

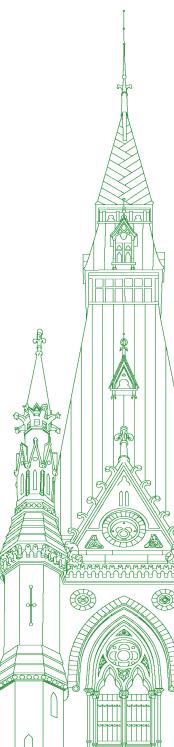
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Standing Committee on Foreign Affairs and International Development

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Chair: Mr. Ali Ehsassi

Standing Committee on Foreign Affairs and International Development

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• (1105)

[English]

The Chair (Mr. Ali Ehsassi (Willowdale, Lib.)): I call the meeting to order.

Welcome to meeting number 54 of the Standing Committee on Foreign Affairs and International Development.

Today's meeting is taking place in a hybrid format, pursuant to the House order of June 23, 2022. Members are attending in person in the room as well as remotely through the Zoom application.

I would like to make a few comments for the benefit of the members and the witnesses.

Please wait until I recognize you by name before you speak. For those participating by video conference, click on the microphone icon to activate your mike. Please mute yourself when you are not speaking.

Interpretation for those on Zoom is at the bottom of your screen. You have a choice of floor, English or French. For those in the room, you can use the earpiece and select the desired channel.

As a reminder, all comments should be addressed through the chair.

In accordance with our routine motion, I have been informed by the clerk that all witnesses have completed the required connection tests in advance of the meeting.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on Monday, June 20, 2022, the committee resumes its study of the sexual and reproductive health and rights of women globally.

It's a great pleasure to have with us today two witnesses for the first panel.

From Equality Fund, we have Ms. Beth Woroniuk, who is the vice-president of policy. We also have Ms. Lesia Vasylenko joining us, a member of parliament in Ukraine.

You will each be provided five minutes for your opening remarks, after which there will be questions from the members. I will signal you when you have only 30 seconds remaining as an indicator to please wrap up your comments. This applies not only to your opening remarks but also to when members are asking you questions. Please try to look at me every once in a while so that I can let you know how much time you have remaining.

On that note, we are very grateful that Ms. Woroniuk is here in person.

You will start off with five minutes. The floor is yours.

Ms. Beth Woroniuk (Vice-President, Policy, Equality Fund): Thank you, Mr. Chair and honourable members.

In the mid-1980s, I was living in Nicaragua. Abortion was illegal, and I was often told that it was not an issue, as Nicaraguans loved children, yet a much-needed public debate erupted when researchers went to the local papers with the news that, on average, at least 10 women were admitted to hospital every day with health complications from botched abortions. This was clear evidence all those years ago that restrictions do not stop abortions from happening but instead increase unsafe abortions.

I'm grateful to the committee for the opportunity to appear today. I represent the Equality Fund, a Canadian-based women's fund that supports women's rights organizations and feminist funds in the global south and east. At present, Equality Fund resources are flowing to over 300 women's rights organizations and LGBTQI groups in about 85 countries.

In my brief time I will comment on global trends, provide examples of how activists work on SRHR issues—sexual and reproductive health and rights issues—and end with a short note on Canada's role.

I will not repeat the important data witnesses have shared, but I will highlight that while there have been important gains, primarily in Latin America, overall there are grave concerns regarding attempts to roll back progress. We are seeing well-funded and organized attacks on advocates and coordinated efforts to limit and restrict comprehensive sexuality education and abortion rights. This is often referred to as the "anti-gender" movement, and it is intimately linked to efforts to restrict LGBTQI rights and generally roll back advances on women's rights.

Women's rights organizations are attempting to hold the line in the face of these attacks. Here are examples drawn from the list of organizations the Equality Fund has the privilege to support. First, women's rights organizations actually deliver SRHR services free or at a reduced cost. The Marsa Sexual Health Centre in Lebanon provides confidential and anonymous services, including testing for HIV and sexually transmitted diseases. Services are provided in a friendly environment free of stigma and discrimination. A Cameroonian organization provides psychosocial support, vocational training and temporary housing to girls fleeing early and forced marriage.

Second, organizations advocate promotion and protection of the sexual and reproductive rights of women and young people. This involves dialogue with both local and national authorities. For example, the Sarajevo Open Centre publishes regular reports on the state of human rights of women in Bosnia and Herzegovina that include extensive discussion and evidence on SRHR issues.

Third, women's rights organizations work to counter misinformation. In Asia, an organization operates a hotline to ensure that people have accurate information and advice. Others are working in innovative ways in digital spaces to get clear and understandable information to those seeking it.

Fourth, women's rights activists work at the community level and engage in discussions on social attitudes and practices. The Balance group in Mexico has produced a graphic novel. In Nepal, Hamro Palo works with schoolgirls in remote areas to reverse persistent taboos around menstruation.

This brings me to Canada's role.

Canada's unwavering support for sexual and reproductive rights is an integral part of supporting the rights of women, girls and gender-diverse people. It is important that Canada speak out clearly and consistently in global forums and bilateral discussions and as we formulate and implement all elements of our foreign policy. Leadership and joining with allies are essential.

In conclusion, these are our recommendations:

First, continue and expand support to women's rights organizations. Despite the essential role these organizations play, they are dramatically underfunded. According to the latest OECD DAC figures, overall development-assisted funding to women's rights organizations has actually decreased.

Second, release the long-promised feminist foreign policy. SRHR is core to gender justice. A clear document that outlines Canada's coherent, rights-based approach to feminist foreign policy will ensure that our diplomats and aid workers have clear guidelines for their work.

Third, ensure that SRHR is a core programming area in Canada's responses to crises. The government is currently developing Canada's third national action plan on women, peace and security and updating the gender-responsive humanitarian assistance policy. Resources for SRHR, especially the neglected areas, should be key elements in these two plans.

Fourth, make clear and consistent progress on SRHR funding commitments, especially in funding for the neglected areas outlined by previous witnesses, and ensure clear and regular public reporting on spending and impacts.

• (1110)

Fifth, and finally, continue to be a strong global advocate on SRHR in particular and the rights of women, girls and LGBTQI people in general. As United Nations Secretary-General Guterres said last year, "We are seeing a pushback on women's rights; we must push back on the pushback." In this push-back against the push-back, Canada's leadership and investments are essential.

Thank you. I look forward to your questions.

The Chair: Thank you very much, Ms. Woroniuk.

I've been advised by the clerk that we're having some technical problems with our second witness. If it's okay with everyone, we'll proceed with questioning. Then, when the second witness connects, we'll have her do her opening remarks.

Go ahead, Mr. Genuis.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): How significant are the technical problems?

The Chair: She's trying to connect. We've been in touch with her, but she has yet to actually connect.

• (1115)

Ms. Rachel Bendayan (Outremont, Lib.): Mr. Chair, given that the witness is coming from Ukraine, we should indulge this process for a few moments so that she can connect under very difficult circumstances.

A voice: Do you want to suspend?

The Chair: Go ahead, Mr. Bergeron.

[Translation]

Mr. Stéphane Bergeron (Montarville, BQ): Mr. Chair, weren't the tests done already?

[English]

The Chair: No, they didn't, because she wasn't connected. They did an initial test. Subsequently, she said she would be back, but she isn't. She's trying to connect. They did the test initially.

Can we proceed with questions? Is everyone okay with that?

Mr. Garnett Genuis: Mr. Chair, we had some specific questions for the witness from Ukraine.

The Chair: Hopefully, she will be joining us.

Mr. Garnett Genuis: Do we want to mix up the order a bit? I'm happy to switch the order around, because we would like to ask her questions.

The Chair: Sure.

First, from your side, I have Mrs. Kramp-

Mr. Garnett Genuis: What I mean is that I'm happy for the government side to take the first round of questions, if they have questions for this witness. We have specific questions prepared that we want to ask the Ukrainian MP.

The Chair: The same goes for all of us.

Mr. Garnett Genuis: I know, but if people are comfortable with altering the order of questions, and if they have—

Ms. Rachel Bendayan: No.

The Chair: Okay. Mrs. Kramp-Neuman, you have six minutes.

Mrs. Shelby Kramp-Neuman (Hastings—Lennox and Addington, CPC): If I may, I believe we're seeking to suspend for a little while, in order to give her some time and to see whether she can join us.

The Chair: We have a very tight schedule today already. We have only 45 minutes for this panel, to be followed by another panel. I think we should make the most of the time we have. Also, out of respect for the witness who has appeared—

Yes, go ahead.

Hon. Robert Oliphant (Don Valley West, Lib.): Could I suggest we do a rapid round with this witness, then do a rapid round with the second witness, and try that?

The Chair: What we were thinking of doing is starting questions. As soon as the Ukrainian witness is available, we will go to her. Whatever time remains, it will—

Hon. Robert Oliphant: I'm suggesting three minutes for each of the four parties.

The Chair: Absolutely.

Hon. Robert Oliphant: Mr. Chong is not here, so he won't argue with me about them getting too much time.

The Chair: Okay, it's three minutes each.

Hon. Robert Oliphant: Then if we need to suspend, we'll suspend

The Chair: Mrs. Kramp-Neuman, you have three minutes.

Mrs. Shelby Kramp-Neuman: I'll pass my time to Garnett Genuis.

Thank you.

The Chair: Mr. Genuis, you have three minutes.

Mr. Garnett Genuis: Thank you, Mr. Chair. Thank you to the witness for being here.

I want to start with the Muskoka initiative. That was the maternal and child health initiative put forward by the previous Conservative government. I guess, in my own view, it was very successful. We had significant buy-in from countries around the world on basic health support for women and girls. It was done on a consensual basis and it was tied to real tracking of results and measurements of accountability. I think it was widely praised and recognized as a model.

I wonder whether you could share some reflections on the Muskoka initiative, its impact and what we can learn from it.

Ms. Beth Woroniuk: Thank you for that question.

Indeed, the Muskoka initiative was an important step forward. I think there was significant mobilization of global resources to address maternal health. One of the challenges, moving forward, was that it was rather narrow in its approach, in terms of bringing a comprehensive approach to sexual reproductive health and rights and of addressing the full range of issues.

We know women's maternal health indicators are not just addressed by the provision of health clinics and health services. We see real progress when there is movement on a broad range of SRHR issues.

Mr. Garnett Genuis: From what I understand and recall, the initiative was extremely broad. It didn't contain, maybe, the narrow focus on certain issues that some parties were pushing for, but it covered maternal and child health. It covered nutrition. It covered access to vaccinations. It covered access to vitamins and other forms of food.

From my perspective, maybe it didn't do everything—no development initiative does everything—but it really put the spotlight on the health of women and girls. We've seen some different language around some of those issues from the government in terms of the branding. It was something that was started by a Conservative government, emphasizing the importance of the health of women and girls as part of international development. I see it as being broad.

Can you maybe clarify your comments in terms of your describing it as "narrow"? I don't think that's quite fair. What do you precisely mean by that?

• (1120)

The Chair: You have 20 seconds.

Thank you.

Ms. Beth Woroniuk: Partly it's that in order for women to make choices about the number of pregnancies, the timing of pregnancies and how they access health services, you also have to look at broad initiatives around gender equality and the rights of women and girls within society so that they can access those—

Mr. Garnett Genuis: I think it included that, though, right? Our international development included a very broad range of initiatives around women's participation and empowerment, as well as access to health. I know that there's sort of a—

The Chair: Mr. Genius, you're out of time.

Next we go to Dr. Fry. Dr. Fry, you have three minutes.

Hon. Hedy Fry (Vancouver Centre, Lib.): Thank you, Mr. Chair.

I want to correct the record here. Actually, the Muskoka initiative fell very short of the comprehensive things that we are talking about. It did not originally have contraception involved in it, and it absolutely banned access to safe abortion. Let's get that clear on the record.

I want to ask the witness a very important question.

I am blown away by your data that five women every day suffer from the morbidity and mortality effects of unsafe abortion. That's what we're talking about. I am blown away by that. Can you tell me what it's like in the rest of Latin America? What's the access like in the rest of Latin America?

Ms. Beth Woroniuk: The access to safe abortion varies across Latin America. Initially, Latin America was one of the most conservative regions in the world. What we've seen recently are changes in legislation, primarily as a result of activism on the part of very brave feminists who have mobilized and carried out discussions with parliamentarians and with their communities. We are gradually seeing more and more countries opening up and seriously addressing access to safe abortion and post-abortion care.

Hon. Hedy Fry: Thank you very much.

One of the things that I'd like you to comment on is the concept of sexual and reproductive health and rights. It's a spectrum of services; it's not one service.

What is the status of education in Latin America for adolescent youth so that they can make choices about contraception and their need to be sexually active or not? What is the status of the contraception that is available? If an abortion is desired, is oral medication available to help with abortion, or do they have to actually go to a hospital or a safe place to have it done?

Ms. Beth Woroniuk: There are very many differences across different countries. The organizations that we support often work with young girls and with marginalized communities to try to have discussions and improve education and access.

If you're looking for specific statistics on specific countries in terms of contraception availability, that's something that UNFPA is better able to provide, but we can help the committee access that data if it's of interest.

Hon. Hedy Fry: It would be very important for us to have access to that data. I think it's really important. It's at the core. If you're not going to be providing safe abortion—

The Chair: Dr. Fry, I'm afraid you're out of time.

Hon. Hedy Fry: Thank you, Chair.

The Chair: I'm terribly sorry about that.

We next go to Madam Larouche.

[Translation]

You have the floor for three minutes.

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

Thank you, Ms. Woroniuk, for your testimony today.

I was struck by one thing you said. You talked about freeing feminist policy. I would therefore like to hear more from you on that subject, knowing that Canada adopted a feminist international policy in 2017.

In your opinion, how would you describe a feminist international policy? By those standards, do you think Canada meets that definition?

[English]

Ms. Beth Woroniuk: Thank you for that question.

Absolutely, and in 2017 the Government of Canada adopted the feminist international assistance policy, which many people applauded. We certainly were among those applauding. It set out new guidance on how Canada's development assistance would be directed.

We also have been told that Canada has a feminist approach to its entire foreign policy, but we have no written document. We have no policy guidance that sets out the entire feminist approach to foreign policy. There have been several drafts of it developed, but we're still waiting on its release. It's a very important document, because it would set out feminist policy guidance not just for international development, but for trade, immigration, diplomacy and how consulate affairs work.

Without that document, diplomats and aid workers are often not aware of what their responsibilities are, and we're also not clear globally. Most recently, we've seen Germany adopt a feminist foreign policy with a clear guidance that outlines principles. There's no corresponding document from Canada, so even around the world there are many questions on what Canada's feminist foreign policy involves.

• (1125)

[Translation]

Ms. Andréanne Larouche: That's good, but we see that we still need to take stock. However, it is necessary to clearly define what the feminist policy is to give it a direction.

I would now like to talk about subsidies.

What can be done? How can we proceed to make sure the Equality Fund's subsidy approach attracts programs coming from local stakeholders, and that they are relevant from the point of view of women's health and their sexual and reproductive rights?

Among the recommendations you mentioned, there's the one on freeing feminist policy and investing in a more targeted way. As for subsidies, what else could be done?

[English]

Ms. Beth Woroniuk: Thank you for that.

I think what we've seen with the recent accountability report on health and SRHR spending is a good step forward. We now have codes within Global Affairs to track spending. I think public accountability on what is being invested, and where, is important. I think it's also very important that the targets that have been set by the government are met. We need to see what kinds of initiatives are in the pipeline and what's being considered at Global Affairs. We need to see what some of the discussions are about.

Throughout all of that, it's really important to have a good discussion with civil society organizations on what kinds of recommendations are there for the way forward.

The Chair: We next go to Madam McPherson. You have three minutes.

Ms. Heather McPherson (Edmonton Strathcona, NDP): Thank you, Mr. Chair.

Thank you very much, Ms. Woroniuk, for being here. I look at you and think of you as obviously one of the pre-eminent specialists on SRHR in this country. Thank you for your work. You have literally saved women's lives by the work you've done.

I'd like to talk a bit about the feminist foreign policy that has not been provided.

As we see increased conflict around the world, you spoke about how a feminist foreign policy would advise with regard to diplomacy and trade and those relationships. I'd like you to talk about how a feminist foreign policy would inform our decisions on peace and conflict and on security building. In looking at Ukraine and what we're seeing with women in Ukraine at the moment, how would that help?

Ms. Beth Woroniuk: Thank you for the question.

In the year 2000, the United Nations Security Council adopted a resolution on women, peace and security. This was absolutely pathbreaking, because it acknowledged for the first time the interrelationship of the security of states with women's security.

We actually have research now that shows that one of the main predictors of whether a country will go to war with its neighbours is the status of women inside that country, so I think what a feminist foreign policy offers us is this opportunity to rethink what security means, and it gives us a chance to bring some of the insights of alternative approaches to peace and security into how we tackle some of the really pressing issues of our time.

Sometimes people say that a feminist foreign policy sounds very abstract or esoteric; I think it's really practical. I think it offers us guidance on how we can move forward on building more peaceful, more sustainable, more prosperous societies.

Ms. Heather McPherson: Thank you.

One of the things that you talked about, and we've heard this many times, is that we need increased sustainable, predictable funding, not these ups and downs and non-transparent funding.

Would it be beneficial to have SRHR funding be legislated into law to be a set priority of this government legally? Would that help?

• (1130)

Ms. Beth Woroniuk: I think legislation is absolutely important in terms of setting targets and meeting targets. I think it also needs to be accompanied by a broader understanding within Global Affairs Canada of what this programming is and why it's important. I think there's also public accountability, so that we have clear reporting on the actual spending, just like we've seen with other legislative requirements. They are absolutely essential, but they are not enough by themselves to move the needle forward.

Ms. Heather McPherson: Thank you very much.

I believe I'm out of time.

The Chair: You're five seconds short, but thank you for asking.

Ms. Heather McPherson: Yes, I'm out of time.

The Chair: Thank you for that. I'm very grateful.

Members, I regret to inform everyone....

There might be a new development. I hear she is connecting, so she should hopefully be with us momentarily.

Ms. Lesia Vasylenko (Member of Parliament, Parliament of Ukraine (Verkhovna Rada)): Hello. Hi.

The Chair: Hello, Ms. Vasylenko. Thank you ever so much for joining us. I understand you were experiencing some problems. We apologize for that.

We have heard from the first witness, so now we turn to you. You have five minutes for your opening remarks, after which we will go to members for questions.

The floor is yours. Please proceed.

Ms. Lesia Vasylenko: Thank you, Mr. Ehsassi.

Thank you, members of the committee, for hosting me. I am very happy to finally be able to serve as a witness for your committee, although it's on a topic I would much rather not have to talk about. Like many Ukrainians, I am now bound by a duty to speak the solemn truth of what is actually going on in our country.

Unfortunately, when it comes to sexual and reproductive health and the rights of women—which is the topic of this panel and the session you are hosting—there are many sad and very disturbing developments we must report from Ukraine. Over the past year, Russia's aggression against Ukraine has escalated to absolutely unthinkable measures. Everything that could be used as a weapon has been used against the Ukrainian people, including sexual violence.

Ukraine, unfortunately, has not been an exception to the rule, but rather a very sad continuation of the systematic use of various sexual crimes—rape included—and torture, assault and harassment that essentially amount to using sexual violence as a weapon of war. Russian soldiers and the Russian military have not been an exception in this.

When the Kyiv region was under occupation by Russian soldiers, we heard reports, as early as March of last year, that commands were given to military units to spare no civilians and intimidate the civilian population in all ways possible. This is why rape was endorsed and why you have accounts in the news—and probably in sessions like this, when you are talking to the Ukrainian population—of absolutely horrific stories. Women and young girls were kept captive, sometimes in the basements of their own homes, where they were subjected to hearing the conversations of the soldiers holding them hostage; they would be rape victims and would need to choose, from among themselves, who would be raped that night.

These horrific stories can be retold en masse at the moment, because there are 171 open investigations of rape and sexual violence against Ukrainian women committed by Russian soldiers in Ukraine. This number keeps growing. Several months ago, if I were to be reporting at a similar session, I would have put the number at 154 cases, but more women and more girls have been coming forward.

In Ukraine, we step away from calling them "victims"; we call them "survivors". Today, the Government of Ukraine has endorsed many programs to help these survivors. These are headed by the first lady of Ukraine, Olena Zelenska. With the help of international donors through the programs of the special UN representative on sexual violence in conflict, almost every region has set up a whole network of survivor assistance centres, where women and girls—and males as well—can come forward to seek support and assistance. These are across the whole of Ukraine.

These survivor centres report many more cases than the 171 investigations open with the prosecutor general. The reason is that the culture in Ukraine is such that, essentially, being a survivor of sexual violence or rape is still very much stigmatized in society. It's not necessarily something you want to come forward with or be marked with for the rest of your own life and, most importantly, the lives of your children and families.

• (1135)

There is much work being done today by NGOs. There is much work being done today by women who survived torture and sexual violence back in 2014 and 2015, when Russia's aggression against Ukraine first started. They themselves have gone through a painful process of recovery, but they themselves can today provide a form of peer support to the survivors of these crimes that were committed and that are being committed throughout these last 12 months of this ongoing Russian aggression.

The worst situations are, of course, witnessed in the territories that are under effective Russian control, under Russian occupation. I am from Kyiv. When the northern parts of the Kyiv region were liberated from the Russians on April 1 and it was possible to go in there to speak to the population there, of course many stories were uncovered. The problem, as I have emphasized, is that it's one thing for people to come to you to share their stories or hearsay evidence, such as what they heard their neighbours say or what they heard families may have encountered or suffered in the next regions or in the next street; it's another thing to have these people come and give evidence that can be properly documented by prosecutors and

be put in the format of a legal case that could open investigations and bring justice to the perpetrators.

I think that in Ukraine, the biggest challenge today is building this bridge.

The Chair: Ms. Vasylenko, you're considerably over the allotted time. Can we open it up to questions? Perhaps the other issues you want to cover will emerge as the members ask you questions. Is that okay?

Ms. Lesia Vasylenko: Of course. I agree completely, yes.

The Chair: Thank you, Ms. Vasylenko.

We now go to questions from the members.

We'll first go to MP Wagantall for three minutes.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you very much, Mr. Chair.

I appreciate so much, Ms. Vasylenko, your testimony this morning. I had the privilege of being in Ukraine, in Kyiv, in 2017, and of visiting the hospital there and those who had come back wounded. Twenty of our emergency doctors were there working with them. It means a lot to me, also, that Canada is doing its part in Ukraine, as I too have that background in my family.

I understand, then, that basically since 2014, for nine years, Ukraine has been dealing specifically with the war with Russia and with rape being used as a weapon of war. In the House of Commons, it was brought to our attention as well by a member that in Ukraine, women who are expecting a child and are carrying it to term are also targets of this war among the Russian people who are attacking them because of, I guess, the level of fear that it would put into people as well.

Do you feel that there are things we should be doing to assist you? I know that you are an advocate for health care and that you're a member of the health committee. How could Canada do more to assist in those circumstances?

● (1140)

Ms. Lesia Vasylenko: May I answer?

Mrs. Cathay Wagantall: Yes, please.

The Chair: Of course, Ms. Vasylenko.

Ms. Lesia Vasylenko: I'm actually a member of the environmental committee. I deal a lot with sustainable development. Of course, in this context, women's and girls' rights make up a large part of my work. Essentially, I think that over the last year, all Ukrainian parliamentarians have started doing whatever they can, as all the Ukrainian people have started doing whatever they can, to keep the nation alive. I think that the point you bring forward is very important because, yes, women carrying a child are a target. There have been bombings of the maternity wards. For me personally, this was the moment that shook me up the most over the last year, especially at the onset of this escalation of this invasion, when the Mariupol maternity ward was bombed. Then there were other cases in Zhytomyr, which is a city just west of Kyiv, some 200 kilometres from Kyiv, where a maternity ward was bombed again. We had many cases of maternity wards being bombed, being targeted by Russian missiles, throughout this year, which brings us to the conclusion that the tactic Russia is espousing against Ukraine and against Ukrainians is one of a genocidal nature.

We are very much aware, and we are grateful to Canada, to your Parliament, for passing the relevant acts and resolutions recognizing that Russia is essentially committing a genocide against the Ukrainian people. We would urge your assistance with spreading this idea and the understanding of what Russia's tactics and strategies are across other parliaments, across the globe. I think this is very much needed, especially in our international duty under the—

Hon. Robert Oliphant: Mr. Chair, on a point of order, I'm having trouble hearing the witness. If Mr. Bergeron needs to suspend the meeting, it would be helpful, but we couldn't hear the witness, so I'd like that time to be extended because I was trying with one ear closed to listen, but I wasn't able to hear.

We need to either suspend the meeting to solve the problem or at least extend some time to the witness.

The Chair: I'm sorry about that. We will give you an additional 25 seconds to make up for that.

[Translation]

Mr. Stéphane Bergeron: I raise a point of order, Mr. Chair.

[English]

The Chair: Go ahead, Mr. Bergeron.

[Translation]

Mr. Stéphane Bergeron: I think there's a misunderstanding right now, and I'd like us to clarify it.

We had a connection issue with the second witness. To solve the problem, we collectively agreed to grant the first witness three minutes to speak.

According to our understanding, the first round was divided in two. So, six minutes divided by two would normally be the equivalent of three minutes for the first witness and three minutes for the second. There would then be a second round.

However, you decided that this second round with the second witness was the second round. I don't see why the second witness would have less speaking time than the first to answer questions.

With all due respect, Mr. Chair, I consider this our first round, which we divided in two, meaning three minutes for the first witness and three minutes for the second. That was my understanding of things. Obviously, it was not yours.

I will defer to my colleagues. I hope my interpretation is correct and that this is still the first round, divided in two.

[English]

Hon. Robert Oliphant: Mr. Chair, on that point of order, I would suggest that we do three, three, three and three minutes with the first witness. We would do the three, three, three and three with the second witness, and then we would go to the second round as we would normally and have both witnesses. That was my understanding.

(1145)

Mr. Stéphane Bergeron: It was mine too.

The Chair: Is everyone okay with that?

Mr. Garnett Genuis: That was my understanding as well. Hopefully we can have a little bit more than 20 seconds, because we lost a good chunk of our three minutes because of the interruption.

The Chair: Would 30 seconds—

Mr. Garnett Genuis: No. Maybe it could be a minute and a half. You guys were talking loudly.

The Chair: It wasn't me. It was Mr. Bergeron

Mr. Garnett Genuis: How about a minute and a half?

Ms. Rachel Bendayan: It's all on the record, which still contains the entirety of the testimony.

The Chair: Yes.

Hon. Robert Oliphant: On that then, further on the point of order, my fear is that we're going to get a squeeze today.

The Chair: We will, absolutely, for the second panel.

Hon. Robert Oliphant: I just think we need to understand that today's meeting will be on the witnesses primarily. If we get some time to go in camera for instructions, we will, but we may not finish instructions today or we may not get to them, because we have witnesses here who I think we should honour and question. We may need to postpone the drafting instructions, which I know is problematic—

The Chair: We're going to try to avoid that, Mr. Oliphant. Obviously adding all this time has a cascading effect, and we're considerably behind already because of technical problems and then the way we reconfigured this.

We'll give you 45 seconds, Mr. Genuis.

Hon. Robert Oliphant: Mr. Chair, can you just check for a consensus that we will finish the first hour and then go to the second hour, and that we will try to honour the witnesses and then have any questions if we have time.

The Chair: Yes, as we're currently proceeding, I think we're going to be about 20 minutes behind schedule.

Ms. Cathay Wagantall: I'll pass my time to Shelby.

Mrs. Shelby Kramp-Neuman: Thank you.

Thank you, Madam Vasylenko, for your testimony.

Aside from this committee, I also sit on the national defence committee. As you can certainly imagine, Russia's illegal invasion of Ukraine has caused great concern, and there is obviously a dovetail between national defence, foreign affairs and the health and well-being of women in the conflict area.

This has been exacerbated by the ICC's recent arrest warrants for Vladimir Putin and Ms. Lvova-Belova. Could you possibly share your thoughts on this? In addition, what can Canada do to help women and children—in your words, the survivors in Ukraine?

Thank you.

Ms. Lesia Vasylenko: Thank you for the question.

First of all, again, thank you to Canada for supporting with generous contributions the work of the ICC and the prosecutor's office there to work on the crimes of sexual violence committed by Russian soldiers in Ukraine.

Having said that, turning to your question about the arrest warrants for Putin and Ms. Lvova-Belova, I think it's a historic, ground-breaking decision and one long awaited. It's a shame that so many violations of international law and so many war crimes and crimes against humanity were committed before such arrest warrants were issued.

Now I think our concern needs to be on how these warrants will be executed and whether they will be executed. The 123 countries that are signatories to the Rome Statute should abide by the rules and execute these arrest warrants should Putin and Ms. Lvova-Belova step foot on the territories of these countries, but at the same time, we have many past examples of arrest warrants being issued against political leaders but not being executed.

I think it's a matter of principle for the whole of the international community, all of the signatories of the ICC, to be on the same page and with the same understanding that there must be not just the formal issuance of an arrest warrant but that there must be an execution. It's the next step towards which we must work, because the criminals must bear full responsibility for their crimes.

The Chair: Thank you.

Next we go to Ms. Bendayan. You have three minutes.

Ms. Rachel Bendayan: Thank you, Mr. Chair.

Thank you, Ms. Vasylenko, for your testimony here today, and of course for the incredible strength and resilience you and your people are showing.

I too had a question about the ICC, but thank you for recognizing Canada's leadership and for delving already into that issue.

Perhaps, then, I will ask you to elaborate a bit more about the use of rape, torture and assault, as you described them, and sexual violence being used as a weapon of war by Russia. In particular, can you elaborate a little on the information you provided earlier on orders—as you put it, "commands"—being given to Russia soldiers to intimidate civilians through rape and sexual assault?

(1150)

Ms. Lesia Vasylenko: Thank you.

It's actually one of the most difficult topics I have to comment on when speaking about what is going on on the ground in Ukraine.

Just to give you an understanding of the victims, they are aged anywhere from four years old to 80 years old. There is no discrimination between young or old or social status. Basically, the idea of rape, in the case of the Russian army against the Ukrainian people, is not to gain sexual pleasure but to intimidate the population, to inflict fear on the population and to demoralize the civilian population in their resilience and in their resistance.

I think the main thing the Russian army saw when they came to Ukraine was that Kyiv would not fall within three hours or three days and that actually the population was standing strong behind the army, behind the Ukrainian military. This is where the idea comes from that there needs to be a demoralizing factor towards the people.

The numbers that you also have to look at are those of the prisoners of war. The prisoners of war are not just the military; they are also the civilians. Among these civilians, the majority of them are actually women, because it's the women who are continuing to serve their communities as social workers, as doctors, as street cleaners. It's these women who fall prey to the Russian soldiers because, again, the Russians need to take them out of the equation so that society falls and does not function properly. This is the general idea

I have just a final point, if I may, on the orders, as you have asked.

What we know from hearsay from the local people in the Kyiv region is that when the first elite units were coming down on the 24th of February in Gostomel, Bucha and Irpin and it was realized that they would not be able to take Kyiv, they were pulled out from the area, but they told the civilian population, "If you have the chance, leave now, because the next units who are going to be coming in are not elite units, and they have clear orders to do whatever they want with the looting, with the torture, with the killing, with the rape."

This was a warning given by some of the elite units of Russia to the people of Ukraine to leave their homes, because the next ones would be coming in just to destroy and to exterminate everything living in these areas.

Ms. Rachel Bendayan: Very quickly— The Chair: I'm afraid you're out of time.

We next go to Mr. Bergeron for three minutes.

Mr. Stéphane Bergeron: It was going to be Madame Larouche.

The Chair: Go ahead, Madame Larouche.

[Translation]

Ms. Andréanne Larouche: Thank you very much, Mr. Chair.

Ms. Vasylenko, I attended the Assembly of the Inter-Parliamentary Union, the UIP, last week in Bahrain. Your delegation from Ukraine tabled a motion requesting an emergency debate on the situation of women in various conflict zones, namely in Ukraine.

Could you tell us more about the motion requesting an emergency debate?

What do you expect of parliamentarians, specifically those from Canada, after the emergency debate at the Assembly of the Inter-Parliamentary Union last week?

Ms. Lesia Vasylenko: Thank you, Ms. Larouche. It was a pleasure to see you again at the UIP Assembly last week. I'm grateful for your ongoing efforts and those of Canada's delegation to support Ukraine, especially when it comes to supporting motions for holding emergency debates.

The goal of the motion, which passed, was to hold an emergency debate on humanitarian crises throughout the entire world. It included the humanitarian crisis caused by Russian aggression against Ukraine, which caused a great deal of suffering, especially for women and children.

Today, the central issue which must be solved as quickly as possible is the illegal deportation of Ukrainian children into Russian territory. That's another aspect of the genocide Russia is committing against Ukraine. There has to be a united international effort to stop this type of atrocious crime. We all have to work together so that Ukrainian children return to Ukraine as quickly as possible. As for how to proceed, it would require a much longer debate. The subject merits much broader discussion, because the problem doesn't have an immediate solution. The Russians don't want representatives from other countries or even major humanitarian organizations on their territory, so we don't even know what kind of conditions these Ukrainian children are finding themselves in.

What we do know is that the Russian government has programs, supported by Maria Lvova-Belova, to have Ukrainian children adopted as quickly as possible into Russian families and eradicate their Ukrainian roots: their language, their culture, their traditions; in short, everything Ukrainian about them. That tactic has been used before, mostly by the Nazi regime in Germany, during World War II. It's happening again in 21st century Europe, right in the middle of the civilized world. This is not normal by any means. We must further unify our efforts and hold more discussions at the Inter-Parliamentary Union, but also within international communities

and with international humanitarian organizations to determine what we can actually do to stop these crimes.

• (1155)

Ms. Andréanne Larouche: You were talking about the orphanages. I just wanted to greet you; it was a pleasure to see you again, Ms. Vasylenko.

[English]

The Chair: I'm sorry. You're out of time.

We now go to Ms. McPherson for the last three minutes.

Ms. Heather McPherson: Thank you, Mr. Chair.

Thank you very much for your testimony. This is, of course, very hard to hear. I have to say that I think Ukrainian women are heroes, not just for what they are doing but for how they are leading in their country. Thank you for being one of those heroes.

What I'm interested in knowing is how we can help Ukraine in the long term as well. We've talked about some of the things that need to be done in the short term. We've talked about how we need to support women. I was in Irpin just two weeks ago, and I saw exactly how the Russian army had targeted the civilian infrastructure and had clearly targeted civilians.

How can Canada help Ukraine? How can Canada help Ukrainian women in the long term recover from this and thrive going forward?

Ms. Lesia Vasylenko: Thank you, Ms. McPherson, for the question.

I think what you saw in Irpin is just the tip of the iceberg of what is yet to be seen after Mariupol is liberated, Melitopol is liberated, and Donetsk and Luhansk, which have been under occupation for nine years going on 10, are liberated.

There is a lot of work to be done to rebuild, reconstruct and recover. I think what Canada can do is continue to be the leader in finding recovery mechanisms for Ukraine. Today, I personally use the example of Canada when I prompt other governments to pass legislation on the ability to use Russia's confiscated assets for recovery projects in Ukraine. I urge Canadian parliamentarians and governments alike to speak to countries, especially the U.S., the U.K. and Switzerland, the ones where Russian assets are located at the moment, because that money is real money that can be used already to help Ukraine rebuild and recover.

How do we rebuild and recover? Women play principal roles here. The small and medium-sized businesses that keep communities going and give jobs to the simple people on the ground are largely run by women in Ukraine.

The other point I would like to reiterate is that you have to understand that this escalation over the last year has caused a massive migration of people. We have eight million internally displaced and seven million externally displaced Ukrainians. The majority of them, again, are women and children, especially those Ukrainians who go abroad. Helping them reconnect with Ukraine and giving them opportunities to come back to Ukraine to restart their businesses and get into employment lines will do wonders for the recovery of Ukraine's economy and also for the demographic recovery of Ukraine society.

Thank you.

• (1200)

Ms. Heather McPherson: Thank you.

The Chair: Thank you very much.

At this time, allow me to thank Ms. Woroniuk and Ms. Vasylenko.

In particular, Ms. Vasylenko, I'm terribly sorry for the technical problems. Let me also say that I know I speak on behalf of all members when I say that you are a hero. The women of Ukraine are truly inspirational, as Ms. McPherson said. Thank you very much for having provided this testimony. As you indicated, it is difficult testimony, so we are immeasurably grateful for your contribution to this.

Thank you.

Ms. Lesia Vasylenko: Thank you, Mr. Ehsassi.

The Chair: We will suspend for a few minutes to allow us to get the other witnesses connected.

Thank you.

- (1200) (Pause)____
- (1205)

The Chair: Welcome back, everyone.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on Monday, June 20, 2022, the committee resumes its study of the sexual and reproductive health and the rights of women globally.

As the clerk and IT ambassador have completed the required connection tests in advance of the meeting and informed the witnesses appearing by video conference about the technical aspects of hybrid meetings, it is now my great pleasure to welcome our witnesses.

We have Dr. Asogwa as an individual. He is joining us virtually. From the Canadian Partnership for Women and Children's Health, we have Ms. Julia Anderson, chief executive officer. From Planned Parenthood Toronto, we have Ms. Mohini Datta-Ray, executive director.

Initially, each of you will be provided five minutes for your opening remarks, after which we will proceed to questions from the members.

Dr. Asogwa, you will have the first five minutes. When you have about 20 seconds remaining, I will give you a sign. I would be grateful if you could wrap it up in the allotted time.

Dr. Asogwa, the floor is yours for five minutes.

Dr. Nkechi Asogwa (As an Individual): Thank you very much, Mr. Chair.

Good afternoon, everybody.

It is an honour and privilege for me to address you on the sexual and reproductive health of women globally.

Speaking about sexual and reproductive health, I would like to share the World Health Organization's definition of "health". It is defined as a state of "complete physical, mental and social" health and "not merely the absence of disease or infirmity." When this applies to the reproductive system, it includes processes and functions. I would like to say that the provision of abortion does not augur well for the physical, mental and social health of women.

Why would I say that?

A study in 2003 by the United Nations indicated that 71% of sub-Saharan people live in poverty. Women are hit the most. There is a multi-dimensional approach to the poverty experienced by women, especially in sub-Saharan Africa, that affects their health, their education and their life expectancy.

I would like to paint a brief profile of such a woman. My protagonist is called Jane. She is 23 years old. She lives in Lagos, Nigeria. She is married with two children and is expecting her third child. She and her husband are looking forward to having that child. They live in a room with other [Inaudible—Editor] in an overcrowded area in Lagos. They have no indoor plumbing. They have no kitchen. They share common resources, like toilets and a bathroom. Open defectation is rife. Flies and mosquitos abound. Jane is a food seller. She and her husband earn less than \$30 U.S. a month. Also, because of the security situation in Nigeria, Jane will have to pay a levy to the local thugs in her area for protection. These local thugs can turn aggressors, given the right amount of money.

Objectively, what are the health needs of Jane?

She needs antenatal care. She needs nutrition. She needs adequate care during pregnancy and childbirth. What she will probably be able to afford is a birth attendant who is not equipped to take care of complications during pregnancy or during childbirth.

Objectively, what does Jane need?

She needs shelter. She needs nutrition. She needs potable water. She needs accessible and affordable health care. She needs education. She needs economic empowerment.

Who speaks for the Janes of this world? Who listens to these poor women who need and want to have children, but are living in abject poverty?

On one hand, Jane is battered by the situation of her country. On the other hand, she is battered by foreign donors that present abortion as the only option. A former foreign minister of Nigeria says that foreign funding for non-profit organizations is "a tool of subversion of the global south by the global north." I believe that applies when sexual and reproductive health are offered and abortion is the primary line of help offered to these poor women.

In Africa, we love children. African couples love children. Pregnancy is seen as a blessing. Abortion for us is a taboo. When Jane is being offered abortion and is forced to take abortion as a solution, nobody takes into account her cultural belief or her religious belief. Jane is not given the opportunity to speak for herself and to look for support that will fall in line with her beliefs.

Mr. Chair, I would like to say that I applaud the Government of Canada for this study. Last year, the Canadian government gave a huge donation toward dealing with HIV/AIDS, tuberculosis and malaria. That is a step in the right direction.

I think I will conclude with this: The Janes of this world would be happier if they were supported and if they were empowered to seek solutions that are in line with their religious and cultural beliefs, and not forced without any solution to fall into whatever the funders think they need.

Thank you so much for listening.

(1210)

The Chair: Thank you very much for that.

Now, since Ms. Datta-Ray is virtual as well, we might as well proceed with Ms. Datta-Ray.

The floor is yours for five minutes.

Ms. Mohini Datta-Ray (Executive Director, Planned Parenthood Toronto): Thank you, Mr. Chair.

I'm honoured to be invited here today. I represent, as you've heard, Planned Parenthood Toronto, a community health centre that since the 1960s has been advancing reproductive justice and sexual and reproductive health for young people through primary care, mental health care, community programs, research and advocacy.

Why should what we are seeing on the ground at PPT matter to this committee? It's because the disturbing trends that we are experiencing—particularly along the fault lines of gender, bodily autonomy and safety for women, girls and trans people—are tied, sometimes quite directly, to Canada's presence and field of influence abroad. Along with climate disaster, which also impacts women, girls and trans people disproportionately, it is also no exaggeration that the terrifying global backsliding around gender is the most urgent issue of this generation, as it is a tool to mainstream authoritarianism across the world.

Canada, of course, is not immune to such global trends. They are global. At last count, the Abortion Rights Coalition of Canada identified that well-funded anti-abortion activists are in every level of our own governments, including over 80 at the federal level, showing that here in Canada, anti-choice organizing is taking its lessons well

There is so much that could be said, and there are so many linkages to be made. However, I want to take this opportunity to focus on two illustrative areas: the profound impact of predatory Canadi-

an so-called colleges on young women and girls in rural India and the ongoing violence against women and girls as a result of Canadian resource extraction projects.

Reproductive justice, defined by Black and indigenous feminists through the SisterSong Women of Color Reproductive Justice Collective, is the "right to have children", "to not have children" and to raise those children "in safe and sustainable communities." Crucially, it pushes the somewhat narrow reproductive rights argument further to a social justice approach. Every woman, girl and trans person should have the right to have children, to not have children and to raise those children in safe and sustainable communities.

As climate disaster and hard-right governments grow in power globally, we see the dire impacts locally. Every year, PPT is funded provincially with \$74,000 to support non-insured clients—to access abortion, mostly—most of whom have precarious status or are students with inadequate health insurance. Increasingly, who we see are students from predatory colleges that are actively and intentionally luring foreign students to Canada and then abandoning them once they get here. No actual education materializes, and there's no way to get home. Their families' entire savings and often exorbitant loans have been spent to somehow get here. Our non-insured budget for abortion care has ballooned from \$74,000 to \$500,000 in one year.

Those coming to us are part of a new phenomenon: rural farming communities in India are sending not their sons but their daughters for education, hoping for a better life in the context of escalating climate change, globalization and deep indebtedness, with no relief from a hostile Indian government. Many of these young women find themselves highly exploited, sexually assaulted by landlords, trafficked locally or subjected to coercive relationships with no resources. As providers and advocates, we're scrambling to respond.

I have watched the important witness statements at this committee petitioning Canada to stay accountable and fulfill its crucial, stable, feminist gender-funding commitments globally. I want to underscore this. Now more than ever, this is a matter of life and death. It is crucial that Canada work with local feminist organizers, both on the ground, as it were, and also online, where well-funded misogynist and authoritarian organizing is increasingly happening. I also want, with great urgency, to add a layer born of personal experience.

My late father was a Canadian mining and resource extraction executive. Specifically, he had a key role in negotiating contracts between Canadian mining companies and countries like India, Mexico, China, Sierra Leone, Liberia and Madagascar. Often our whole family would go along with him, giving me an exciting childhood of travelling around the world, riding giant coal dump trucks, hearing casual conversations over imported Pizza Pockets about how entire villages were being displaced forever in order to allow for the Canadian-led mining operations. I've been propositioned aggressively, as young as 12 years old, by grown Canadian men who were perhaps used to displaced and trafficked local children to whom I bore a close resemblance. We fled the onset of civil war back into the safety of Canada, leaving friends, classmates and neighbours behind to face the horror.

Canada is both a great hope globally and, frustratingly, one of the biggest perpetrators of extractive practices that contribute to climate disaster, result in profound loss of human rights and land, and result in the sharp increase in abuse, sexual violence, trafficking, degradation and state terror of women, girls and trans people. In addition to our feminist and strategic SRHR funding commitments, there must also be an honest reckoning with Canada's economic practices around the world, a reckoning that has both the will and the teeth.

(1215)

As the executive director of Planned Parenthood Toronto, someone who grew up around Canadian mining projects, an immigrant and a feminist, I urge that this reckoning come as soon as humanly possible. For women, girls and trans people, our very survival depends on it. Our planet's survival depends on it.

Thank you very much.

The Chair: Thank you very much.

We'll now go to Ms. Anderson from the Canadian Partnership for Women and Children's Health.

You have five minutes.

Ms. Julia Anderson (Chief Executive Officer, Canadian Partnership for Women and Children's Health): Thanks so much.

Thank you for having me today, and for the topic of this critical and important study.

I represent a partnership of over 100 organizations, private sector entities, research institutions and civil society organizations based in Canada. They work here and around the world to promote women and children's health and rights.

I carry many stories of the importance of this particular issue. They include my personal story of becoming a mother a few years shy of my 20th birthday, the stories of my daughters, the stories of my nieces and the stories of the many women I've met while travelling across this country and around the globe. One consistent theme comes out. I think it's been touched on by both of our speakers.

That theme is choice—choice about when, with whom and whether to have children, and how many. This is not just a choice about today. It is an intergenerational choice about the future for yourself and your ability to attain education, a livelihood, employ-

ment and economic security for yourself and your family. It's a choice about how you want to build your community. These are choices women are making across all areas of this globe, and they are absolutely critical. In fact, they touch on every aspect of international development.

In 2019, over 218 million women and girls of reproductive age were unable to properly access SRHR in low- and middle-income countries. That situation has only grown and worsened since the pandemic. Not only has progress been reversed in some places; it has slipped behind. Adolescent advocates, women and girls in the communities we're talking about are telling us one thing: They're reinforcing the idea that their needs are being deprioritized in the context of the pandemic and sidelined as non-essential. For any woman of reproductive age who is sexually active, the idea of sidelining access to contraception is a joke, and it is a problem.

What does this mean? Our projections tell us that a 12% average decline in access to modern contraception would result in an additional 734,000 unintended pregnancies. A 25% average decline in essential pregnancy-related care would result in an additional 134,000 obstetric complications and 3,400 maternal deaths. Already, in the space of these testimonies, one woman has died every two minutes globally as a result of childbirth or pregnancy.

Let me underscore that these are perfectly preventable deaths. They are happening in places that don't have money, not in places where there is access to health care. There is no innovation needed here, but simply a scale-up in doing more of what we know we need to do.

A 23% shift from safe to unsafe abortions will lead to an additional 491,000 unsafe abortions. There are real people behind these numbers. Investment, coupled with cohesive policy that ensures SRHR is not a siloed or sidelined issue, is critical. We need to invest in intentional, innovative actions that are multisectoral and that integrate social determinants of health that are central to achieving equitable access to health services for women, adolescent girls and children—and to their futures.

What this means for Canada is that we cannot mask, divert or subvert the funds we have clearly allocated to SRHR. We must meet our commitments for consistent, stable and predictable increases to this funding, which means successfully scaling up to the direct investment of \$700 million in SRHR by the end of this year.

However, investment alone is not enough. The erosion of rights of women, girls, children and communities means we need a multifaceted approach to ensure rights are not further sidelined. We have to get organized in our diplomacy and foreign policy, and line up with a cohesive strategy around SRHR.

The Canadian Partnership for Women and Children's Health has three recommendations in this regard.

The first is that Canada scale up its spending, as it has committed to doing. This means counting and tracking what we are spending and that you, as parliamentarians, hold Global Affairs Canada and us, the actors in civil society, accountable.

The second is that Canada embrace and act on its SRHR leadership role globally, much as it did for the Muskoka initiative, and push other donors to prioritize women and children's health as a key issue—not a sidelined issue or one to be disregarded when conflict and crisis emerge.

• (1225)

The final one is that Canada continue to invest in a comprehensive health agenda that prioritizes the health rights of women and children and seeks to regain the progress lost over the pandemic. This must and should be our priority for our government, now and into the future.

Thank you very much.

The Chair: Thank you, Ms. Anderson.

We now go to the members.

For the first round, everyone will be provided four minutes. Mr. Genuis, we'll start with you.

Mr. Garnett Genuis: Thank you, Chair.

I want to pick up on Ms. Anderson's comments about the Muskoka initiative and the success that was achieved there. I'll start with Dr. Asogwa.

The previous Canadian government launched the Muskoka initiative to mobilize countries around the world in support for maternal and child health and nutrition. It did not include funding for abortion and instead focused on providing help for access to vitamins, vaccines and those sorts of things.

I wonder if you have some awareness of the Muskoka initiative or thoughts on it or on the scope it covered.

You can go ahead, please.

Dr. Nkechi Asogwa: I'm sorry. Is that for me? **Mr. Garnett Genuis:** Yes, it is. Go ahead.

Dr. Nkechi Asogwa: No, I'm sorry. I'm not aware of the Musko-ka initiative.

What I do know is that we have a lot of foreign donors working in Nigeria, and there's a big push for making abortion legal in the country. The maternal and infant death rate is on the increase, and approximately 16 million Nigerian children are out of school. About 10 million Nigerian children die as infants due to malnutrition.

I'm not aware of that initiative. Thank you.

Mr. Garnett Genuis: Aside from the named initiative, then, you're essentially saying that there are specific problems around infant mortality and malnutrition and those are the areas of focus.

Maybe you could share a bit more and we can identify for ourselves the areas of alignment or non-alignment between programs here. What are those areas of focus for Canadian funding around

maternal and child health that we should be really drilling down on?

Dr. Nkechi Asogwa: I think one of the key areas that we'd really be interested in is nutrition. If 60% of childhood diseases and death are attributed to malnutrition, that should be something of concern to us.

As I said, about 66% of our population live in multidimensional poverty—

[Translation]

Ms. Andréanne Larouche: I raise a point of order, Mr. Chair.

[English]

Dr. Nkechi Asogwa: —and that means that mostly women are affected. This poverty affects their health. It affects their education. It affects—

[Translation]

Ms. Andréanne Larouche: The interpretation service isn't working, Mr. Chair. The interpreters are saying that the connection quality isn't good.

[English]

The Chair: I'm sorry, Dr. Asogwa. Could you just hold on for a second?

Dr. Asogwa, could I ask that you put your mike closer to your mouth? We're having problems with translation.

Dr. Nkechi Asogwa: Is this okay?

The Chair: Could you say a few words, please?

Dr. Nkechi Asogwa: Okay. Can you hear me better now?

The Chair: Yes. That's great. Thank you.

Please proceed. I apologize for that.

Dr. Nkechi Asogwa: Okay. I'll be brief.

What we do need are nutrition projects that will take care of the needs of children. Basically, 60% of childhood deaths are due to malnutrition.

When it comes to maternal death, 25% of the deaths of mothers during pregnancy are caused by hemorrhage. Thirty minutes is enough time for a woman to die—

[Translation]

Ms. Andréanne Larouche: Mr. Chair, I raise a point of order. The sound is not good.

[English]

Dr. Nkechi Asogwa: —and, therefore, if there are funds available, we should look at the health image of women currently.

Our current health system is deficient, and we have a huge number of Nigerian medical doctors leaving the country because of the bad economic situation—

[Translation]

Ms. Andréanne Larouche: The sound is too bad.

[English]

The Chair: Again we're having more problems...?

Hon. Hedy Fry: On a point of order, Mr. Chair, we are having trouble. I am hearing people speak over the witness in French.

Thank you.

The Chair: Yes.

There were about 10 seconds remaining—

Dr. Nkechi Asogwa: Can you hear me now?

The Chair: Madam Larouche, these are connection problems. It has nothing to do with interpretation—

[Translation]

Ms. Andréanne Larouche: Mr. Chair, if there are connection problems for the interpreters, we cannot continue. I am sorry, but that's how it is. Those are the rules.

• (1230)

[English]

The Chair: We'll try to fix the connectivity problem that we're facing, but we'll put questions to all the witnesses while we try.

In the first little while, perhaps we could refrain from asking Dr. Asogwa any questions, and then—

[Translation]

Ms. Andréanne Larouche: Mr. Chair, there's no interpretation right now.

[English]

Mr. Stéphane Bergeron: She didn't hear what you were saying. [*Translation*]

Ms. Andréanne Larouche: We really have a problem. Why can't the interpreters hear what Mr. Ehsassi is saying?

Mr. Stéphane Bergeron: I don't know.

[English]

The Chair: I'm told that everything is working now.

Is that for Dr. Asogwa as well?

Dr. Nkechi Asogwa: Can you hear me now?

The Chair: It appears that everything is okay now for Dr. Asog-wa—

A voice: No, not for Dr. Asogwa.

[Translation]

Ms. Rachel Bendayan: Mr. Chair, what's the point of doing sound tests if, halfway through, it doesn't work?

[English]

The Chair: It's a connectivity issue, so it's up and down. It's beyond the control of anyone on our end here.

We are going to continue to have connectivity problems with Dr. Asogwa, so—

Dr. Nkechi Asogwa: I understand that you can hear me properly.

The Chair: Yes. Now we can hear you properly.

Is there interpretation? Yes.

Let's hope and let's keep our fingers crossed that everything will be fine in terms of connectivity.

Let's continue on with our questions.

Mr. Garnett Genuis: How much time did I have left, Chair?

The Chair: You literally had five seconds left.

Mr. Garnett Genuis: No, I didn't. I was timing it. It's three minutes and 10 seconds, and that doesn't even include the interruptions, Chair. I mean....

The Chair: Do you remember when you stopped this? It was—

Mr. Garnett Genuis: Chair, you haven't been stopping my time. It's three minutes and 10 seconds. When there was a point of order raised, I stopped the time, and it's three minutes and 10 seconds.

The Chair: No. It was about 10 minutes to four. I specifically looked over—

Mr. Garnett Genuis: Chair, importantly, if you're not fair with the time, we can go back—

The Chair: I am fair with the time, Mr. Genuis.

Mr. Garnett Genuis: Chair, let me finish now.

We can go back and verify who's right. We don't have time to do that now, but it will no doubt happen after the meeting. I suggest that you give me the remaining 50 seconds that I have to finish my time.

The Chair: You did this previously as well, Mr. Genuis, in a previous round—

Mr. Garnett Genuis: Yes, Chair, and—

The Chair: I am telling you, Mr. Genuis, I looked at this watch and it was 10 minutes to four. However, to satisfy you, yes, we will go to the next question. If there was a deficit insofar as your question was concerned, we will add it to your second round.

Mr. Garnett Genuis: Chair, I want to finish the round that I have. When there is a point of order, you stop the time.

The Chair: Sir, this is the second time, and you're just throwing everything into a tizzy, quite frankly, by doing it this way.

Mr. Garnett Genuis: Chair, when there is a point of order, you stop the time.

The Chair: Okay.

Madam Clerk, did you have a chance to look at this watch when we suspended the question for Madam Asogwa? Remember, we just looked at it; it was here....

The Clerk of the Committee (Ms. Ariane Gagné-Frégeau): I don't know. I'm sorry.

The Chair: Okay.

I am telling you that you are out of time right now. We will, in the interim, look to make sure, and if you have been shortchanged, we will add it to the second round. That's the best I can do, Mr. Genuis. Mr. Garnett Genuis: I look forward to the follow-up, Chair.

The Chair: Thank you.

We will now go to Madam Bendayan for four minutes.

[Translation]

Ms. Rachel Bendayan: Thank you, Mr. Chair.

[English]

Dr. Asogwa, I have a few questions for you. I apologize for the technical difficulties that we may have had on this end, but I think all is in order now.

Your testimony certainly piqued my interest, but prior to that, I also did look up some of the statements you've made publicly. You've stated that abortion should be illegal in all cases. I believe you've stated that it is never necessary to save a mother's life and that it should not even be a recourse in the case of rape.

Is that a correct description of your position, Dr. Asogwa?

• (1235)

Dr. Nkechi Asogwa: As I said, in Africa we treasure life. Pregnancy is a blessing. What we need to do is offer a solution in any crisis situation—

Ms. Rachel Bendayan: Dr. Asogwa, I'm sorry to interrupt, but I will interrupt. Dr. Asogwa, we too treasure life. In the case of a woman's life being at risk, do you believe that she should have access to an abortion in order to save her life?

Dr. Nkechi Asogwa: When a woman's life is at risk, it is, medically speaking, allowed to take the life of the baby in the womb. That's medically speaking, but how many times is that needed? It's on very rare occasions. Essentially—

[Translation]

Ms. Andréanne Larouche: Mr. Chair, there are still problems with interpretation. We can't hear what Dr. Asogwa is saying.

[English]

Ms. Rachel Bendayan: I'm going to check with the chair of our committee for one second.

[Translation]

Is interpretation working?

[English]

The Chair: There are connectivity issues. The interpreters are trying their best, but it is on and off.

Ms. Rachel Bendayan: Dr. Asogwa, I will come back to you in a moment, as soon as we can.

Perhaps I can ask Ms. Datta-Ray what your opinion is, or your view, given what you've just heard. Are there cases in which, for a variety of reasons, a woman's life is at risk and an abortion may be necessary in order to protect a life, in your opinion?

Ms. Mohini Datta-Ray: Absolutely, unequivocally, I think that abortion is an important part of health care that needs to be accessed, whether it's to save the parent's life or it's a choice that she would like to access. Absolutely, there are many instances. I've

never heard that it is rare. There are many instances when abortion is the recourse that's needed to save the mother's life.

Ms. Rachel Bendayan: Thank you.

I would like to return to Dr. Asogwa.

The Chair: I'm sorry; you have my apologies for interjecting.

Dr. Asogwa, can we just ask that you turn off your camera? Sometimes that helps in terms of connectivity.

Dr. Nkechi Asogwa: Okay.

The Chair: Thank you; I'm terribly sorry about that.

Please proceed.

Ms. Rachel Bendayan: Thank you.

Doctor, we'll try again with a new question.

A tweet of yours from about a year ago describes President Biden as a butcher, as opposed to President Putin, because of President Biden's pro-choice position. I understand that this was in the first week of the invasion of Ukraine by Russia. Has your position changed since then?

Dr. Nkechi Asogwa: I would like to please go back to what you said. Abortion due to medical reasons to save the life of a mother is a rare situation. It's called for about 0.05% of the time. Usually, most of the time we're talking about abortion for social reasons and not to save the life of the mother. That's my position, and that's the position of most people who care about life.

Yes, in that situation we're mentioning, especially about [Inaudible—Editor]

You still can't hear me.

[Translation]

Ms. Andréanne Larouche: No, there's no interpretation, Mr. Chair.

[English]

The Chair: I can hear it.

Dr. Nkechi Asogwa: Can you hear me?

The Chair: Dr. Asogwa, I'm terribly sorry. With respect to this question, we will ask that you provide written submissions to us. That would be very much appreciated.

Dr. Nkechi Asogwa: Okay, thank you very much.

Ms. Rachel Bendayan: Perhaps, Mr. Chair, with the time remaining, I could ask a question of the other witnesses.

The Chair: It is now five minutes past, so even factoring in the time that you lost, I think you should be good. Thank you.

We next go to Mr. Bergeron. You have four minutes.

[Translation]

Mr. Stéphane Bergeron: Thank you, Mr. Chair.

You have probably heard the extremely troubling testimony from Ms. Vasylenko on what's happening in Ukraine right now. That leads me to tell you about an article by a young student at the University of Montreal, which appeared in *La Presse* on February 22. The author quoted a statement by Ms. Pramila Patten, the UN Secretary General's Special Representative on Sexual Violence in Conflict. I quote: "When women are held for days and raped, when there's a series of genital mutilations, when Russian soldiers have Viagra on hand, it's clearly a military strategy."

Obviously, we're talking about Ukraine here, but we could be talking about many other military conflicts where sexual violence is used as a military strategy, such as in Tigray. Have you heard reports on these types of situations, Ms. Anderson and Ms. Datta-Ray? Do you have examples of countries able to manage the situation or to set up justice systems for victims of sexual crimes in times of war?

(1240)

[English]

Ms. Julia Anderson: On the latter question, I can't speak to any justice initiatives to address sexual-based violence. Certainly what you are reporting is consistent with what we've heard.

We've made a strong case that the Government of Canada should make the case that as part of the essential package of interventions in humanitarian crises, SRHR is critical and central. It's often thought of as "additional". Women's health in general—right down to obstetric care, but certainly access to contraceptives and abortion—is considered "extra", and so we've called for this to be part of the package of essential services that are delivered in any crisis situation.

[Translation]

Mr. Stéphane Bergeron: Ms. Datta-Ray, did you want to add something or can I move on to the next question?

[English]

Ms. Mohini Datta-Ray: I also don't have additional information as to the second part of your question.

As to the first, absolutely, rape as a tool of war and terror is quite commonplace. There are also many instances of that being used as state terror—not just in conflict between two nations, but also as a way to suppress opposition within a state's own borders.

[Translation]

Mr. Stéphane Bergeron: Dr. Natalia Kanem, Executive Director and Under-Secretary-General of the United Nations Population Fund, told the committee that one of the most affordable ways to prevent maternal deaths was to train and deploy midwives. She did specify, however, that there is currently a shortage of 900,000 midwives around the world.

In your opinion, is this part of the solutions the government of Canada should support to prevent maternity-related problems, especially in developing countries? [English]

Ms. Julia Anderson: Thank you for the question.

Frontline health care workers, such as midwives, are the solution when it comes to both maternal care and SRHR in general. I think the investment in community health care workers, in trained midwives, is the most effective intervention that Canada could support in all its development projects, especially when it comes to women's and children's health.

Midwives touch on contraceptive care all the way through pregnancy and all the way through childbirth and newborns. They can be major interlocutors with communities and community leaders in order to promote women's health outcomes, so yes, I agree 100% with Dr. Natalia Kanem.

[Translation]

Mr. Stéphane Bergeron: Ms. Datta-Ray, did you want to add anything?

[English]

Ms. Mohini Datta-Ray: I would concur 100%.

The Chair: I'm sorry, Mr. Bergeron, but you're over four minutes. Thank you.

We will now go to Ms. McPherson. You have four minutes.

Ms. Heather McPherson: Thank you, Mr. Chair.

Thank you to the witnesses for being here today and sharing this important information with us.

I'm going to ask this to both Ms. Anderson and Ms. Datta-Ray. Time and time again we've heard from witnesses that the suppression of access to reproductive services for women, the lack of access for abortion, does not stop abortion; it simply stops safe abortion. I'd like you to comment on this so that we have your testimony on the record.

I also want to talk about Canada and the role we can play in terms of advocates. Canada should be a leader, ensuring that women's rights are protected around the world. I know we've done an awful lot on the feminist international assistance policy and I think that we have done some really good things. I'd like your perspective on where Canada can be a stronger leader in advocating for SRHR around the world, and on how we're doing so far.

Perhaps I'll start with you, Ms. Anderson.

● (1245)

Ms. Julia Anderson: Thank you.

On your first point, at CanWaCH we take an evidence-based approach to our thinking on these issues. The evidence is unanimous and clear that the restriction of abortion does not stop abortion; it only increases unsafe abortion, and it loses women's lives. I'm sure my colleague will have the numbers. The data are very clear on that.

On your second question, the investments have been made. Canada has a long trajectory of investing in women's and children's health issues. I was proud to see the \$1.4-billion announcement in June 2019, year over year, for a total of \$14 billion.

I think the area where we can do more work is on the diplomacy side. I think it's having a cohesive approach—not standing up on global stages and always just saying things, but being in conversations

I come from northern Alberta, from a deeply religious community, and I know that these conversations are difficult. They are to be taken with a lot of care, but health is health, and health care is health care. That is the stance we should be taking, and that is the way in which we should be working with the communities and the countries that we are in bilateral relationships with, in multilateral relationships with, etc.

I also think we can do a lot through multilateral agencies as a leader, pushing and promoting the areas such as SRHR within the Global Fund and the GFF, etc. I think we can get better at having a more coordinated approach.

Ms. Heather McPherson: Thank you.

Ms. Datta-Ray, could you respond as well?

Ms. Mohini Datta-Ray: Absolutely.

The lack of access to abortion doesn't stop abortion; it only makes abortion very unsafe and it results in dead women, essentially. That is borne out in instance after instance throughout the globe—here, as well—and it was the big push to decriminalize abortion in Canada.

In terms of what Canada could be doing more of, I would say it's building with the feminist organizing that is happening on the ground. I think sometimes, as I've seen with witnesses, there's often a tension, a feeling like there is a western approach or there's a white saviour mentality. The way we get around that is to build relationships on the ground with feminists who are there in every instance, pushing for their basic human rights and reproductive justice.

I think it is making sure that when we're saying "taking the leadership of local communities," we're not turning that to mean that we go to the most conservative, anti-choice element in those communities, but rather that we find the feminists who are already working in whatever situation we are attempting to support—and it's support, not intervention, usually.

Ms. Heather McPherson: That's an excellent point. Thank you so much.

Mr. Randeep Sarai (Surrey Centre, Lib.): On a point of order, Mr. Chair, there's a lot of interruption, and I think we have a member who's worried about his time. If the chair can make a ruling on it and he wants to challenge the ruling, it can be decided later, but

to interrupt the members and witnesses here on 15 seconds of supposed lapsed time or time taken away is, I think, really rude to the witnesses and other members.

Mr. Garnett Genuis: I have a point of order, Mr. Chair.

The Chair: Go ahead, Mr. Genuis.

Mr. Garnett Genuis: Thank you, Chair.

Any member of the public who wants to consider the fairness of the chair with respect to the time can make the following observation. My time for my question.... I was told I had four minutes. It started at 12:25:28. The member from the Bloc started raising a point of order at 12:27:54. That was two minutes and 26 seconds after I started speaking.

It took the chair another 11 seconds following the beginning of the point of order from the Bloc member to intervene. There was some intervening time.

The chair told the witness to proceed with answering my question at 12:28:39, but 25 seconds later, the Bloc member again began raising points of order regarding time. That was at 12:29:04.

The cumulative time that I was given was two minutes and 51 seconds. The chair is, of course, welcome to dispute this, but any fair-minded person can go and do exactly what my team just did, which is measure the amounts of time I was given. Again, from 12:25:28 until 12:27:54 is two minutes and 26 seconds. I was then given another 25 seconds from 12:29:04 to 12:29:28. That adds up to two minutes and 51 seconds.

Chair, when I pointed out that I was timing the time and I had about a minute left, you strongly contradicted me and told me that you had been timing the time. However, in fact, you were very clearly incorrect.

Respectfully, maybe you need to consult the technical aspects of your timepiece or something else there, but I hope that you will be fair going forward with respect to the time and that I will be given the one minute and nine seconds that I should have had as part of the next round.

● (1250)

The Chair: First of all, allow me to apologize to the three witnesses. It is truly, in my opinion, very unbecoming that we're having all of this back-and-forth regarding time.

Mr. Genuis, as you will recall when you first raised this issue, I said it appeared to me that you had 10 seconds remaining. However, out of an abundance of caution, I undertook to check and to go back and add whatever you had lost to the time that remained.

I did so. I had two people look at the timing, and those two have advised that I may have been off by 10 seconds or by 12 seconds.

Quite frankly, I will give you those additional 20 seconds, but I will not do any more than that, Mr. Genuis.

You have taken up the time of the committee. You have disrupted the committee. You have disrespected the witnesses.

As I said, I gave you my word-

Mr. Garnett Genuis: Chair, you either enforce the rules or you don't.

The Chair: Mr. Genuis, I'm sorry, but I am not done yet.

I gave you my word that I would look into this. I would remedy it so you wouldn't have been out of time. Two individuals have kindly and graciously taken out of their time, and they have determined that you were cut off 20 seconds short, so I think—

Mr. Garnett Genuis: Any member of the public can verify this, Chair.

The Chair: You know full well, Mr. Genuis, that this is entirely at the discretion of the chair. I have taken up too much—

Mr. Garnett Genuis: No, it's not. You can't just arbitrarily cut off people that you have some personal animus against a minute and 10 seconds before their time expires.

The Chair: Mr. Genuis, again let me apologize to the witnesses that you have taken up so much time and you have robbed all these witnesses of a whole lot more time.

Mr. Garnett Genuis: Give me the opportunity to ask my questions. Just let me ask my questions.

The Chair: Excuse me, Mr. Genuis. You have not been recognized. Allow me to finish what I'm saying.

Again, we extend our apologies to the witnesses.

We looked into it. If you're not happy with the 20 seconds I'm giving you, you can appeal that, Mr. Genuis, but that is what I'm giving you.

We now go to the second round.

You're being given 20 seconds in addition to what you had, Mr. Genuis.

Mr. Garnett Genuis: I would like to ask some additional questions, but again, the members of the public can verify the quality of the chair's timing on their own.

Ms. Anderson, I want to follow up on the issue of the Muskoka initiative specifically. I know you're quite familiar with the details of it, so maybe you could provide your reflections on its impact. You referred to it as well in your testimony in terms of accountability and mobilization of donors. I would love to hear more from you about the Muskoka initiative.

Ms. Julia Anderson: Thank you.

As someone said, success leaves clues, and I think we should look closely at the success of the Muskoka initiative for clues as to how we should invest and engage in international development.

Through the Muskoka initiative, the Canadian government committed \$3.5 billion over five years. It was a flagship initiative around our official development assistance. It moved the needle significantly by engaging other donor countries to support the initiative, with a clear and accountable framework as to what counted as an investment in Muskoka and what did not count. As well, there

was a diplomatic push and effort to ensure that these two elements of the then millennium development goals that had been largely forgotten in maternal health and newborn health would be engaged in. It was somewhat comprehensive in including nutrition, especially in including researchers in the private sector—

• (1255)

Mr. Garnett Genuis: I'm sorry I have to jump in, because the chair hasn't told me how much time I have left. I'm flying blind a bit here. I'm going to give the rest of my time to Mr. Epp.

The Chair: Mr. Genuis, you are not flying blind—

Mr. Garnett Genuis: I'm going to give the rest of my time to Mr. Epp.

The Chair: You're getting an additional 20 seconds.

Mr. Garnett Genuis: Yes, but I don't know the total amount of time.

I'm giving the rest—

The Chair: It was three minutes and 20 seconds.

Mr. Garnett Genuis: Okay, I'm giving the rest of my time to Mr. Epp.

Mr. Dave Epp (Chatham-Kent—Leamington, CPC): Thank you, Mr. Chair.

A notice of motion was made on January 31, and I would like to move the following motion:

That, as part of its ongoing study on the Russian invasion of Ukraine, the committee study and report to the House on how Canada can support its allies who are affected by resource access challenges stemming from the invasion and steps that the Government of Canada should take to respond to these challenges.

[Translation]

Ms. Andréanne Larouche: Mr. Chair, I raise a point of order.

There is no interpretation. I respectfully ask Mr. Epp to move closer to his mic.

[English]

Mr. Dave Epp: I'm sorry about that.

The Chair: Would you like to reread your motion?

Mr. Dave Epp: Yes:

That, as part of its ongoing study on the Russian invasion of Ukraine, the Committee study and report to the House on how Canada can support its allies who were affected by resource access challenges stemming from the invasion and steps that the Government of Canada should take to respond to these challenges.

Mr. Chair, if I may, I'll add a few comments to that.

When people are hungry and when people are cold, it leads to one thing, as history has shown us: Whenever the average caloric intake of a population drops below 1,800, it ends in civil unrest.

Going into the war, Ukraine's and Russia's food production systems accounted for 30% of the exports of the world's wheat, 17% of the corn, 30% of the barley and 75% of its sunflower oil.

I can spend a few minutes talking about the Black Sea grain initiative as well. Russia is no longer considering that a humanitarian mission. They may look to end the deal after its present extension. Even now, Ukraine and Russia are arguing about the length of the extension and whether it's 120 days or 60 days. As of March 2, the Black Sea grain initiative had facilitated the export of 22.8 million tonnes of grain into the global market, despite the ongoing supply chain interruptions, but only 64% of that wheat was exported to developing countries.

Of course, we're all aware of the interruptions in the natural gas that flows to western Europe. In the Versailles declaration of March 2022, the leaders of 27 member states agreed to phase out the use of and dependence on Russian fossil fuels as soon as possible. How many steps are needed to do this?

We have to look at further diversifying our energy sources and our routing. We need to accelerate the deployment of renewables, further employing energy efficiency, and improving interconnections of gas and our electrical energy networks.

We haven't seen yet the full effects of the trade disruptions on the fertilizer market. Russia and Belarus were obviously major suppliers of potash and phosphorus. I mentioned earlier the caloric consumption of a population. When it drops below 1,800 per capita, it leads to civil unrest. This is going to be a delayed response to what's happening with fertilizer. Canada is a major exporter of potash, but on my own farm in Leamington we have used more Belarusian and Russian potash on our farm over history. That whole trade route has been disrupted, and that's in a developed country, Mr. Chair.

The costs associated with the fertilizer disruptions are affecting farmers around the world in developing countries all over the place. That's going to lead to only one place: to lower domestic food production in developing economies.

I'll go back to the main point that I made earlier, which is that a caloric drop below a certain level, which we saw back in 2007-08 with the Arab uprising in response to bread prices—

Ms. Rachel Bendayan: I have a point of order, Mr. Chair.

The Chair: Ms. Bendayan, please go ahead.

Ms. Rachel Bendayan: I would just like to understand what is going on. Has the motion been officially moved and are we now into debate?

It certainly seems that Mr. Genuis has complained about not having enough time to question witnesses, and now the time afforded him to question witnesses on women's reproductive and health rights is being used to move an entirely different motion on an entirely different subject while we have several witnesses, including here in the room and onscreen, waiting to be asked questions on women's reproductive and health rights.

The Chair: As I understand it—and thank you for that, Ms. Bendayan—this was first tabled on January 31.

Are you moving-

Mr. Dave Epp: Yes, it was January 31. I moved the motion. I'm just providing some background for priority for it.

The Chair: Did anyone want to speak to this motion?

Ms. Rachel Bendayan: Mr. Chair, I find it unfortunate that a meeting that was already shortened due to technical difficulties is further shortened by the Conservatives moving this additional motion. I think it would be respectful—although, again, sad—to respectfully request the witnesses to leave while we engage in this further discussion.

I don't know if other members feel differently, but I certainly wouldn't want to retain these witnesses if they aren't needed for this discussion.

• (1300)

The Chair: Well, there are several options that we have. If there's no debate about this, we can put it to a vote and then perhaps come back and provide some additional time just to afford all of our witnesses the opportunity to respond to questions.

Does anyone have anything to say about the motion?

Mr. Oliphant...?

Hon. Robert Oliphant: I'm not sure if Mr. Epp has finished his time

The Chair: Mr. Epp, I apologize.

Hon. Robert Oliphant: I also recognize that we're at one o'clock. Some of us have QP responsibilities, etc.

Mr. Dave Epp: I'll wrap this up fairly quickly.

I'm raising these points to bring some priority to the discussions of scheduling going forward.

Basically, the fact is that Canada has a relationship with two organizations for block funding when it comes to our international development. The Canadian Foodgrains Bank is one that I have a particular affinity for, but there's the World Food Programme as well. The World Food Programme sources much of their supply and their development work from Ukraine. That work is being affected, as well as the costs and the logistics. I can go into further stats at some other point.

Yemen is the country that I would use for a-

The Chair: I'm sorry, Mr. Epp; I will just interject for one second

Is it the will of the committee that I thank the witnesses?

Some hon. members: Agreed.

The Chair: We will come back to you. I apologize, Mr. Epp.

Allow me thank Madame Datta-Ray, Dr. Asogwa and Madame Anderson. Thank you very very much for your time. I should apologize for all the interjections that you were subjected to. Your perspectives were very important, and they will most certainly be reflected in our study.

Thank you kindly for your time.

Dr. Nkechi Asogwa: Thank you, Chair. **The Chair:** Mr. Epp, the floor is yours again. **Mr. Dave Epp:** Thank you, Mr. Chair.

The number of people facing acute global food insecurity has soared from 135 million to 345 million people since 2019. In 45 countries, 50 million people right now are approaching famine. That is all directly related to ongoing conflict and in particular to the war in Ukraine.

What may not be known nearly as well is that China is now the world's largest food importer. Of course, we're seeing the relationship between China and Russia unfold before our eyes, specifically on food and food production inputs like fertilizer. It's going to lead to further competition for food, and that's further justification for this study.

The year 2020 was the first year that China recorded—and this stat I found astounding—160 million households with a disposable income of over \$25,000. That's more than the United States, which only has a 120 million such households. Think about that for a moment from the perspective of the three As of food security: availability, accessibility and affordability. In addition, China is attempting to feed its population by branching out through its belt and road

initiative, with much work in Africa. It's leading to much of the climate degradation and deforestation around the world.

With the six points I cited, I would hope that this committee would consider this motion and consider its priority in its deliberations going forward.

Thank you, Mr. Chair. **The Chair:** Thank you.

We have Mr. Oliphant and then Madam McPherson.

Hon. Robert Oliphant: Thank you, Mr. Chair.

From this side of the table, we are predisposed to support this motion. We're going to want to look at where it fits into our already tight calendar for the rest of the year and we may amend it slightly.

At this time, I would like to move that we adjourn the meeting.

Mr. Garnett Genuis: It's that it be adopted on division.

The Chair: Can we go to a vote, please?

(Motion agreed to: yeas 7; nays 4)

The Chair: The meeting stands adjourned.

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