie-France Lafleur): Mr. Chair, I've been told that Ms. Chabot can go back to "floor" and then back to "French".

• (1840)

[Translation]

The Chair: Ms. Chabot, I'll restart your time.

Go ahead.

Ms. Louise Chabot: Thank you, Mr. Chair.

My question is for you, Mr. Kassam. You said that the CERB and CESB were adverse incentives and that a \$2,000 taxable benefit should have been provided instead.

Based on your analysis, should the federal minimum wage rate be higher in order to provide better benefits?

[*English*]

Mr. Shamez Kassam: Thank you for the question. It came across much better, so thank you to the IT folks as well.

The question of minimum wage, of course, has many sides to it. I think in this particular case it may have made some difference. The higher minimum wage, I think at the margin, would have made some difference. How much, I do not know. I'm not an expert on that subject. Through our community, in speaking with several accountants and other business people, I did hear instances where they had trouble finding workers for the summer because of this reason, so that's what my comments were focusing on.

I hope that helps somewhat.

[*Translation*]

Ms. Louise Chabot: Thank you.

We've heard this comment about employment incentives. The issue with the emergency benefits is that, when an employee earns over \$1,000, they lose the CERB, which is very significant. This \$2,000 benefit is barely equivalent to the provincial minimum wage. This raises questions about the wage conditions and the minimum wage provided to employees.

Regarding financial literacy, we agree, but it's really a provincial responsibility. In Quebec, financial literacy is already taught at the secondary school level and a little bit at the primary school level. You're right about this issue. However, it falls under provincial jurisdiction, and we hope that it will continue to do so.

Mr. Milligan, you spoke about the transition from the CERB, which will end, to the employment insurance program. I want to reiterate that, if we had depended on the employment insurance program, many workers who lost their jobs wouldn't have been entitled to anything. The employment insurance program isn't inclusive enough to cover all the workers who ended up in this situation.

When should we transition from one program to the other? How will we determine that the CERB is coming to an end and that the time is right to transition to the regular employment insurance program?

• (1845)

Prof. Kevin Milligan: Thank you for your question.

[*English*]

I will, if you'll allow, answer in English.

As we move forward into the phase of the crisis where we are looking at returning to work, my view is that for those who have lost work, especially those who are self-employed, the part-time worker who may not have eligibility for the normal EI, it is important that those workers and all workers have access to the regular services of Service Canada through EI. That is for job search, re-training and for other forms of assistance that can be had through the regular EI.

In particular, I would note that on the question that the honourable member had about the \$1,000 limit, this is precisely the

kind of thing, I think, that gets very complicated when we try to extend CERB for a long time period. These kinds of rules, like the \$1,000 limit for earned income, become very complicated as we go forward.

To my mind, it's better to take the existing set of rules that we have for employment insurance and to transition people into that system so they'll have access to the services and also a set of rules that are well laid out and an administration that is set up to handle that.

The Chair: Thank you very much, Professor Milligan.

[*Translation*]

Thank you, Ms. Chabot.

[*English*]

Mr. Anthony Housefather (Mount Royal, Lib.): Mr. Chair, can I raise a point of order?

The Chair: Yes.

Mr. Anthony Housefather: I normally listen to the floor so I don't have interpretation, but because of what's been going on, I chose to try to listen to the interpretation in both directions. There's something definitely wrong with the interpretation from French into English. When I'm listening to the English, the sound of the person speaking English is almost not there and you hear the French interpreter. When I'm listening to Madam Chabot, I hear Madam Chabot speaking French as loud as the interpreter is speaking English. They haven't lowered the volume on the French speaker, so people are not able to hear the translation of French into English the way they can hear English into French.

The Chair: Thank you, Mr. Housefather.

During that exchange, I did receive a note from the clerk. The IT folks are going to be on the phone with Madam Chabot very shortly to see if they can correct the problem.

Thank you for raising it. We're doing our best. If we need to suspend to make sure everyone is treated fairly, we will.

Next we have Ms. Kwan for six minutes, please.

Ms. Jenny Kwan (Vancouver East, NDP): Thank you very much, Mr. Chair.

Thank you to all the witnesses for coming to our committee today.

Mr. Kassam, you made a comment about the importance of CERB and you also touched on your preference, which is a universal direct payment. Like you, I support that system. I think that would have been the simplest way to provide support quickly to Canadians who need help.

That being said, the government came in with the CERB program. It is a much more complex program, one in which we continue to find people falling through the gaps. One example I highlighted at this committee and elsewhere is single parents, many of whom are women, who don't qualify to receive the CERB because their income is spousal maintenance and child maintenance. That is not deemed to be income under the definition of CERB. To this day nothing has been done, in spite of the government's acknowledgement of the issue. The minister for ESDC, Minister Qualtrough, came before us and voiced her concerns about this gap. We're still struggling with that for many of the single parents out there.

Likewise, we have a situation whereby people with disabilities and seniors also were not eligible for CERB. The government did come in with a one-time support for seniors. We're waiting for quick progress and hoping for an announcement with respect to support for people with disabilities.

With that as the backdrop, Mr. Kassam, as we're now also talking about re-entry into the workforce, one of the key issues that is emerging is the lack of sick leave for individuals. I know that constituents of mine had to quit their job prior to the height of the COVID-19 situation because they were expected to show up at work even though they were exhibiting flu-like symptoms. They were in such a conundrum, they didn't know what to do, and in the end they felt they had to resign their position.

Mr. Kassam, I wonder whether you can comment on the importance of sick leave for every worker across the country as we transition, hopefully, into the return to work.

• (1850)

Mr. Shamez Kassam: I personally believe that sick leave is important, especially as we transition into reopening the economy.

I'm just talking from my own experience here, but as a business owner—I co-own our financial planning practice with two other individuals—we were just speaking of transitioning our staff and ourselves back to work. Before, people would come to work if they were mildly ill. I've done that myself when I had a cold or a sore throat or something, and I should have been at home, but I pumped a bunch of Tylenol flu capsules and I did go to work.

In this new situation, if people are having any symptoms whatsoever, even mild, they should be cautious and stay at home. Therefore, I do believe, from a practical perspective, that sick leave is important for every worker. Of course, this has to be balanced with the financial responsibilities put on employers.

I can tell you that in Calgary, business owners have been squeezed in every possible direction, even before this COVID-19 pandemic.

Ms. Jenny Kwan: Thank you very much for that. The commitment was made today from the Prime Minister about the 10-day sick leave. It was something that I know our leader Jagmeet Singh had pushed very hard for. I hope that will come into play, because I think it is absolutely essential for all workers across the country.

With that being said, there is another piece I'm wondering about, Mr. Kassam. As a business owner, one issue that I know people have raised with me is the commercial rent subsidy. Many people

are not able to access the commercial rent subsidy because it's the landlord who has to make the application as opposed to the small business owner.

The other criteria related to that is the landlord has to have a mortgage in order to apply. I have so many small businesses in my community that cannot access the commercial rent subsidy, and they are in a dire, dire situation. It is in nobody's interest, I think, for the government to not step in to help these small businesses survive the pandemic, and of course, not only for those businesses but also for the road to recovery for the country.

I'm wondering whether or not, as a small business owner, you have any comments with respect to the commercial rent subsidy. Should the government change the program so that small businesses themselves can apply? Do you agree that it should not be tied to a mortgage?

The Chair: Ms. Kwan, I am very sorry, but you are well past your time.

Mr. Kassam, you are more than welcome to provide the committee with a written answer. I am sorry about that.

Next we're going to Mr. Albas for five minutes, please.

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Thank you very much, Mr. Chair.

Thank you to all of our witnesses here today.

Mr. Epp, could you quickly go over the Canadian emergency wage subsidy in regard to your own business? Are you utilizing this?

• (1855)

Mr. James Epp: We do not qualify for the first month, though we are qualifying for month two. That subsidy is challenging in some ways because it's such a broad base. Concerns are where, for instance [*Technical difficulty—Editor*]

The Chair: Mr. Epp, I'm going to get you to stop for a minute. If everyone's sound quality is as bad as what's coming through mine, we clearly have a technical issue.

Mr. Dan Albas: Mr. Chair, if I can make a suggestion, maybe Mr. Epp can write to the committee on his experience with the Canada emergency wage subsidy. I don't want to waste time as we're getting near the end of the session.

The Chair: Fair enough, Mr. Albas. Thank you.

Mr. Dan Albas: Thank you.

I'll go to Professor Milligan.

Professor Milligan, thank you very much for being here today. I certainly appreciate seeing you, Ken Boessenkool and other economists discussing various proposals, so I appreciate your putting yourself out there.

Professor, why do you think the Canada emergency wage subsidy is being so underutilized?

Prof. Kevin Milligan: I think the contention is right. The uptake of the wage subsidy has been lower than most people expected to see. I think the main reason is that it was slower to get into place, and many businesses had to make a decision of how to lay off their workers. Instead of laying them off through a furlough, through the wage subsidy, they laid them off onto the CERB. It's great that we had both things there, that the CERB was able to act as a life preserver for so many Canadian families.

That's the way things went in March, April and May. As to where we are now, I think that, looking forward, the wage subsidy is a really important tool as we restart the economy.

Whatever the mix was between the CERB and the wage subsidy in the past few months, I think that, looking forward, we should be putting our focus on getting people back to work and on the CEWS.

Mr. Dan Albas: Respecting that we want to look at the future, will the uptick, though, in the CERB usage and lack of use of the Canadian emergency wage subsidy mean a slower recovery and much more money spent on the CERB?

Prof. Kevin Milligan: It's hard to predict the future, especially in this crisis. What I do hope to see over the summer is that businesses here in B.C. and in other places start to hire back their workers, that we will see that case load on the emergency benefit going down and there be more workers on the wage subsidy.

I am seeing businesses open up around me here in Burnaby, and I'm happy to see that. I do hope that we will start to see people maintain their income by doing it through the wage subsidy rather than the emergency response benefit because the wage subsidy is a way to rebuild the economy.

Mr. Dan Albas: What percentage of the economy do you think it is possible to allow to return while still ensuring health protections? As we know, some sectors and businesses will be closed for a while still.

Prof. Kevin Milligan: I can't hazard a guess as to what percentage. However, I do know that with regard to the kind of freeze that we have seen the economy experience in March, April and May, there are clear signs that we are coming out of it in the labour market, in other kinds of indicators of economic activity, so I am hopeful that we will start to make that recovery in the data that comes out in the next few weeks.

Mr. Dan Albas: Mr. Chair, how much time do I have?

The Chair: You have one minute.

Mr. Dan Albas: Okay, I'll try to get this through.

Professor Milligan, you've said that for a program like the CERB to be made permanent, that would require making the GST 27%. Clearly that's just not realistic. Do you agree that the CERB must be scaled down as soon as possible without hurting Canadians who need the support?

Prof. Kevin Milligan: I think that we need to start planning for a transition out of the emergency response benefit. Mr. Albas is right. If you were to make a program like the CERB permanent, that costs us about \$15 billion a month. That would be \$180 billion a year, so

the idea of making this a permanent feature of our economy is simply not something we can sustain.

That's one of the reasons we want to start planning a transition out of the CERB, and I think that we ought to start that planning now. As we know, the administration of these benefits is a very difficult thing. To get the details right and to make sure that all Canadians are supported, we want to start that planning now.

Mr. Dan Albas: Thank you.

The Chair: Thank you, Mr. Milligan.

Thank you, Mr. Albas

Mr. Vaughan, please, you have five minutes.

Mr. Adam Vaughan (Spadina—Fort York, Lib.): I'll pick up on that, Professor Milligan.

Guy Caron, a former member of Parliament and a candidate who talked a lot about basic income, estimated that to provide \$2,000 to every single Canadian for a year would cost well over \$500 billion. Do you support that calculation?

• (1900)

Prof. Kevin Milligan: The numbers can get very large like that. It depends on the particular amounts, but \$2,000 a month times 30 million adults is \$60 billion a month. If you multiply that by 12, you get numbers that are very big. Those numbers get very challenging.

There are other ways one can think about delivering these kinds of benefits, by phasing them out with income or by targeting them in different ways, but for the universal idea where you give the same cheque to everyone, it would be very expensive.

Mr. Adam Vaughan: If we were to claw that back through the tax system, what percentage would be currently clawed back under the existing tax rates?

Prof. Kevin Milligan: Tax rates for many Canadian families are more in the range of, at the federal level, 25% or 30%. You would get back some of that if you were to pay out these kinds of very large cheques to everyone. You would get some of that back through the tax system; that is clear. You could imagine extra surtaxes in order to pull back those extra benefits at tax time.

I just think, for me, a very important consideration in going the way the government did with the CERB was the speed of delivery. The fact that there was that CRA website made it so fast.

Mr. Adam Vaughan: Just to be clear, if we taxed 100% back after earnings of, say, \$120,000 a year, that would only claw back about 30% or 40% of the expenditure. In other words, it would cost us about \$40 billion a month to follow Mr. Kassam's advice.

Prof. Kevin Milligan: Yes, it's right that it would cost a lot. Even if you were to set some threshold of \$100,000 or \$150,000 where you would claw back all this extra benefit, most Canadian families don't earn that much. You would still have a lot of money going out and that clawback wouldn't actually bring in so much. You'd end up with the kind of bill for this that would make the deficit even bigger than it is going to be.

Mr. Adam Vaughan: How many different forms of basic income are there out there?

Prof. Kevin Milligan: There are as many as there are different economists or people who dream different ways of doing this. There are many different ways, but I think what's important is to look at the bottom line, which is that we want to try to reduce poverty. We want to try to support family incomes that have dropped during this crisis. If we keep our eye on those targets, it becomes clearer what the right and appropriate policy will be.

Mr. Adam Vaughan: That's as opposed to dropping money from a helicopter, just giving everybody cash, and hoping that we can figure it out in a year's time through the tax system.

Prof. Kevin Milligan: I think it is clear that replacing family incomes that dropped because of the crisis was the right way to go. It was a more efficient way of delivering income to families that needed it.

Mr. Adam Vaughan: But it has to end over time. Otherwise, the costs are extraordinary.

Prof. Kevin Milligan: I think we have to start planning that transition.

Mr. Adam Vaughan: With regard to basic income, you say that the goal should be to reduce poverty. When you say that, what component of CERB are you talking about that's different from universal basic income?

Prof. Kevin Milligan: When I'm thinking of different models of universal basic income, what I find interesting is that in some of the models where you do cut a cheque to everyone, most of the dollars end up going to families who are not in poverty. That's why I think the programs that focus first on those in poverty are the ones that are most effective. For example, the Canada child benefit focused most resources on lower-income families and middle-income families, and pulled it back from high-income families. It was explicitly not universal. To my mind, that was its strength.

When we're thinking of these income support policies, I try to keep my mind firmly on what the goal ought to be.

Mr. Adam Vaughan: In terms of the proposal to allow people to withdraw RRSPs, if they can pay them back in a couple of years, is that not also a policy that would disproportionately benefit affluent seniors with savings? About 40% of Canadians have no RRSPs and wouldn't be supported by that program.

Prof. Kevin Milligan: That's an idea that's been floated. I think a very narrow slice of people would benefit. At the same time, I don't think it hurts the government's revenues very much, because the money does get paid back. If it doesn't get paid back, there's a penalty, as with the homebuyers' plan or the other ways of accessing money through the RRSP.

I'm actually attracted to that idea. It certainly is not a broad-based measure, but as one part of a policy package I think it does have some merits.

Mr. Adam Vaughan: If you were going to be consistent and target people in low income or in poverty, seniors in poverty, it wouldn't be RRSPs you'd focus on; it would be a boost to the GIS or a boost to the OAS. That would be the more effective way to alleviate for seniors living in poverty.

Prof. Kevin Milligan: Sure. That's something we saw in the package that was announced for seniors, a boost to low-income seniors through the OAS and GIS programs, which I think was appropriate. If you were to add into that something to allow people to access the liquidity they have in their RRSP, to me that would be appropriate.

• (1905)

The Chair: Thank you very much, Professor Milligan and Mr. Vaughan.

Thank you to all of the witnesses for being with us today. Thank you for your patience during our technical challenges. Be assured that your presentations today will be of great assistance to the committee in our work.

We will suspend while we bring in our next panel of witnesses. We'll see if we can get all of the technical issues ironed out on the front end.

Thanks, everyone.

• (1905)

(Pause)

• (1910)

The Chair: We are now back in session. I want to thank our witnesses for joining us today.

We have with us, from the National Association of Federal Retirees, Jean-Guy Soulière, president; and Simon Coakeley, chief executive officer.

From the National Institute on Ageing, we have Dr. Samir Sinha, director, health policy research; and Michael Nicin, executive director.

[Translation]

Lastly, we're joined by two representatives from the Réseau FADOQ's provincial secretariat, Gisèle Tassé-Goodman, president, and Danis Prud'homme, director general.

[English]

We're going to begin with Mr. Soulière for seven minutes.

You have the floor for your opening statement, sir.

[Translation]

Mr. Jean-Guy Soulière (President, National Association of Federal Retirees): Thank you, Mr. Chair.

Good evening, honourable members of the committee. My name is Jean-Guy Soulière. As president of the National Association of Federal Retirees, I'm grateful for the opportunity to assist in your study of the government's response to the COVID-19 pandemic.

I'm joined by Simon Coakeley, the chief executive officer of the National Association of Federal Retirees. We'll share remarks. I'll be speaking in French, and Mr. Coakeley will be speaking in English. We'll both be happy to answer any questions you may have in English or in French.

The National Association of Federal Retirees is the largest national advocacy organization. The organization represents 176,000 active and retired members of the federal public service, Canadian Armed Forces and Royal Canadian Mounted Police; retired federally appointed judges; and their partners and survivors. For over 56 years, we've advocated to improve the lives of all Canadians in retirement and to protect our members' earned pensions and benefits.

Since the start of the COVID-19 pandemic, the association has continued to support and advocate for its members and for older adults and to ensure that they have credible and relevant information to help them remain safe, healthy and connected as we all navigate the effects of COVID-19.

Canada's response to COVID-19 has set our country apart from its global counterparts, and much of that has been made possible by Canada's public servants. I hope that the committee will join me in recognizing their contributions.

As some of you may know, I was the first chair of the National Seniors Council. I held this position from 2007 to 2013. Many of the issues that we see today with seniors and COVID-19 were raised during my tenure with the National Seniors Council and during this committee's 2018 study entitled "Advancing inclusion and quality of life for seniors."

The situations that we're seeing today are, tragically, unsurprising. That said, I'll again state that Canada's federal response to COVID-19 has been strong. We saw quick action to reduce the amount that older adults are required to withdraw in 2020 from registered retirement income funds, or RRIFs. The GST rebate was increased. One-time payments under the old age security and guaranteed income supplement programs were welcomed, particularly by the people eligible for the guaranteed income supplement, since they're financially vulnerable and likely to be most in need.

Steps have been taken to protect pensions and pension plan members through solvency funding relief for 2020 and through pension protection requirements under the large employer emergency financing facility, or LEEFF.

Of course, there's room for improvement, such as in the details and communications provided regarding programs for seniors. People need clear and accurate information quickly.

As we continue to respond to COVID-19, attention must be paid in the short term to older adults who are slipping through the cracks. For example, some older adults have lost work opportunities as a result of COVID-19, and they don't meet the eligibility criteria for the Canada emergency response benefit, or CERB, because their employment earnings put them just below the \$5,000 threshold. While the old age security and guaranteed income supplement one-time payments are relevant, the payments may not meet the financial needs of all seniors.

Consideration must be given to further increases to the guaranteed income supplement; automatic enrollment for the guaranteed income supplement in 2021; and reviewing the implementation of the promised 10% increase to old age security for seniors aged 75 and up. These measures should be implemented swiftly and should target financially vulnerable older adults.

● (1915)

As you'll note in our brief, defined benefit pension plans are important to Canada's economy as institutional investors and to enable Canadians to keep contributing to the economy. These plans are the most secure, efficient and cost-effective retirement savings option.

While some pension funds will be affected over the coming months, pension plans are built for the long term. Some of the pension plans will eventually recover their losses, as a result of adequate care and discipline on the part of plan sponsors and ongoing government regulation to ensure that the plans continue to be managed properly.

As areas of focus, we suggest the implementation of a strong policy framework to curtail contribution holidays, a review of the solvency funding requirements of plans, and the elimination of inefficiencies in defined contribution plans and RRSPs. These areas are described in more detail in our brief.

Thoughtful and intentional planning by the federal government, with provincial and territorial collaboration, is essential for the long-term retirement security of Canadians. Now is the time to start planning for the retirement security system that we want to have in two years, five years, ten years and afterwards.

I'll now ask Mr. Coakeley to make remarks relating to health care, senior care and COVID-19.

● (1920)

[English]

The Chair: Mr. Coakeley, I am very sorry, but your colleague has used all of the time allocated for your opening statement. If you haven't already done so, I would encourage you to submit it in the form of a brief. Let's hope some of the points you wanted to make in your opening statement will come up in the course of questions.

Next we have the National Institute on Ageing.

Dr. Sinha, are you speaking on behalf of the organization?

Dr. Samir Sinha (Director, Health Policy Research, National Institute on Ageing): Michael Nicin will start, and then I will complete it.

The Chair: You have seven minutes between the two of you.

Please go ahead, Mr. Nicin.

Mr. Michael Nicin (Executive Director, National Institute on Ageing): Thank you very much.

Hello. I'm Michael Nicin, executive director of the National Institute on Ageing, a Ryerson University-based think tank focused on addressing the reality of Canada's aging population.

The NIA's mission is to help governments, health care systems, the financial sector, businesses and Canadians themselves to enhance successful aging by conducting research and generating evidence-based policy solutions.

I'm joined today by Dr. Samir Sinha, the NIA's director of health policy research. He's also the director of geriatrics at Sinai Health System and University Health Network in Toronto as well as the Ontario government's expert adviser, since 2012, on long-term care and seniors.

I'm going to turn over the bulk of our time to Dr. Sinha, but before I do, I want to take one moment to acknowledge the nearly 6,000 older Canadians who have died thus far from COVID-19, and also acknowledge their families and caregivers.

In acknowledging long-standing issues, there's a growing public discourse on whether the federal government should play a greater role in the provision of long-term care, whether it should be incorporated into the Canada Health Act and whether or not we should reduce our reliance on private sector delivery of care. These are all questions that we must pose and answer, but they are only a select number of tools by which we could work to improve long-term care across this country.

In our view, the substance of our ensuing public discourse and action should focus on the following two core issues. One, how can we improve the provision of long-term care for as many Canadians as possible, and encourage them and allow them to age at home for as long as possible so that we never experience what COVID has taught us in these past two months ever again? Two, what are the most cost-effective—

The Chair: Mr. Nicin, perhaps I could interrupt for a minute. The speed at which you're speaking is difficult for the interpreters to keep up with. I'll give you an extra 30 seconds if you slow down a bit.

Mr. Michael Nicin: Thank you very much.

Two, what are the most cost-effective and sustainable ways to deliver the highest possible care in line with the needs, preferences and values of older Canadians, their families and their caregivers?

In this we mustn't be guided by ideology or partisanship, but by the ample evidence that exists and is now emerging across Canada and beyond from places that have better addressed the long-term care needs of their populations. Furthermore, we must be open to every legislative, regulatory and policy option available to produce the best outcomes while efficiently using our public resources.

With that, I'd like to turn it over to Dr. Sinha.

Dr. Samir Sinha: Thank you, Michael.

While I hold many titles, I want to speak to you, first and foremost, as one of Canada's only 305 geriatricians who work with older adults and their families challenged by complex health and social

care issues like navigating long-term care needs. The aging of Canada's population should be seen as a triumph as we've extended our life expectancy from 51 years in 1900 to 82 years today. When we established medicare, the average Canadian was only 27 and would not live beyond their sixties, so it's understandable that the provision of long-term care was not an original priority.

While other countries acted clearly and decisively to address these shortcomings as they have aged, Canada didn't. This inaction cumulatively helped to sow the seeds of the tragedy we have been witnessing, in which 81% of Canada's deaths to date from COVID-19 have occurred in long-term care settings, and in which Canadians are 24 times more likely to die from it than they would be if they were living in their own homes in the community.

While some thought I was being alarmist on April 2 when I was quoted in the Globe saying that if my mom were in long-term care I would pull her out, most Canadians have come to appreciate that our long-term care system was utterly ill-prepared to deal with this pandemic. Our NIA research shows that at least 430,000 Canadians have unmet home care needs while 40,000 were on wait-lists for care homes even before COVID. Of course, people have the right to pay privately for their own services but this is not an option for the majority of Canadians who retire without a workplace pension and with only \$3,000 on average in the bank.

Public long-term care funding has also been inadequate. Its nurses or personal support workers, for example, make far less than they would in our hospitals. With 80% of homes before the pandemic reporting trouble recruiting and retaining staff, the majority of workers they could recruit were often racialized women who didn't really have many other options. We owe them a debt, the 10,000 who have contracted COVID and the nine who have died so far, because they are caring individuals trying to make ends meet, who were willing to keep doing this dangerous work. If we think our usual staffing approaches are the right way to enable the system that we may all need in the future, then we are deluding ourselves.

Indeed, to contain costs, most homes employed those workers on a part-time basis without benefits, such as sick days, so many would work across multiple settings, placing them at increased risk of contracting and spreading COVID. After SARS, many countries ensured that their homes offered only single rooms, but we still have Canadians receiving care in rooms with two, three and even four beds. All together, these staffing and physical plan deficiencies have become known as our systemic vulnerabilities, which led to the rapid introduction and spread of COVID in and between Canada's homes.

During a pandemic, quickly applying definitive actions to prevent the introduction and spread of a novel infection based on rapidly emerging evidence is key. B.C. gets top marks for implementing key preventative measures well ahead of any other province. They stemmed their outbreaks to 11% of their homes while in Ontario, for example, close to 30% of the homes have now experienced outbreaks.

The NIA issued its evidence-informed “iron ring” guidance on March 27, which informed your April 8 federal guidance, and yet some provinces still hesitated to act on these recommendations for at least another week. Ontario and Quebec have tried to stabilize their situations with the help of hospitals, the armed forces and even school board employees, but this has not been seen as a stable solution for a system that has lost the faith of many of its residents, families and workers that their care needs and safety can actually be ensured.

Where do we go from here? Most experts agree that we will be living with COVID-19 for a while. We did better than many other countries in implementing our lockdowns early, allowing us to keep our community dwelling population and elders relatively unscathed. As we anticipate future waves, we need to take the early lessons we have learned and apply them to further protect the 411,000 Canadians who are living in our 5,800 long-term care and retirement homes, who've not yet been infected or killed by COVID-19. Our provinces and territories need to act more definitively to apply the current evidence-based recommendations. We still have inadequate public health data collection and reporting systems to help us understand how and why COVID-19 is affecting our long-term care settings and what makes them more vulnerable.

The NIA thus created a LTC, long-term care, tracker for this purpose. Most of what we need to do has been well known for years and luckily isn't rocket science, but it will take political will and federal-provincial-territorial coordination of efforts.

- (1925)

We thus recommend that the federal government create a national, representative long-term care task force or advisory board with clear deliverables and timelines to provide a thoughtful, evidence-informed approach that will be a resource to provinces and territories in addressing these issues once and for all.

Thank you.

The Chair: Thank you very much, Dr. Sinha.

[*Translation*]

We'll now hear from Ms. Tassé-Goodman from the Réseau FADOQ.

You have the floor for seven minutes.

Ms. Gisèle Tassé-Goodman (President, Provincial Secretariat, Réseau FADOQ): Good evening. I want to thank the committee for the invitation.

My name is Gisèle Tassé-Goodman. I'm the president of the Réseau FADOQ. Danis Prud'homme, the Réseau FADOQ's director general, has joined me today for this appearance.

As an organization that advocates for the rights of seniors, we can say that the current crisis has had a dramatic impact and has caused its share of concerns. Although some measures were introduced late, the Réseau FADOQ acknowledges that action has been taken.

One timely measure is the 25% decrease in the minimum RRIF withdrawal rate. However, as we told the Standing Committee on Finance, this measure received a lukewarm response from our members. Our organization believes that mandatory RRIF withdrawals should be completely eliminated for 2020.

Several government officials told us that they're monitoring the stock market situation to determine whether other measures should be added. We encourage the decision-makers to continue their discussions, particularly regarding a further decrease in the minimum withdrawal rate and the possibility of raising the mandatory age for converting RRSPs to RRIFs. These two measures would help limit the impact of the stock market decline on the financial wealth of many seniors.

Another timely measure was the one-time special payment through the GST credit. Some seniors were able to benefit from this measure. However, until recently, it was the only financial measure for seniors.

Remember that the onset of the social and health crisis led to an increase in the price of basic necessities. In addition, because of the lockdown measures, many seniors temporarily lost their circle of support, resulting in additional costs for them.

Canadian seniors had to wait until May 12 to finally hear an announcement about financial assistance. The assistance consists of a one-time payment of \$300 for seniors who are eligible for the old age security pension, and an additional \$200 for seniors who are eligible for the guaranteed income supplement.

The Réseau FADOQ obviously considers this a missed opportunity. Our organization believes that the government could have killed two birds with one stone by implementing measures to address the needs resulting from the pandemic, while making long-term improvements to the quality of life of the most vulnerable seniors in our society. The government had a great opportunity to fulfill its election promise to improve old age security starting in 2020.

The Réseau FADOQ has been asking for an increase in the guaranteed income supplement for many years. People who receive only old age security and the guaranteed income supplement have to live on barely \$18,000 a year. After this crisis, these seniors will still be in a precarious financial situation.

One of the measures that we welcome is the temporary extension of guaranteed income supplement and allowance payments, if a senior's 2019 tax return hasn't yet been assessed. We also suggest that this type of grace period be introduced under normal circumstances.

The Réseau FADOQ is particularly interested in the protection of pension funds. Every year, employers go bankrupt while their employees' pension funds are in deficit. As a result, retirees receive reduced pensions for the rest of their lives. These workers made sacrifices throughout their lives to enjoy a well-deserved and well-planned retirement. However, their plans have been disrupted. The Réseau FADOQ is asking the federal government to better protect pension plans.

The solution must involve amending the Bankruptcy and Insolvency Act and the Companies' Creditors Arrangement Act to ensure that pension funds are ranked as priority claims.

During the crisis, measures were implemented to prevent mass bankruptcies, including through the large employer emergency financing facility, or LEEFF. We want to emphasize some of the conditions associated with the LEEFF. Recipients must agree to abide by collective agreements and to protect workers' pension plans. The LEEFF also imposes strict limits on dividends, share repurchases and executive compensation.

When a pension fund is in deficit, this type of measure should generally be applied in the business community. A company shouldn't pay dividends to its shareholders or grant bonuses to its executives when its pension fund is in perpetual deficit.

We also want to address the issue of ageism here. Seniors have often been the target of invective since the start of the crisis. We're concerned that some experienced workers may be pushed into retirement. These workers will have even less access to continuing education programs.

● (1930)

Seniors' rights and freedoms are also being ignored. On May 20, Patrick Lévy, the owner of the Montreal Olympia, proposed that people 65 and over be denied access to concert halls. This kind of statement is unequivocally unacceptable, inconceivable and certainly intolerable. Seniors are not a vector of COVID-19; they are its first victims. It is important that discrimination not cause additional harm to all seniors. We hope that the Government of Canada will be vigilant.

Finally, I must address the underfunding of health care in the provinces. According to the Conference Board of Canada, in 2018-19, federal health transfers were \$38.5 billion, while total provincial and territorial spending was \$174.5 billion. Health care funding accounts for 40% of provincial and territorial budgets. In contrast, the Canadian government funds only 22% of these expenditures. If this trend continues, the federal share of health care funding will drop to less than 20% by 2026.

The Réseau FADOQ is asking the federal government to increase the indexation of the Canada Health Transfer by 6% annually, i.e. to the level it was at before 2017. Furthermore, it is important to include in the current Canada Health Transfer formula a variable that takes into account the aging of the population in the provinces and territories.

Seniors deserve to be treated with dignity, and in this regard, the provinces and territories must have the means to achieve their ambitions.

● (1935)

The Chair: Thank you very much, Ms. Tassé-Goodman.

We'll now go to questions from members, starting with the Conservatives.

Ms. Kusie, you have the floor for six minutes.

Mrs. Stephanie Kusie: Thank you, Mr. Chair.

I'm going to turn my time over to Mr. Coakeley so he can make his presentation. He will have to do it in six minutes instead of seven.

[English]

Mr. Simon Coakeley (Chief Executive Officer, National Association of Federal Retirees): Thank you very much.

Thank you for giving me your time. Thank you for permitting me to speak on this important subject. I don't think I should take the six minutes.

As Mr. Soulière has noted, the consequences we have seen in many health care settings, particularly in long-term care, are tragically unsurprising to the seniors organizations and advocates who have sounded the alarm on the state of senior care in Canada for some years now.

The federal government is to be commended for rapidly answering the provinces' calls for personal protective equipment, while also supporting Canadian business and innovation to mobilize that response. The deployment of Canadian Armed Forces members to support long-term care settings was significant and necessary, and development of long-term care guidelines for provinces and territories was an excellent example of federal leadership in health care.

We are at a critical moment for health care and seniors care in Canada. What we do next will define the health care and seniors care systems that remain for Canadians post-pandemic.

Federal Retirees is joining the call for a national review of long-term care in Canada, with a goal of ensuring that Canadians in these facilities receive the care and dignity they need and deserve. The review must be public, independent, evidence-based and informed by older adults, informal caregivers, and of course subject-matter experts.

We understand provincial and federal jurisdictions, and our comments will also be taken to provincial and territorial counterparts. Canada's long-term care situation is a national issue. A significant, vulnerable proportion of our population has been seriously impacted by systemic failures. Difficult truths like these, once we are aware of them, must be faced head-on, collaboratively and intentionally, with the participation of all levels of government.

Global counterparts like Australian and current Canadian expertise can both form the basis for a Canadian solution. For example, we should be leveraging Veterans Affairs Canada's extensive experience in placing and monitoring veterans in long-term care. An instrument like the Canada Health Act for long-term care could serve to ensure national criteria and care standards tied to funding, along with repercussions for failing to meet standards.

Home and community care must also be part of the solution. Resource and system shifts are needed to move us away from the default reliance on long-term care and toward an expansion of home and community care services, which allow Canadians to age in place, are less costly and generally lead to better health outcomes and quality of life. National criteria and care standards tied to funding may be appropriate here as well. Again, Veterans Affairs' experience providing home care support through the veterans independence program could prove invaluable.

Informal caregivers are crucial partners in the delivery of care, and COVID-19 has impacted them and how they provide this essential care. Measures put in place because of COVID-19, like physical distancing and restricted access to long-term care facilities and similar facilities, have resulted in some informal caregivers moving family into their homes for the duration of the pandemic—some people listened to the doctor. This has led to increased stress for caregivers, as well as increased costs, and immediate financial support based on need, similar to other COVID-19 assistance, should be implemented.

Informal caregivers need to be able to safely return to long-term care facilities as soon as possible. Their absence has impacted staff, and the stress and emotional toll for residents this has caused—some with capacity issues who cannot understand why familiar faces are no longer around—cannot be underscored enough.

The federal government can support the provinces and territories by developing guidelines for the loosening of restrictions and the reintroduction of informal caregivers into long-term care, similar to the interim guidance for long-term care homes released in April.

The National Association of Federal Retirees believes the COVID-19 pandemic does not have to be characterized only by

tragedy or catastrophe for any part of the Canadian population, and particularly not for older adults, their families and loved ones.

Federal Retirees will continue to work with you and with all levels of government to find opportunity in COVID-19. The pandemic made visible the cracks in health care and senior care. What happens next is up to all of us. Federal Retirees believes COVID-19 and Canada's recovery from it can be our opportunity to make things right for seniors, for their families and for all of us who will, one day, be seniors deserving of security and dignity too.

Thank you very much.

• (1940)

Mrs. Stephanie Kusie: Thank you, Mr. Coakeley.

I have another minute and 20 seconds. You said in your 2020 budget submission, "Adequate staffing levels, better training and education and safe working conditions are needed to improve care. Shortfalls in long-term and home care force seniors to stay in hospitals longer than they need."

How has COVID-19 highlighted this issue?

Mr. Simon Coakeley: I think it's probably premature to say with any great degree of certainty, although entries into long-term care have been restricted in many instances over the last little while, and perhaps the doctor would be in a better place to speak specifically to that.

I think the whole situation has shown the cracks, the challenges. We all knew they were there, but COVID has shone a spotlight on them. Now we are faced with these realities, and we feel it's time to start dealing with them.

Mrs. Stephanie Kusie: Briefly, this committee previously recommended that ESDC work with provinces to develop certification processes and comparable standards for working conditions for home care and long-term care workers.

What do you think this should look like?

Mr. Simon Coakeley: I think it would be up to ESDC and the provinces to come up with those standards, informed, obviously, by health care experts. We do not pretend to be health care experts, but we would support national standards. We represent seniors from coast to coast to coast, and it's very difficult for us to explain to our members why they might be subject to one level of care in one province and a different level of care in another.

As to what those specific standards would be, as I say, we do not pretend to be health care experts. We would leave that to the health care and the long-term care expertise.

Mrs. Stephanie Kusie: Thank you.

The Chair: Thank you, Mrs. Kusie.

Thank you, Mr. Coakeley.

Mrs. Kusie, thank you very much for allowing Mr. Coakeley to give his opening statement. I felt very badly that we had to cut him off. That was a nice touch.

Next we have Mr. Housefather, for six minutes, please.

[Translation]

Mr. Anthony Housefather: Thank you very much, Mr. Chair.

I'd like to thank all the different groups for their hard work in helping seniors in our country.

Mr. Soulière, I very much appreciated the fact that you said the federal response was strong and timely. You and the Réseau FADOQ both mentioned the increase in the GST credit, which was given fairly quickly, the increase in the guaranteed income supplement and the increase in the old age pension.

You also both said that you wanted to see a 10% increase in the old age pension for people over 75, as promised during the election campaign. You are also asking for an increase in the guaranteed income supplement for the most vulnerable seniors. I [*Technical difficulty—Editor*] twice since 2015, and I agree.

[English]

Mr. Chairman, I'm going to switch to English now.

I know the financial requests, but if I might, I'd like to switch to long-term care and ask questions to all of the groups on long-term care.

I agree with both of the groups that spoke about it that long-term care is an incredible embarrassment to Canada. The number of seniors who have perished and the number of seniors who have been afflicted with COVID-19 is awful.

I want to ask a question of all the groups, given the issues involved around provincial and federal jurisdiction. On the issue of home care, for example, I note the \$10 billion to the provinces under a previous mandate to improve home care, but we really need to fix long-term care.

Would each of the groups recognize that while this is under provincial jurisdiction, they support the federal government now showing leadership by working with the provinces and territories to put in national standards for home care? In particular, I'd like to ask that to FADOQ, which is a group based in Quebec. Given Quebec's

unique beliefs about federal-provincial jurisdiction, I'd really like to understand if they also would support that.

• (1945)

[Translation]

The Chair: We can begin with the Réseau FADOQ.

Go ahead, Ms. Tassé-Goodman.

Ms. Gisèle Tassé-Goodman: I'm going to ask our director general Mr. Prud'homme to answer the question.

Mr. Danis Prud'homme (Director General, Provincial Secretariat, Réseau FADOQ): There are several things to consider when it comes to long-term care. First, we all need to work together to ensure the best possible quality of life for seniors and to set standards, because Canadian law says that health care must be equivalent everywhere.

On the other hand, it has long been known that long-term care should not be provided in CHSLDs, the residential and long-term care centres, where it is much more costly and less effective, but rather at home. Some countries have already made this shift. We should already be considering this here.

On the other hand, if we want to take care of people properly, with dignity, it means increasing health transfers and including a variable related to the aging of the population. This does not exist today, and unfortunately, that is what was decreased in the transfers.

[English]

Mr. Anthony Housefather: Thank you.

I'd like to ask the same of Mr. Nicin and Dr. Sinha. You obviously support a federal role there. You understand that it's a provincial jurisdiction. How do we get around that issue?

Mr. Michael Nicin: I will defer to Dr. Sinha.

Dr. Samir Sinha: Thank you.

I think there's an opportunity here for federal leadership, for sure, because I think all of our provinces and territories have been struggling with how to balance and provide long-term care.

In Canada, we stand out internationally, because we spend the vast majority of our dollars, our \$24 billion a year, on long-term care in terms of nursing home care. It's 87% versus about 13% in home and community care.

Many other OECD countries—Denmark stands out as a great international example—spend the majority of their dollars on home and community care. By doing that, they can provide more effective care, care that doesn't leave people stranded in hospitals. They are able to receive care that is more in line with what they want and in a more sustainable way.

This is where the federal government can provide leadership. We have just seen how that leadership, with guidelines, allowed some of the smaller provinces in particular to have that support, or the role of the military in helping our two most unstable provinces at the moment better manage their needs.

I think there are opportunities here, as we saw with the recent health accord, in terms of helping to boost spending specifically on home care. However, we can't think of home care versus nursing home care. We have to think of it as a continuum. This is where the federal government, in co-operation with the provinces and territories, can help to develop a framework and figure out how best to organize it and support this kind of care.

All Canadians are aging, and the tragedies we've seen have not been limited to one province or the other. It defines everything that we've seen across the country so far.

Mr. Anthony Housefather: Mr. Chair, do I have any time left?

The Chair: You have 14 seconds.

Thank you very much, Mr. Housefather, and thank you, Dr. Sinha.

[*Translation*]

I will now yield the floor to Ms. Chabot.

Ms. Chabot, you have six minutes.

Ms. Louise Chabot: Thank you, witnesses. You are all worthy representatives of our seniors and pensioners. We have to tell ourselves that despite the situation we're in because of COVID-19, we're not going to lose sight of such important issues, both in terms of health and in terms of finances. Seniors, particularly women, who are in the majority, have this dual concern.

My question is for Ms. Tassé-Goodman. Thank you for your participation in our committee and in the Standing Committee on Finance. I'd like to raise a topic that you have perhaps not touched on as much, namely the situation of informal caregivers. At present, they have access to a federal tax credit. Do you think that this credit should be enhanced, or be refundable?

• (1950)

Ms. Gisèle Tassé-Goodman: Mr. Prud'homme, would you like to speak? Are you familiar with this file?

Mr. Danis Prud'homme: Yes, I can, certainly. Thank you.

This is what we are asking for, both in Quebec and federally. We have asked for an increase from the provincial government and the federal government, because these people are very important. So is the support they provide. Above all, they allow the health care system, and therefore the government, to save a lot of money because they perform tasks for which, in the end, they are not paid. So, yes, it's very important.

Ms. Louise Chabot: And they're mostly caregivers, too.

My other question is of concern. The Réseau FADOQ has already raised it. It affects working people as well as retired people. I am talking about pension funds. We are thinking a lot about what will follow COVID-19. We have seen many workers lose their jobs. More and more, in Quebec, we are seeing companies like Reitmans

placing themselves under the protection of the Companies' Creditors Arrangement Act. There is also the Produits forestiers Résolu company.

If I understand correctly, you would agree that employers who have not funded their pension plans should do so before liquidation, so as to protect the workers' nest egg, and you would also agree that, in the event of bankruptcy, pension funds should be given priority.

Did I hear you right?

Ms. Gisèle Tassé-Goodman: You understood very well.

As I mentioned, it is unacceptable for shareholders and managers to be paying bonuses to themselves while workers, who have invested all their lives to build up a nest egg, realize, very close to retirement, that their pension plan is being cut.

That's unacceptable. Already during the pandemic, companies have come forward. I am thinking, for example, of Aldo and Reitmans, who talked about their difficulties in the media. These difficulties were to be expected. We are asking the federal government to do something about this by amending the two laws I mentioned.

Ms. Louise Chabot: Thank you.

There was a temporary measure with respect to old age security and the guaranteed income supplement. The Bloc Québécois is asking that these two benefits be increased permanently as of age 65. Emergency measures can meet needs, but permanent measures are the only way to provide financial support to people who are in great need.

We have asked questions about when this temporary measure will apply. We have suggested that it should apply from March, for three months. What happens after that? We don't think that the COVID-19 crisis will be over.

Do you have any answers to these questions?

Ms. Gisèle Tassé-Goodman: We don't necessarily have any answers. We mentioned to the Standing Committee on Finance in February and again on May 1, that it was important for the government to keep its promise. On September 18, it made a commitment to increase the old age security benefit by 10% for people 75 years of age and older.

Notwithstanding that, whether it is old age security or the guaranteed income supplement, we know full well that there are many women who receive these benefits, for all sorts of reasons. There are those who joined the paid workforce later in life, or those who stayed at home to take care of the children and the family. It is often women who are penalized in this regard.

Increasing the benefit by 10% would have resulted in an additional \$729 per year. This is permanent help that we would have liked to have seen put in place rather than temporary help.

• (1955)

Ms. Louise Chabot: We understand your request. Do you see this measure as voluntary? Currently, the maximum age for transferring an RRSP to a RRIF is 71. The percentage of the maximum withdrawal has been reduced, but you would like to see the age limit removed.

Ms. Gisèle Tassé-Goodman: We would like to extend the maximum age for the transfer to 75. We know there's a labour shortage at the moment.

Ms. Louise Chabot: You're proposing to move it to 75.

Ms. Gisèle Tassé-Goodman: Exactly. Seniors are choosing to continue working and to help society. In this way, they socialize and mingle with the community. This has the positive effect of counteracting isolation. In addition to alleviating the labour shortage, there is a transfer of knowledge to the younger population in the work context.

We think there are huge advantages to deferring the transfer from RRSPs to RRIFs until age 75.

The Chair: Thank you, Ms. Chabot and Ms. Tassé-Goodman.

I now give the floor to Ms. Kwan.

[*English*]

Ms. Kwan, before you begin, could I ask all the witnesses, in responding to Ms. Kwan's questions, to please be sure that you hold your mikes so that we get good sound quality?

Go ahead, Ms. Kwan, for six minutes.

Ms. Jenny Kwan: Thank you very much, Mr. Chair, and thank you to all the witnesses.

To begin with on this question, with respect to establishing a national standard of care for seniors, does it not make sense for the government to utilize the Canada Health Act to begin that process? I've heard some of the witnesses say that. I'd like to get it clearly on the record from each of the witnesses. Is using the Canada Health Act to establish a standard of care not a good place to start?

Let's start with Dr. Sinha, please.

Dr. Samir Sinha: Sure.

People are looking to the Canada Health Act, but again, the Canada Health Act also is what we use for hospitals and physician coverages. Remember that at every provincial and territorial level, our hospitals are organized according to level, and they're funded in their own ways. While we have some national accreditation standards through an independent organization, that doesn't necessarily guarantee standardized funding and standardized care in what we have. What we do have standardized is a higher level of funding for publicly funded hospitals versus the care that's being provided in long-term care homes. From this come a lot of the systemic vulnerabilities.

The Canada Health Act could be a tool, but I think we first of all have to ask what the level of care is that we want to be providing. Then we can look at the tools, such as the Canada Health Act or other mechanisms that might be there and that we can employ.

Ms. Jenny Kwan: Further to that, then, wouldn't the level of funding be intrinsically tied to that issue as well?

Dr. Samir Sinha: Certainly. You could enshrine long-term care, and I would say long-term care as we define it at the NIA as that whole spectrum of home care and nursing home care, but again, what we did in the recent federal transfers was transfer \$6 billion over 10 years with, in my view, limited accountability. We just had provinces agree to some general guidelines or metrics that I haven't seen reported, and I was appointed to many of the committees trying to create those metrics a few years later. That was one mechanism. The Canada Health Act could be a mechanism to absolutely guarantee more federal funding, but again, funding without clear guidelines and standards for what we need to do won't get us any further ahead.

Ms. Jenny Kwan: Oh, I would absolutely agree. Establishing standards would go with the funding and of course the accountability in terms of return. You can't just not tie all of those pieces together if we hope to get results.

Thank you. I'm going to move on to another witness.

I'll come to you, Ms. Tassé-Goodman, and ask you the same questions, please.

[*Translation*]

Ms. Gisèle Tassé-Goodman: As you know, health is a provincial jurisdiction, so this is delicate. Sharing best practices is certainly a good thing, but if the increase in the federal transfer to the provinces and territories were to return to 6%, as the FADOQ network is asking, we would certainly see an improvement in that area. The transfer increases by only 3% per year, so there is a shortfall. The population is aging at an accelerated rate, so the health transfer is all the more important.

Mr. Prud'homme may have something to add.

• (2000)

[*English*]

Ms. Jenny Kwan: I'm sorry—

[*Translation*]

Mr. Danis Prud'homme: Basically, we are asking for a comprehensive review. The World Health Organization has shown us that we must recast our health care system. Obviously, this means re-considering how and where we treat people, where we want to invest and how much money we are prepared to spend on health care. A thorough review is needed.

[*English*]

Ms. Jenny Kwan: Thank you very much. I think there's no question that part of the problem that we have suffered as well is that there has been, I think, a reduction in transfer payments to provinces and territories, and that also has, I think, added to the challenges we're seeing today. I think, if anything, COVID-19 has really exposed the challenges we face today.

On the question of a process, it was suggested that we should embark on the process to look at what is needed and so on.

I wonder, Dr. Sinha, if you have any suggestions in terms of timeline, because one of the things that I worry about is that we'll study these things, and then nothing will happen, or that it's such a prolonged period that it's not really going to generate the results that we hope for.

Dr. Samir Sinha: In terms of a process and timeline, again, I was appointed to the ministerial advisory board on dementia. That was something set out in legislation with clear targets and guidelines, and we helped to establish the national dementia strategy last year. The key is, that could be a template, for example, as a way to say we need to have a clear mandate and we need to have clear goals, because otherwise you could study things forever and never see any results or meaningful actions thereafter. If we say that this is what the goals need to be....

But we need to have federal and provincial co-operation so that we're all involving ourselves together to say what the end points are and how we are going to organize this. Do we use the Canada Health Act or other mechanisms with accountability, and how do you bring that back? I think the immediacy can be figuring out those types of things, like guidelines, to help us get through this pandemic, which will be with us for at least the next 18 months.

We're going to see more challenges in our long-term care systems, but then also how do we start reorienting our system to become one that's more home-care-based and community-care-based,

and frankly, more sustainable? We know that our long-term care spending, right now if we do nothing differently, is going to go from \$22 billion to \$71 billion by 2050, and while we talked about family caregivers before, we know that we're going to have fewer available in the future to meet the care needs, so our current caregivers will have to be 40% more productive to maintain the status quo, which isn't sustainable at all.

These are the things. We have the data. We have the knowledge. We've seen what other countries can do. It's just that we need a clear mandate, timelines, targets and dedicated funding that can allow that to happen in collaboration with the provinces, territories and the federal government.

The Chair: Thank you, Ms. Kwan.

Thank you, Dr. Sinha.

We have now reached the appointed hour. I want to take this opportunity to sincerely thank all of the witnesses for being with us this evening and for sharing their expertise. It will be of great value as we continue our work.

Thank you to all of my colleagues. We will see you again on Thursday evening.

The meeting is adjourned.

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