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Chair: Mr. Sean Casey



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• (1105)

[*English*]

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

Welcome to meeting number 49 of the House of Commons Standing Committee on Health.

Today we meet for two hours to consider Bill C-224, an act to establish a national framework for the prevention and treatment of cancers linked to firefighting.

Today's meeting is taking place in a hybrid format, pursuant to the House order of June 23, 2022.

For those participating online, I have a couple of reminders. On the bottom of your screen, you have interpretation. You can choose floor, English or French. For those in the room, you can use your earpiece with the same three options. For those participating online, I remind everyone that taking screenshots or photos of your screen is not permitted. The proceedings will be made available via the House of Commons website.

In accordance with our routine motion, I am informing the committee that all witnesses have completed the required connection tests in advance of the meeting.

I will now welcome the witnesses who are with us for the first hour of the meeting.

[*Translation*]

From the Canadian Association of Fire Chiefs, we have Mr. Richard Amnotte, second vice-president, French Language and Language Diversity.

[*English*]

We have, from the Fort McMurray Firefighters Association, Mr. Ryan Pitchers, battalion chief, by video conference; and from the International Association of Fire Fighters, Mr. Neil McMillan, the director of science and research.

[*Translation*]

I thank all the witnesses for being with us today. Let's get started.

Mr. Amnotte, welcome to the committee. You have the floor for five minutes for your presentation.

Mr. Richard Amnotte (Second Vice-President, French Language and Language Diversity, Canadian Association of Fire Chiefs): Thank you, Mr. Chair.

The Canadian Association of Fire Chiefs would like to thank the Standing Committee on Health for the opportunity to express its views on Bill C-224.

My name is Richard Amnotte, and I am the assistant director of the City of Lévis fire service and the second vice-president of the association's board of directors.

I am here today to lend my unwavering support to C-224 along with our invaluable colleagues from the International Association of Fire Fighters, which represents thousands of firefighters in Canada.

Founded in 1909, the Canadian Association of Fire Chiefs represents the leaders of some 3,200 fire services across Canada, both permanent and volunteer. The association boasts an advisory board with representatives from each of Canada's provinces and territories, their fire chiefs' associations, as well as affiliated associations.

Our vision is to unite the leaders of the Canadian fire and rescue services. Our mission is to advance fire safety to ensure better protection against fire and other disasters across Canada.

Last week, nearly 40 Canadian fire chiefs were on Parliament Hill to meet with members of Parliament and members of the Senate from all parties and present the results of a major Canadian fire service survey and the state of fire services today, which is more critical than ever before.

We sincerely thank all MPs, senators and cabinet members for listening and being open-minded and open-hearted to the alarming findings and to the solutions we propose.

As our president, Ken McMullen, director of the Red Deer fire service in Alberta, so aptly put it, fire safety is a team sport, and we are all part of that team.

One of the requests that has been made is to ensure that there is an adequate response capability for firefighters in Canada. Every citizen, no matter where in Canada, is directly affected. The results of our survey were picked up by Ici Radio-Canada in 19 Canadian cities, in addition to CTV and Global TV, to name but a few.

According to our study, there are 126,000 firefighters in our great country, that is, 36,000 permanent firefighters and no less than 90,000 volunteer firefighters. Our survey also shows that there is a shortfall of more than 15,000 firefighters to adequately respond to the emergency calls of Canadians.

Several measures could be taken to recruit and maintain the necessary number of firefighters, and thus ensure better safety. These include increasing the tax credit for volunteer firefighters from \$3,000 to \$10,000, reinstating the joint emergency preparedness program to upgrade firefighters' equipment, maintaining funding for mental health programs for first responders, and passing Bill C-224, An Act to establish a national framework for the prevention and treatment of cancers linked to firefighting.

Why is it so important to pass this bill? Cancer is simply killing too many firefighters. The bill is clear, consistent and respectful of the jurisdictions of different levels of government. It recognizes that a firefighter is a firefighter, whether he or she is from my home province of Quebec or from anywhere else in Canada, from a large city, a rural municipality or an aboriginal community, whether he or she is a permanent or volunteer firefighter, regardless of gender or age. Cancer does not discriminate.

Last week, more than 50 scientists, researchers and firefighters gathered in Ottawa for the first Canadian workshop on prioritizing cancer research in firefighters. We heard chilling accounts of the number of firefighters dying from cancer and other firefighting-related illnesses. The situation is alarming and concrete action must be taken immediately.

Bill C-224 would provide a national framework for the research, prevention and treatment of firefighter-related cancers. It recognizes that the work of firefighters presents a particularly high level of risk because they work in a very different context, in a noble way, to protect the lives of Canadians from fire.

In conclusion, we sincerely thank MP Sherry Romanado for introducing Bill C-224. We also thank all parliamentarians for being sensitive to the need to provide a better living environment for Canada's firefighters.

I reiterate our unwavering support for Bill C-224.

Thank you.

• (1110)

[*English*]

The Chair: Thank you, Monsieur Amnotte.

Next we will hear from the Fort McMurray Firefighters Association. Mr. Ryan Pitchers is online.

Welcome to the committee, sir. You have the floor for up to five minutes.

Mr. Ryan Pitchers (Battalion Chief, Fort McMurray Firefighters Association): Thank you, Mr. Chair.

Good morning. On behalf of the Fort McMurray firefighters, IAFF 2494, I am grateful to be with you today to talk about my experience as a 22-year firefighter, currently serving with the rank of battalion chief, and to share my thoughts on why I support Bill C-224.

Six years ago, the world watched in astonishment as images of our city being overtaken by a massive wildfire were flashed across the news. Few people could forget the images of tens of thousands of citizens fleeing the area in their vehicles with a massive ball of

flames in the background. I'll never forget hearing the ominous radio call from a fellow captain ordering crews to clear the Beacon Hill subdivision of the city as a 50-foot wall of flames started to engulf scores of houses in the area. My heart dropped and my thoughts ran amok when the scope of this emergency hit me.

With citizens evacuating, firefighters from Fort McMurray and eventually other cities in Alberta rose to the immense challenge in front of us, saving as much of the city as we could from the flames that were rolling mercilessly across our neighbourhoods street by street, and protecting the egress of our citizens and our own families trying to get out. Firefighters worked beyond the point of exhaustion, working up to 48 hours straight with little to no sleep and no food, putting themselves in immediate danger almost every minute, day after day. We endured smoke so thick it was choking. We felt intense heat as we chased rolling embers from street to street in our attempts to quell the massive wildfire. We did this for six days until the flames finally moved on.

In Fort McMurray 2,400 structures were lost, but I'm proud to say that 25,000 were saved. I think I can speak for my fellow firefighters when I say that it really was our finest moment, and a landmark in our careers that we will never forget.

Sadly, however, the dangers to the firefighters who raced to save Fort McMurray did not end when the smoke faded and the last of the flames were extinguished. The danger persists to this day in the form of illnesses that firefighters have suffered as a direct result of the massive, acute exposure to the toxic carcinogens we endured during this heroic response. These toxins were the product of tonnes of combusted organic and man-made materials cast into the air in thick pillows of smoke impossible for a firefighter to completely avoid even with modern personal protective equipment.

Three Fort McMurray firefighters contracted cancer in the immediate aftermath of the 2016 wildfire. One of them, Chris Relph, my good friend, died tragically of an aggressive form of cancer rarely seen in younger people. A proud and hard-working firefighter originally from Bathurst, New Brunswick, Chris was just 29 years old when he passed away in 2018, leaving behind a loving wife and a two-year-old daughter, in addition to his parents and other grieving family members.

The long-lasting effects of the 2016 wildfire on the firefighters who responded are still being studied. These also included respiratory problems and mental health injuries. We're concerned that more cancers may develop among the firefighters who helped save Fort McMurray.

We have all come to learn that cancer is an epidemic in the fire service. In Alberta alone, we have lost 51 full-time firefighters to job-related cancers in just the past 10 years. We have heard that a firefighter's cancer could be a cumulative effect of exposures throughout their career, or it could be a result of exposure during one specific emergency. For Fort McMurray firefighters, the wild-fire of 2016 was that emergency.

We also know that cancer is a problem in fire departments across Canada. As firefighters, we have all lost colleagues to this terrible disease, we have all attended funerals and we have all consoled grieving family members while coping with our own grief. If anything can be done to reduce cancer's toll on our profession and our families, let's please do it.

Cancer in the fire service is a national problem that needs a national solution, one that strives to recognize the impacts of situations like the one we faced in Fort McMurray while creating equity and fairness for all firefighters across this great nation who risk their health and safety every time the alarm sounds and the trucks start rolling.

Bill C-224 addresses cancer in the fire service at a national level with measures that would undoubtedly make a difference and save lives, in my view. It proposes a solid framework that touches every aspect of this issue, defining the link between cancer and our profession, engaging the medical community and promoting research, data collection, knowledge-sharing and early cancer screening for firefighters, among other measures.

I'm grateful to my MP, Laila Goodridge, for inviting me to testify before this committee, and to MP Romanado for bringing this bill forward. It gives me comfort knowing that cancer in the fire service is becoming a national priority and that our federal government has our backs when we are putting ourselves in harm's way on behalf of our fellow Canadians.

- (1115)

Thank you, and I'm happy to answer any questions you may have.

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

We'll now go to the International Association of Fire Fighters, represented by Mr. Neil McMillan.

Welcome to the committee, sir. You have the floor.

Mr. Neil McMillan (Director, Science and Research, International Association of Fire Fighters): Thank you very much, honourable members and Mr. Chair.

My name is Neil McMillan and I'm from the International Association of Fire Fighters. I serve as director of science and research. I'm here today, invited by the member of Parliament for Vancouver Kingsway, Don Davies, to speak in support of Bill C-224.

I truly believe that you can't have healthy communities without healthy firefighters. I wish to thank you for committing to extinguishing cancer in the fire service. When voiced like that, it can sound like a monumental task. As the IAFF's general president Ed Kelly has said, "Before you can do it, you have to say it." I'm here for all of my sister and brother firefighters to "say it" and bear wit-

ness to the bold steps you are all taking to protect those who serve others.

The grim reality is that firefighters face a stacked deck. Over the last 10 years alone, we've recognized 420 Canadian IAFF members who have died of occupational cancer, which represents 95% of all professional firefighter line-of-duty deaths during that time frame. Firefighters, by all accounts, are a healthy workforce, yet we experience a staggering incidence of cancer—over 3,300 in this province alone. Awareness, prevention, research and early detection are key in turning the tide of occupational cancer in the fire service. Firefighter research has proven that mortality rates drop by a factor of 12 when cancer is detected through proactive screenings, as opposed to the appearance of noticeable symptoms. We also know the cost of a fatal firefighter cancer is seven times higher than that of a non-fatal cancer.

I've witnessed firefighter families being denied recognition and facing financial hardship due to the cancers acquired, which would be readily accepted in neighbouring provinces or in jurisdictions in the U.S. However, it's important to know that in most respects, the science has been settled. The World Health Organization's IARC reclassification of firefighting is proof of this.

Now, I would be remiss if I did not mention the brave members of IAFF Local 18, who serve MP Davies' riding in Vancouver. John Hudson is one of the firefighters who served out of station 15 on East 22nd Avenue. John is a survivor of two occupationally recognized cancers. Another firefighter who worked out of station 15 is Brandon Currie. He was diagnosed with cancer at the age of 26. Brandon returned to duty earlier than recommended by his doctors. He answered calls, even though he was frequently sick from the treatment he received.

Prior to serving in my current position with the IAFF, I rolled down these very streets here in Ottawa as a firefighter with Local 162. After 13 years of fighting fires, at the age of 37, I was diagnosed with cancer. In 2021, another Ottawa firefighter, Ryan Hill, who worked a few short blocks from here at station 13, died of brain cancer the day after he turned 37 years old. He left behind a widow and two young boys, Ryker and Reilly. Through five brain surgeries, and in under a year from his diagnosis, cancer took everything from him. However, he hung on to hope. Cancer took his strength, memory and dignity, but it didn't take his love for the job.

Ryan died with the uncertainty of not knowing how his young family would support themselves. It took all the resources of the IAFF to combat the City of Ottawa's attorneys, who claimed his cancer had nothing to do with his career as a firefighter despite physicians' reports to the contrary. Only after we fought multiple claim denials was his cancer successfully recognized as work-related. Your community's firefighters and their families should not have to battle bureaucracy while at the same time battling cancer. Most do not have the resources.

I applaud your proposed framework as a path to a harmonized system that will better serve this nation's firefighters, but the fact remains that it's too late for many of us. It's too late for the families of Les McBride, Gordie Moore and Martin Michels, all of whom died recently of pancreatic cancer. It's a cancer for which coverage is dependent on which postal code you fight fires in. For Martin, it was our pensioners who passed the hat to pay for his immunotherapy. If Martin had served in one of the five provinces that now recognize pancreatic cancer, he would not have looked for a handout to receive the treatments he needed, and his death would be officially recognized for the sacrifice it was.

It's not too late for our daughters and sons, who will one day follow us into this noble profession. For them, there is hope. It's the same hope Ryan held on to. Bill C-224 transcends parties, because from coast to coast to coast, no matter what community you represent, firefighters are there answering the call and keeping their oath. Every time they leave the station when the alarm is struck, they're willing to lay down their life to save the life of another. For those reasons, I again thank you all for providing that hope, taking that action and being brave enough to "say it".

Thank you.

• (1120)

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

We'll now proceed with rounds of questions.

Colleagues, I propose doing two full rounds, which will take us a bit past the top of the hour. It should still leave us enough time to do clause-by-clause. As we get closer, if there are any concerns about that, please let me know.

We're going to start with Dr. Ellis for six minutes.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thank you very much, Chair.

Thank you to the witnesses for being here. It's certainly an important topic.

One question I have specifically relates to families. Mr. McMillan, maybe we'll start with you.

You referenced two cases specifically and I heard you talk about families. One was a firefighter named Ryan and one was named Neil McMillan. If you could speak to that specifically, I'd like to hear about the impact that this bill may have on families.

Mr. Neil McMillan: The recognition is what's important for most families. They're willing to give up weekends and holidays with their family member who's serving in the community as a firefighter. There are certain risks to that, like not knowing whether

their family member will come home at the end of their shift. When that family member acquires an illness that's attributable to their workplace occupation, it revictimizes the families when there's no recognition of that.

With the inequity I see in how certain presumptive cancers are being covered across different provinces, it's my hope that through this bill and the language within it, there will be an impetus from the federal level to help with that harmonization. Fighting fires is the same whether you're in Montreal, Ottawa or Vancouver. The chemicals we're exposed to are the same, and the application of prevention measures, awareness measures, and presumptive benefits and entitlements should be the same.

Mr. Stephen Ellis: I understand you're on the International Association of Fire Fighters. How close does this get Canadian jurisdictions to being in line with what we're seeing internationally?

Mr. Neil McMillan: There are many different jurisdictions that operate differently. Some will recognize any cancer that is attributable to an IARC-recognized chemical, which allows for certain jurisdictions to be flexible with their coverage. For instance, in a lot of provinces, esophageal cancer is covered and colorectal cancer is covered, but anything in between is not, whereas tracts—digestive tract and reproductive tracts, whether male or female—are covered because the science has caught up.

As stated by a number of individuals who were in Lyon and participated in the reclassification of firefighting as an occupation for IARC, the science is settled. Out of all the different characteristics of carcinogenesis, half of them already have sufficient information that says firefighting is linked to them, whether it's chronic inflammation or oxidative stress. There are also some of the epigenetic effects and genotoxicity. We need an impetus for some of the acts, statutes and legislation to catch up.

Mr. Stephen Ellis: Mr. McMillan, I have some questions for your colleagues, but as a final thought from you, if anything could have been added to this, what do you think might have been a good addition?

• (1125)

Mr. Neil McMillan: I think this bill is a fantastic start. What I'd like to see is that it's passed quickly.

This bill has been recognized. My colleagues in the U.S. have recognized it. Different state legislatures have recognized it. It's really setting the benchmark for progressive legislation that best protects those who protect their communities, such as firefighters.

All I can ask is that this bill is passed quickly so that the hope I mentioned that the families are holding on to can be reaffirmed.

Mr. Stephen Ellis: Thank you very much.

Richard, we heard very clearly from your numbers that there's a significant lack of firefighters. The numbers are going down.

Will this bill help that or hinder it by bringing light to the even more dangerous parts of the profession?

Mr. Richard Amnotte: For one thing, for sure it will help individuals understand the risks associated with firefighting. In addition, it would provide hope to the current firefighters to stay on board and remain firefighters, because there are ways they will be better protected through science, through development and through better PPE, for example. Early screening would allow them to detect the source of the cancer at early stages for better medical care. The bill will also avoid making people afraid of becoming either a volunteer firefighter or a full-time firefighter.

Yes, the bill will help to acquire the numbers that are definitely required in our country to better protect our population.

Mr. Stephen Ellis: Thank you very much for that.

Mr. Pitchers, maybe you could talk a bit about the impact on your family of being a firefighter and how this bill may help that.

Mr. Ryan Pitchers: Personally, I've dealt with many members in our department, and five members of ours have died from cancer in the last 10 years. A couple, unfortunately, were not covered. Christopher Relph, as I mentioned before, was not covered under the provincial legislation in this province due to the fact that his cancer didn't meet the time periods. We're currently in the WCB appeal process to try to get it covered.

How this affects my family is about the knowledge and understanding that they may not be covered going forward. That always weighs on my wife's mind. There's a possibility that I won't be covered should I unfortunately contract cancer as my fellow colleagues did. That's always on their minds, and it's a bit sad for them to not have the knowledge that they would be fully covered.

Mr. Stephen Ellis: Thank you very much.

Thanks, Chair.

The Chair: Thank you, Dr. Ellis.

Next we have Dr. Powlowski, please, for six minutes.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Good morning.

I know this is a bill to establish a national framework and not so much about the specific contents of what would be included in that framework.

I wonder if you could tell me—partly out of curiosity, but I don't know the technical problems—how much of the exposure to carcinogens is through inhalation and how much is through skin contact and having clothes and equipment that are contaminated and bringing those home.

As for respiratory inhalation, my understanding is that you have some sort of respirator if you're going into a smoke-filled area, but surely before you go in you have to put it on and there's some exposure of smoke beforehand, possibly after, with remnants on the clothes.

What is the etiology of the exposure?

Mr. Neil McMillan: The exposures are wide and varied for firefighters. Overall, just so you understand, we carry a high body burden of toxins, chemicals and carcinogens. The respiratory route of exposure is still real and still there. A lot of the work done by Dr. Ken Fent and Dr. Gavin Horn has shown that the hazardous zone outside of the internal structure has lots of particulate matter, polycyclic aromatic hydrocarbons and volatile organics, so even the firefighters operating from the exterior of a structure fire are exposed.

We're also really good at harvesting and depositing contaminants, and studies on fire stations note that there are a number of polybrominated flame retardants and PFAS chemicals being deposited in fire stations, as well as heavy metals and a lot of PAHs. That is problematic because there is a sense that wearing a self-contained breathing apparatus will protect you.

We have seen a lot of new studies with respect to dermal exposure specifically. Jennifer Kerr just published one recently, this month, showing the high rates of polycyclic aromatic hydrocarbon metabolites found in the urine, with the expectation that those have been absorbed within seconds or minutes of being inside a structure.

We don't have the opportunity to engineer out these exposures as firefighters. We're going to be exposed to them. As mentioned last week, there are PFAS chemicals in our bunker gear. There are PFAS chemicals in AFFF use. There are all sorts of routes from absorption, inhalation and ingestion.

• (1130)

Mr. Marcus Powlowski: How much is prevention amenable to certain measures you take after exposure to a fire?

Maybe it was Sherry who brought this up last week. In Toronto and Montreal, after somebody goes into a fire, they get hosed down. It's probably more complicated than being hosed down, but basically there's a procedure to decontaminate you after exposure.

How much difference is there between what big fire departments do and what smaller departments or volunteer firefighters do?

[*Translation*]

Mr. Richard Amnotte: Fire services across Canada have put in place several measures to try to reduce exposure to contaminants, both in terms of the concentration of contaminants and the duration of exposure. The measures must be implemented equally across the country. At present, fire services with permanent structures may have more financial resources and may be more likely to effectively implement exposure reduction and decontamination measures.

One of the objectives of Bill C-224 would be to ensure that this information is shared more widely across the country so that good practices developed in one province can also be shared in all other provinces and around the world.

The other specific element that we need to consider in Bill C-224 is the research aspect. Are the methods we use today actually reducing exposure to contaminants and their uptake? Are there new methods or technologies that would allow us to protect firefighters and at the same time strike a balance between overprotecting, which would create problems for firefighters, and reducing the uptake of contaminants by the respiratory or dermal route?

[English]

Mr. Marcus Powlowski: I think this is a difficult question, but how concerned are you that this bill will establish standards—perhaps expensive standards—for post-exposure reduction of risk? How able are volunteer firefighters, for example, to access that same sort of protection?

Is this going to create liabilities for volunteer firefighting units that may not have the ability to undergo the decontamination steps post-exposure? Are you worried about the liability and the fact that volunteer firefighters won't want to do it because they don't have the means to meet the same standards as, say, big, urban units?

[Translation]

Mr. Richard Amnotte: I can understand that some fire services might find it difficult to make the investments that would allow them to do this. However, failing to do so would mean ignoring a reality: the risk of cancer is always present, whatever the structure of a fire service, whether it is small or large or whether it has permanent or volunteer firefighters.

Fire services will have to make this shift to ensure better protection for their firefighters. Indeed, they should not have as their only recognition the possibility of developing cancer. It is scientifically proven that the threat of cancer is present among firefighters. A structure must be put in place to ensure the protection of firefighters.

That is one of the reasons why I said in my speech that the Canadian Association of Fire Chiefs wanted the joint emergency preparedness program to be revived. This would make new money available to Canadian fire services to purchase the equipment they need to protect firefighters while protecting the Canadian public.

Canadian firefighters are the first line of civil defence in Canada. Canadian citizens depend on the effectiveness, performance and presence of firefighters across the country. Without it, their safety is necessarily at risk.

• (1135)

[English]

The Chair: Thank you, Dr. Powlowski.

[Translation]

Mr. Garon, you now have the floor for six minutes.

Mr. Jean-Denis Garon (Mirabel, BQ): Thank you, Mr. Chair.

Mr. Pitchers, Mr. McMillan and Mr. Amnotte, I thank you for being here.

Mr. Chair, I would like to take two seconds to salute the Mirabel airport firefighters, who have been through some very difficult times recently. I want them to know that we are with them, that I support them and that we love them very much.

The work of a firefighter involves many professional risks. Some of them are foreseeable. However, sometimes the irreparable can happen. The Memorial Grant Program for First Responders already in place provides, among other things, compensation to the families of deceased firefighters.

I will get straight to the heart of the bill. The Bloc Québécois has tabled an amendment to the bill that would give the federal government the opportunity to review its allocation criteria so that it could have a harmonized list of recognized cancers. It could then pay out compensation without having to wait for decisions to be made in the various provinces. This could facilitate and accelerate the payment of these compensations. Families would go through fewer administrative procedures and paperwork, and there would be greater respect for provincial and Quebec jurisdictions. Can you tell me off the top of your head what you think of such an amendment?

Mr. Richard Amnotte: The list of recognized cancers is currently a provincial responsibility. If we had a harmonized list, similar to what is proposed in Bill C-224, it could facilitate access to this compensation once the death of a firefighter in the line of duty is recognized.

Would the parliamentary process allow this to happen? That is up to you. However, we hope that this recognition program for firefighters who die in the line of duty can be applied universally to any firefighter, regardless of his or her province or territory.

Mr. Jean-Denis Garon: I find this part of the bill very important. It would enable Ottawa to pay compensation based on its own criteria, without having to wait for the provinces, if a firefighter dies in the line of duty. That could be part of the solution.

Mr. Richard Amnotte: Yes, it is. Now, we have to ask ourselves whether this should be part of Bill C-224, which we consider to be immediately applicable as is, or of the program itself. We could add to the latter the list of cancers that the Canadian government wishes to recognize as being directly related to the firefighting profession, so that the beneficiaries of firefighters whose death was attributed to one of these cancers would be eligible for the program.

Mr. Jean-Denis Garon: That point is not currently in the bill, but I would like to inform you that it is the subject of amendment BQ-5 proposed by the Bloc Québécois, which will be discussed during the second hour today. That is why I wanted to know your opinion, as we are in the process of deliberating and reflecting on this. That is essentially why you are here.

It's also about the provinces and the regulatory authorities sharing information on prevention, recognition, and so on. I've talked to the Commission des normes, de l'équité, de la santé et de la sécurité au travail. In addition, there appears to be a coordinated, structured and frequent exchange of information at the Association of Workers' Compensation Boards of Canada.

Do you have any information about the conversations that take place in this association? Is the firefighters' issue dealt with on a routine basis? Have you heard anything about that?

● (1140)

Mr. Richard Amnotte: I don't have any information on these exchanges involving the Association of Workers' Compensation Boards of Canada.

Mr. Jean-Denis Garon: Okay.

On October 6, 2021, the Act to modernize the occupational health and safety regime came into force in Quebec, and schedule 1 of the act was repealed and replaced by the Regulation respecting occupational diseases. The latter gives the Commission des normes, de l'équité, de la santé et de la sécurité au travail the new power to amend the regulation in accordance with the evolution of science and scientific advice.

Montreal firefighters have recognized this as a step forward in the process leading to the recognition of work-related injuries. What is your view on this legislative change in Quebec?

Mr. Richard Amnotte: I will refrain from commenting too much on what is being done at the provincial and Quebec levels. However, according to the information we have, we note that Quebec is still doing poorly compared to the other Canadian provinces in terms of the number of cancers that it recognizes as being related to firefighting.

Mr. Jean-Denis Garon: I understand.

From what I understand—I may be wrong, but I'm doing my best—there are prevention measures that can be put in place. It may be showers or rooms with a separate ventilation system in the barracks, for example. There are important infrastructure issues in the municipalities. Funding is difficult to obtain.

Do you think that better funding for infrastructure, particularly municipal infrastructure, which would come through Quebec but from the federal government, would make it possible to improve prevention and decontamination, among other things?

Mr. Richard Amnotte: This is one of the four requests the Canadian Association of Fire Chiefs has made to the Canadian government. Last week, which was the association's government relations week, we discussed the possibility of reinstating the joint emergency preparedness program, which was abolished several years ago. This would bring new money to the fire services to provide them with modern infrastructure, both for the effective protection of the Canadian public and for the health and safety of our firefighters.

Mr. Jean-Denis Garon: Thank you.

The Chair: Thank you, Mr. Amnotte and Mr. Garon.

[English]

Next is Mr. Davies for six minutes, please.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chair.

I would like to thank all the witnesses for their powerful testimony.

Mr. McMillan, the figures you quoted are sobering and frankly riveting. Thank you for putting names, people and a human element to this issue. I think that's very important. I'd like to address some questions to you.

First of all, I'm curious about the most common causes of occupational carcinogens. Do we know what chemicals or what causes are responsible for the cancers being experienced by firefighters disproportionately?

Mr. Neil McMillan: As I mentioned earlier, products of combustion include a number of things. There are aerosols; particulates, a lot of which gather chemicals that attach to them; and polycyclic aromatic hydrocarbons, many of which are recognized by IARC to be known human carcinogens. There are endocrine-disrupting chemicals, such as the phthalates and bisphenols that interrupt the systems regulated through hormones in the body. I mentioned PFAS chemicals. Those are perfluoroalkyl and polyfluoroalkyl substances. They are found both in home constituents and in the equipment that firefighters have: in AFFF and our PPE. It's a whole host of chemicals. It's a toxic soup. As building constituents advance and new products become available, it changes the types of exposure firefighters have.

I mentioned the urinary PAH metabolites, and what is important to note is that before they get in the urine, they have to be filtered out of your blood. These chemicals that are being absorbed in the skin or inhaled are circulating systemically. That's why a lot of these cancers can be found in different areas of the body: the brain, the colon, the prostate, the ovaries and the lungs.

As I mentioned—and I don't mean to repeat myself—the deck is stacked against us. We need those preventative and awareness measures to be in place.

To some of the comments earlier with respect to cost, we have to be cognizant of fire departments that have.... In our association, locals have five members or 5,000. In Ontario alone, I know that if every fatal firefighter cancer had been survivable because of early detection or prevention, it would have saved this province \$349 million. That's money that employers pay and that municipalities and townships pay. Beyond the human cost, we can't afford not to have this bill move fast and hopefully pass shortly.

● (1145)

Mr. Don Davies: Thanks for raising that. We sometimes forget to include the cost of disease when we're making economic assumptions about the cost of prevention.

I know that the IAFF has been raising the dangers of chemical flame retardants at the federal level in Canada for many years. While certain chemical flame retardants are known to pose numerous health risks to Canadians, we know that firefighters are obviously at an increased risk of harm because they encounter them in a combusted state in the course of their duties.

In August 2021, the federal government announced an action plan to “protect firefighters from harmful chemicals released during household fires”. Can you outline the elements of this action plan and how they will impact firefighters' safety across Canada? If you know, can you maybe give us an update on where we are with that plan?

Mr. Neil McMillan: I will defer the update to those within the IAFF who were specifically involved with that process.

I do know that flame retardants—organophosphates, brominated flame retardants—have posed a hazard to firefighters for quite some time. In terms of jurisdictions in the U.S., Proposition 65 in California, for example, has been successful in reducing the use of those types of chemicals in consumer products.

As I mentioned earlier, we are the harvesters and depositors of contaminants. Studies in fire stations for these specific chemicals have shown that the levels of flame retardants in many fire stations in the U.S. and Canada exceed what you would find in an e-waste facility in Thailand or in other jurisdictions that you know would have high levels of these contaminations and, more importantly, are treated as contaminated areas.

These are our workplaces as firefighters, and they contribute to the body burden of chemicals that ultimately lead to the diagnoses that our members unfortunately get too early and too young in their lives.

Mr. Don Davies: Since we know the flame retardants that cover our furniture in this country create these chemicals when burned, why can't we just ban them? What's the problem?

Mr. Neil McMillan: I'm uncertain as to what the challenges and barriers are for a complete ban. As a representative of the International Association of Fire Fighters, and specific to my role in health, safety and medicine, I would like to see the precautionary principle put into effect. I would like all of the unnecessary exposures to be removed, and flame retardants are one of them.

As I mentioned, we can't avoid certain types of exposures given the nature of our job, a job we're happy to do as firefighters, so if chemicals are placed in the environments we work in and they're not required to be there, my recommendation is to remove them.

Mr. Don Davies: It seems to me that the ultimate prevention would be to eliminate materials that are carcinogenic when combusted as much as we can, if we can do that.

My other question is, how large is the gap between provinces and territories in listing cancers as presumptively caused by work?

Mr. Neil McMillan: There's a wide gap. There are five provinces that presently cover 19 cancers. Ontario covers 17, I believe, and there are potentially nine in Quebec. I believe there are 10 in New Brunswick. Newfoundland and Labrador just acquired

eight additional cancers to be added to their presumptive cancer list.

This is significant. It's important. Again, I believe it's really necessary that when science supports it in one jurisdiction, it supports it in the other. I believe that Bill C-224 will help provide the initiative and critical mass to hopefully harmonize presumptive cancer coverage across the provinces.

The Chair: Thank you, Mr. Davies and Mr. McMillan.

Next is Mrs. Goodridge, please, for five minutes.

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): Thank you, Mr. Chair.

Thank you to all of our witnesses for being here today, and I'll give a special thank you to Ryan for joining us all the way from Fort McMurray. It's amazing to have a local witness join us at this committee.

As you touched on a bit, during the Fort McMurray wildfire, you guys saw 2,400 structures destroyed and were able to save 90% of the structures in the community. I think that is absolutely spectacular. There are full communities in Fort McMurray that owe their existence today to the hard work of firefighters.

Do you think a major incident like this should be captured in a database and that data should be collected as part of this framework?

• (1150)

Mr. Ryan Pitchers: I believe that a major emergency such as the one that took place in Fort McMurray so many years ago needs to be put into the framework of provincial legislation across the provinces, as my brother said at the table as a witness.

Once the data is there, each province should accept it through the framework of Bill C-224. Hopefully these major emergencies don't happen as frequently as in Slave Lake, Fort McMurray and other places in Ontario years ago, but this stuff should be included in presumptive legislation, and I encourage provinces to pass it.

Mrs. Laila Goodridge: There is another piece to this. Most people, when they hear of wildfires, think of trees burning. In the case of Fort McMurray, many of you guys weren't out there; we had wildland firefighters fighting the trees that were burning. The firefighters like you were on the front lines protecting homes.

I remember that when you came to my office, you told me that basically a lifetime number of homes were burning down in a one-month span. Perhaps you could expand a bit on that.

Mr. Ryan Pitchers: As my colleague said about exposures to carcinogens, we were in the middle of hundreds and hundreds of homes at any one time that were burning all around us. Unfortunately, we didn't have the luxury of having our personal protective equipment on. Our breathing apparatus was not available, and, quite frankly, it wouldn't have been appropriate for what we were doing at the time.

Throughout the first week of the fire, we didn't have PPE. We didn't have an opportunity to shower, and we didn't have opportunities to clean ourselves to get contaminants off our bodies. They were in our fire trucks, they were in our homes and they were where we were sleeping. Unfortunately, we were sleeping on lawns and in different spots here and there. We couldn't get out of that toxic soup.

You talk about lifetime exposure, I suggest that it probably was. Dr. Nicola Cherry at the University of Alberta has done a study with respect to the respiratory effects of the fire, and they're starting to come up now. We're seeing our members deal with respiratory issues and the like, so I believe that, yes, there was certainly a lifetime of exposure to carcinogens and other issues.

Mrs. Laila Goodridge: I'm going to open this question up to all three witnesses, and perhaps they can very briefly answer. Do you believe that regular screening for cancers linked to firefighting is critically important and is an important aspect of this bill?

Mr. Neil McMillan: Absolutely, it is. As mentioned, we are exposed to a number of chemicals. That affects us in a way that oftentimes practitioners are not fully aware of. A lot of great studies that have come out of the disaster with the World Trade Center show that solid tumour formation can occur with very short latencies.

As a member in Fort McMurray mentioned, these acute, really catastrophic exposures can have a real impact to tumorigenesis that occurs. The only way to get ahead of that is to get screenings. Whether it's lung cancer, ovarian cancer, prostate cancer or breast cancer, survivability when found in the first stage is exponentially higher than survivability when it's found in the fourth stage.

Mrs. Laila Goodridge: Does anyone else want to answer, or does everyone agree?

Mr. Richard Amnotte: I agree with what he said. There are studies that show the great advantage that screening has in catching a stage 0 or 1 cancer, compared to when you feel bad and see your physician and they detect the presence of a cancer. By then, it has grown to a degree that would be harder to heal than if it was at stage 1.

Mrs. Laila Goodridge: As a kid, I grew up down the street from Fire Hall 3 in Fort McMurray, so firefighters have always been our heroes. They used to feed us when we were kids.

I want to point out a special medal that is underneath the name tag of Mr. Pitchers. That's his wildfire medal, which was awarded to him and to many frontline people in the aftermath of the Fort McMurray fire. I'll note that it has not been put on the same side as the rest of his medals. I'm using this as an opportunity—it's a shameless plug—to ask members from the government to help get this medal recognized by the Governor General so that our service members from Fort McMurray who were awarded this critically

important medal for bravery for the wildfire can wear it on the left-hand side.

This is my shameless plug. This is an opportunity to stand up for the thousands of people who were awarded this medal in my community for their tireless bravery in what could have been an absolute disaster. They managed to do amazing work.

• (1155)

The Chair: Thank you, Mrs. Goodridge.

We'll go to Mr. van Koeverden, please, for five minutes.

Mr. Adam van Koeverden (Milton, Lib.): Thank you, Mr. Chair.

Witnesses, thank you very much for being with us here today.

[*Translation*]

Thank you very much for helping us with this study.

[*English*]

There's an old saying that an ounce of prevention is worth a pound of cure. I think the awareness element of this bill goes a really long way to ensuring that firefighters and firefighters' physicians are aware of the considerable risk involved, the sacrifice that firefighters make every single day for their communities and the potential health risks of the occupation.

I think this really comes down to two things. One is safety around prevention, screening and awareness. There's also justice and recognizing the true cost of the massive sacrifices that firefighters make every single day.

Just a couple of weeks ago, I had the privilege of joining a celebration of life for James Finn in Milton. He was the chief of fire, a member of the fire service in Milton for about 44 years and a public servant for 47 years in Halton. He was an awesome guy. He died from pancreatic cancer, which is not a recognized presumptive cancer for firefighting in Ontario, and I chatted with his son about that.

He was reassured and heartened by the fact that we're bringing this bill forward, but also disappointed that this is not a homogeneous thing across the country. He was very grateful for your work, so I would like to thank all of the firefighters who advocated for this, as well as Sherry for all of her hard work and for dedicating her private member's bill to this.

My question is for anybody who would like to answer. It is around awareness, screening and prevention. It's also about some other potential interventions that could be done. Everybody who's ever visited a fire hall knows that they are the cleanest places on the planet, at least to the naked eye. Perhaps if you took a microscope to it, as you probably do, it might be a different situation.

My father had colon cancer when he was quite young, which made me eligible for a regular colonoscopy starting at a very young age. I had my first one when I was 35, which is a lot younger than your average person who gets screened. Because of that lineage and the added risk factor, I'm eligible, and I think firefighters should be eligible for early screening as well.

Do you have any comments or suggestions on additional interventions we could have, and additional measures for prevention, screening and awareness?

Thank you, gentlemen.

Mr. Neil McMillan: I agree wholeheartedly. I want to thank you for your comments, and I echo your thanks to the sponsor of the bill, MP Romanado.

Screening is important, and sometimes there can be a disconnect with primary care practitioners, who may not be aware of risk factors. The National Academies of Sciences, Engineering, and Medicine in the U.S. provided guidance for the practitioners of firefighters who have high rates of certain PFAS chemicals. That type of report is important, because when we have high levels of heavy metals and other chemicals in our bodies, we're looking to our doctors to give us recommendations, and they'll need to know what interventions exist to help reduce those contaminants within us.

Again, going back to Bill C-224, this framework will help provide the first step in ensuring that practitioners get the education they require about what we're exposed to, and then hopefully they'll build off that to generate recommendations for interventions.

[*Translation*]

Mr. Richard Amnotte: The College of Family Physicians of Canada needs to be aware of this reality, and needs to successfully communicate this information to all medical colleges across Canada.

Furthermore, we know that oncologists, that is to say doctors who specialize in the treatment of cancers, are not fully aware of the reality faced by firefighters in terms of the nature and seriousness of cancers. Statistical data shows that the risk of developing cancer among firefighters is somewhat higher than in the rest of the population, with percentages of 53% or 54% respectively compared to 44%. Most regrettably, the chances of survival are lower for firefighters than for the general population, with the risk of dying from cancer being 14% higher for firefighters than for the rest of the population.

The severity, progression, development and footprint of cancer are greater and more significant in firefighters than in the general population. The great advantage of early detection of cancer is that it can be cured or treated in its early stages, which gives firefighters a better chance of survival.

• (1200)

Mr. Adam van Koeverden: Thank you very much.

[*English*]

Thank you, Mr. Chair.

The Chair: Thank you, Mr. van Koeverden.

[*Translation*]

Mr. Garon, you have the floor for two and a half minutes.

Mr. Jean-Denis Garon: Thank you, Mr. Chair.

Mr. Amnotte, I understand from your last statement that everyone, that is to say doctors, colleges of doctors and governments, needs to be made aware of your particular situation. I understand that.

We looked into the matter and we realized that little research has been done on health prevention for firefighters. In fact, very little research and very few systematic research programs have been undertaken in Canada, except at the University of Ottawa and McGill University.

I feel that the federal government could, sooner or later, also be made aware of this situation and fund more research on occupational health and safety prevention and exposure.

We also talked about the flame retardants used in the production of all kinds of household goods.

I'd like to know if you have a position on that, on long-term investment in research, so that we know more about your situation.

Mr. Richard Amnotte: I totally agree. We need to ensure sufficient financial support for the research and science community. This would allow us to make progress in the development of means of prevention and protection for firefighters against the effects of smoke from fires.

It would also allow us to determine as quickly as possible whether the means put in place are effective. To date, these measures are recognized as the best practices known in the fire service community, and they are most likely based on the American model and, increasingly, on the methods and models developed in Canada.

A number of questions need to be asked. Is washing with water and soap sufficient? Is the type of respiratory protection adequate? Are the fabrics used to make firefighters' clothing appropriate and do they block as much of the contaminants as possible?

Zero risk does not exist. However, we must get as close as possible to zero risk, and every means and measure counts.

We believe that the wording of Bill C-224 would open this door to the Canadian government and the scientific community. It would allow the research to continue, while engaging the stakeholders, and ensuring that the safety of firefighters is taken into account.

The Chair: Thank you, Mr. Garon and Mr. Amnotte.

[*English*]

The last round of questions will come from Mr. Davies, please, for two and a half minutes.

Mr. Don Davies: Thank you, Mr. Chair.

Mr. McMillan, for my last question, I'm going to pick up on presumptive cancer legislation. Which province would you say currently has the most advanced list in the country?

Mr. Neil McMillan: On the most advanced list, I would mention the Province of Manitoba and some of the new changes in Nova Scotia, as well as Newfoundland and Labrador and the Yukon. They are leading the way. There is still work to be done because a lot of the latency periods that were applied were initially applied when the presumptive cancers were first established, based mostly on epigenetic research.

For instance, my cancer was not recognized. However, if I were in about 20 or so U.S. states, I would have almost three times the number of years of service required to be recognized. I fell short with my cancer, so it's not just about the number of cancers but about the latency and other disqualifying factors. For instance, there are 23 chemicals shared between cigarette smoke and smoke from residential fires; they're analogues of each other. Smoking can disqualify certain members from claiming for cancers they acquired from their job exposures.

With respect to the question on funding research and prevention, the IAFF has stood up a whole department on that. Our members know the value. We have skin in the game. We have locals who don't even make \$15 an hour who are taking money out of their pockets for us to pay for research. That's why I commend all of you for supporting this bill, because it shows that you're standing alongside firefighters in this effort.

• (1205)

Mr. Don Davies: This is probably the last question I'll have time for.

What's the most important next step that you see once this bill is passed in order to realize the potential of it?

Mr. Neil McMillan: I think the next step—and hopefully it will be quick—is for January to be recognized as firefighter cancer awareness month across the country and to have funds. If you want something, you have to pay for it. We want the funding for research, for prevention and for awareness to be made available quickly, because science takes time and some firefighters just don't have that time.

Mr. Don Davies: Is there a number that you recommend?

Mr. Neil McMillan: I would say as much as is financially responsible.

Mr. Don Davies: You mean as much as possible.

Thank you.

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

To all of our witnesses, thank you so much for being with us and for sharing your experience and expertise. Most of all, thank you for your service.

We are now going to move to clause-by-clause consideration of the bill. Witnesses are welcome to stay, but they're free to leave.

Perhaps we can suspend for about three minutes so the supporting crew for clause-by-clause can take their positions.

The meeting is suspended.

• (1205)

(Pause)

• (1210)

The Chair: I call the meeting back to order.

We are now going to move to clause-by-clause consideration of the bill. Just for members' information, we have a couple of people here to support us.

You will see Tim Singer online. He's the director general of environmental and radiation health sciences at Health Canada. If there are technical questions about the bill or the proposed amendments from a departmental perspective, Mr. Singer will be able to help us.

We also have with us, as legislative counsel, Marie-Hélène Sauvé. She will be able to help with any of the procedural, technical and legal elements of the amendments.

Before we start, I'd like to provide members of the committee with some instructions and a few comments on how the committee will proceed with clause-by-clause consideration of Bill C-224. I know you heard this script before when we went through the process on Bill C-31.

Amendments will be considered in the order in which they appear in the bill and in the package each member has received from the clerk. Members should note that amendments must be submitted in writing to the clerk of the committee. Amendments have been given an alphanumeric number in the top right corner to indicate which party submitted them. There's no need for a seconder to move an amendment. Once moved, you'll need unanimous consent to withdraw it.

During debate on an amendment, members are permitted to move subamendments. These subamendments must be submitted in writing. Once every clause has been voted on, the committee will vote on the short title, the preamble and the title of the bill itself. An order to reprint the bill may be required—if amendments are adopted—so that the House has a proper copy for use at report stage.

Pursuant to Standing Order 75(1), consideration of clause 1, the short title, and of the preamble are postponed.

The chair, therefore, calls clause 2.

(Clause 2 agreed to)

(On clause 3)

The Chair: Is there any discussion?

Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden: Thank you, Mr. Chair.

Amendment G-1 has been circulated. I move that clause 3 be amended by replacing line 15 on page 2 with the following:

ing with the goal of improving access for firefighters to

Would the committee like an explanation, or are we all in agreement?

The Chair: Is there any further discussion in connection to amendment G-1, which I will confirm to you is in order?

(Amendment agreed to)

The Chair: Go ahead, Mr. van Koeverden.

• (1215)

Mr. Adam van Koeverden: Thank you.

I have an amendment for subclause 3(2). I move that Bill C-224, in clause 3, be amended by replacing line 17 on page 2 with the following:

Consultation

(2) In developing the national framework, the Minister must consult

The Chair: Is there any discussion in respect of amendment G-2, which is also in order?

Seeing none, shall amendment G-2 carry?

[Translation]

(Amendment agreed to on division)

The Chair: We're now on G-3.

[English]

Mr. Adam van Koeverden: Thank you, Mr. Chair.

I move that Bill C-224, in clause 3, be amended by replacing line 18 on page 2 with the following:

with the representatives of the provincial and territorial governments

It's just adding "territorial".

The Chair: Is there any discussion in connection with G-3?

Shall G-3 carry?

(Amendment agreed to)

[Translation]

The Chair: We're now on BQ-1.

Mr. Garon, the floor is yours.

Mr. Jean-Denis Garon: Thank you, Mr. Chair.

Amendment BQ-1 is a minor change to add health care professionals to subsection 3(2).

[English]

The Chair: Is there any discussion with respect BQ-1?

Go ahead, Dr. Powlowski.

Mr. Marcus Powlowski: I certainly support it. I had similar thoughts for amendments.

I would suggest a subamendment to add "scientists" after "health care professionals". I think there are people who ought to have some input who potentially aren't health care professionals. Scientists may know more about which drugs are carcinogenic, so they ought to be consulted too.

The Chair: The subamendment is in order, so the debate is on the subamendment.

Is there any discussion with respect to the addition of the word "scientists" in amendment BQ-1?

(Subamendment agreed to [See Minutes of Proceedings])

(Amendment as amended agreed to)

The Chair: That brings us to G-4.

Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden: Thank you, Mr. Chair.

I'm still on clause 3, page 2. I move that Bill C-224, in clause 3, be amended by replacing line 22 on page 2 with the following:

Content

(3) The national framework may include measures to

The Chair: We'll go to Mr. Davies and then Mrs. Goodridge.

Mr. Don Davies: I'm afraid I have to speak against this amendment. The bill currently says, "The national framework must include measures to", and then it lists them. I understand that we can improve the measures, but changing "The national framework must include" to "may include" strikes at the very essence of the bill. Saying it "may" means it may not.

I think this bill is very important. We need to specify what the framework must include.

Again, I think we can improve the measures that follow, but if we're going to pass the bill, let's say what it must do and not what it might do.

• (1220)

The Chair: Thank you, Mr. Davies.

Go ahead, Mrs. Goodridge.

Mrs. Laila Goodridge: Thank you.

I believe that's critically important. We heard from witnesses about the importance of having early screening for cancers linked to firefighting. This would allow an opportunity for the government to maybe not include that, and I think it is an absolute mistake.

I would urge everyone to vote against this. I think this waters down the intent and kind of takes away from the overall importance of the bill.

I'll be voting against it.

The Chair: Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thank you very much, Mr. Chair.

I guess the question here that comes to my mind is why we would use the language of "must" versus "may". I can't understand that.

This is a bill brought forward by a Liberal member and a Liberal government. I can't understand why the government wants to speak against something that we've heard so much about. It certainly should be supportive of its member in bringing this forward, in my humble opinion.

The Chair: It's your humble and valued opinion.

Are there any other interventions with respect to G-4?

Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden: I can provide a bit of clarity and some explanation.

This amendment is not meant to water down the bill at all. It provides a bit of permissive guidance to inform this framework, and it takes into account that provincial and territorial governments have not yet been consulted on this. It was therefore deemed necessary to include a bit of flexibility in the context of co-development and co-operation. It's not meant to be so terribly instructive, but a bit more collaborative.

The Chair: Is there any further discussion in respect of G-4?

Go ahead, Mr. Jeneroux.

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): I want to make sure we get a recorded vote on this one, Chair.

The Chair: Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden: There's a Health Canada official with us. Mr. Singer is on Zoom. If I could ask Mr. Singer for a bit of context, it might be helpful.

The Chair: Mr. Singer, could you provide your thoughts on this amendment, please?

Mr. Tim Singer (Director General, Environmental and Radiation Health Sciences, Healthy Environments and Consumer Safety Branch, Department of Health): Yes, certainly. Thank you, Mr. Chair.

The impact of the amendment, as Mr. van Koeverden indicated, would be to make the clause permissive and not imperative. It would allow the measures under the national framework to include those indicated in the subclause, but they may also include other elements that are not indicated in the subclause in order to allow additional flexibilities.

That would be the impact of the amendment as it's proposed.

The Chair: Thank you, sir.

Mr. Davies, please go ahead.

Mr. Don Davies: I'm sorry, but I find that explanation completely unpersuasive. There's nothing restrictive right now. When the subclause says, "The national framework must include measures to", there's nothing that would exclude it from having other measures.

What changing the word "must" to "may" does is open the possibility that the measures listed will not be included, so I find that entirely unpersuasive.

We know what the national framework must include. When I look at the things that follow, I see they must include measures to

"explain the link between firefighting and certain types of cancer". There's nothing provincial there.

They must "identify the training, education and guidance needs of health care and other professionals related to the prevention and treatment of cancers linked to firefighting, including clinical practice guidelines". This is about identifying them, and nothing would stop the federal government from doing that.

The one that I think may be engaged is the next one, which is to "provide for firefighters across Canada to be regularly screened for cancers linked to firefighting". I think that gets into provincial jurisdiction, but I understand we have other amendments coming on that.

They must "promote research and improve data collection on the prevention and treatment of cancers". The federal government can do that. No provincial interests are engaged there.

They must "promote information and knowledge sharing in relation to the prevention and treatment of cancers". Again, that is totally within the federal jurisdiction.

They must "establish national standards to recognize cancers linked to firefighting as occupational diseases". That is totally federal.

I also don't find the argument that this impinges on provincial jurisdiction persuasive, other than the one element, which I think we can correct.

I'm going to be opposing this. If we put in that the national framework "may" include these measures, that means that they may not, and that's not acceptable to me.

• (1225)

The Chair: Is there any further discussion with respect to G-4?

A recorded vote has been requested, so I would ask the clerk to carry that out, please.

(Amendment agreed to: yeas 6; nays 5)

The Chair: We're now on G-5.

Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden: Thank you, Mr. Chair.

Moving on to paragraph 3(3)(a), we move that Bill C-244, in clause 3, be amended by replacing line 23 on page 2 with the following:

(a) explain and support research on the link between firefighting and certain

The Chair: Is there any discussion on that?

Seeing none, all those in favour of amendment G-5?

(Amendment agreed to)

[Translation]

Mr. Garon, you have the floor on amendment BQ-2.

Mr. Jean-Denis Garon: Thank you, Mr. Chair.

Amendment BQ-2 relates to paragraph 3(3)(b) and simply suggests deleting the words “training, education and” in order to recognize that workforce training and on-the-job training are exclusively provincial responsibilities.

[English]

The Chair: Is there any discussion with respect to BQ-2?

Go ahead, Mr. Davies.

Mr. Don Davies: I don't see any problem with the federal government putting forth a framework that identifies “the training, education and guidance needs of health care and other professionals related to the prevention and treatment of cancers”. In fact, I think that's exactly the kind of national leadership we need. Nothing is being imposed on the provinces or territories to get them to adopt that training or education. It's simply about identifying it.

I think if we've heard one thing, we've heard that carcinogens know no borders; the science is the same. We have vast differences between provinces and territories, so to me, having the federal government be a centralized body that can identify the training and education that might be needed is a very helpful measure that will pay dividends across the country. Again, if I thought this was imposing anything on the provinces or territories, it would be different, but it's not; it's just for identifying things.

I'm going to oppose this amendment.

The Chair: Thank you, Mr. Davies.

Go ahead, Mrs. Goodridge.

Mrs. Laila Goodridge: I think there's possibly a problem in the drafting of the bill. Removing the words “training, education”, really highlights the fact that guidance... That's not a full sentence in English. The French version makes sense, but the English version does not, and with the amendment, it makes less sense.

We see a problem and we cannot vote for this amendment, even if it is good, because it makes for a bad bill in English. I also think it highlights the fact that we probably need to amend the English regardless, because it also doesn't make sense.

• (1230)

[Translation]

The Chair: Mr. Garon, you're next on my list. However, I think the legislative clerk may want to make some comments on the point that was raised by Ms. Goodridge.

You have the floor, Mr. Garon, but it's important to mention that we're going to hear from the clerk before we vote.

Mr. Jean-Denis Garon: Obviously, the wording in English needs to be adjusted. Often, it is the French version that needs to be improved. I salute the excellent work of the translators, because their work is not easy.

It is a very minor amendment. For example, the paragraph speaks of targeting needs, but it continues to refer to health professionals. In addition, it recognizes the federal government's role in public health, particularly with regard to clinical guidelines. So this is not a partisan amendment to take everything out or to say that everything is under provincial jurisdiction. What we're saying is that once the broad outlines and principles have been laid out by the

federal government and the research has been done, workplace training is a provincial responsibility.

I would like to see the bill passed unanimously. The changes proposed are minimal and ensure that we are not forcing the provinces. The issue of labour market training is particularly sensitive in Quebec because the province has special agreements with the federal government. This is the only thing we have taken out. The proposed changes are minimal and respect provincial jurisdictions.

[English]

The Chair: I saw Mr. Davies and Dr. Ellis.

Mr. Davies, you're up.

Mr. Don Davies: I have a couple of short snappers.

To Mrs. Goodridge's point, it makes sense to me. It says:

(3) The national framework must include measures to

(b) identify the training, education and guidance needs of health care and other professionals

If you break it down, it's about the training needs of health care professionals, the education needs of health care professionals and the guidance needs of health care professionals. I would be fine with removing the word “guidance” so that it's about the training and education. To Mr. Garon's point, it doesn't say the national framework must include measures to impose the training, education and guidance needs of health care and other professionals. It says it must include measures to “identify” that.

The thing we've heard here is that there's a curious intersection of national, federal and provincial issues engaged in this. The federal government has a national building code. The federal government regulates toxic chemicals. The federal government also has jurisdiction over the importation of chemicals. We may find out through the National Research Council that the combustion of certain chemicals that we import creates carcinogens. How do we translate that information in a meaningful way across the country to health care and other professionals so that it's related to the prevention and treatment of cancers linked to firefighting if we don't identify them?

Again, I'm fine with the wording as it is. I think it makes sense and I think it's important.

The Chair: Thank you, Mr. Davies.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thank you.

I appreciate that, and I certainly don't know what the guidance needs are. I know what training and education are, but I think "guidance needs" is perhaps some legalese—no offence, Chair. That's not meant to be pointed at you, but as someone who certainly could be tasked with the implementation thereof...talking about guidance needs doesn't make any sense at all. I think it's quite redundant. I think having "identify the training and education needs of health care and other professionals" makes perfect sense to me.

The Chair: Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden: I don't terribly disagree that it's a somewhat clumsy sentence. I think it's trying to be as inclusive as possible. I think if we said "identify the needs for further training, education and guidance", it would probably make more sense, but I don't think it needs to be amended as such in order to encapsulate the same intention.

I'm comfortable with it this way. We're fine to support the amendment as proposed, unless there's something else we can do.

Don, you had your hand up. I don't want to take up too much time.

The Chair: Go ahead, Mr. Davies.

Mr. Don Davies: I was going to move a subamendment because I think Dr. Ellis's point is good.

I would move a subamendment to change it to "identify the training and education needs of health care and other professionals".

I'm hearing some of the talk back and forth, and to Monsieur Garon's point, if we're identifying the guidance needs of health care workers, how is that really any different? You're going to guide health care workers or you're going to identify their training or education needs. It all comes down to the same thing.

• (1235)

[*Translation*]

Mr. Jean-Denis Garon: Mr. Chair, I think I'm getting to the point where I need the French version.

[*English*]

The Chair: Colleagues, I just sought advice from the legislative counsel on this. The advice I was given is that the subamendment effectively wipes out the amendment. As a result, I'm ruling the subamendment out of order. You can get to the same place simply by voting against the amendment. Then the committee can entertain a further amendment if it doesn't like this one.

The subamendment is out of order, so we're still on amendment BQ-2.

Is there any further discussion on BQ-2?

Shall BQ-2 carry?

(Amendment negatived)

The Chair: That brings us to G-6.

Mr. Davies, do you want to propose a replacement for BQ-2 before we go to G-6?

Mr. Don Davies: No. I'm okay with the way the clause is read.

The Chair: We're on G-6.

Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden: The next amendment is on paragraph 3(3)(b). I move that Bill C-224, in clause 3, be amended by replacing line 28 on page 2 with the following

fighting and compile information relating to those needs;

The Chair: Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thank you, Chair.

Once again, as a health care provider, understanding what clinical practice guidelines are is essential to this. We heard very clearly from the firefighters today that health care professionals need clinical practice guidelines to help them understand who should be screened, which cancers are important, what the latency period of certain cancers are, etc. To not include that in here doesn't really make any sense.

The Chair: Are there any further interventions with respect to G-6?

Are you ready for the question?

Mr. Stephen Ellis: I would like a recorded division, Mr. Chair.

The Chair: A recorded division has been requested. The question is whether G-6 shall carry.

(Amendment agreed to: yeas 7; nays 4)

The Chair: That brings us to G-7.

Go ahead, Mr. van Koeverden.

• (1240)

Mr. Adam van Koeverden: Thank you, Mr. Chair.

If I'm not mistaken, G-7 renders BQ-3 from the Bloc Québécois irrelevant. We are proposing that clause 3 be amended by deleting lines 1 and 2 on page 3.

The Chair: Go ahead, Mr. Davies.

Mr. Don Davies: I agree with Adam that G-7 and BQ-3 deal with the same thing.

I want to go on the record as saying that I support BQ-3 because the result of the government amendment would be to eliminate "provide for firefighters across Canada to be regularly screened for cancers linked to firefighting". I understand why that's problematic. I don't think the federal government can provide for firefighters across Canada to be regularly screened for cancers; I think that is provincial.

That's why I like the Bloc's amendment. Again, we're in the context of what the national framework must include. It would make the national framework

(c) make recommendations respecting regular screenings for cancers linked to firefighting;

I think that's a useful role the federal government can play. The ultimate goal here is that we want to get more regular screenings. I don't want to take this out completely, because it would mean that the bill doesn't have anything on screening, which I think would be a terrible error.

I'm going to vote against the government's G-7, but I'm going to be supporting BQ-3 so that we have a clear provision on regular screenings for cancers linked to firefighting.

The Chair: Colleagues, this might help the discussion.

Mr. van Koeverden and Mr. Davies are correct. We're obligated to consider G-7 before BQ-3 simply because it was submitted first, but it's also correct that if G-7 is adopted, then BQ-3 is out of order. If you're on the same page as Mr. Davies and prefer BQ-3 to G-7, you should defeat G-7 and vote on BQ-3 because you won't get to consider BQ-3 if G-7 passes.

I hope that was clear.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: I think it's important that we give this due consideration. I think the last thing we want with respect to regular screenings is to not have recommendations that are supported by science. As I think we heard very clearly from the firefighters who were here, part of their expectation is that we have recommendations around regular screening.

It sounds like I'm being very particular, but I do mean to be that way because it is easy to think that we should screen for every type of cancer we can possibly think of. However, not every cancer has good screening procedures or the ability to do that.

I think having recommendations supported by science is the intent herein. Certainly, I would go along with exactly what Mr. Davies said.

The Chair: Thank you.

Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden: I 100% agree with the notion that screening is of the utmost importance. That was the context of my question for the witnesses today, and I fully agree. However, the fact remains that provincial and territorial governments are responsible for the delivery of health care, and that includes the provision of screening for cancers. Doing otherwise would be and has been considered an intrusion into areas of provincial and territorial jurisdiction. However, we submitted G-7 before BQ-3, so I don't completely disagree with the notion of having a conversation around it.

• (1245)

The Chair: Is there any further discussion?

Go ahead, Mr. Davies.

Mr. Don Davies: With regard to BQ-3, I don't think it's an incursion on provincial jurisdiction for the federal government to have a national framework that makes recommendations, if that gives any comfort.

The Chair: Next is Dr. Ellis and then Mr. van Koeverden.

Mr. Stephen Ellis: Thank you very much, Mr. Chair.

We heard Mr. van Koeverden say he was open to a conversation about this.

Well, what exactly do you mean? Are you in agreement with Mr. Davies and me that we should get rid of your amendment and support the Bloc one?

The Chair: Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden: Thank you, Mr. Chair.

As I mentioned, we submitted G-7 before BQ-3 came through, so we think they achieve fairly similar things. I'm all for more inclusion around screening, and I want it on the record that the Bloc Québécois proposed something that might incur more jurisdictional considerations.

Some hon. members: Oh, oh!

The Chair: Mr. van Koeverden, just so you know, there actually is one other option to deal with this. I indicated that one option was simply to defeat G-7 so as to consider BQ-3. The other option available to the committee is, by unanimous consent, to withdraw G-7. You will need the unanimous consent of the committee if you decide to take that step.

[*Translation*]

Mr. Garon, you have the floor.

[*English*]

M. Jean-Denis Garon: No. It's okay.

The Chair: Is there any further discussion?

Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden: I withdraw my snarky comment about the Bloc Québécois.

Voices: Oh, oh!

Mr. Adam van Koeverden: I'm sorry for trying to have fun on a Tuesday. I also withdraw the amendment. We can go to BQ-3 instead.

The Chair: Okay. There's no unanimous consent required to withdraw snarky comments but there is to withdraw amendments.

Voices: Oh, oh!

The Chair: Does Mr. van Koeverden have the unanimous consent of the committee to withdraw G-7?

Some hon. members: Agreed.

(Amendment withdrawn)

The Chair: We'll go, therefore, to Monsieur Garon to introduce BQ-3.

[Translation]

Mr. Jean-Denis Garon: I think we've already considered the issue from all angles, Mr. Chair. We've given it a lot of thought. I believe, as does the government, that the current wording of the provision allows for intrusions into provincial jurisdictions.

Nevertheless, we are very sympathetic to the cause of firefighters and the particular situations they face. In this context, we consider that some of the content may fall under public health, and therefore under federal jurisdiction.

This is obviously a compromise that aims to ensure that recommendations are made regarding screening. In any case, the federal government is not entitled to carry out screening.

Since Mr. van Koeverden is impatient, I suggest that we move on.

[English]

The Chair: Is there any further discussion with respect to BQ-3?

Seeing none, shall BQ-3 carry?

(Amendment agreed to [See Minutes of Proceedings])

The Chair: That brings us to amendment G-8.

Go ahead, Mr. van Koeverden.

[Translation]

Mr. Adam van Koeverden: Thank you, Mr. Chair.

Thank you for your clarification, Mr. Garon.

[English]

This is the last government amendment on our list. We have only 11 minutes left, and we all want a chance to high-five or hug Sherry at the end of this, so hopefully we can get through it.

This is on paragraph 3(3)(f). I move that Bill C-224, in clause 3, be amended by replacing lines 9 and 10 on page 3 with the following:

(f) prepare a summary of existing standards that recognize cancers linked to firefighting as occupational diseases.

The Chair: I'll give a heads-up to the committee that we are in the exact situation with respect to G-8 as we were with G-7. There is a line conflict with BQ-4. If you vote in favour of G-8, then BQ-4 will be ruled out of order.

We have Mr. Davies and then Dr. Ellis.

• (1250)

Mr. Don Davies: It's like *Groundhog Day*. I'm going to say the same thing I just said. The current framework as it's written, which I like, would "establish national standards to recognize cancers linked to firefighting as occupational diseases". I personally have no problem with that. I think it's good. I think there should be national standards to recognize cancers linked to firefighting as occupational diseases. To me that doesn't require any province to necessarily adopt them, but they would establish an important national benchmark.

Having said that, the Liberal amendment waters that down by saying the framework would "prepare a summary of existing standards that recognize cancers linked to firefighting as occupational diseases". All that would mean, really, is taking all the existing standards across the country and preparing a summary. I think the Bloc's amendment is better. It says that the framework should "make recommendations for establishing a list of cancers linked to firefighting that should be recognized as occupational diseases." I like that better because, as opposed to just doing a very neutral gathering of the patchwork of standards, it would go further and would establish a list of the cancers that should be recognized.

I think that's a better amendment and one that would be more helpful for our firefighters. It would mean more progress in the direction we need to go.

I'm going to say no to the Liberals' G-8 and yes to BQ-4.

The Chair: Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thank you, Chair.

If we could move quickly to do what we did last time, I'll agree with Mr. Davies. If Mr. van Koeverden could do that, then things would be great.

The Chair: It's the same advice, Mr. van Koeverden. There are three options. We can vote in favour of G-8 and therefore not consider BQ-4. We can defeat G-8 and therefore consider BQ-4. You can also seek unanimous consent to withdraw G-8, and then we'll go right to BQ-4.

Mr. Adam van Koeverden: I move that we vote on G-8.

The Chair: Is there any further discussion with respect to G-8?

Shall G-8 carry? A recorded vote has been requested.

(Amendment agreed to: yeas 6; nays 5)

The Chair: With respect to BQ-4, as *House of Commons Procedure and Practice*, third edition, states on page 769, "Once a line of a clause has been amended by the committee, it cannot be further amended by a subsequent amendment as a given line may be amended only once." Therefore, BQ-4 is out of order.

That brings us to BQ-5

Go ahead, Monsieur Garon.

[Translation]

Mr. Jean-Denis Garon: Thank you, Mr. Chair.

We would like to add the following paragraph 3(3)(g) after line 10 of the English version:

(g) review the eligibility criteria of the Memorial Grant Program for First Responders to make applicants eligible for it even if the disease that caused the death is not recognized as an occupational disease following established provincial practices.

The bill seems to want some standardization in the way firefighters are treated across the country. However, some of its provisions encroach on provincial and Quebec jurisdictions, which is a problem for us.

There is already a federal program, the Memorial Grant Program for First Responders. When a firefighter or first responder dies, this program provides up to \$300,000 to the family and survivors. However, a number of families are unable to take advantage of this program in its current form. In addition, the program requires that the firefighter's or first responder's provincial authority formally recognize as an occupational disease the illness from which he or she died. Given the significant disparities between some provinces, the family of a firefighter in Quebec could receive this federal grant, but not the family of a firefighter in Ontario, for instance.

This is an encroachment by the federal government on provincial jurisdictions. This puts undue pressure on the various provinces, but they hold their ground. For example, some processes are acceptable in Quebec. Also, the formal recognition of certain diseases by the provinces can have significant legal consequences for them.

We want the federal government to be able to pay families if it wishes. We want the federal government to establish its own list of recognized diseases and cancers rather than wait for a province to recognize or not recognize a particular occupational disease. This way of doing things does not require a royal recommendation. We are asking the government to review its eligibility criteria in order to eventually make these changes, which will require new money. The amendment suggests that the government review these rules.

I think that is what firefighters are asking for. Moreover, there is already a program. I struggle to see how we can deprive these families of benefits in one province and not in another. The current situation is hard to justify.

• (1255)

[English]

The Chair: Just so there's no doubt, this amendment is in order. The debate is on the amendment.

Mr. Davies, you have the floor.

Mr. Don Davies: There are a few things.

It's passingly ironic that this is a Bloc amendment. We just got rid of national standards to recognize cancers linked to firefighting. He just withdrew his own amendment for establishing a list of cancers linked to firefighting that should be recognized as occupational diseases so we have a national thing.

Now we're dealing with a proposed amendment that would force the federal government to recognize occupational diseases even in provinces where it's not done. I can't understand what the logic is of these amendments.

I'll be voting against this, and my main problem is twofold. One is that it is unintelligible, at least in English. It says:

(g) review the eligibility criteria of the Memorial Grant Program for First Responders to make applicants eligible for it even if the disease that caused the death is not recognized as an occupational disease following established provincial practices.

With respect, I don't even know what that means. More importantly, nothing prevents the federal government, under the memorial grant program for first responders, from establishing the broadest list possible, which I would hope they do. They should take up the best and most science-based list in the country, and every firefighter and their family should qualify for a memorial grant based on the widest list of cancers recognized in the country as occupational diseases.

I think it's not necessary, but I support the sentiment of my colleague, which is to make sure that firefighters and their families get a memorial grant program with the widest possible criteria.

[Translation]

The Chair: Mr. Garon, you have the floor.

Mr. Jean-Denis Garon: The idea is that the federal government should have the right to provide benefits to individuals based on a number of criteria.

We are told that national standards are only recommendations until measures are put in place that involve spending and conditions.

We want to eliminate the federal government's encroachment on provincial jurisdictions while leaving the federal government free to pay a certain number of benefits to individuals based on its own list of diseases, without this being binding on the authorities responsible for recognizing occupational diseases in each province.

That is our logic and it seems to me to be quite coherent.

[English]

The Chair: Go ahead, Mrs. Goodridge.

Mrs. Laila Goodridge: In reviewing it, I think Don is correct. The English is wrong. I can see where the translation fell apart.

In the third line, at "applicants eligible", if we remove "for it" and put a comma after "eligible", it would be an intelligent sentence, or a complete sentence.

Perhaps that's a subamendment.

• (1300)

The Chair: Can we get the subamendment again, Mrs. Goodridge?

Mrs. Laila Goodridge: Place a comma after the word "eligible" and remove "for it". It doesn't change the French version at all because the French version already says that. It just clarifies it and removes some extra language in the English version.

The Chair: All right. The debate is on the subamendment, which is in order. We would place a comma in the third line after the word “eligible”, and delete the words “for it” immediately following.

Is there any discussion on the subamendment?

Shall the subamendment carry?

(Subamendment agreed to [*See Minutes of Proceedings*])

The Chair: We are back to debating the amendment.

Are there any further interventions on BQ-5 as amended?

Seeing none, I'm ready for the question. Shall BQ-5 as amended carry?

(Amendment as amended negatived [*See Minutes of Proceedings*])

The Chair: Those are all the amendments that were placed on notice. That's only with respect to clause 3. We have a little ways to go.

The question now is whether clause 3 as amended shall carry.

(Clause 3 as amended agreed to [*See Minutes of Proceedings*])

(Clauses 4 to 6 inclusive agreed to)

The Chair: Shall the short title carry?

Some hon. members: Agreed.

The Chair: Shall the preamble carry?

Some hon. members: Agreed.

The Chair: Shall the title carry?

Some hon. members: Agreed.

The Chair: Shall the bill as amended carry?

Some hon. members: Agreed.

The Chair: Shall the chair report the bill as amended to the House?

Some hon. members: Agreed.

The Chair: Shall the committee order a reprint of the bill as amended for use of the House at report stage?

Some hon. members: Agreed.

The Chair: Is there any other business to come before the committee?

Is it the will of the committee to adjourn the meeting?

Some hon. members: Agreed.

The Chair: Thank you. We are adjourned.

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