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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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• (1535)

[*Translation*]

The Chair (Robert Morrissey (Egmont, Lib.)): I call this meeting to order.

[*English*]

Welcome to meeting number 29 of the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities.

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

[*Translation*]

Today's meeting is taking place in a hybrid format, pursuant to the Standing Orders. Members are attending in person in the room and remotely using the Zoom application.

[*English*]

Before we begin, I would like to ask all persons in the room to consult the note that's in front of you.

The clerk has advised me that those participating virtually have been sound tested.

You have the option of choosing to participate in the official language of your choice. If you're in the room, please select the channel for the language you wish to participate in. If there is an interruption in the interpretation, please get my attention and we'll suspend while it is being corrected. I would also like to remind everyone to please wait until I recognize you by name before you speak. As well, those in the room, please put your devices in silent mode, and please refrain from tapping the boom, for the benefit of the interpreters.

This afternoon on Bill C-222, an act to amend the Employment Insurance Act and the Canada Labour Code regarding the death of a child, I would like to welcome our witnesses. Appearing as an individual, we have Ms. Briana Koop, and Gabriel Pelletier, a lawyer representing the Comité Chômage du Haut-Richelieu et du Suroît. Each of you has five minutes for opening statements.

We'll begin with Ms. Koop for five minutes, please.

Briana Koop (As an Individual): Good afternoon. My name is Briana Koop. I am incredibly grateful to be here speaking to you today as a bereaved parent, so thank you to Blake Richards.

Learning to navigate the world as a bereaved parent wasn't something that I ever thought I would be forced to do. It wasn't a possi-

bility I had considered, even though if I had, I don't think there's anything that could have prepared me for the enormity of the burden.

In August 2013, I was standing in front of a clearance rack flipping through the skeletal remains of that summer's hottest trends, but it wasn't deals I was searching for. I was there because my toddler wanted to go to the park and I had nothing to wear. You see, I had given birth to my son, Marlow, only a few days earlier and the only clothes that I had that fit were maternity clothes.

I'm sure that most of you can understand this struggle even if you haven't experienced it yourself. We know that bodies change with pregnancy and childbirth, and even if we eventually do fit back into the clothing we wore before, we know it takes time. Even if we don't experience these changes ourselves, it's easy to understand them because we can see them happening to people around us. When my daughter was born just two years earlier, instead of worrying about buying clothing that would fit during that transition period, I did what most people do and continued to wear my maternity clothing. I made do.

But this time was different. This time, those maternity clothes with their strategically added panels and conspicuously large elastic waistbands were not only a poor fit on my postpartum body, they were a constant, brutal reminder that my son had died.

My son died of kidney failure within hours of his birth. The fact that I didn't have a newborn to care for didn't change the reality that I had just given birth. My body needed time to heal. Even though it seemed like a miracle that day that I wanted to do something as mundane as taking my daughter to the park when she asked me, my wanting to wasn't going to make my body bounce back and fit into my pre-pregnancy summer clothes.

No matter how much I wanted to in those early weeks, I couldn't change my body any more than I could have stopped the tears from joining the blood and the milk from flowing when the young woman who worked at the store walked up and asked if I was looking for anything in particular.

This is just a tiny example, the smallest glimpse into the impossibility that is learning to navigate life without our babies in those early days, weeks and months. Yes, we do learn, but learning takes time—time and practice and trial and error.

Even though there is nothing you can do in this room or in any other room to take away the anguish the grieving parents experience, as you move forward with this bill, I hope that you don't underestimate the impossible weight of those early days, weeks and months.

As I was preparing for today, figuring out what I wanted to say, what I could say to help you understand what it's like, I started reading through what was a baby book and became a journal. I came across a passage that I would like to end my time here by sharing with all of you:

7 weeks and 6 days. That's how much time has passed since I last held my son. 8 weeks ago today I was in a hospital bed, waiting: waiting for my labour to progress. For my cervix to dilate. Waiting to give birth and meet my baby. Waiting to find out if I was carrying a daughter or a son...

Waiting to say goodbye.

I would have given anything to stop that moment from coming. But it did—of course it did. It's the one thing we can be absolutely sure of—time, as they say, marches on.

While I held Marlow, all I wanted was for time to stop, or at least for it to drag its heels and give me just a few more moments with my son.

But it didn't. Of course it didn't.

The hours we spent getting to know every inch of his tiny, perfect body sped by. Time is funny like that; it seems like I had only just found out I was pregnant, and now suddenly, he's gone.

It's ironic, actually, because now I guess I've gotten my wish, because time drags.

● (1540)

Each day seems longer than the last, and already it feels an eternity since I kissed my sweet boy. And though the pain is still almost as fresh as the day he was born, the memory of my time with him is fading. I can no longer conjure his scent at will or picture his pouty bottom lip without some effort, small as it may be. Time may heal all wounds, but it is also a thief.

There is one moment, though, that hasn't begun fading. I remember that moment—my last moment with my son—the very last one—so vividly.

As I began leaving the room, I handed Marlow to my nurse, and even though I knew he was nestled safely in her arms, I could not convince my hands to release him, or my lips to leave his sweet face. I kissed the top of his soft, cold head again and again, as tears poured down my face, across his, and onto the hands of my nurse.

My poor, sweet nurse.

...I looked up at my nurse and I saw that she was softly, silently weeping for us. Her eyes met mine and somehow I managed through the tears. "I know you will, but please be gentle with him. He's so tiny and he won't have his mommy anymore." She nodded and said, "I will. Of course."

And that was it. My time with my son had come to an end.

And so, too, has my time with you here today.

Thank you all so much for being here and for doing everything in your power today and over the last so many years to help ease the impossible burden that parents like me are still facing every day.

The Chair: Thank you, Ms. Koop.

Monsieur Pelletier, go ahead.

[*Translation*]

Gabriel Pelletier (Lawyer, Comité Chômage Haut-Richelieu et du Suroît): Thank you for having me.

That was incredibly powerful testimony that we just heard.

[*English*]

I'd like to thank you for that.

[*Translation*]

That is one of the many voices that this committee has allowed to be heard. I think it is important to start by emphasizing the fact that the committee has given all the necessary space to parents in its study of the bill, because bereaved parents are the primary stakeholders.

I'd like to begin by thanking all the parents who have come to testify over the past few weeks, as well as the organizations that directly defend their rights or provide them with support. They have also appeared here and will be appearing a little later today.

These include the organization Les Perséides, which provides support to bereaved parents and will testify a little later today. They also include other Montreal organizations, such as Le Phare, Children and Families, which is a pediatric palliative care centre that also offers Le Phare's Lantern, a bereavement support program. That wasn't part of the presentation, but I think it's important to point it out. Thank you again.

My name is Gabriel Pelletier. I'm not a bereaved parent. I am a labour lawyer specializing in employment insurance. I am a lecturer in labour law at the college level, and I co-authored an essay on family caregivers in Quebec and Canada. The essay, called *La proche aidance au chevet d'un système malade: Plaidoyer pour un Québec qui renoue avec ses solidarités*, calls for renewed solidarity in Quebec to fix a sick system for caregivers.

Today, I represent the Comité Chômage du Haut-Richelieu et du Suroît, which is an organization active in the Richelieu and Suroît regions that helps people having trouble with employment insurance by collectively defending their rights through legal education, representation and advice. I would also like to take the opportunity to highlight the exceptional work done by France Robert and Nadia Morais, respectively the director and counsel of the Comité Chômage du Haut-Richelieu et du Suroît.

I won't beat around the bush: The reason our organization is here today is the study of Bill C-222, which is an excellent bill. It's a great idea. The bill has a noble objective. The needs are real. You just heard that. You've been hearing it for several weeks. The mechanism chosen to address the problem is the right one. We think it's a simple, elegant mechanism that will really help. We agree that the last thing a bereaved parent needs is to get a notice of debt from the Canada Revenue Agency in the mail and have to contact a public servant to notify them of the death of their child. It's inhumane. No one deserves that.

In Quebec, this situation is already partly governed by the Quebec parental insurance plan, which already provides for an extension of the weeks of maternity benefits. The mechanism is appreciated and the program works well. However, that doesn't mean that our group doesn't also witness similar situations with bereaved parents in Quebec. That is the main reason we wanted to come and meet with you, to support the bill. It's a great bill. However, we would like to invite you to go a little further to cover a few more bereaved parents. Let me explain.

Since 2003, the employment insurance program has provided a number of benefits that can be termed caregiver benefits. They include the compassionate care benefit, which was brought in under a Liberal government, the caregiver benefit for critically ill and injured children, which was brought in under a Conservative government, and the caregiver benefit for adults, which was brought in, again, under a Liberal government. Caregiving is therefore a non-partisan concern. Clearly, each of the parties, including the Bloc Québécois and the New Democratic Party, has played its role in this area.

Currently, a parent who receives a family caregiver benefit for a critically ill child or a compassionate care benefit that is reserved for a caregiver who accompanies and supports a loved one at the end of life experiences exactly the same reality as the bereaved parent of a newborn. They have the same problem. If someone receives caregiver benefits for a critically ill child or compassionate care benefits, and their child dies while receiving those benefits, it's the same thing. They have to call to apply for the sickness benefit, they have to say that their loved one is dead and they often have to repay a debt to the Canada Revenue Agency. Of course, no one is going to call them within 24 hours of the death, which would be absurd. These people are in exactly the same situation, and we think that with a very simple amendment, which we propose in our brief, we would be able to apply the mechanism of maternity and parental benefits for parents of bereaved newborns to all parents who receive caregiver benefits for a child under 18.

I use the word "parents", but the benefits are open-ended. The mechanism would also apply to grandparents, uncles, aunts, brothers and sisters, who qualify for the benefits. We're talking about approximately 10,000 applications a year. That's 0.005% of total EI claims. Of the 10,000 people, not all of them would be eligible under the amendment. However, for those who are, the difference would be huge. It's a fraction of a drop in the bucket, but it's one step further. I think we owe that to bereaved parents.

Thank you.

I will be pleased to answer your questions in English or French, as required.

• (1550)

The Chair: Thank you, Mr. Pelletier.

[English]

We will begin the first round of questioning with Mr. Richards for six minutes.

Blake Richards (Airdrie—Cochrane, CPC): Thank you to both of you—particularly you, Briana—for the courage it must have taken to share that with this room. I'm sure it's not the first

time you've shared it with a room like this one, but I just want to commend you for the courage it must have taken.

Your son was Marlow. Hearing you speak about Marlow, it's clear how much love he had to have felt in that short period of time you had with him. By doing what you're doing here today and otherwise, you're bringing an immense amount of purpose to his short life. He's going to help make a difference and ensure that other parents who go through what you had to go through don't have their grief added to by the government.

I know that won't take away any of the pain that anyone feels, but it certainly will help to make sure the government doesn't add more to it. I just want to commend your courage.

Despite having stories told like this one, when we brought forward motion M-110 a number of years ago now, it received a lot of resistance from the government at the time. We're at this place now—and it's a good place—where we have all parties in the House of Commons finally in agreement on making this happen.

I just want to give you a bit of an opportunity. I know you've been a part of providing support and advocacy to others in this situation. Do you want to talk a little bit about what some of that work has looked like?

Briana Koop: About a year after my son died, I met a woman named Jasmin Herchack in an online support group. She was also local to Saskatoon and she had lost her daughter, Jael, a few months before Marlow was born.

I don't know how many of you in the room are parents, but especially if you're the person who gives birth, there's a biological change. We are evolutionarily programmed to take care of this new life. Our bodies don't understand that they're gone. After Marlow was born, that energy that I should have been putting into raising him needed an outlet, so I did a fundraiser for our children's hospital and that's how we connected.

She was raising money for a CuddleCot, which is a cooling device. I mentioned my son's cold head because keeping their bodies cool allows us to spend some time with them without the decomposition process, to be frank. It just slows that process down.

We started with that. Empty Arms is the organization that we ended up starting. It's been running in Saskatoon since 2015. In our first year, we served seven families. Last year, I think it was well over 100; I don't remember. It's over 100 families every year just in labour and delivery. We do occasionally help pediatric families. We do things like help families make handprints and footprints. I did photography. I stepped away a couple of years ago for personal reasons. I had another loss and it just became overwhelming.

Watching families go through this.... It's amazing because I didn't think I could be.... You think that you're prepared for it after seeing it so many times, but explaining to families the process of picking up their child's ashes or getting a hold of their death certificate.... These are the things that, when you leave the hospital, nobody tells you how to do. Thankfully, now in Saskatoon there are resources for those families. Not every city has that. It's a lot of red tape.

I was speaking to Gabriel outside before about that morning when my daughter wanted to go to the park. It's amazing to just get up the energy to want to get out of bed, so tracking down a death certificate, sending it to the right department, being told that department didn't get it and it must be somewhere else, and then having to send it again....

● (1555)

Blake Richards: On that note, I want to give you an opportunity to speak to how much of a difference this would make. It's about taking away some of that need to deal with a heartless bureaucracy when you've experienced what you experienced. It's about having the benefit of some time on bereavement leave so you have time for the grief, rather than facing a financial decision of having to go back to work long before you're ready.

Speak from your own experience, or speak from the experiences of those you've worked with. Share with us how much of a difference that's going to make for families in this situation.

Briana Koop: I was self-employed afterwards. I didn't go back to work after my son was born. Nothing was the same for me after my son was born. Again, Empty Arms very quickly became a full-time job. I said, "job", but it was volunteer work. I don't know what it would have done for me if I'd had more time, because I just took the time. I was privileged enough to be able to take that time.

I have seen families forced to go back to work, and it is devastating. I am not exaggerating when I say that sometimes I fear for the lives of friends who have to go back to work within weeks of losing a child. It is....

The Chair: Thank you, Mr. Richards.

Thank you, Ms. Koop.

Madame Desrochers, you have the floor for six minutes.

Caroline Desrochers (Trois-Rivières, Lib.): Thanks very much to both of you.

Thank you so much, Briana, for sharing your story, for your courage and for helping other families going through that. It takes a lot of strength to be able to do that.

I never lost a child, but my very close friend lost her nine-year-old. I was the person at the hospital with her. I was the person who had to stay with him. There was no way that she was going to let him go, so her husband took her home, and I stayed with Tommy until it was time for him to be taken out of the room. Everything you shared today took me right back to that. I took time off from work to stay with her and navigate through all those steps—talking to her employer and her husband's employer. They were in disbelief over what had just happened.

Thank you for doing this and for being that strength for other parents.

As you said, Gabriel, it's a project that goes across party lines.

Thank you to Blake Richards, who worked on this before, and to the others who worked on this before. It's so important that we get this done, get it done right and get it done quickly. If there are things we need to add or expand on, we can do that afterwards. We need to do it as soon as possible.

● (1600)

[Translation]

Mr. Pelletier, do you want to tell us a bit about the impact of Bill C-222? How will the bill change what parents experience in terms of red tape and things that should not be asked for but are? I'm wondering if you could tell us a little about that.

Is there anything else you want to add that you didn't have time to say earlier about your proposed amendment?

Gabriel Pelletier: Yes, certainly. Thank you for the opportunity.

Although we have the Quebec parental insurance plan, the fact remains that there are parents who call us about this, whether it's the Comité Chômage du Haut-Richelieu et du Suroît or other organizations that do the same thing.

It's been said over and over again that the last thing a parent needs is bureaucracy. It's also important to understand that asking a parent to send a death certificate in this context is an act of violence. I think it's important to use that word. It's also a bit of administrative violence for the Canada Revenue Agency to send a notice of debt, because, for purely administrative reasons, there may have been a week or two of overlap.

There's also something that adds to all the steps they have to take during that time. Everyone knows what it's like to lose a loved one. I have not experienced the loss of a child, but I have experienced the loss of a father at a very young age. You have to shop for funeral services, you have to call employers, you have to talk to the hospital, you have to retrieve personal belongings. If it happens at home, there are drugs or tools belonging to the hospital that are still in the house. The medical team will come and pick them up. These are people we have known for months. They're going to take their things and say good-bye.

I'm speaking for parents, but it's true for all caregivers as well. Health care workers become a bit like members of the community when they provide home support. Then, all of a sudden, they take the medical items and leave. It's hard. If we add to that the bureaucracy that comes with the issue of maternity and parental benefits, that's one more layer, one layer too many.

In terms of the amendment we're recommending, the basic idea is this. The employment insurance program has benefits for caregivers. These benefits are the same across Canada, including in Quebec. The bill provides a mechanism so that a claimant who receives parental benefits can, despite the death of the child, continue to receive the benefits to the end instead of having to apply for sickness benefits.

All we're asking is that we do the same for the critically ill child benefit and the compassionate care benefit where the loved one is a child under 18. Harmonize it with the Canada Labour Code and it's a done deal.

If you do that, you're helping thousands of parents of children under 18 who are eligible for these benefits. We're talking about a handful of people, but for those people, it's going to be huge.

Caroline Desrochers: Thank you.

The Chair: Thank you, Ms. Desrochers.

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

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

Ms. Koop, I want to add my voice to those of my colleagues to offer you my best wishes. Thank you for your powerful testimony, which really expressed how much grieving a child is an ordeal that no one should have to go through as a parent. Thank you very much.

I'm going to ask you a quick, more practical question.

You said you were self-employed. We know that self-employed workers are ineligible for many benefits, even employment insurance. They often fall into a grey area, without sufficient assistance to deal with life's challenges, such as the loss of a child. What should be improved for self-employed workers?

• (1605)

[*English*]

Briana Koop: That is definitely a question that a lot of people more qualified than me could answer. I honestly can't speak to the actual policy. In terms of what could be done for self-employed individuals, again, I had been working, but I wasn't going to be able to take the leave so I just didn't return to my place of employment. I transitioned to self-employment instead, so that I could go back to work at my own pace. That is why I ended up becoming self-employed. It ended up being a benefit for Saskatoon, because I had the time and resources to put into Empty Arms.

I wasn't self-employed before my loss, so I can't speak to that so much. I had planned to go on parental leave, but I didn't qualify for it.

[*Translation*]

Andréanne Larouche: Great. Thank you for that clarification.

Mr. Pelletier, you talked about your recommendation for an amendment. You explained it a little more in response to Ms. Desrochers's question in the previous round.

If this amendment to the bill does not pass, what will the consequences be? How important is the amendment?

Gabriel Pelletier: I think there are times in politics when things get done, and I think Bill C-222 is an opportunity to address a lot of bereaved parents.

What I fear is that we will miss this opportunity to pass such an amendment, regardless of its wording. We don't give ourselves credit for having perfect wording. We know how hard it can be to get a bill before a parliamentary committee. We see that as the main

risk. If we don't seize the moment now to also talk about caregiver benefits, which, as I told you, are accessible mainly to parents, other family members or loved ones, we won't seize it otherwise.

In addition, this is particularly important. Don't get me wrong, this is not a Quebec-Canada issue. That's not what I'm trying to say at all. However, the fact remains that the bill as it stands now will have little effect in Quebec, because we already have such a system.

Caregiver benefits, on the other hand, are Canada-wide. By passing this amendment, you can create a solution for bereaved parents across Canada who receive caregiver benefits for children under 18. We're talking about a measure that would apply to more parents in Canada and a significant proportion of parents in Quebec. I feel that this is our chance.

I would also like to say that, beyond my work as a lawyer, I have some expertise in caregiving. I co-wrote an essay on the issue with Maude Pelletier-Smith, who is like a sister to me.

What we are seeing, in fact, is that a fairly significant number of family caregivers are becoming poorer in these situations. Their impoverishment is compounded by the fact that, as with parental benefits, as soon as the child dies, they are no longer entitled to benefits. It's over. There are a lot of parents, by the way, who don't know that they can receive sickness benefits afterwards or who simply don't have the time or mental space to apply for them. That is quite normal, I think, because their grief is more than a full-time job at that point.

• (1610)

Andréanne Larouche: I'll finish up. I'll come back to it later.

Mr. Pelletier, there are really things that need to be reformed in terms of employment insurance so that it is even more humane and respectful of people who are going through these ordeals.

Gabriel Pelletier: Absolutely, and it's refreshing to see a bill that has such strong support from both sides on an issue of EI reform. That's why we support it.

The Chair: Thank you, Mrs. Larouche.

[*English*]

Mr. Genuis, you have five minutes.

Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Thank you very much, Mr. Chair.

Thank you to the witnesses.

I'm going to start by making a couple of comments about how we're going to proceed in terms of disposing of this bill. We've had some very good, constructive conversations with people in other parties in the intervening time here. To lay this out in advance, our position has been a desire to see the expansion of some aspects of this bill, including to cover a situation in which a parent dies as well, because this is also a case where, if someone's paid into the system and, all of a sudden, that beneficiary passes away, that can compound the grief with added financial hardship in that moment. This is something that we have a desire to put forward in the context of this discussion.

Having said that, we understand that every private member's bill potentially has a hard road to follow. It has to go through all of the steps. In the case of a private member's bill that spends money, there is a need for a royal recommendation, and we certainly want to maximize the chances of this bill getting that royal recommendation.

I think we have an understanding among parties that, instead of adding the element of continuation of parental leave in the event of the death of a parent to this particular bill, we will do some separate study of that issue while proceeding with this bill without any Conservative amendments.

I'm putting forward this motion seeking the unanimous consent of the committee on it, and this isn't a surprise to anybody. I think we're all on the same page here. I'm seeking unanimous consent for the following motion:

That the committee conduct a two-meeting study on the possibility of providing for the continuation of Employment Insurance (EI) parental leave in the event of the death of a parent who is an EI beneficiary; that the committee ask the Parliamentary Budget Officer to provide an analysis of the cost implications of such an extension before the study begins; that the committee invite the Parliamentary Budget Officer and government representatives to appear together as part of the study; that any additional witnesses be submitted to the clerk by Saturday, April 11, 2026; and that the motion moved by Garnett Genuis on Monday, March 9, 2026, regarding the expansion of the scope of Bill C-222, An Act to amend the Employment Insurance Act and the Canada Labour Code (death of a child), be deemed withdrawn.

That's the motion.

The Chair: Do we have unanimous consent?

(Motion agreed to)

The Chair: The committee will deal with that later, but there is unanimous consent, Mr. Genuis.

You still have two and a half minutes.

Garnett Genuis: Great. Thank you.

With that motion being adopted, I want to be clear that we will not be proposing any amendments at the clause-by-clause stage. We hope to see this bill passed quickly. We'll continue to work in that spirit as we have. Obviously, we hope to see it get a royal recommendation as well.

Mr. Pelletier, I wonder if, in the time I have left, you could just share a little bit more about the interaction between the Quebec parental leave system and the national one. I think it's good to elucidate what kinds of leave apply in which cases, because my understanding is that, in Quebec, parental leave is managed at the provin-

cial level. Quebec has opted out of the national system, but unemployment benefits are still handled through the national system. For compassionate leave or bereavement leave, this bill extends the parental leave system, so maybe you could just help us understand, for people living in Quebec, which system applies and to what extent parents in Quebec who are dealing with grief in different kinds of contexts are covered by each system.

• (1615)

Gabriel Pelletier: The Quebec system will continue to apply. The very small number of people in Quebec who actually benefit from the Canadian program would be, for example, people who currently work in Quebec but do not reside in Quebec. We're talking about a very slim minority.

How it works is that basically Quebec, as you said, chose to opt out. The EI program allows for a certain number of benefits—caregiving would be an example and parental would be another—under the condition that the Quebec program would, at the very least, be equivalent or more generous than the Canadian counterpart. At this moment, the Quebec program allows some help for bereaved parents but only through the maternity claim. What that means is that Quebec would possibly have to realign its program.

I say “possibly” because, as I said, the program in Quebec is more generous on other issues. We would have to see how Quebec would move. However, from what I understand of the bill, it would apply to both maternity and parental leave, which is not the case in Quebec, where it only applies to maternity leave except for a two-week period for paternity and parental.

That would be the distinction.

Garnett Genuis: Okay. Thank you.

[*Translation*]

The Chair: Ms. Koutrakis, you have five minutes.

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

[*English*]

Thank you to our witnesses for being here today.

Ms. Koop, it's very difficult for me, as a parent and also as a new grandparent, to hear your testimony. I can't even begin to imagine how difficult it must be for you to be here, and how generous it is of you to come here and educate all of us, first-hand, with this terrible tragedy and the deep emotions not only of a mother but of the entire family and of loved ones.

Thank you so much for coming here and sharing with us so generously and for being so brave on such a difficult issue. I have huge respect for your being here today.

I know you said that you were self-employed, so with that comes a certain flexibility in that you were able to take the time you needed to go through the mourning process. I'm just thinking this: With your advocating for this and having been in touch with other families who have gone through the same experience, do you feel that the existing EI benefits and job protections give parents enough time and support to grieve?

Briana Koop: No, absolutely not, which is, again, why I feel so strongly about it and why I'm here. I've seen literally hundreds of families navigate this and be forced to go back to work. Again, like I said, I was privileged enough to be in a financial situation.... I had a partner who was able to sustain the household financially, so I was able to go back to work at my own pace. However, a lot of families, especially now—that was 13 years ago—do not have that privilege.

I wasn't being hyperbolic when I said that I fear for the lives of a lot of them, because it is not.... A couple of weeks is not sufficient. That excerpt I read to you was eight weeks later, and the emotions were still almost as fresh as on day one. Even just speaking from a biological perspective, I think the hormonal shift that happens post-partum really needs to be taken into consideration here. I understand that not every parent is going to be a biological parent, but I think it is a factor that needs to be considered. Those physical, biological, hormonal changes happen, and the time that it takes for your body to finish adjusting to that is not impacted by the death of your child, at least not in an expeditious way.

• (1620)

Annie Koutrakis: We heard testimony from witnesses previously. They said that there should be more wraparound support systems in place. Looking to your experience, what could those wraparound supports look like? What would have been nice for you to have access to that perhaps was not there at the time when you needed that help?

Briana Koop: Everything. That's why we started the organization. There really was nothing.

I understand that a lot of this is.... I'm not clear whether your question was specific to EI or if you're talking about supports in general.

Annie Koutrakis: It's more from a societal standpoint, whether that's employers or whether that's supports that should be in place. They say it takes a village to raise a child. Do we also need a village to look after parents who tragically have to go through this experience, and what would that look like?

Briana Koop: Absolutely. There are organizations like ours that you can look to for specific examples, but Empty Arms has a network. We work directly with the hospital, JPCH. We work with social workers. We work with counsellors. We do things like yoga for grief. We do family paint nights because children are losing their siblings as well. We have annual walks where the whole family gets to come and do sidewalk chalk art and write letters to their babies they are missing. It is an entirely different experience for those families from what it was for those of us who got the organization off the ground, because what we did was essentially create what we would have wanted.

I was telling Gabriel earlier that when I got home from the hospital the day that I left Marlow, I went to put my two-year-old to bed and I would always sing her to sleep every night and I realized that I hadn't sung to Marlow at all, so I had a hard time putting her to bed for weeks. It would have been as simple as someone suggesting that, so those are the types of things that we suggest to families. We bring a book for them to read to their babies.

I think it comes down to just humanizing the experience.

[*Translation*]

The Chair: Mrs. Larouche, you have the floor for two and a half minutes.

Andréanne Larouche: Thank you, Mr. Chair.

Thank you again for your testimony, Ms. Koop.

Mr. Pelletier, I'd like to go back to an earlier question to try to give parents such as Ms. Koop as much help as possible to get through this kind of ordeal with as little paperwork and as much humanity as possible. We have to make sure, as you said earlier, that we remove as many administrative barriers as possible so that parents can focus on their healing.

Beyond that, as I said, we're also trying to understand how Bill C-222, once implemented, will maximize the positive impact it will have.

I want to come back to something very practical. You talked about the fact that, right now, the bill would have little impact on parents in Quebec because of the Quebec parental insurance plan, or QPIP. Does the bill create a form of inequity between workers in Quebec, for example, and those in the provinces and territories, given that we have this system and that is why you are proposing your amendment?

• (1625)

Gabriel Pelletier: I would say that we are proposing the amendment so that parents across Canada can benefit from the measures in Bill C-222. That's how I would phrase it. I think bringing the bill forward is a noble objective. That said, I think it must be acknowledged that QPIP already proposed similar measures, in some respects. Once again, this is not an issue of Quebec against Canada, but this is just a fact.

Beyond that, however, an amendment that would target parents who receive caregiver benefits for people under 18 will benefit all of Canada. There will, in fact, be something specific for Quebec in that respect.

Andréanne Larouche: Ms. Koop and Mr. Pelletier, can you tell us, in the time remaining, what the priority would be? What should we start with to help parents as much as possible?

[*English*]

Briana Koop: Honestly, it's the time. The biggest thing is just knowing that families are going to have time jumping through all of the administrative hoops, especially if there's a shortened amount of time. You're taking away from the very short amount of time they already have. I would add time and some mechanism that doesn't make you tell everybody and their neighbour about your dead child and make you provide documentation, instead of just taking your word for it. I'm not sure if that would be some automatic mechanism. My son's health card arrived a couple of months after he was born, even though I hadn't applied for it. If we can do that, surely....

[*Translation*]

The Chair: Thank you, Mrs. Larouche.

[*English*]

We will conclude this round with Ms. Goodridge for five minutes.

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

I want to thank you, Briana, for coming. Thank you for sharing about Marlow. Thank you for the work you've done with Empty Arms. It's extremely special to take your space of grief and turn it into blessings for families. From one mom to another, I want to tell you that I really appreciate it.

I have no idea what you went through. I have no capacity for understanding that, but I do have capacity...because I'm a NICU mom. When I had my second baby, I left the hospital without a baby. That was a really hard thing. I was 500 kilometres away from my home, and I was 500 kilometres away from my two-year-old. Hearing you tell your story brought up lots of feelings, and I want to thank you for that.

I'm just wondering, given your experience and all of the advocacy you've done, what pieces, whether they be federal, provincial... You talked about the health card—oh, my God. For us our health challenge was that we got airlifted out after our little boy was born, and 10 days later a bill for \$34,000 showed up, because they failed to enter the Alberta health number properly. They flagged us as being out of province and charged us for the NICU stay. Luckily, I knew that probably wasn't right, so I called and got that flag removed. But I can't imagine what another family would be dealing with, where they just bring home this brand-new precious baby that's had medical complications, and now they have a \$34,000 bill.

What challenges did you face, whether provincial or federal? Perhaps we can use this moment to help advocate to make sure no other family goes through something like that?

Briana Koop: Again, I'm not sure. It's going to be very regional. Again, I just go back to the time and the resources, because there are people who specialize in bereavement and in helping people navigate these situations. I'm talking about professional therapists, and what have you. That was something that would have benefited me in those early months. We have a couple of counsellors who specialize in pregnancy and infant loss, but they take months and months to get into. I think there might be two. I know there was one for a long time. Again, it's out of pocket. There aren't any built-in supports, so to say what we need, it's everything.

Again, starting with the time and the money gives people somewhere to start, so they can find those limited resources that are available and be able to access them.

• (1630)

[*Translation*]

Laila Goodridge: Mr. Pelletier, you made a suggestion to provide ongoing support to parents whose sick child has died. Have you already submitted your proposed amendment to the committee? If not, can you provide it to us so that we can look at it?

Gabriel Pelletier: Thank you for your question.

We did, in fact, submit a brief with a proposed amendment attached. We think the content is fair. The wording could obviously be reworked, but the idea is there. This is an amendment that specifically targets parents who are receiving benefits for a critically ill child, parents of a child under 18 or another family member who cares for a person under 18 who is receiving compassionate care benefits.

The amendment, as it indicates, is specific to those people. It would also amend the Canada Labour Code to ensure that leave defined in the code does not conflict with measures under the employment insurance program. It would cover both of those aspects, which would help many parents.

Laila Goodridge: Thank you.

[*English*]

The Chair: We'll go to Ms. Fancy for five minutes to conclude this round.

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

Thank you, Ms. Koop, for being here. Thank you for what you're doing for other families. That's what women do sometimes. It's cathartic for us to help others who have been in similar situations. The courage you're demonstrating today and your knowledge of the human side of this law aren't being taken for granted by us.

I'll take a moment to thank some of my colleagues. We haven't mentioned Karina Gould, the initial writer of Bill C-222, Evan's law. Evan is from her riding. The bill was picked up by Terry Beech.

Thanks, Terry, for helping with this private member's bill.

I will also thank you, Blake, for the 10 years you've put into getting this and similar types of legislation through.

I wanted to make sure that we said thanks to those who are helping to get this done.

Ms. Koop, I wonder if you could share the biggest challenge you've had in accessing support, whether it was for the administrative burden, for your own health or for your family as a whole. You told us that you had another toddler at home at the time and your partner was still at work while the family was grieving. Could you talk about the biggest challenge and how that impacted your family?

• (1635)

Briana Koop: Every situation is going to be different. Accessing mental health resources in Canada is difficult to begin with. However, with a subject as uncomfortable as this one, even in a city like Saskatoon, where we now have an organization and have these resources, we still have parents say that they didn't know the organization existed until they needed it, because we just don't talk about it.

Normalizing the experience of pregnancy, infant and child loss is the first step in ensuring that families get access to the available resources. Then the next step is, obviously, increasing the resources themselves.

Jessica Fancy: Thank you very much for that honest answer.

I'd like to talk about families—past, present and future—and the work you've done to help advocate for other families. Unfortunately, sometimes people still fall through the cracks.

Could you elaborate on any groups of parents or families who might still fall through the cracks under this bill? Are there any amendments you might have, with your knowledge of the bill and the potential for other families to fall through the cracks?

Briana Koop: As we hinted at earlier, self-employed families will obviously not be getting any benefits from this bill. Again, in terms of what the solution is, that's far outside of my scope. It's an insurmountable obstacle for most families. I'm not sure how many of you, if any, have been self-employed, but most of us aren't raking it in. Getting back to work.... Like I said, I was privileged, but a lot of that privilege was community members dropping off groceries because we didn't have food.

A lot of people are privileged enough to have community support, but not everyone does. For a lot of families, whether they are new to Canada or they have just recently relocated to a city within Canada, the only supports that exist for them right now are community supports, so if they don't have that community, they just don't have support.

[*Translation*]

The Chair: Thank you, Ms. Koop and Mr. Pelletier.

[*English*]

That concludes the first hour of testimony.

We truly thank you for appearing before the committee and taking the difficult questions.

We will suspend for a couple of moments while we transition to the next hour.

• (1635)

(Pause)

• (1645)

The Chair: We will begin the second hour. I'm going to remind members that you have the option of choosing to participate in the official language of your choice. All witnesses for this hour are appearing virtually.

To those of you appearing virtually, please click on the globe icon at the bottom of your Surface to choose the official language of your choice. If there is an interruption, please get my attention by raising your hand, and we'll suspend while it is corrected.

Rachel and Robert Samulack, I'm going to have you wait until last because the technicians are doing a sound verification with you.

I'll begin with Les Perséides - Soutien au deuil périnatal. We have Janie Lapointe Tremblay, executive director, appearing by video conference. From Pregnancy, Infant & Child Loss Support Centre, we are joined by Danyelle Kaluski, co-founder and chief executive officer. As I indicated, we also have both Rachel and Robert Samulack.

Ms. Kaluski, are you ready to begin with your five-minute opening statement?

• (1650)

Danyelle Kaluski (Co-Founder and Chief Executive Officer, Pregnancy, Infant & Child Loss Support Centre): Yes.

Thank you, Chair and committee, for the honour of appearing before you today. My name is Danyelle Kaluski, she/her, and I am the co-founder and CEO of the Pregnancy & Infant Loss Support Centre in Calgary, Alberta.

I am also a bereaved parent. Fourteen years ago, I experienced a stillbirth, and in the midst of that loss, in the fog of the grief, shock and devastation, one of my first thoughts was, what happens to my leave? What happens now?

I consider myself fortunate. Because my loss was a stillbirth, I was covered under EI's maternity benefits. I was able to confirm easily that I had 17 weeks of leave, yet it was not nearly long enough. At the time, it provided me some comfort, but I will never forget that moment of uncertainty, the fear that, on top of everything I was carrying, I might also have to fight for the time I needed to grieve my child. Not every parent has this protection, and that is what this bill closes—that gap.

Over the past seven years, the organization I co-founded has supported more than 20,000 families across Canada. We walk alongside families experiencing miscarriage, stillbirth, NICU loss, SIDS and infant death. We see this every day. I could tell you one story, but, in truth, I could tell you thousands—of parents sitting in NICUs, waiting, while their babies fight for their lives; of families waking up to a silence that was never supposed to be there.

These families are in profound trauma. They are not sleeping. They are planning a funeral instead of planning a first birthday. Grief in those early weeks is not background noise. It is all-consuming. It affects the ability to think, to function, to get through a day. This is not a personal weakness. This is the reality of grief, yet under the current law, when a child dies during a parental leave, the leave ends. Parents are required to file a new claim, submit reports and prove eligibility, or return to work before they are anywhere near ready. A parent who has just buried their baby is being asked to navigate government paperwork. This is trauma layered on trauma, and it causes real, lasting harm.

This bill does something simple and deeply humane. It says, “You don’t need to prove anything. Your leave continues. Your benefits continue. No new claim. No report. No call to Service Canada in the depths of grief.” It removes an administrative burden from people who have nothing left to give. This bill costs the government very little, but for families, it changes everything.

I’m here on behalf of families we have supported and on behalf of parents who are grieving right now somewhere in Canada. They’re wondering how they’re going to survive this. When a child dies, parenting doesn’t stop. They’re still parents, still loving, still grieving, yet under the current system, the moment that child dies, the law no longer sees them as a parent. It is a wound on top of that loss. This bill starts the change. It says, “You are still a parent, and we will treat you like one.”

Thank you.

The Chair: Thank you, Ms. Kaluski.

[*Translation*]

Ms. Lapointe Tremblay, you have the floor.

Janie Lapointe Tremblay (Executive Director, Les Perséides, soutien au deuil périnatal): Mr. Chair, members of the committee, I’m very honoured to be with you today.

My name is Janie Tremblay. I am the executive director of Les Perséides perinatal bereavement support, a Quebec City organization that has specialized in family psychosocial support and professional training for over a decade.

I have personally been involved with the organization for five years, as I myself lost a baby at 23 weeks of pregnancy. I was entitled to 18 weeks of benefits from the Quebec Parental Insurance Plan, or QPIP, but I needed to take more time to get back on my feet, since I was unable to return to work.

Today, I would like to draw your attention to the voices of the hundreds of families who share deeply painful stories with us and who, in addition to grieving, face administrative barriers. Ms. Meunier’s and Ms. Desbiens’s work clearly shows this, and that’s what we’re seeing on the ground.

The psychological distress after the loss of a child is deep and intense. Our team recently supported a mother with suicidal ideation, self-harm and extreme anger towards the health care system. She was unable to return to work.

We also see isolated mothers who spend their days looking at pictures of their babies and fathers whose suffering is invisible and who numb their own grief to provide for their families. We see the impact on siblings as parents try to take care of their children despite having almost no energy.

Let me put a few faces to the realities that I’m telling you about.

Christina lost her little Félix aged 35 days and then Elliot two years later at 19 weeks of pregnancy. To this day, she is still living with diagnosed post-traumatic stress and needs to be medicated in order to negotiate her daily life. She is engaged in ongoing psychological counselling. After Félix died, she was entitled to only two weeks of benefits. Quebec parental leave recognizes only the physical, non-psychological aspects of the ordeal.

Her spouse had to go back to work on the Monday. Their baby had died on the Saturday. He was entitled to nothing. He had to claim illness. Fortunately, he had good insurance.

Another family received no help at all. A father was denied a work stoppage because he wasn’t the one who carried the child. Their baby was stillborn at 38 weeks. Another one told us: “I have to throw my grief in the garbage. I’ll collapse when the dust settles.”

A few days after a stillbirth, a family received the baby’s family allowance and health insurance card. They had to return them while dealing with the trauma of the forms and the coroner’s inquest.

Then there is the family of little Simon, who died aged 11 months. A godmother had to launch a GoFundMe drive so she could get a breather. In 2026, parents should not have to rely on charity to grieve.

Our current system is based on luck, the employer, insurance and online generosity.

This bill is a humane and necessary step forward. Ending the administrative burden is an act of basic dignity. In addition, the act covers both parents, since both of them have lost a child.

With all due respect to this work, I have to tell you that a large number of bereaved families are still being neglected. In our organization, we support all forms of grief, whether due to miscarriage, stillbirth, medical termination of pregnancy or other. Thousands of families remain without adequate protection, and we feel that their distress is very real.

I urge you to initiate this very important discussion.

I also suggest you read the brief submitted by the Table de concertation nationale sur le deuil périnatal in January. We presented it to the Quebec finance minister. The brief contains recommendations that are simple and inexpensive.

I would also like to talk to you about investment because, like you, I am concerned about the sound use of public funds. Every parent who is not allowed to grieve means a vulnerable worker, a collapsing family and a health care system that absorbs years of untreated distress. Prevention always costs less than a cure.

If Canada leads the way, the provinces will follow. Our organization will continue to support, educate and train, but we have no leverage on the factors that force an early return to work. Committee members, you have that power. Perinatal bereavement is a family issue, but it's also a societal issue. What is the price of giving families time to recover with dignity?

- (1655)

Thank you for giving me the opportunity to speak on behalf of those affected by your decisions.

- (1700)

The Chair: Thank you, Ms. Lapointe Tremblay.

[*English*]

I understand that the sound issues have been corrected. We will begin with Rachel Samulack.

Rachel, I believe you and Robert are splitting your time.

Ms. Samulack, you can begin.

Robert Samulack (Registered Nurse, As an Individual): I am going to begin. My name is Rob Samulack and today I'm with my wife, Rachel. We were planning to come in person, but she was sick. We're speaking virtually.

We're here today to speak in favour of Bill C-222 and the continuation of parental leave benefits following the death of a child.

[*Translation*]

Thank you for the invitation to speak to you.

[*English*]

In February 2016, we went to our routine 20-week ultrasound for our second son, Aaron. At this time, he was diagnosed with bilateral renal agenesis, which means that he did not have any kidneys and therefore did not produce any amniotic fluid after about 14 weeks' gestation. This meant that his lungs would not develop properly and he would not live long after birth.

Rachel and I decided to continue with the pregnancy. She was working for the federal government, and I was in nursing school.

Towards the end of this pregnancy, I had to complete a maternity clinical placement.

We're very privileged and lucky in Ottawa to have Roger Neilson house, and we sought support there through the perinatal hospice program. Aaron was born on June 19, 2016, and lived for 100 minutes after birth. Rachel still had her 17-week maternity leave at this time, and I had just started my school summer break.

Go ahead, Rachel.

Rachel Samulack (As an Individual): Hello. Thank you again for giving us this time and opportunity to speak to you.

I'm a public servant and, as Rob mentioned, I continued working during my pregnancy after Aaron's diagnosis, in a role that dealt with very difficult subject matter while parenting a toddler. After Aaron's passing, I returned to work after my 17-week maternity leave ended. I was ineligible for parental leave because my baby had died. I had to provide Aaron's death certificate upon my return to work. I was also not given bereavement leave at this time because I was on maternity leave when he passed away. I was told that I was not allowed to take my bereavement leave.

After my maternity leave ended, I returned to work, Rob started his fall semester of nursing school and our two-year-old started day care. Employment insurance benefits were never mentioned as an option for me. I couldn't cope with working full time, and I returned to work at 80%. This meant taking a pay cut and being the sole income for our family. If I had been able to take parental leave during this time, the healing process would have been much easier, and I would not have been penalized financially for the loss of our child.

The return to work after the loss of a child is extremely difficult. People are unsure of how to approach you. Some colleagues were unaware of our loss and asked why I was back so soon from my maternity leave, which left me in the position of having to explain the story to them.

To compound matters, unknown to us someone at the hospital had checked a box that meant we would automatically receive the Canada child benefit for Aaron. In June 2020, I noticed that Aaron's name was listed on the back of the statement. We had unknowingly incurred \$14,000 in debt to the government, which was paid back by clawing back the CCB benefit for the next several years from our living children. Rectifying the situation meant that I had to call the Canada Revenue Agency numerous times and was forced to retell the story of our loss to numerous service agents, both retraumatizing me and causing vicarious trauma to them. They also did not seem trained in this type of loss or in what to say after I had to tell our story.

Aaron's life was not in vain. When he was born, he was surrounded by love for his entire life, and he passed away painlessly in our arms. To process our grief, we founded the Butterfly Run Ottawa to raise awareness for pregnancy and infant loss, as well as funds for Roger Neilson house. In the last nine years, it has raised over \$600,000 for the perinatal programs at Roger Neilson house.

After two years, we successfully transitioned leadership to others and were able to continue the next chapter of our lives. We worked with MP Blake Richards, Sarah and Lee Cormier and others to get motion 110 passed.

Again, I know that it's been mentioned already, but thank you, Blake, for all of your help and everything you've done to support parents. It has been truly appreciated.

In 2018, we went on to have another healthy son, Matthias, and Rob graduated from nursing school in 2019.

In conclusion, we encourage you to support Bill C-222 and to ensure the wording of the bill includes parents in situations like ours so that they can access full parental leave benefits after the loss of their child. This is something that is a small change. It's a small procedural change, but it's something that will make an impact on thousands of lives going forward.

Thank you.

• (1705)

The Chair: Thank you, Rachel and Robert, for your testimony.

We'll begin the first round of six minutes with Mr. Richards.

Blake Richards: Thank you to each of you. Some of you I know but haven't seen in a while, and some of you I'm just meeting for the first time. In all cases, I know it's not easy to share your personal experiences like this. I want to thank you all for your courage in doing that and the extra purpose you give to the lives of your children by helping them, through your voices, to make a difference in the way that we're making this difference with this bill and the other work that's been done. You all spoke so well about the impacts the current policies have, whether it be the leave or whether it be the heartless bureaucracies you deal with.

Rob and Rachel, you in particular laid out a number of different things you had to deal with. I think anyone in the room who's a parent and who sits here and imagines being in that circumstance.... There aren't words for it. There just aren't words for it. Thank you for sharing that because I think it makes a difference in terms of knowing what we have to do, going forward.

I want to give each of you the chance to add to what you've already spoken about. In every case, you've all done work to try to help others who've been through the same things you've been through. You can speak from your own experience, but you can also speak from the experiences of others you've encountered and worked with and supported. What kind of difference will this change make for people who are experiencing this grief? What difference will having a little extra time to grieve, and having some of these heartless processes fixed, make for someone going through what you've been through?

Maybe we can go in the same order as your opening statements, to make it easy, and give each of you a chance to answer that question.

Danyelle Kaluski: Thank you. That's a great question.

I would say right off the bat that nobody plans for the death of a child and nobody talks about the amount of cost there is. There's the cost of the funeral. There's the cost of the mental health support. For me, there was the cost of extra child care, because I couldn't parent. I was trying to parent a seven-year-old and I couldn't.

I see this all the time. A family I'm working with right now is in such deep grief they cannot work. All their benefits have been removed from them. We provide no-cost mental health support. They are leaning into that so heavily, because that's all they have.

Blake Richards: Go ahead, Madame Lapointe Tremblay.

[*Translation*]

Janie Lapointe Tremblay: As I see it, Bill C-222 is the first step toward recognition by the government that perinatal grief does actually exist. I think it's important to name it.

I'll tell you a bit about our experience on the ground. Seldom has a parent who reached out to us said that they were ready to go back to work. Many parents who rush back to work are devastated and feel as though they are stealing their employer's time, because even though they are at work, their mind is somewhere else. They don't have time to grieve, and in many cases, the father goes back to work very soon after the loss. He feels helpless, because he has to support his family, and incredibly guilty for leaving his partner and the rest of the family alone to deal with everything that comes with the loss.

We are fortunate that we can provide free support to families. Last year, more than 170 families received individual and couple support free of charge, not including all the other parents who attended workshops.

Recognizing that what they are going through is really grief is a huge change. That is important. I also want to say how important it is to consider the training needs of the professionals parents come into contact with along the way. It's important not to disregard that either. When we meet with parents who reach out to us, parents who were denied paternity leave by family doctors because they didn't recognize this loss, we see the terrible toll it takes on families, what they go through.

• (1710)

[*English*]

Blake Richards: Rob and Rachel, do you want to add to it as well?

Robert Samulack: As a student, this wouldn't have pertained to me exactly, but I did go back in the fall semester. Aaron passed away in June, and I went back for the fall and spring semesters.

We had support at Roger Neilson house with mental health support, support groups and a social worker to speak with, but I was back at school. About a year and a half later, I had a really bad burnout episode and it had some lasting repercussions. I got through the burnout episode, but then toward the tail end of COVID, working as a nurse, that burnout episode repeated. It's turned into a bit of a cycle with some burnout episodes.

I think a large part of it was that I didn't have that time to process it. As a student, this bill wouldn't deal with that, but if I had been in a paid role at that time, it would have dealt with that.

The Chair: Ms. Koutrakis, you have six minutes.

Annie Koutrakis: Thank you to our witnesses for being here with us today and for sharing your very personal stories. It's very generous. I know it probably feels like you have to go through the whole process once again, but I hope you feel good knowing that finally this is going to get through and that parents and families are finally going to benefit by having a better experience.

At this point, I want to thank all my colleagues on HUMA. No matter the party, we're all working together to get this done as quickly as possible. From the bottom of my heart, thank you very much to everyone here—to my colleagues—for working in that direction.

To better educate us as policy-makers and to better understand what families go through, is there something that each of you can share with us that would make us more aware and better able to understand what families are really looking to us to do to make it better? How can we make it better?

Could I start with Mr. and Mrs. Samulack?

Rachel Samulack: Thank you for the very thoughtful question.

One thing I mentioned previously was the CRA phone calls. They are federal public servants and those employees were not trained on how to deal with a bereaved person. One of them actually said to me, "You must have registered him." We didn't leave the hospital with a live baby. Why would I have registered him for benefits? It is just the thoughtlessness in the training for employees that occurs. It is the same with any of the services that happened.

We have friends who recently lost a four-year-old, and we had to be the ones to tell them that they needed to stop the Canada child benefit. The idea that we have these processes in place.... As a bereaved parent, unless you have someone telling you that, you wouldn't know that the benefit stops after six months or that this information is there. They didn't receive that from the hospital. There are a lot of processes in place where, as a public servant, I see that we can make improvements in sharing information and providing that information. Each health care system is separate. I understand that, but we have a responsibility as a government to provide information to Canadians.

I think that if we have processes in place, we need to make them clear and we need to not have them buried in a link on a website somewhere. This information needs to be provided front and centre to employees—and not just to employees. Actually, as an employee of the government, that's also something I could have received from

my employer. I feel that there is a lot of room for improvement there.

• (1715)

[*Translation*]

Annie Koutrakis: Ms. Lapointe Tremblay, could you say a few words about that?

Janie Lapointe Tremblay: I completely agree with what Ms. Samulack just said. I think people need to be educated, because pregnancy and infant loss is a very taboo subject, to start with. No one talks about it. No one dares to talk about it. It's a hot potato no matter where you go. People don't know what to do, how to react or what to say. However, talking about it and recognizing it are important. When Ms. de Montigny appeared before the committee a few weeks ago, she talked about the importance of awareness campaigns around pregnancy and infant loss.

A lot of things could be done, things that aren't used, unfortunately, things that could help society a lot, things that could ease parents' grief and make the process easier for them. As I said earlier, we've seen parents whose grief was recognized by professionals and parents who came up against professionals who did not recognize it, and it makes a huge difference in the family's ability to rebuild, so yes, I think that is the foundation.

[*English*]

Annie Koutrakis: Is there anything that you would like to add, Ms. Kaluski?

Danyelle Kaluski: I would just add that I very much agree with the awareness and also the space that people have. I know in other meetings there was talk about not having these benefits be concurrent, so being able to have a pause if need be because grief comes in waves. It's not something for which there is a timeline to deal with it. Somebody can be in a moment where they can go back to work and everything is fine, and then there's a milestone or a moment in which they need time off. There should be some way that people could use these benefits in a way that makes sense for them, along with awareness.

Annie Koutrakis: I will ask this question to all of you, and if we run out of time, you can always send us your submission.

I'm just wondering. Having looked at the bill are there any changes or improvements you see that we could have included in this bill?

Robert Samulack: I was a little confused on the wording. It says, a continuation of the leave, but if a person is on maternity leave, the maternity leave would continue but the parental leave hasn't commenced. It seems like they wouldn't start the parental leave after that point. They would get that 17 weeks or so, but then they wouldn't be given the following nine months or whatever it is.

The Chair: Thank you.

[*Translation*]

We now go to Ms. Larouche for six minutes.

Andréanne Larouche: Thank you, Mr. Chair.

My sincere thanks to the witnesses for being with us today.

Everyone wants to see this bill passed as soon as possible, so that parents don't have to go through what others have gone through, in other words, being so overwhelmed by red tape that they cannot properly deal with their grief and heal.

As I look at you today, the thing you all have in common is that you were able to turn your grief into something else. You made a decision to do something with it, to give back to the next person in your shoes. Each of you, in your own way, chose to get involved to help future parents through an ordeal that no parent should have to go through. I want to thank you for all the ways you've contributed to these organizations and foundations.

Ms. Lapointe Tremblay, talk about the services your organization, Les Perséides, provides, to help us really understand the small miracles you work.

• (1720)

Janie Lapointe Tremblay: Yes, of course.

We provide individual and couple support completely free of charge. We offer group sessions and workshops. We also have support groups to help with the post-loss pregnancy. Let's be clear: a mother who has lost a pregnancy or an infant or a father whose partner is pregnant again experiences a huge amount of anxiety. That, too, is an issue. We help those families, and we have a sponsorship program where parents who have experienced a loss are trained and then paired with grieving parents to support and guide them. We do that kind of matching.

We are also very active when it comes to providing training. Last year, we trained more than 270 professionals, and I'll tell you something: professionals, health professionals for the most part, tell us they aren't equipped to deal with the issue. They want better tools because these situations happen all too often. What's more, their employers don't give them the time or space to get that training. It's not part of the curriculum or training requirements.

Andréanne Larouche: You mentioned a brief you submitted to the National Assembly of Quebec. Can you go over the key points that we, in Parliament, should take into account?

Janie Lapointe Tremblay: Yes, of course.

Basically, the members of the Table de concertation nationale sur le deuil périnatal submitted a short, three-page, brief, which Ms. Meunier and Ms. de Montigny worked on. The brief covers the types of leave available through the Quebec parental insurance plan. We are fortunate to have such a plan. I put "fortunate" in quotes, because the plan doesn't cover everything. That is why we submitted the request, to have this loss better recognized, so that fathers and parents who did not carry the child are recognized as well. That is a major gap.

We made four recommendations.

One of the recommendations that is similar or close to Bill C-222 is to continue providing benefits to a father and mother whose child dies in the first year. That is something we requested, but unfortunately, we found out last week that the request was denied.

We are still fighting to have this essential leave recognized. That is why it was important for me to be here today. I firmly believe that if the federal government moves forward with Bill C-222, it could spur the National Assembly of Quebec and all the other provinces to rethink their positions. To be clear, we are fortunate in Quebec to have this plan, because many other provinces don't have one. That inequality is significant and should be taken into account.

Andréanne Larouche: What I take from your comments is that not giving parents the opportunity to adequately grieve their loss comes at a price. I recall Ms. de Montigny telling us more or less the same thing.

You mentioned post-traumatic stress disorder in your remarks. I took note of that.

I also noted what Mr. Samulack said. Because he didn't take the time to heal, he faced consequences later, even falling into a depression.

I'd like to use my remaining 30 seconds to ask you and Mr. Samulack to talk about the long-term effects of not taking the time to adequately heal after the loss.

• (1725)

Robert Samulack: You continue to deal with all kinds of problems. It takes a lot of time to heal after such a traumatic event.

[English]

I had burnout. I had a couple of episodes following this and it wasn't a complete.... I wasn't ready to go back, but I forced myself to go back. It was very hard. I'm not saying this very well. I'm sorry.

The Chair: Thank you, Madame Larouche.

To clarify for committee members, we do have resources to conclude the next two rounds, if it's the wish of the committee. The committee has the resources, so it would be the complete two rounds. Is this your wish?

Some hon. members: Agreed.

The Chair: Okay, we're clear that the committee has the resources to go to about 5:50, so we will conclude all the rounds.

Mr. Reynolds, you will be next. You have the floor for five minutes.

Colin Reynolds (Elmwood—Transcona, CPC): Thank you, Mr. Chair.

Thank you to all the witnesses for coming here. Thank you so much for all of the work that you do to support these families through, probably, the hardest times of their lives. Thank you so much for coming here and sharing your very personal stories and for contributing to this bill and helping us move this along.

My first question is for Danyelle.

What are the most common challenges that parents face when trying to return to work after experiencing the loss of a child?

Danyelle Kaluski: Some of the most common challenges we heard from Rachel when she shared that she had to share the story multiple times. Most workplaces don't have proper perinatal bereavement policies in place. It is something that we continue to work on with corporate and other employers. However, let's be clear: They don't have the resources. We are putting people back in to the workforce full face.

As there's been conversation on it, fathers or non-birthing people don't have anything. An example of this is my husband, who went back after two weeks of leave and was expected to go right back into work full time.

Our brains don't work. Grief brain is real. The impacts on mental health are real. The burnout that Robert shared is common. Panic attacks and health issues are all very common. The challenges are physical and mental. They don't provide employers with good working people. Nobody who goes back to work after loss is in a state to be able to produce or to work effectively. You will see that a lot of people will leave. Of the employees or people we work with, at least 50% of both birthing and non-birthing people—so mothers and fathers—will change jobs within the first year of loss. There's also that job change and the retention.

Colin Reynolds: I'm going to pose my next question to all of you.

In your opinion, is this bill comprehensive enough? Are there any gaps that may still leave families without support? In short, are we getting this right?

I'll ask Danyelle first.

Danyelle Kaluski: I think this bill is a good starting point. There's a question of, if somebody experiences a stillbirth, whether they still qualify for parental leave or whether their leave is done at 17 weeks. Also, what happens if somebody's child dies at 11 months and that person has four weeks left of leave? What happens to that family? It also doesn't work with those who experience miscarriage that is early enough that it doesn't qualify under the maternal benefits. There are still gaps that need to be looked at. It's a good starting place, but there's room for growth.

• (1730)

Colin Reynolds: Thank you.

Go ahead, Rob.

Robert Samulack: I'm still questioning the wording where it's a continuation of leave. If it was on maternity leave, does that mean that after that maternity leave finishes, the parental leave then commences, or is that just it and it's done?

Colin Reynolds: Thank you.

Janie.

[Translation]

Janie Lapointe Tremblay: My question is along the same lines. My understanding is that the bill helps parents who lose a child in the first year, but does it also cover stillbirths, children who are stillborn? How far does it go, timeline-wise?

A portion of families experiencing a perinatal loss are covered, but as I said in my opening remarks, many parents who are experiencing real grief, following a miscarriage, which we just talked about, medical termination of a pregnancy or malformation, are not covered. Many, if not most, of the families our organization and many others work with are in that second group, so that concerns me.

[English]

Colin Reynolds: Thank you.

Rachel, what are some of the trauma-informed practices that some government agencies ought to adopt when interacting with grieving parents under this new framework? You spoke about your experience and how traumatic it was dealing with government agencies after the fact. Could you offer your input there?

Rachel Samulack: I'm a supervisor with the government, so I have a team that I supervise, and I have never been provided with resources on what to do in case of a loss. If I have an employee who has someone who passes away, they have to go on leave. For example, my colleague's mother passed away last year. There's no booklet. There's no training. There's nothing for us, as the supervisors of employees, on what to do when they return to work.

That was my experience as well as a returning employee. There was no pamphlet given to my manager on what to say when I came back and what not to say when I came back. It's just common-sense resources. Maybe you need to go to the bathroom and cry, and that's okay, or it could be some counselling and advisory information. We have that within my department. It's making sure that employees are aware of the resources they're able and entitled to use, and it's also the fact that they won't be themselves.

I think that's the thing. We just talked about this. When you return to work, you are not the same person you were before. There's a marked difference between before and after. I think it's just being able to provide some sort of support to managers and co-workers about the fact that, after a loss, these are things you may need to look for.

Our counselling and advisory program was very helpful to me when I returned to work, but they also weren't trained in dealing with perinatal loss, so I sought out a psychologist who was specialized in perinatal loss. There's a lot of work we can do there, as employers, for our employees. We have the responsibility to provide services not just to that employee but also to our managers and our directors and the people who are supervising other people to ensure they have the best return to work.

The Chair: To the witnesses, I know you were scheduled until 5:30. The committee has the resources to go for another 15 or 20 minutes. Is that okay with all the witnesses appearing virtually?

I'm seeing heads nodding.

[Translation]

Mr. Joseph, over to you for five minutes.

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

Before I get to my questions, I want to thank all the witnesses for the specific work they do with families.

Ms. Lapointe Tremblay, you talked about the father who was denied sick leave because he wasn't the parent who had carried the child. That is absolutely appalling. It could be considered an assault on someone's moral or emotional dignity.

Would Bill C-222 remedy a situation like that?

• (1735)

Janie Lapointe Tremblay: Thank you. That's a very good question. It is indeed completely immoral.

Bill C-222 would not remedy the situation fully. As I said earlier, I think that, as a society, we have a lot of work to do to educate the public.

We need to start by saying that perinatal grief exists. That recognition alone would be a major step forward.

Our organization gets certain requests. We don't get them regularly, but we wish they came in more often. I'm talking about employers who reach out to us to request awareness training for employees whose colleague has experienced pregnancy or infant loss. That, too, makes a major difference.

However, I think that Bill C-222 is meaningful because it recognizes that perinatal grief does indeed exist. It's a first step, but I don't think it will fix everything.

As far as the professionals go, I think a lot of work is needed on that front as well.

Natilien Joseph: All right. Thank you.

What negative consequences would the swift passage of Bill C-222 prevent, in your view?

Janie Lapointe Tremblay: I would point to the consequences that were identified earlier, the depression, all the emotional trauma, even physical health issues and so on, that parents have to go through. In my view, just recognizing perinatal grief and saying that it is a very real thing people experience will make a big difference for families who will be entitled to additional leave. On a human level, that is only reasonable.

Natilien Joseph: All right.

In previous committee meetings, parents have asked that Bill C-222 be passed quickly and without changes. Does that reflect what you're seeing in your work on the ground?

Janie Lapointe Tremblay: I didn't quite examine all of the provisions in Bill C-222, but as I said earlier, we're seeing a lot of things on the ground. That is also why we submitted a short brief, with the help of professionals, researchers, and important people and stakeholders in the community who work with grieving families after the loss of a pregnancy or an infant. In the brief, we provided recommendations to the Quebec government, which, I repeat,

has a plan that does not exist anywhere else in Canada. A giant step is needed to make up for what hasn't been done.

Natilien Joseph: Do I have any time left, Mr. Chair?

The Chair: You have a minute and 10 seconds.

Natilien Joseph: Ms. Lapointe Tremblay, I want to come back to the father who was denied sick leave because he wasn't the one who carried the child.

Would you say that decision amounts to a refusal to recognize the suffering of grieving parents? Could the situation be considered psychological abuse?

Janie Lapointe Tremblay: Absolutely. It happens quite frequently, I would say. That is why training is useful and necessary, precisely to recognize this loss. That happens all too often, unfortunately.

Natilien Joseph: Thank you, Mr. Chair.

The Chair: We now go to Ms. Larouche for two and a half minutes.

Andréanne Larouche: Thank you, Mr. Chair. Two and a half minutes goes quick.

Again, I'd like to thank our witnesses for being with us today.

I listened carefully as you talked about some of the concerns and reservations you had about the bill. Mr. Samulack said it was a bit confusing. Just about everyone identified grey areas. Even you, Ms. Lapointe Tremblay, questioned certain things.

This question is for all of you.

Ultimately, should we consider broadening the scope of Bill C-222, or should we instead pass the bill—which would be a first step—followed by a more comprehensive review of the employment insurance system, one that would cover issues not adequately dealt with in this bill?

• (1740)

Janie Lapointe Tremblay: I'll answer, if I may.

Yes, absolutely. I think broadening the scope of Bill C-222 is inevitable. Numerous studies already show that. In any case, you've seen it yourselves. As I said earlier, access to benefits is incredibly unequal, depending on which province the parent lives in. That's something else to consider. It's extremely important to expand access to the plan.

Andréanne Larouche: It's becoming clear that it's not adequate. We met with witnesses who talked about the Quebec parental insurance plan. They showed us what a difference a longer period of paid leave would have made in the healing process and how it could have prevented worse consequences.

Ms. Kaluski, and Mr. and Mrs. Samulak, in 30 seconds, is there anything you'd like to add?

[English]

Robert Samulack: I would add that perfection is the enemy of good. If you have something on the table that's ready to go forward that will do something, start with that and then you can iteratively make improvements. As long as you have it in mind that there will be iterations.... If you make something and then refuse iterations later on, then it wasn't enough. If you're willing to make iterations, then start with something good.

[Translation]

The Chair: Thank you, Ms. Larouche.

[English]

We're going to end with with four minutes and four minutes.

Ms. Goodridge, you have four minutes.

Laila Goodridge: I want to thank all of the witnesses for sharing and bringing forward some very positive solutions here.

Rachel, I find that your experience, especially being a public servant, is really incredibly useful to this committee. I'm just wondering, with the last bit of time I have, if you have any suggestions as to how you think the public service could do things better for employees, how it could do things better for the public at large and perhaps how it could do things better for supervisors who are trying to navigate this space. Any suggestions you have would be really greatly appreciated.

Rachel Samulack: It's mandatory as a supervisor that we take courses on the Financial Administration Act and that we take courses on all sorts of things. Everyone deals with loss. We will all deal with loss at some point in our lives, so having information provided to the employer and to employees about loss in general would be very helpful, such as how to have an employee return to work from loss.

There was someone at work who also lost a baby, and she was working on a pamphlet, but it shouldn't be something off the corner of the desk of an employee that provides this information to managers and other employees. That's one of the things. We need to make this type of material mandatory as an HR requirement for employers on how to handle employees coming back to work after they've had a loss and how to be a compassionate person. You're a person talking to a person. You're not the government talking to a person. We have to remember that the person we're talking to is also someone who may have dealt with loss in their own life, so just take that into consideration.

The other thing is the training of employees who are on the other end of the receiving line, the CRA, for example, or Service Canada, to make sure that they are sensitive to the needs of parents who are calling in, and then also make that process streamlined. Right now, you have to call them, and you have to send in a death certificate. There must be a way for a coroner to send in a death certificate. I don't know, it just seems weird to me that, as the mom, I went back to work and then had to provide a death certificate. It's weird. It's very awkward. It's also uncomfortable for parents in general. It's not something that I feel is the best use of their time and may be something that stirs up a lot of emotions. Instead of having a birth certificate, I should not be having to send in this death certificate. That's one of the other things.

The third thing, I think, is what you guys are doing right now, which is giving this time and space, because it impacts all Canadians. One in four Canadians lose a pregnancy. This is something that is really important. We have seen this in the past. We've worked with MP Richards on this in the past and, within the last 10 years, we have seen major improvements.

Thank you to all of you for the time that you've put into this study, for talking to witnesses and for hearing these stories. I think that is the most important thing that you can do as a government, make sure that change is happening and that change is happening on the ground now. Thank you.

• (1745)

Laila Goodridge: I want to say that sunshine is the best disinfectant. Most of these things aren't born, or at least in my little rose-coloured-glasses world, out of maliciousness. Most of these failed processes are simply because, frankly, we haven't had enough women sitting at a lot of these tables who have gone through some of these things first-hand. Therefore, they're not necessarily questioning some of these really complicated processes and why they're set up this way. It becomes this space where "it's not my problem; it's someone else's problem," because no one's advocating for it, and by the time you get through that, you don't really want to re-traumatize yourself by trying to fix it. You just move on to the next thing, and that's what a lot of busy moms have to deal with.

Our commitment, from the Conservatives, is that we're going to continue talking about these conversations that are really uncomfortable for a lot of people and bringing up these conversations, because this is not just a small problem that has a small solution. What we've discovered is a much larger problem that has many pieces that are going to need to be put into place to make sure that for most Canadians going through this unbearable pain, the problem gets solved.

I really want to thank every one of you guys.

The Chair: Thank you, Ms. Goodridge.

[Translation]

We now go to Ms. Desrochers for four minutes.

Caroline Desrochers: Thank you, Mr. Chair.

Thank you to the witnesses who are with us today to share their stories and difficult experiences. Thank you as well for the work you do with families and for your advocacy in recent years to find a solution to this important issue.

My first question is for the three of you.

As a supervisor, Ms. Samulack, you've worked with a number of employers, and you hear the stories of the families you help. Once the bill is passed—we are confident that it will be—would it be a good idea to conduct an awareness campaign, to provide training and to create a tool box? What would employers think of that? What should be included?

I know we don't have a lot of time, but could you give us the broad strokes?

Perhaps Ms. Lapointe Tremblay can go first.

Janie Lapointe Tremblay: Yes, employers would of course welcome that. They need it because, as we've pointed out, employers are at a loss and feel ill-equipped. They don't know what to say or do, so it would be helpful to have a tool that tells them what to say and what to do, and explains what perinatal grief is and the effects it can have, such as trouble concentrating. We haven't talked about this, but it's also important to keep in mind. When a parent who has experienced pregnancy or infant loss goes back to work, they're not the same. They are completely different, so it's important for the employer to consider a gradual return to work.

Caroline Desrochers: What do you think, Ms. Kaluski?

[*English*]

Danyelle Kaluski: Yes, I agree with what was being said, as well as with having a tool box that links all of these beautiful organizations that are providing support. In doing my research for this bill, I had no idea that Quebec and Saskatoon had a program. We need a space where families and employers can access everything we are doing, because each province is doing something. There is a way we can create this. Ontario has one program that everyone knows about. It's called PAIL. No other province across Canada has that. It's somewhere people can access the resources they need.

[*Translation*]

Caroline Desrochers: Thank you. That's an excellent suggestion.

[*English*]

Rachel or Robert, do you wish to add anything?

Rachel Samulack: The other thing we need to think about here is that we need to make resources available not just in English and French. Those are our languages in Canada, but there are, as we talked about, new families coming to Canada. For example, in our case, most families who have bilateral renal agenesis come from abroad. They don't know until their baby is born at the hospital and passes away before it's born or just after it's born, because they don't have the same prenatal care in those other countries.

We should make sure that we have things available in other languages and take into consideration that these families that are coming in don't know how to navigate our health care system. We have a hard time and I was born in Canada. We need to make sure we have advocates there who can also take care of those families who are coming in and may not know how to use the system and what supports are available to them.

• (1750)

Caroline Desrochers: Thank you.

I would like to ask my question and you can reply by email, because I don't know how much time there is left.

We talked earlier about how grief, for those who grieve, is not linear. It comes and goes. You think you're okay and then six months later or a year later, something happens. In the implementation of this, what would a program look like concretely? How would we make this more flexible, so that you could come in and out, determine for how long and all of those things? I know there's no time today, but I'd love to hear via email if that's possible.

Thank you.

The Chair: To the witnesses, if you could provide a response to Madame Desrochers' question by email, it would be appreciated. She wanted something comprehensive in order to think about it.

Caroline Desrochers: I'm just looking for some thoughts about...so we can start thinking about what we want.

The Chair: Sure. If you want to respond to the question from Madame Desrochers, you can do it now. We'll begin with—

Caroline Desrochers: Go ahead, Ms. Kaluski.

Danyelle Kaluski: Thank you. That's a very big question because it's an ebb and flow.

The first piece of this is to create less red tape, so that's creating a plan that people can access online so they're not having to retell their story. It's about some way so that the cases are clear. A lot of our clients don't want to be talking to people on the phone. They don't want to have to leave their home. It's about creating a way that makes sense for people, so they can access this in a way that is less stressful and that provides some fluidity for them.

Robert Samulack: I'd like to second that.

If you had that nine-month parental leave and were able to break it up in some way, there could be a benefit to that, but if you're calling in to constantly tell three or four people and the institutions this, it could make matters worse.

I don't know. It's a really cool idea. I just don't know about the implementation of that yet.

The Chair: Go ahead, Ms. Lapointe Tremblay.

[*Translation*]

Janie Lapointe Tremblay: I completely agree. As was mentioned, grief isn't linear, so providing some flexibility is a must. It's also important to humanize the experience, by cutting out a lot of the red tape. It's quite burdensome for parents who have little energy to give as it is. That, too, is a must.

[*English*]

The Chair: Thank you.

Briefly, Ms. Samulack, do you have anything to add?

Rachel Samulack: I will reiterate that it's about reducing the red tape. As I mentioned with respect to the death certificate, it's about making it a seamless system for parents, instead of them having to navigate different websites and organizations. Putting it all in one portal, I think, would make it much easier.

The Chair: Thank you.

Thank you to the witnesses for their compelling, heartfelt testimony today.

Committee members, stay here for a moment. I have two administrative items I need to deal with.

Witnesses, you can log out, as you choose.

Committee members, I should have raised this earlier. When the motion for this study was adopted, the clerk prepared for this the budget. Given that we have heard difficult testimony over the course of this study and that it may have been challenging for some to give this testimony—this is for witnesses, as well—are colleagues amenable to allowing the witnesses who appeared to access mental health supports, as well as members of the committee staff? As you can see, we had to replace some. This was in the budget.

With that, I would need the following motion adopted:

That, in relation to the study on Bill C-222, An Act to amend the Employment Insurance Act and the Canada Labour Code (death of a child), the committee offer mental health support to the witnesses, and that the clerk be authorized to make the necessary arrangements, if requested.

Do we have agreement?

• (1755)

Laila Goodridge: I have one question.

I think this is a great idea. When we are embarking on a study that is clearly about dead children, this should be a conversation we have at the outset. Can the clerks and analysts make a note for the next time we deal with something like this? It is a conversation that should very clearly be at the front end, so people have trauma-informed practices. I believe it would be a much better space. In the same way, I believe that an opening statement at these committee meetings, when we are studying something so traumatic, should have a trauma warning, because it might be something people would just tune out if they knew.

I would ask to have those pieces for next time. Thank you.

The Chair: Is it the will of the committee to adopt the motion and notify, for those who wish, that services will be available? Do I have consensus?

Some hon. members: Agreed.

The Chair: I have one final item dealing with clause-by-clause consideration.

Before we adjourn today's meeting, I was wondering if committee members wanted to set a date for clause-by-clause consideration of this bill. I propose April 13 for the clause-by-clause consideration and that all amendments to the bill be sent in by noon on Thursday, April 9, 2026.

Time is of the essence. We've been hearing that clearly. Is it the will of the committee to adopt those dates for amendments?

Some hon. members: Agreed.

The Chair: We have agreement of the committee members that April 13 will be the committee meeting for clause-by-clause, meaning that April 9, at noon, will be the timeline for any amendments to be proposed.

With that, thank you so much, committee members.

Ms. Goodridge, you were right. This was a very sensitive meeting and difficult for some. Thank you.

Is it the will of the committee to adjourn?

Some hon. members: Agreed.

The Chair: The meeting is adjourned.

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