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Chair: Robert Morrissey



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

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• (0815)

[English]

The Chair (Robert Morrissey (Egmont, Lib.)): Good morning.

[Translation]

I call this meeting to order.

Welcome to meeting number 28 of the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities.

[English]

Pursuant to the order of reference of Wednesday, February 4, 2026, the committee is meeting on Bill C-222.

Today's meeting is taking place in a hybrid format, pursuant to the Standing Orders of the House. Today, all members are in the room. The witnesses are appearing virtually and in the room.

Before we begin, I would like to review a few points.

For those in the room, please remember to silence your devices, and for the benefit of our interpreters, when you're speaking, refrain from tapping the boom.

You have the choice to participate in today's meeting in the official language of your choice. If you're in the room, please select the language in which you wish to participate by using the earpiece. For those appearing virtually, click on the globe icon at the bottom of your Surface. Choose the official language of your choice.

If there is an interruption in interpretation services, please get my attention by raising your hand. We'll suspend while it is being corrected.

Please direct all comments through me, the chair, and wait until I recognize you before proceeding.

In the first hour this morning, we have appearing with us as an individual, in the room, Lily Hamill, communications coordinator. Sophie Meunier, professor, Université du Québec à Montréal, is here by video conference, and as an individual, in the room we have Allison Venditti, human resources professional.

Each witness has five minutes or less for an opening statement.

We'll begin with Ms. Hamill for five minutes or less.

Lily Hamill (Communications Coordinator, As an Individual): Thank you, Mr. Chair and members of the committee, for the opportunity to speak to you today.

My daughter Lyrica died on New Year's Eve in 2021 from complications related to her congenital heart defect. She was seven and a half months old. Lyrica had what we always called "rock star hair". In her short life, she had undergone two open-heart surgeries. One was expected shortly after birth and the second came unexpectedly during a routine checkup.

Each time, my husband and I stayed in the hospital in Toronto for about a month while she was an in-patient. Because this was 2021 during the height of COVID restrictions, visitors were not allowed. Our older daughter Octavia, who was two and a half at the time, had to stay with family while we were there. We were unable to see her during those hospital stays. Octavia adored her baby sister. She is deeply missed by our family, and her loss continues to ripple through our daily lives.

The days and weeks after Lyrica died are not entirely clear in my memory. Like many parents in shock and grief, we were simply trying to navigate what needed to happen next, which for us was caring for Octavia. Within the week, I had to tell two separate people at Service Canada what had just happened. During that conversation, I was told that because my daughter had died, my maternity and parental benefits could not continue as they had been, and I had already accrued a \$300 debt.

They did explain that I could transition to sick leave benefits. However, my employer does offer short- and long-term disability coverage that provided higher pay options with much less administrative burden, and we chose that option. My husband's employer offered the same. In that sense, we were fortunate. We continued to have income and job protection during that time. I am very aware that many families do not have that option.

Parents who are grieving the loss of a child are barely hanging on to routine daily tasks. Navigating new benefit claims, paperwork or potential repayments during those early days was an overwhelming burden.

Seeing that legislation like this has been attempted in the past, at a time when it might have been in place before my daughter died, makes this issue feel especially important for me. What happened in my situation is something that could and should have been prevented. No parent who has lost a child should have to navigate government paperwork or repay benefits while they are still in the earliest days of grief.

Thank you for the opportunity to share my experience and to support this important change.

• (0820)

The Chair: Thank you, Ms. Hamill.

We will now begin with our second witness, Madame Meunier, for five minutes.

[*Translation*]

Sophie Meunier (Professor, Université du Québec à Montréal, As an Individual): Mr. Chair, members of the committee, thank you for inviting me to testify today.

For the past five years, I have been leading a research program on return to work following a perinatal death—that is, the death of a child during pregnancy, childbirth or in the first weeks of life. This phenomenon affects from 20% to 25% of pregnancies, representing approximately 100,000 deaths per year in Canada.

Scientific research is clear: A perinatal death is a devastating experience that can have a significant impact on parents' mental health. Studies show that, several months after the death, parents still exhibit high levels of symptoms of depression, anxiety or post-traumatic stress.

Our own data, collected from Quebec mothers, indicate that, within 12 months of the death, 50% of the mothers exhibit high levels of grief symptoms, while 30% of them meet the clinical threshold for a diagnosis of generalized anxiety. The vast majority of parents feel the need to take leave after a perinatal death. According to our research, 85% of mothers took leave following the death. That figure rises to 95% when the death occurs later in pregnancy, specifically from the 20th week of pregnancy onward.

It should be noted that, in Quebec, when a death occurs from the 20th week of pregnancy onward, the person who carried the child is eligible for 18 weeks of maternity leave through the Quebec parental insurance plan. According to our studies, more than 90% of eligible mothers used this leave. They subsequently reported experiencing greater psychological well-being upon returning to work.

In contrast, mothers who were unable to benefit from this leave instead resorted to sick leave, which involves administrative procedures that can be burdensome, or to leave without pay, which has significant financial consequences, or took no leave at all. Mothers who used these types of leave reported lower well-being and greater psychological distress upon returning to work. These levels of psychological distress were subsequently associated with difficulties functioning at work, including problems with concentration, lack of motivation and energy, and decreased productivity.

On another note, for nearly 60% of the mothers we surveyed, the return to work was primarily driven by financial reasons, even though they didn't necessarily feel ready to do so. Participants in our studies also reported that, in the month following their return to work, they did not feel well physically or psychologically during an average of 65% of their work time. This proportion rose to 74% for mothers who were unable to take maternity leave and to 80% for those who had to take unpaid leave before returning to work.

Finally, although there is more data available for mothers, it is essential not to overlook the experience of the partner, often the father. Studies show that fathers can also be deeply affected psychologically following a perinatal death. Often placed in a supportive role, many feel that it is less legitimate for them to express their grief, and their experience remains largely invisible. This invisibility is reflected in the support measures available to them, which are very limited. Most fathers return to work quickly, sometimes immediately or only a few days after the death. They report various difficulties at work, including a drop in concentration and energy. For some, the lack of time off eventually catches up with them a few months later, leading to prolonged absences. The fathers we met during our research report that they must rely on the luck of having an understanding employer to obtain the support they need, which creates significant inequalities from one person to another.

In summary, research findings show that, following the loss of a child during the perinatal period, the vast majority of parents feel the need to take time off. The lack of appropriate leave or a rushed return to work is likely to exacerbate psychological distress and subsequently impact work performance, which inevitably results in significant costs to workplaces and society.

However, Quebec's example of maternity leave for mothers in cases of late perinatal deaths illustrates that a uniform and accessible measure can help promote a healthier and more sustainable return to work.

Therefore, our research leads us to recommend the provision of paid leave for all parents experiencing a perinatal death. In addition, parents who are already on maternity, paternity or parental leave at the time of the death should not have their benefits interrupted. In this regard, our research data strongly supports Bill C-222.

• (0825)

Better support for parents experiencing a perinatal death entails many benefits—for parents, by enabling them to properly recover; for workplaces, by ensuring employees function better upon their return to work; and for society in general, by reducing the significant costs associated with mental health disabilities.

Thank you for your attention. I will be happy to answer your questions later.

The Chair: Thank you, Ms. Meunier.

[English]

Next we'll go with Ms. Venditti for five minutes.

Allison Venditti (Human Resources Professional, As an Individual): I just want to start by saying thank you to the Chair and the committee for having me here today. My perspective is going to be a little different from the ones you've seen from other people.

My name is Allison Venditti. I'm a certified HR professional and a certified HR leader. I have over 20 years of HR experience in most industries, from logging to manufacturing to retail to health care. I've seen most different programs that have been rolled out. In addition to recruitment and retention, I have and will continue to develop leave programs. My expertise lies in short-term, long-term and parental leave.

I will say that helping someone go on maternity leave is one of the highlights of my job. You get to have a party, everybody gets excited, we hire a replacement and we wait with bated breath so that we can send an email to everybody when they tell us the baby is here.

If that part is the highlight, I will tell you that getting a phone call from someone that they've lost a baby is the exact opposite. After getting that phone call and having to let the team know and the people you've worked with for 20 years know, everybody is saying, "What do we do?" We don't know.

Supporting someone who is not only grieving, but also having to navigate where they fit in is very difficult and not something that HR has the power to do. Helping someone decide whether they go on sick leave benefits or how they want to manage them—even if they call us—is not something we are able to do. As an HR professional, I can only guide employees.

Many workplaces do not have short- and long-term disability, though I'm glad to see that Ms. Hamill's does. That is not an option for a lot of employees.

Currently when someone loses a baby, as you've heard, they're removed from maternity leave and asked to move to EI sickness benefits. For many people, that involves having to go in person to a Service Canada location, along with phone calls, reporting, answering questions and updating your employer. Then there's not knowing if you're going to be accepted into these leaves and having to report every two weeks why you are still on sick leave benefits. Having to tell someone every two weeks that your baby has died is completely unnecessary and cruel.

If the paperwork isn't done correctly, the employer has to try to coach the employee. If it isn't done, we have to make a phone call to them to say that they're no longer on approved leave, and we have to figure out how to bring them back. The replacement has questions, managers don't know what to do and nobody knows what to say.

I have spent hundreds of hours trying to make sure that our valuable employees continue to feel valued and trying to make sure that this works for them and they indeed come back to us, which is what we want. This bill fixes that. Pure and simple, it fixes that. As a bill for parents, it's the right move; as a bill for employees, it's the right

move; and as a bill for employers, I'm telling you it is the right move.

I want to spend my time making workplaces better. I want to spend my time making workplaces more efficient and more human, and this bill will let me do that.

Thank you.

• (0830)

The Chair: Thank you, Ms. Venditti.

We'll now begin the first round of six minutes with Ms. Falk.

Rosemarie Falk (Battlefords—Lloydminster—Meadow Lake, CPC): Thank you very much, Chair.

To our witnesses, thank you.

Ms. Hamill, thank you. I know it takes courage to come to committee to begin with, let alone to be vulnerable. I want to thank you for being willing to be so courageous in such a vulnerable time. Every time you share your story, you are being revictimized in a way. It brings up raw emotion.

I'm so sorry that this all happened during COVID. I had a baby in 2021 as well. I'm in a very rural riding and ended up having to be airlifted to the nearest hospital, which was three hours away. I had some experience in a neonatal centre during that terrible time. We couldn't even touch our babies. I am so sorry that this was the experience you had to navigate through in a very lonely place.

I'm very sorry as well about the experience you had to go through with Service Canada, a very bureaucratic, administrative place, which Ms. Venditti is probably familiar with. It isn't necessarily understanding, warm, friendly or compassionate. From a mother to a mother, I'm sorry, but I am so thankful that you have come here to share your story.

I spoke a little about this. I don't know if you're following the proceedings at all, but at the last committee meeting, we had the Cormiers here. MP Richards had a motion, a few parliaments back, to study this exact issue, and I had the privilege and opportunity to be on this committee at that time. The committee had robust recommendations. I was shocked at the stuff I was hearing.

One of the things the Cormiers said has shaped me as a parliamentarian: Compassion needs to be administered at every level of government, especially when we are here to serve the people and the departments are here to serve Canadians. That has really shaped me. I just want to emphasize the importance of sharing your testimony and your story, because that matters.

I will note that when we did that study, this committee had several recommendations that we sent to the government. The government then had a response. The government has known about these situations for a long time. They tabled a response on June 7, 2019. That was a long time ago.

From your conversations with other parents who might be in a similar situation, would you say their experiences with Service Canada were similar to yours?

• (0835)

Lily Hamill: I agree. It's been tricky. I was lucky that the people I spoke to were more empathetic than the ones Ms. Cormier spoke to, but I obviously overwhelmed the first person I spoke to. The second that I said my child had died, I could tell there was panic on the other end of the line. She went to get someone else. Then I had to re-explain the story. I knew I needed to tell them. It was then, "You have already accrued a \$300 debt". That was the hard part.

Rosemarie Falk: Did you have to pay for that?

Lily Hamill: I did.

Rosemarie Falk: You had to pay for that.

When you did that, was it just, "Here's the money", or did they deduct it from child benefits received for another child?

Lily Hamill: I think they would have deducted it, but I just paid it back in order to be done with it. Everything I did in that time was whatever was quickest, fastest and easiest, just to get it off my plate.

Rosemarie Falk: Afterwards, were there any issues, or was that it?

Lily Hamill: That, luckily, was it for us. With HR at my work, it was very easy to get on short-term disability. It was the same for my husband.

Rosemarie Falk: When I look at the report from the government at the time, in 2019—the Liberal government—I see that it specifically mentions that parents could access other benefits instead of looking at bereavement leave. I'm so sorry that we're doing this again. I very much hope that your story and your experience.... I know it's not for naught. Your sharing this information and your story is going to make a difference.

At the end of the day, this bill has to move forward. The government needs to give it a royal recommendation so that we can help families like yours, because there are others. We learned the other day that there are 1,600 additional families per year. Any way that we're able to make life better for bereaved, grieving parents and families matters.

Again, I just want to thank you so much for sharing your story and your testimony today.

The Chair: Thank you, Ms. Falk.

[*Translation*]

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

[*English*]

Annie Koutrakis (Vimy, Lib.): Thank you, Mr. Chair.

Thank you to our witnesses for appearing before us today.

Ms. Hamill, thank you for sharing your very personal and tragic story. You have my sincere condolences.

I'm a parent and grandparent. I can't even begin to imagine the pain that someone goes through when they lose a child and then have to fight or go through the bureaucratic process. In many ways, I share my colleague's comments—we need to do better. We're hoping that with the passage of this bill, this is exactly what we're going to be doing.

There is no question that more training is needed. I used to be in the finance industry, and I used to lead teams of 200 people or so. Dealing with finances is not always a very high emotional IQ area because you're dealing with people's wealth. One thing I made sure of was that the people I was leading had the adequate training they needed to deal with such sensitive issues, to be more human and to be very mindful of the questions that were being asked at the appropriate time.

You have my sincere apologies that you had to experience that. I apologize to any parent who has had a similar experience. We're hoping that with this bill we're going to do better.

Based on your experience, do you feel that the amount of leave proposed in this bill would provide parents with meaningful time to process their loss, or do you think additional flexibility might be needed?

Lily Hamill: I'm actually not sure how much time is proposed in the bill.

Personally, I was off for around 11 months. My husband was off for longer. He works in emergency services, so his work was more triggering—to hear those phone calls.

• (0840)

Annie Koutrakis: Did you find that the amount of time and understanding that you received from your employers was meaningful and really made a difference for you at the time?

Lily Hamill: It was. My employer was so easy to work with. They helped me work within a step-back program, so I didn't return to full-time work immediately.

Stepping back into the real world was wildly difficult. You felt you were being looked at. You felt very "other" than everyone else.

While I still don't know who knew what at what time when I returned to work.... There were new employees I didn't know from when I went off. It was weird. You don't want to bring up this land mine so that you're now caring for someone else's shock about your personal life, and that can make it hard. You also don't want to not mention your child, because they were there and have shaped who you are.

It's a weird spot. Having a bit more distance from the day really did help...practice talking about it and getting used to this new life.

Annie Koutrakis: Ms. Venditti, from an employer's perspective from being in HR and having heard the testimony, do you think this bill addresses some of the issues that would help employers deal with this type of situation better? In your opinion, what more could this bill address with regard to how employers should handle such very difficult issues?

Allison Venditti: This bill does a wonderful job of addressing the very real issue that we have to deal with. In terms of Ms. Hamill's testimony, unfortunately for me, I've done this for 20 years, and I can't count on all my fingers and toes how many times this has happened. It is not a one-off thing.

The bill does a wonderful job. This is exactly what employers want so we can focus on our employees, focus on being great employers and focus on making sure that our employees have an experience where they say, "My employer was there, and they were great. I'm happy to come back, and they did everything they could."

If we're not doing all the things I mentioned and trying to help them figure out where Service Canada is, we can focus on making this experience better for our employees. I don't think there's anything else this bill could do other than the very wonderful and real thing it would do for a lot of families, which is stop this bureaucratic nonsense.

Annie Koutrakis: Thank you.

[*Translation*]

Ms. Meunier, do you have any comments to add regarding the two questions I previously asked Ms. Hamill and Ms. Venditti? I think it would be helpful to hear your comments on the topics your research has covered, so that we can understand how we might make this bill even better for parents.

Sophie Meunier: The testimony we've heard this morning is very similar to what we've heard on our end through the research projects we've conducted with hundreds of parents. Getting a respite or time off is sometimes really difficult and requires administrative procedures that can be burdensome. Those procedures add to the psychological distress of parents, who are already going through a difficult situation. This is very common; it's not just anecdotal. It is quite widespread among the parents we met. For example, they don't have access to the maternity leave that can be granted when a death occurs after a certain point in time, as is the case in Quebec.

We note that there is a lot of variability from workplace to workplace. Some people are fortunate enough to have employers who are more understanding or who provide better conditions. An employee can sign a leave agreement with their employer, but not all employees have access to that. It's still very unequal. I think the bill would allow for more consistency in that regard.

One aspect that hasn't been discussed yet, but is something we've noticed when conducting our research projects, is that what might be helpful is for the leave to be flexible. We've talked about the length of the leave, but the timing of when the leave is taken also needs to be considered. Grief is not necessarily linear; it doesn't necessarily follow a straight path over time. There may be moments that trigger certain symptoms of grief, such as the child's birthday. Parents told us that it would be nice if they could split up this leave

or take it at a time that is most important to them. So that's something I could add to the discussion.

• (0845)

The Chair: Thank you, Ms. Koutrakis.

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

Andréanne Larouche (Shefford, BQ): Thank you very much, Mr. Chair.

I thank the witnesses. It's interesting to hear different points of view, whether from a research perspective or from a human resources perspective. As for you, Ms. Hamill, you talked to us about the human aspect; you have my deepest sympathy, and I offer you my condolences. I don't think you ever fully recover from an experience like that. My daughter was born during the pandemic, and I think there needs to be research on the experience of pregnancy, childbirth and grief during that time. The pandemic added an emotional layer and prevented people from fully experiencing the ritual we should engage in to try to heal and take care of ourselves. It wasn't easy to do that in this context. I offer you my deepest condolences, and I thank you for your courage in continuing the fight. I imagine you're doing this in memory of your daughter and to spare others from going through this experience; we can feel that.

You said you didn't know how many weeks should be allowed under the bill. It's difficult to estimate the number of weeks needed. I'll come back to that with the researcher who mentioned it. Let's get back to the bill before us today. According to the Quebec parental insurance plan, people are entitled to 18 weeks, but the fact remains that it's hard to quantify.

We actually want a more comprehensive reform of employment insurance so that the Employment Insurance Act would be more humane, more feminist and more compassionate. Often, it is women who are penalized. There are still women who face discrimination and are unable to access employment insurance after maternity leave because they haven't accumulated the required number of weeks of work. The rules are not flexible enough and don't take women's situations into account. Our former colleague, Louise Chabot, fought for employment insurance reform.

As I said, it's hard to put into weeks the amount of time off required. Do you have any other measures to suggest to us? How many weeks do you think we should keep in mind, as legislators? In your experience, what could accompany this bill and help parents?

[*English*]

Lily Hamill: The other witness mentioned having the leave potentially chunked out into different times. That could be very helpful. As I said, I was off for about 11 months, which meant I went back to work about a month before the death anniversary of my child. That coincided with the holiday season, which is already a hard time for bereaved people.

When I returned to work, I had to embark on a bit of a struggle with our long-term leave supplier, because in addition, I needed the week off surrounding New Year's Eve. They did not quite understand why it might be difficult to return to work on January 2 after a difficult holiday season. My therapist got involved and was able to ensure that I would not return to work until after that time unless I had that time off.

There are other milestones. For me, because her birthday and her death date aren't significantly close together—she lived seven and a half months—both of those times are difficult, and I continue to use my vacation to not be at work for those times. That might be something that could be included.

[Translation]

Andréanne Larouche: Thank you.

I want to come back to the issue regarding the 18 weeks.

Ms. Meunier, you mentioned the Quebec parental insurance plan. In Quebec, parents are fortunate to have access to 18 weeks of benefits.

You provided a lot of figures and talked about splitting up the leave. What are your observations? Could those 18 weeks be a model for the federal government? Should we take more considerations into account? Should the scope of the bill be broadened to take into account other realities, such as blended or adoptive families? Is that something you've observed in your research?

• (0850)

Sophie Meunier: You're right, it is quite difficult to put a number on the duration of this leave, as there is a lot of variability from one person to another. One thing is certain: Everyone who has taken advantage of the 18-week maternity leave has greatly appreciated it. According to our data, we even see that these individuals have higher scores for psychological well-being at work once they return. So we see the benefits of the 18-week leave.

Could the leave be longer in some cases? We know there are some cases where, after maternity leave, mothers still requested sick leave because they weren't ready yet. On the other hand, we also have mothers who returned to work earlier and didn't take the full 18 weeks. As I mentioned, it varies greatly from person to person. However, I think the 18-week leave already seems like a good compromise.

The problem we have in Quebec is that the person who did not carry the child—whether the father or the partner—is not taken into consideration at all in this type of leave. Instead, they have to resort to unpaid leave or sick leave, among other options, as we discussed earlier. So I think it's very important that the bill apply to both parents.

Also, I don't know if this is something the bill can include, but awareness really needs to be raised in workplaces about bereavement. I am very concerned about perinatal bereavement, which includes the loss of a child during pregnancy. This is still a taboo subject in organizations. I think people are all very compassionate and want to do the right thing, but they don't know how to address this issue or how to support employees. There are all kinds of measures,

such as a gradual return to work, that can be of enormous help to those who are grieving.

During the pandemic, there were a number of difficult aspects. You mentioned this. However, there is one positive aspect that has been reported to us, and that is the fact that mothers appreciated the opportunity to work from home. When they were experiencing more intense emotions, they could take a short break and be at home, rather than in front of all their colleagues. So employers should also have this flexibility. This may not be the bill's main goal, but it can still raise awareness of this issue in the workplace.

The Chair: Thank you, Ms. Larouche.

[English]

Now we have Mr. Seeback for five minutes.

Kyle Seeback (Dufferin—Caledon, CPC): Thank you very much, Mr. Chair.

Ms. Hamill, I'm so sorry. I lost a child in childbirth. It is unbelievably devastating. You never get over it. January is always a terrible month for me. I didn't have to go through what you went through. My wife at the time had great benefits at work, so she had her maternity leave benefits through work.

This bill is something we need, and I think everyone here agrees with that. The challenge we have is that, because it will require the government to spend money, it needs something called a royal recommendation, and members on this side are not able to do that. Only the government can give a royal recommendation to a private member's bill if it's going to cause the government to spend money.

I take it that you think it's very important that the government give this recommendation.

I would ask all the witnesses if you agree that that would be an important thing because of the value it's going to provide to so many people.

Lily Hamill: Yes, I would agree.

Kyle Seeback: I hope the government is going to get there, because if you haven't gone through the suffering of losing a child, you can think you understand it and can try to understand it, but you actually cannot. It is debilitating. I still remember when it felt like my heart physically broke. I actually felt like there was a crack.

I hope we'll get this done, because I think it's so important, and I hope we can get the royal recommendation.

Mr. Chair, I don't have any other questions.

• (0855)

The Chair: Did you want to share your time?

Kyle Seeback: I'll cede my time to Ms. Goodridge, yes.

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

I want to thank you, Ms. Hamill, for sharing. Like you, I had a baby during COVID. That was a complicated space to begin with, especially with all of the pieces.

Very similar to Ms. Falk, I then had my second baby. It was early and there were complications. We had to get airlifted out, go to another community and navigate that. My experience being in a NICU was the first time I'd really fully considered that there were babies dying around me and there were moms dying around me. There were things I'd never really contemplated. My first baby was very healthy, very similar to your Octavia, so this wasn't even something that would be in the brain. It was really heartbreaking to me to be in these NICUs, to hear some of these stories and to contemplate some of the challenges these people were going through.

I want to sincerely thank you for being brave in telling this story, letting your daughter's legacy build something spectacular and letting your loss be part of hopefully fixing part of this problem for someone else. Is there anything you'd like to share with us about your daughter so that when we're looking at this bill and we're looking to vote on this, we can think about some positive memories of your daughter?

Lily Hamill: What a wonderful question. Thank you.

Lyrice was born with a congenital heart defect. We did know this prenatally, so we were prepared. We live in Peterborough, so my husband and I moved to Toronto to prepare for her birth.

As I said, she had rock star hair at birth. It was an inch and a half long. It was brown and it stuck up everywhere. The nurses at SickKids continued to smooth it down. We always spiked it up. She was big. She was eight pounds, which was a massive baby for being in the cardiac care unit. There wasn't a single medical professional who didn't come in there and say, "Wow, what a big baby." I just joked with them at the time: "You told me bigger was better, so here we go."

We knew she would require immediate heart surgery. Her surgery went well, and she came back. We were home within a month from open-heart surgery. She grew. She thrived. She learned to laugh. She smiled. She interacted with her sister. My daughter loved her baby sister.

She did get to meet some of our family members, even with COVID. We were very careful about who she got to see and when, because of everything going on. She was severely immunocompromised.

She learned to laugh the day we went in for a checkup that had us being admitted entirely unexpectedly. It was the first time I had gone to Toronto without an overnight bag, and we were again unexpectedly at SickKids. She had another heart surgery within a week. Recovery was a little longer this time. It took a little longer to get home, but again, we were home, with the idea that she should be good for quite a while.

She didn't have a terminal diagnosis. She had a very good prognosis. She had a 90% chance at a good life, which, in my mind, isn't a 90% chance at living; it's living a good life.

She developed a complication with arrhythmia. We think that is ultimately what caused her to die unexpectedly. It was a traumatic night, with ambulances and the ER, very much like what you would see in a TV show. My husband works for Ornge air ambulance, the airlifting place in Ontario—I don't think either of you are from On-

tario—which is why he took longer to return to work. We had them on standby to try to get to SickKids on time. Peterborough has a wonderful hospital, but they're not a pediatric centre.

Her life was happy. The time she was home was happy. She spent time with her family. We went swimming. We did the things you do with your three-month-old, your four-month-old. It was lovely to have her. My daughter still talks about her daily. I do have a new young son. He's two and a half now, so we are trying to teach him about his older sister.

• (0900)

The Chair: We're going to suspend for a couple of minutes.

• (0900)

(Pause)

• (0910)

The Chair: Thank you, committee members.

As you can see, this subject matter impacts people differently.

We will conclude the first round, and we'll turn to Ms. Fancy for five minutes.

Jessica Fancy (South Shore—St. Margarets, Lib.): Thank you very much.

Thank you to all the witnesses who have come today.

Ms. Hamill, as you were talking about Lyrice with her rock star hair, it reminded me of my own little sister, whose nickname is "Spike" for the same reason.

Let's take this now from a policy standpoint, because as parliamentarians, one of the reasons we want to be in this job is to help make further progress for human situations that occur.

I'd like to start with Ms. Meunier in regard to some of her research.

Ms. Meunier, I am wondering, from a public policy perspective, how Bill C-222 strengthens Canada's parental leave framework.

[*Translation*]

Sophie Meunier: As I understand Bill C-222, it allows parents who lose their child during maternity, paternity or parental leave to continue to benefit from that leave without having to go through administrative procedures. I'm thinking of cases like the one mentioned in a testimony this morning, where people even had to repay certain benefits they had received. Ultimately, this adds to their distress. Those parents are not normally in a state where they have the desire or energy to deal with this kind of a situation.

The great added value of this bill is that it allows parents to grieve and recover without additional stress—financial stress and stress caused by these procedures. That's my understanding of the bill.

[*English*]

Jessica Fancy: That's wonderful.

My second question on that is, how important do you think job protection leave under the Canada Labour Code is for ensuring that grieving parents can take the time they need without the fear of reprisal or losing employment?

[*Translation*]

Sophie Meunier: When leave is provided by the federal government, I think it promotes greater uniformity in that it's available to everyone, and being able to benefit from that leave becomes somewhat the norm. Therefore, parents' circumstances depend less on the goodwill of their employer, for example, or on the fact that better conditions exist in their workplace.

[*English*]

Jessica Fancy: Thank you for your research on this important topic.

I'd like to turn to Ms. Venditti.

Ms. Venditti, are there any amendments you would recommend for Bill C-222 as it stands at this point?

Allison Venditti: No. I think the bill does exactly what it's supposed to do. Again, it's wonderful for employers to not have to support their employees in trying to figure out how to make these things.... This makes it much easier to transition while they're going through all this.

• (0915)

Jessica Fancy: Do clear federal rules around parental benefit continuation help reduce confusion for employers when employees experience pregnancy loss or infant loss?

Allison Venditti: Yes, absolutely. Having to have that discussion with your employee and trying to explain and understand.... We remove all of that. They just continue, and we're able to support them the best way we can, not by trying to navigate Service Canada but by asking, "How can we help your family?"

Jessica Fancy: Thank you.

The Chair: We will conclude with Madame Larouche.

[*Translation*]

You have the floor for two and a half minutes.

Andréanne Larouche: Thank you, Mr. Chair.

Thank you once again, Ms. Hamill, Ms. Venditti and Ms. Meunier, for coming to testify this morning to help us in our consideration leading up to the adoption of this bill. I hope it can be passed, receive royal assent and be implemented. Based on the emotional testimony we heard today and at the last committee meeting, it is clear that this bill must move forward.

Ms. Meunier, I would like us to complete this examination of the bill. Earlier, I was talking about extending it to adoptive and blend-

ed families. Should we also think about some categories of self-employed or precarious workers who may be excluded from the support provided for in this bill? Should we think about what we can do for people who may not be specifically included in the bill?

Sophie Meunier: Yes, absolutely. We've seen this exclusion in the case of parents we've met. Parents told us that they couldn't take leave because they were self-employed. There was no leave, which was an additional challenge for them. I absolutely agree that parents in this situation should be taken into consideration.

Andréanne Larouche: Ms. Meunier, from a public policy perspective, have you seen international best practices to support bereaved parents? Is that something you've had a chance to look at?

Sophie Meunier: Yes. Actually, I would say that it varies from country to country. I think Australia does have some good measures in place. We're starting to see a little more leave for both parents, meaning not only the person who carried the child, but also the other bereaved parent, who is starting to be a little more taken into account.

A lot is being done in terms of leave, but as I was saying earlier, awareness-raising is also needed in the workplace. It's not much talked about it at work. However, perinatal deaths affect one in four or five pregnancies.

I'll give you an anecdote. When I launched my first research project and showed up for work the next morning, about five people emailed me and four people came to see me to tell me that it was really great to conduct research projects to better support parents after a perinatal death, because it had happened to them. People started telling me their stories. It is very clear that there is a significant need and a lack of support. Parents feel a bit isolated and don't talk about their situation. There's really an increased need for support for bereaved parents.

You asked me where the scope of the bill could be expanded. The research projects I've done don't just look at postpartum deaths, but also those that happen during pregnancy. We realized that, in terms of perinatal death, losing a child to pregnancy at 19 weeks of pregnancy causes as many symptoms of psychological distress and perinatal loss as losing a child to pregnancy at 21 weeks, at birth or in the first few days of life. Certainly, expanding the scope of the bill to this type of death would be a major step forward for us as well.

We were talking about expenses earlier. A bill like this may well involve expenses, but we also have to talk about the costs that will be incurred if we do nothing. In particular, I was talking about the trouble people may have functioning at work, the productivity problems and the difficulties arising from all the steps they have to take to get sick leave when no other leave is offered. All of that comes at a cost. If we act more preventively by offering leave, I think we can end up coming out ahead.

• (0920)

The Chair: Thank you, Ms. Larouche.

[*English*]

I give a heartfelt thank you to the witnesses who appeared here this morning. You can see you had a meaningful impact on committee members. Thank you for your testimony.

With that, we'll conclude the first round, and I'll suspend for a few minutes while we transition to the second.

• (0920)

_____ (Pause) _____

• (0925)

The Chair: Thank you, committee members.

We will resume with the final panel. Since they're here in the room, I will not go through the notes.

I would like to welcome, for the second panel, Dr. Francine deMontigny, full professor at the Université du Québec en Outaouais and director of the fatherhood, family and society research group.

From the Sunnybrook Health Sciences Centre, we have Megan Fockler, registered nurse, Pregnancy and Infant Loss Network.

Each witness will have five minutes or less for an opening statement.

We'll begin with Dr. deMontigny.

[*Translation*]

Francine deMontigny (Full Professor, Université du Québec en Outaouais and Director, Fatherhood, Family and Society Research Group, As an Individual): Good morning.

I'll speak in French, but I can answer questions in English, if they're not too complex. I'm a little nervous this morning.

Madam Chair and members of the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities, thank you for inviting me to testify today. I previously appeared before this committee in 2018. Therefore, I'm very pleased to see that the project is ongoing.

I'm here as a researcher and trainer. For over 10 years, I held the Chaire de recherche du Canada sur la santé psychosociale des familles, which focused on perinatal bereavement. I am also a health research fellow at the Fonds de recherche du Québec, where our work has focused on perinatal bereavement for over 15 years. I will be speaking to you about work spread out over more than 30 years of research experience, involving more than 35 projects conducted to examine the experience of parents and stakeholders in perinatal bereavement.

I am also the mother of three daughters. My middle child died 36 years ago at 26 weeks of pregnancy. Had that not happened, my career might have taken a different turn and I might not have focused on perinatal bereavement. It must be said that back then, it was trivialized. Even today, we have trouble acknowledging that this has occurred.

To put perinatal death in context, one in four pregnancies ends in perinatal death, whether early, meaning in the first 20 weeks of pregnancy, or late, after 20 weeks of pregnancy. That's about 100,000 perinatal deaths per year.

The statistics take into account the 1,000 deaths that occur around the time of birth, but they neglect all the early deaths that occur at 12, 18 or 20 weeks, which parents experience as the loss of a person who is already a small baby.

A first episode of perinatal death also increases the risk of complications in the next pregnancy. A 25-year-old woman who experiences a miscarriage six weeks into her pregnancy is already more likely to experience a second miscarriage, stillbirth, premature birth or even infertility. These risks are amplified each time it happens. However, despite how prevalent it is, the phenomenon continues to be trivialized.

What our studies from the past 30 years have taught us is that men react to bereavement as strongly as women do, but their experience is often overlooked and they are relegated to a supporting role.

What about the other parent? We really have very little data on the experiences of co-mothers or adoptive fathers in a perinatal death.

What we know is that the symptoms of grief are just as significant for parents who experienced a perinatal death between 12 and 20 weeks of pregnancy as for those who experienced a later death.

Perinatal death and the resulting grief have harmful and lasting effects on the mental health of women and men. Up to five years or more after a death, they can experience depression, anxiety, post-traumatic stress, somatic symptoms and obsessive-compulsive disorders.

In our study of women who had a miscarriage in the first 20 weeks of pregnancy, one in five women in our sample had suicidal thoughts. That's not insignificant.

International studies show that one in four women sees a psychiatrist after a perinatal death. There is a cascading effect on the health care system.

What we also know is that symptoms of grief, depression and anxiety persist into the next pregnancy, and even after the birth of the child, particularly among men, who often react more strongly after the birth of a living child.

The mental health impacts on both parents are real in the short, medium and long terms.

These mental health conditions will also have an impact on children, both those in the family at the time of the death and those born afterward, because when children are exposed to depression and anxiety in their parents, they are also more likely to experience mental health issues, depression, anxiety and behavioural problems in turn.

Therefore, it is clear that perinatal bereavement has a ripple effect on the entire family.

Perinatal bereavement also has an impact on the physical health of parents, who may develop heart disorders, gastric disorders or inflammatory disorders.

The current lack of leave support therefore has consequences for the person, the relationship, the children and the workplace.

• (0930)

In terms of relationships, we know that when one of the parents returns to work prematurely, the spouses will have trouble supporting each other in their grief, which will lead to tension and distance within the couple.

The work done by Ms. Meunier, who gave a presentation earlier, tells us that returning to work prematurely has consequences, whether it's presenteeism, meaning when someone is at work but not really productive, difficulties related to returning to work or prolonged distress. If someone is unproductive in front of a computer, it's not that bad. However, if someone is unproductive while operating heavy machinery, that can have consequences for workplace safety, for them or for the people around them.

Parents also told us that they had lost their jobs because their employer felt that they had become unmotivated, that they were different, that they had changed. I wonder why.

In conclusion, not supporting parents when this happens and in the weeks and months that follow is costly for society. It's expensive. Perinatal bereavement has direct and indirect economic consequences that are still misunderstood.

Our studies have shown, as I mentioned earlier, that parents who experience perinatal death make repeated and increased use of health services in the ensuing months and during the next pregnancy. There are costs to the health care system that have not been catalogued.

At the same time, we know that there are also social and familial costs stemming from the psychological consequences on existing children, on family relationships and on extended family members. Grandparents write to tell me about the distress they are experiencing.

Mr. Chair, you are signalling that my turn is up, but I will take another second.

There are also costs associated with mental health problems in the workplace, which are not catalogued and are still misunderstood.

I therefore conclude by recommending that all parents who experience perinatal death be granted paid leave so that they can physi-

cally and emotionally recover from the shock, which is what Bill C-222 proposes to do.

Thank you.

The Chair: Thank you, Ms. deMontigny.

Francine deMontigny: I apologize for my speaking time. I didn't have anything in front of me to indicate it.

The Chair: It's not a problem.

[*English*]

Ms. Fockler, you have five minutes, please.

Megan Fockler (Registered Nurse, Pregnancy and Infant Loss Network, Sunnybrook Health Sciences Centre): Mr. Chair and members of the committee, thank you for the invitation to join you today in this very important conversation. I'm here today speaking in support of Evan's law.

My name is Megan Fockler and I work as the manager of the Pregnancy and Infant Loss—or PAIL—Network. I'm speaking today on behalf of Michelle LaFontaine, who is the director of PAIL Network. She was not able to be here today.

Prior to my work as the manager of PAIL Network, I worked as a registered nurse in obstetrics for 17 years, first as a labour and delivery nurse, and then as a nurse in high-risk obstetrics, supporting families through the experience of a high-risk pregnancy. In my nursing career, I have had the privilege of caring for families throughout their child-bearing years and the honour of walking alongside many as they face the most devastating outcome: the death of their infant. I've been in the room when their dreams for the future change in an instant. I've listened to them as they express the depth of their sadness. I've heard stories about the positive impact of compassion, as well as the negative impact of silence, stigma and bureaucracy on their grief journeys.

At PAIL Network, we provide education to health and service professionals focused on skilled and compassionate bereavement care. We have heard from hundreds of professionals that their biggest fear when caring for or working with families is making things worse through something they say, a resource they don't have to share or a discussion about a system barrier that they know the family must face.

Such barriers and bureaucracy impacted one of our PAIL Network volunteers, Kayla, who got a bill of over \$4,000 at tax time for receiving benefits after her daughter Frankie died. My colleague Brandon faced barriers when he needed to navigate the system for EI sickness benefits after the death of his daughter Hannah, all while battling what he later learned was PTSD from the circumstances surrounding her death. Bureaucracy also impacted Carmen, another PAIL Network volunteer, when she needed to go in person to Service Canada to cancel her parental EI leave after her daughter Olivia died. Carmen said, "When you're in that kind of grief, dealing with administrative processes feels impossible... It's something no grieving parent should have to face."

Evan's law is an opportunity to remove a barrier that we consistently hear is adding to the grief and burden of families. If passed, this bill would change a program process for the better. In addition, this bill would send a compassionate message to families that their loss, their baby and their well-being matter. Evan's law will allow people to focus on what matters around the time of their infant's death: honouring them, grieving within their family and community, and choosing for themselves when to return to work.

As the government begins this new program for families experiencing infant loss, I believe it will be very important to also think of the process for effective implementation and the funding required to develop the necessary resources and education surrounding policy changes and supports for families. PAIL Network has experience and expertise in these areas and is available to assist the government to scale up additional supports and resources. It would be very feasible to replicate the work of PAIL Network nationally, and there is a lot of appetite to do so.

The provision for funding would enhance the effectiveness of this bill and help to expand the training resources and tools needed to make sure families encounter compassionate responses from those they encounter along their grief journeys, and other supports to ensure they are not grieving alone. Compassion is a core value that I hold within my own professional practice, and it is so important for grieving families. Evan's law is compassion in action.

Thank you again for including me in this important conversation.

● (0935)

The Chair: Thank you, Madame Fockler.

We'll begin the first round of six minutes with Ms. Falk.

Rosemarie Falk: Thank you very much to both of you for being here, for the work you're doing and for sharing the knowledge and experience you have with this committee. It's very much appreciated.

Dr. deMontigny, you brought up some interesting statistics, like the fact that one in four pregnancies ends in a miscarriage. Something we've definitely experienced in the previous hour of testimony is that grief affects everybody differently and comes in waves. This is not talked about. There's very much a stigma around this. I know this even from talking to friends of mine or family members who have lost babies. "Am I permitted to talk about the baby who didn't make it?" There's a weird stigma.

What do we need to do as a society and a culture to help destigmatize this so that once people work through their own emotional process, we can have these conversations about the loss of a child?

Francine deMontigny: We've been working on that for the past two years by producing documentaries and infographics—one-pagers—for the population to make known what parents experience after a miscarriage, what they experience when they're navigating the health system and what they're experiencing when they're returning to work with Dr. Meunier. We were funded to produce the documents, but there was no money to make a campaign in society, and I think that's what we need.

[*Translation*]

There are awareness campaigns for suicide and mental health, for example.

● (0940)

[*English*]

We have campaigns for drunk driving—don't drink and drive—or for when somebody is told about cancer and how it hits the family. You see those pictures and they really strike you.

We need to do that nationally to make it known that for parents who experience a miscarriage or, later in a pregnancy, a death, it's a real baby, even though it's six weeks old. I've seen embryos that were nine weeks old, and you can see everything with the baby. You can see the eyes. You can see the shape of the head.

For the parents, that child is already one year old, it's already in school and they already have plans. As soon as they know they're expecting, they're already seeing themselves as parents. It's all those dreams they have to grieve.

Rosemarie Falk: You brought up the good point, too, that it's not just the mother. It's everybody. It's everybody who knows and everybody who would have been part of that life.

How about you, Ms. Fockler? Do you have anything to add about destigmatization?

Megan Fockler: I agree. I think awareness raising is so important.

We know there's stigma. This is what families tell us all the time. It happens when they receive care at the hospital after the fact and in their own lives. I agree with the development of resources and the awareness campaign.

At PAIL Network, we do some advocacy on pregnancy and infant loss in awareness month in October. We have a walk for families. A lot of this is to help families feel like they're not alone, but it's also to raise awareness of the issue, to make it a more common thing to speak about.

Resources for people to know what to say in terms of compassionate communication—I heard earlier about grief literacy—is so important, because most people don't mean to cause harm. I know professionals and family members...but there are a lot of misperceptions about pregnancy and infant loss that add to the harm that can be caused by something somebody says.

Rosemarie Falk: Just looking at that stat of 25%, that's pretty high—

Francine deMontigny: When you're 40, it's one out of two, and it goes up.

Rosemarie Falk: Sure, and it affects everybody in terms of how they deal with that and how they process that information.

I was also alarmed with the stat of one in five having suicidal thoughts. That is—

Francine deMontigny: Actually, we've known in our practice women who have committed suicide. They go back home and there's no support and no structure. If there is, it's very unequal in different parts of the provinces and in different provinces. In one province, you might have support—

Rosemarie Falk: Even if you're rural or remote versus urban, that all matters in the access to services.

Francine deMontigny: Exactly. Your husband may be back at work, and it looks like everything is fine with him. You're all alone at home ruminating about your loss, and you're getting support that's not adequate for what you need. We've known women who have committed suicide.

Rosemarie Falk: Thank you for the work that both of you are doing. It's important.

The Chair: Thank you.

[*Translation*]

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

Caroline Desrochers (Trois-Rivières, Lib.): Thank you, Mr. Chair.

I want to start by thanking the witnesses who are here to share their experience, expertise and knowledge. We've heard some very difficult testimony on this bill, which is extremely important.

[*English*]

I want to reiterate our commitment to making this bill move quickly. All members on this committee are prioritizing this bill because we know it's important for grieving parents. There's a commitment in budget 2025 to fund benefits for grieving parents. This illustrates that we are serious about moving this forward. We really need to move this bill out of committee and back to the House so it can move to the next step.

This is a very personal issue for me. In 2017, my best friend's son, who was nine years old and was also my son's best friend, died from a tragic soccer accident. Both of my friends just checked out. I had to step in and be the person to talk to the employers, to do the administrative issues and to even do the funeral arrangements, because they had no family nearby. I also lived through two miscarriages, so I know very well how grief is not linear.

I have continued to support and accompany my friend since 2017. Everything you mentioned, Ms. Fockler, about when you returned to work is true—how people were tiptoeing around you and how some people were always afraid that you were going to break out and cry at any moment. There are people who wish you would move on, because it's been long enough and by now you should have had all the time to grieve. People don't know how to handle grief.

Your points about advocacy and education around it are really important. This is something we should be working on.

• (0945)

[*Translation*]

In the previous panel, it was mentioned that grief is not a linear process. I'd like both of you to tell me whether we should consider a more flexible approach for parents.

It is possible that someone, after a 12-month leave or after a few weeks, whichever, has grieved and gone back to work. They may feel completely fine and able to continue, or they may even have support. However, we know that grief is not a linear process. We know that, within a year, there will be a tougher time, sometimes without really knowing why.

Would there be a benefit to having more flexibility, so that the benefits given for bereavement are not necessarily linear?

That's my first question, and it's for both of you.

Francine deMontigny: There's no doubt that flexible leave is needed.

For some grieving parents, going back to work is good for them. It helps them reconnect with life. However, others tell us they tried it and it didn't work. They broke down, and then found themselves on leave again.

Let me give you the example of a dad who had been on leave for two months and asked for an extension. The doctor refused, telling him his employer wouldn't like it. I can talk about this dad because he appeared in a documentary. He decided he would be responsible and take down the Halloween decorations, since it was already late November. He climbed a ladder, but didn't realize he was too heavy for the ladder. He fell off the ladder, broke his leg, and was on leave for six months. He told us he wasn't given time off because he had a broken heart, but he was given time off because he had a broken leg.

That's what we see too, meaning that unaddressed heartache or grief turns into physical problems. People repeatedly show up at the ER with all sorts of ailments we can't pinpoint, and when we dig deeper, we see, underneath, they are grieving.

I have a friend who, recently, after her father's death, went to have him cremated. As she was driving home with the urn in the car, she ran a red light. She got into an accident and her car was a writeoff. She's lucky to have walked away alive. She told me she never saw the red light. Grief can cause brain fog, much like COVID-19 did. It's the same thing. You're not the same person; you don't react the same way.

So, flexibility is essential. For people who need to go back to work, that's great. Some people will work part-time because they say that things are fine in the morning, but they feel overwhelmed in the afternoon. Others need six months. It really depends on the individual.

During the pandemic, we heard people say that working from home made things easier because, when they were working, if they didn't feel well and felt like crying, no one knew. They could cry, then get back to work without having to explain themselves or face the pitying smiles of those around them or people who didn't know what to say.

Flexibility is therefore key.

I think what the bill is already doing—because we've been talking about this since 2018—is that it's sparking a conversation. In Quebec, we're in talks with the government and the various political parties to raise awareness, and we're telling them that the federal government is taking action and that we need to follow suit. That already gives us leverage in the provinces to move things forward.

● (0950)

[English]

The Vice-Chair (Rosemarie Falk): Thank you, Madame Desrochers.

Madame Larouche, go ahead, please, for six minutes.

[Translation]

Andréanne Larouche: Thank you very much, Madam Chair.

We've been holding meetings on this bill for some time now, and we've been hearing some very emotional testimony.

In your case, you're also sharing your experiences as a researcher and as someone who supports parents. This is another important and interesting perspective in our consideration of the bill.

I will address you first, Ms. deMontigny.

Naturally, this bill, which is essential and desired, will require royal assent. Unfortunately, it comes down to a financial issue. We will need to convince the government to grant royal assent.

You spoke at length about the impact of failing to act on this bill. In your presentation, you discussed the negative consequences of presenteeism—that is, when a person is at work but not productive. You also spoke about injuries. You gave examples. It's true that we're in the dark. In your examples, you mentioned a ladder breaking and a red light being run, but there are other consequences—both physical and psychological—that will have a financial impact.

I'd like to hear you drive home the message that, even financially, this bill is not an expense but rather an investment. Ultimately, collectively, it will cost us far less to take action. We often forget this, but, in the end, prevention is less expensive than intervention.

Francine deMontigny: Yes. It's difficult to estimate the costs, but in one of our studies, we found that women who experienced a miscarriage and did not receive support in the community—from organizations like the PAIL Network, for example—ended up visiting the emergency room four or five times for the same miscarriage. Going to the ER, seeing a nurse, seeing a doctor, and undergoing tests—all of that represents significant costs.

Then, when psychiatric care is needed, that also represents significant costs, and it's a source of distress for the family.

When we talk about costs, we also think of children with depressive or anxiety disorders, or behavioural disorders. These children need specialists. It's something they will carry with them for the rest of their lives and will also pass on to their own children. The anxiety experienced by a mother during pregnancy is passed on to a female baby through epigenetic transfer, and her daughter will also pass it on to her own female children. We are talking about the intergenerational transmission of significant mental health disorders.

Prevention is therefore important to provide parents with a safe space to grieve properly and support one another through the process. It also prevents separation. Separation makes families economically, emotionally and socially more fragile. Families are increasingly deprived of all kinds of resources.

So, the goal is to prevent a range of problems for 100,000 Canadian families. The cost of this leave is very low compared to the consequences these problems may have later on. Quebec has calculated this, even though it hasn't acted any faster as a result.

Andréanne Larouche: However, as we saw earlier with the researchers, studies have demonstrated the positive impact of this leave, which is provided in Quebec through the Quebec parental insurance plan. We are fortunate to have it.

In your presentation, you spoke about the individuals experiencing such grief, but also about the individuals supporting them—their spouse or co-parent—who are also affected.

Based on what you've seen of the bill, does it also take into account the reality of fathers or co-parents, who may also face difficulties—as you've demonstrated—in being recognized in the support policies for such situations?

Francine deMontigny: It's even more important that paid bereavement leave be offered to fathers and co-parents. People often say there's no physical recovery, but they do need to recover emotionally and must be available to support their partner. So, it needs to be an option they can consider.

It is difficult for men to take time off work, from a social perspective. They wonder how it will be perceived by their employer. However, if the federal government says it is allowed and important—even if it's negotiating just one week off—that alone will allow them to catch their breath. Often, when there is a Canada-wide movement, it can make things easier for individuals.

● (0955)

Andréanne Larouche: Since the start of this round, there has been a lot of discussion about the financial aspect, the importance of passing this bill because of the savings it would generate for us collectively, and the benefits of supporting co-parents or fathers. However, this bill also aims to reduce paperwork, so that people do not have to endure additional financial stress during a very difficult time.

In closing, in thirty seconds or less, could you tell us, other than the bill, what kinds of services should be funded to support parents who have just lost a child?

Francine deMontigny: We were just talking about an awareness campaign, and I'm also thinking about training. Services like those provided by the PAIL Network, which offers resources available virtually throughout Ontario, are beginning to be established in Quebec. The goal is to provide support resources whether virtually or in person.

Furthermore, we need to provide training for health care professionals so that they, too, are better equipped to support parents and are more aware that perinatal grief is not necessarily over when they meet the family during the next pregnancy. Things can resurface. We were talking about waves earlier. When a woman gets pregnant again, both parents may feel very anxious about how the pregnancy will end. Some parents told me they started crying the moment their child was born.

[English]

The Vice-Chair (Rosemarie Falk): Thank you, Madame Larouche.

Now we'll go to Ms. Goodridge for five minutes, please.

Laila Goodridge: Thank you, Madam Chair.

Thank you to our witnesses for being here today.

Thank you for the work you are doing. It is so important to have these conversations so we can bring light to this. My grandma used to always say that sunshine is the best disinfectant. I think having conversations like this help people realize they're not alone.

I've never experienced a pregnancy loss, but I have experienced the loss of both of my parents. Grief is messy, and grief isn't the same with each loss. When I lost my mom at 21, that was a very different space and feeling from when I lost my dad as a much older, more responsible adult at 35. They're similar feelings but very different experiences. I can only imagine that this becomes very different depending on the parent and all these pieces.

We're hearing very clearly, especially in today's testimony, that this legislation is absolutely needed.

Ms. Fockler, you've probably heard about this up to this point. It has become clear that the only way this legislation can go forward—because it does require the government to spend money—is if the government gives a royal recommendation. The opposition and the House can want it as much as they want, but realistically, it lies with cabinet to make the decision as to whether they get the royal recommendation.

Do you recommend that this bill get a royal recommendation?

Megan Fockler: Yes, I do. We've heard a lot about how important it is for families. It's also important for the health care community, for professionals and for employers who are working in the space dealing with the human impact of loss and trying to make it better. Having the royal recommendation and the support for families would be really important.

Laila Goodridge: You've touched on something fairly new in this space, which is how it would impact health care workers. I used to sit on the health committee, and we heard a lot about burnout in health care. How would this bill help health care workers?

Megan Fockler: We've been talking about the pervasive impact of pregnancy and infant loss and how it obviously impacts the family. At PAIL Network, we provide peer support as one of the big pillars of what we do. We have that for the person who gave birth, partners and grandparents. We have a parenting after loss group, because we know that the impact of loss continues throughout life. It also impacts people who come into contact with families, like professionals and service providers.

As I said earlier, everyone wants to do their best to help the family, but when you know they're going to come up against a barrier—for example, having to go in person to Service Canada or having their parental leave end and having to switch over and go through that process—there's a very real impact as well. We hear a lot from professionals that when there aren't the resources they wish were there to give to a family, there's an impact on them as well. They feel like they are just sending the family home without supports and resources, which obviously doesn't feel very good.

It's so important to talk about this bill passing and about the impact on families, as well as the social cost and the costs to the systems. It is an investment to pass this bill and to develop resources, education, support and training for everyone who comes into contact with families, including health professionals.

• (1000)

Laila Goodridge: Thank you. I really appreciate this.

[Translation]

Ms. deMontigny, are there any support measures available at this time for fathers who lose their wives during pregnancy?

Francine deMontigny: It is quite rare for women to die during childbirth, but it has happened, including to a father in Quebec. He lost both his wife and his baby. He went to court to try to get parental leave. This happened 10 years ago. His request for leave was denied even though he was grieving the loss of both his wife and his baby.

I want to go back to the question Ms. Fockler answered.

Health care professionals feel quite helpless when faced with parents who must return to work even though they don't feel ready to do so. Furthermore, they have difficulty knowing how to help these parents.

Bill C-222, in turn, will highlight the need to better understand grief. This applies to everyone—employers, health care professionals, family members and the families themselves.

[English]

People have to develop a better awareness of what it means to go through a perinatal death and go through grief, knowing that it's okay to ask, "Are you okay?" It's also okay if the other parent answers, "I'm not okay."

The Vice-Chair (Rosemarie Falk): Thank you very much.

For our next round, Mr. Joseph, you have five minutes.

[Translation]

Natilien Joseph (Longueuil—Saint-Hubert, Lib.): Thank you, Madam Chair.

First of all, I would like to commend your courage, Ms. Fockler. I must assure you that the government is truly committed to moving Bill C-222 forward so that it passes and receives royal assent.

My question is for Ms. deMontigny.

You have 30 years of experience, which is extraordinary. I commend your courage as well. Do you think that, during those 30 years, it has been a battle against the administration, and that this bill will allow families to put an end to that battle, which I think is perfectly legitimate?

Francine deMontigny: The bill may not put an end to it, but in any case, it will be a step in the right direction, and I hope that step is taken before I retire.

Indeed, I have 30 years of experience, and I would say that I've noticed that, over the past five years, there has been much more discussion about perinatal death. Awareness days like October 15, which Ms. Fockler mentioned, shed light on the experiences of parents. I always tell journalists that perinatal bereavement doesn't only happen on October 15. It happens every day; it's happening right now.

These parents are entering a system that doesn't match their expectations. They wanted to bring a baby home; they wanted to be parents. Instead, they have to fight at every step: with insurance companies, employers and with forms to fill out. So anything that makes their journey easier will help them.

When we held training sessions in various settings, parents told me that what they went through was horrible, but that they had received the best possible support. I hope this bill helps parents acknowledge that what they went through was difficult, but that, fortunately, they went through it in Canada, where they were in a social context that supported them, helped them and gave them the space to grieve.

• (1005)

Natilien Joseph: You mentioned the good co-operation with all the provinces. Do you think there are currently obstacles between the provinces and the federal government delaying the progress of this bill?

Francine deMontigny: Perinatal deaths are not reported in the same way across all provinces. Statistics are very difficult to obtain, so estimates must be made based on the number of births. Some provinces record perinatal deaths starting at 24 weeks, 26 weeks, or 27 weeks of pregnancy. Information on anything that happens before that is not available. This is a challenge, because we don't

know what we're talking about. We have to say, generally speaking, based on scientific knowledge, that we're talking about one in four or one in five pregnancies. It's hard to know how many miscarriages there are, because women sometimes miscarry at home. They don't even go to the doctor. That is the main obstacle.

Next, I believe that the existence of a federal position puts pressure on the provinces. I see this in Quebec. I see that Quebec is aware of what is happening at the federal level. It wants to follow suit, and sometimes even get ahead of it. I think that's a good thing, because it puts pressure on the provinces, which have to think about it. Right now, all three political parties are aware of the issue and want to take action. We're following what's happening at the federal level, and if we make progress, it will have a ripple effect across Canada.

Natilien Joseph: Rest assured, we are delivering on our promises.

I'm going to ask you one last question.

More broadly speaking, when it comes to public policy, we have a role to play. In your opinion, what is that role? Do you have any recommendations or advice? Given your professional experience, I think your recommendations would be most welcome.

Francine deMontigny: That is a big question.

[English]

I don't know if you have an answer.

[Translation]

Natilien Joseph: I could put my question to Ms. Fockler.

[English]

Francine deMontigny: Do you have an answer? It's a big question.

Megan Fockler: Yes, it's a big question. Maybe we can share it.

Thank you for the question.

I think you've heard amazing recommendations from speakers. At PAIL Network, we encourage really focusing on listening to the voices of parents and following recommendations of people who have lived experience of loss.

We are so fortunate that often families are very generous. There's amazing literature, which I'd be happy to share, that has surveys of thousands of families who have said what is important to them at the time of their pregnancy infant loss.

I think listening to the voices of grieving parents is really important for informing policy, and having a federal approach to addressing pregnancy and infant loss in general would be really important. This bill is a very strong message for families that this type of loss matters, that their baby matters and that they don't need to grieve alone. I think that—

The Vice-Chair (Rosemarie Falk): Thank you, Ms. Fockler.

Megan Fockler: Thank you.

The Vice-Chair (Rosemarie Falk): We'll have Madame Larouche for two and a half minutes, please.

[*Translation*]

Andréanne Larouche: Thank you, Madam Chair.

Thank you, Ms. deMontigny, for turning your difficult experience into what I gather has become a lifelong fight. I sympathize with your experience.

As Ms. Meunier said earlier, by providing 18 weeks of leave through the Quebec parental insurance plan, Quebec has already conveyed a message. The federal government has taken notice. This has led to the current discussions in order to find a solution to further help families get through this difficult time.

To finish up my last round, I'll turn to you, Ms. Fockler.

You provide support, and that's quite admirable. We would like to see a more comprehensive reform of employment insurance. What are parents on the ground telling you about the steps that they need to take when dealing with federal programs such as employment insurance? It can be complex. What are parents telling you about it?

[*English*]

Megan Fockler: We've heard from several of our PAIL Network volunteers and families about the impact of bureaucracy. We know that when people are grieving, it feels very difficult to reach out for supports or resources, and trying to navigate these systems is challenging.

We have also heard that professionals might not know exactly what to share or employers might not know what to share, so the guidance that families receive can be very limited or incorrect. Their experience is about trying to navigate that—searching Google, trying to figure out what they're eligible for or not, listening to stories from other people and going on Facebook or social media to try to find what worked for others.

There is an impact of bureaucracy while they're grieving and while they're dealing with health issues sometimes and trying to honour their babies. There is an impact of bureaucracy and going in person and sharing your story over and over again with people who might be compassionate, or not. We hear a lot that they're not. This is the experience of families that we hear often.

• (1010)

[*Translation*]

Andréanne Larouche: Could a single window reporting system or automatic support reduce the administrative burden for bereaved parents?

Francine deMontigny: Absolutely.

[*English*]

Megan Fockler: I would advocate for an automatic kick-in of the benefit, with flexibility for the parent to choose if they want something different. Any time you can remove the onus on a grieving family to reach out for support to change a system or process, we should do that. I think that would be important.

The Vice-Chair (Rosemarie Falk): Thank you very much,

Now we will go to Mr. Reynolds for five minutes.

Colin Reynolds (Elmwood—Transcona, CPC): Thank you so much, Madam Chair.

Thank you so much, witnesses, for coming here today. We've been hearing heavy stories over a couple meetings.

I'm a father of three and a grandfather of three, and I can't even imagine what these families are going through. I want to say thank you so much for your work.

Here at the committee, when we hear these stories, really they're just a snapshot of what these families are truly going through, but you both are with these families from start to finish. Thank you so much for your work. You must be feeling all of it. It's even hard for us on the committee, and it's been a very emotional committee meeting today. I'm sure you carry this with you all the time, so thank you so much for coming here today and sharing with us your input. It is so important to do this work.

Ms. Fockler, can you share with us, in your experience, what a typical recovery time is for families? Obviously it's different for individuals, but on average, when are people feeling ready to face the world again?

Megan Fockler: It's an amazing question. It's also a very challenging one to answer.

I would say that for a lot of people, when they discover they're pregnant or when they've given birth to their baby, they envision their future with that baby. They often envision the amount of time they've planned off work. They've prepared for that. When a baby dies and everything changes, the feeling of going back to work right away is very, very challenging.

The circumstances of loss vary greatly. Some people anticipate it coming. For others it's a complete shock. Sometimes those circumstances impact the amount of time a person might want off for leave.

This is probably not the answer you want, but I think there's no typical timeline for a family or for a person. It will be dependent on their culture and beliefs and even their grieving style. We know that for some people, returning to work is protective or healthy and something that people will want to do. That should be supported, which is why we're talking a bit about flexibility. Other people might never return to work. Everybody else is kind of in between.

We hear from most families that no time or a few weeks is not enough. I think families would probably say they need more than that. A typical time is challenging. I think for a lot of families, there are practicalities in considering a subsequent pregnancy and future baby, like needing to get back to work to accumulate time so they can qualify for leave again. We know that after loss, approximately 80% of families are pregnant within one to two years. In that time frame, people who want to qualify again for pregnancy leave or parental leave will return to work to accumulate their hours.

If they felt supported at the time of their loss, were given resources and met people who had education and training on compassionate care, they're more prepared to re-enter typical life after and to continue to integrate this loss into the rest of their life.

• (1015)

Colin Reynolds: Do you feel that our current structure for bereavement is long enough?

Megan Fockler: We've heard from so many families that the answer is no, and I don't think so either. I think a lot of people are required to return to work, or are required to enter into a process that becomes complicated or burdensome, and so they don't.

I would say, no, it's not long enough. This is what the bill can change.

Colin Reynolds: In your opinion, are we dotting all the i's and crossing all the t's with this bill? Are we missing anything? Is anybody going to slip through the cracks? I guess that's essentially what I'm asking.

Megan Fockler: I think the bill addresses a lot of concerns that families have. Nothing glaring comes to mind for me.

The Vice-Chair (Rosemarie Falk): Thank you, Mr. Reynolds.

For our final round, we will go to Madame Koutrakis for five minutes.

Annie Koutrakis: Thank you, Madam Chair.

Thank you to our witnesses for appearing here today.

I have to echo a lot of the comments from my colleague Mr. Reynolds. I'd like to thank you and all the witnesses who appeared before us today. Your research and your professional work help us to better understand as legislators where we need to focus more, to do better and to pass the message on to grieving parents that they have been heard. It is time to get this bill passed. It's been quite a few years.

In the previous meeting, we heard from parents who have been working on this for at least 10 years following the death of their child. Before that, I've heard stories since the nineties. I think we can all agree at this committee that all members are prioritizing this bill. As a government, we ensured the inclusion of funding for grieving parents so there would be no stumbling block where funding is concerned. This is why we need to move it out of committee as quickly as possible, get it back to the House and make sure it becomes law—Evan's law.

For the balance of my time, I would like to give each of you an opportunity to provide us with some closing remarks or some final thoughts that you think we haven't touched upon and that you think

would benefit all of us and would be relevant to include in our report on the testimony.

[*Translation*]

Ms. deMontigny, I would like to hear your answer first, please.

Francine deMontigny: You're right that it has been quite a few years. I spearheaded two petitions in Quebec for this parental leave. I think that the first one dates back to 2012. Parents have been asking for this for a long time.

To follow up on Mr. Reynolds' question, I must point out that I've been seeing this need for a long time. I've been facilitating bereavement groups for parents for over 20 years. I see bereaved parents every month. I see the pain slowly subside and the work that they do to get better. Of course, the first year is critical. However, anniversaries can also rekindle feelings of grief.

I think that this bill will send a clear message not only to Canada and all the provinces, but also to the rest of the world. I'm a member of the International Stillbirth Alliance. I served on its board for seven years. We're concerned about the lack of progress. Things are moving, but slowly. One country will introduce one week of leave. Another country will react by introducing two weeks of leave. Another country will then react by introducing three weeks of leave. The countries observe each other.

Canada has often been a forward-thinking country. I believe that the bill will give us the opportunity to apply pressure to other forward-thinking countries, such as Australia or the United Kingdom, and to less forward-thinking countries. That way, they'll acknowledge the significance of perinatal bereavement. In countries such as India, for example, perinatal bereavement is completely overlooked. The mother comes home and everything in the baby's room has already been removed. It's as if the child never existed.

The bill will contribute to a global message, which international associations can pass on by pointing to Canada as an example.

This will have an impact for us on an economic and social level, as well as for parents. It will also have a ripple effect abroad.

• (1020)

[*English*]

Annie Koutrakis: Ms. Fockler, would you like to add your closing remarks?

Megan Fockler: Yes. Thank you.

First, I think parents are really excited about this. Personally, I know people watching today who have been working on this, as you said, and advocating for this change. I hope you hear the message that seeing a change is something families are really excited about.

Also, as Francine was saying, the opportunity for leadership internationally, but also nationally, is so important, and this bill is an example of that. Hopefully, it's not the end. In addition to the passing of this bill, consideration around its implementation and how we can better wrap care around families in general is really important.

There are so many people across the country and organizations doing amazing work. There's not a lot of coordination or support,

and I think a national approach to education, resources and advocacy for families would make a really big difference. There's an opportunity to include some elements of that in this bill.

The Vice-Chair (Rosemarie Falk): Thank you, Madame Koutrakis.

I'd like to thank our witnesses for coming today and sharing their testimony.

Our next meeting will be on Monday, March 23, when we will resume the study on Bill C-222.

Is it the will of the committee to adjourn?

Some hon. members: Agreed.

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