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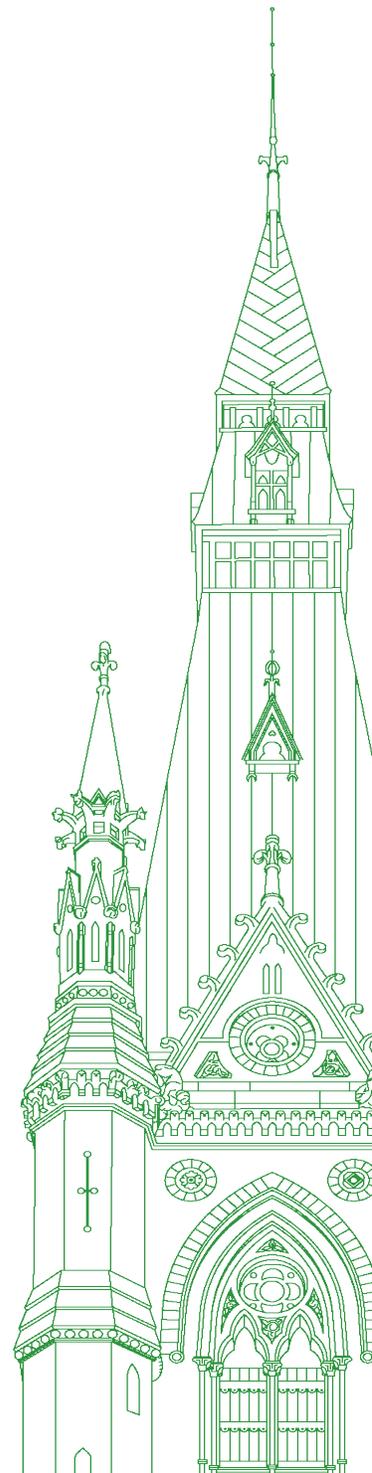
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Chair: Mr. Robert Morrissey

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• (1540)

[*English*]

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

Welcome to meeting number 37 of the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities.

Today's meeting is taking place in a hybrid format, pursuant to the House order of June 23, 2022, but today, at this session, we'll all be here in the committee room. To ensure an orderly meeting, I would like to make a few comments for the benefit of the witnesses and members.

Before speaking, please wait until I recognize you by name. Click the microphone icon to activate your own mike, which will be controlled by the proceedings and verification officer. I will manage the speaking order.

You may speak in the official language of your choice. Interpretation services are available. I would ask members to speak slowly and clearly for the benefit of the translators for the interpretation services. If at any time we lose translation, please get my attention and I will suspend until the situation is corrected.

I would like to remind all participants that taking screenshots or photos is not allowed in the room. Again, should any technical issues arise, please get my attention, and I will suspend while they are clarified.

Pursuant to the order of reference of Wednesday, June 15, 2022, the committee will commence its study of Bill C-215, an act to amend the Employment Insurance Act (illness, injury or quarantine).

At this time I would like to welcome the witnesses to begin the discussion with five minutes of opening remarks. We will begin with our colleague Monsieur Gourde, the MP for Lévis—Lotbinière. We also have another witness in the first hour, Louis Sans-façon, who is appearing as an individual.

Welcome, gentlemen. I will now move to Mr. Gourde to begin his five minutes of opening remarks.

Mr. Gourde, you have the floor.

[*Translation*]

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Thank you very much, Mr. Chair.

I also thank all the members of the committee for participating in this very important study.

Today, the HUMA committee will become a committee of hope. I'm talking here about the hope of 151,000 Canadians who, every year, need more than 15 weeks of employment insurance or sickness benefits. I'm introducing a bill with the spirit and intent of increasing benefits from 15 to 52 weeks for those who are eligible and in need because of a serious illness, such as cancer or a prolonged illness. This study is very important, because it could change things in these people's lives.

I came to personally understand what getting help could mean. In 1993, my wife had cancer. Between the diagnosis, treatments and remission—in other words, before she was healthy again—a year had passed, from January 1993 to the end of December that same year. I can therefore tell you that, for everyone going through tough times, it really changes things. When fighting for our life and health, we need keep up hope and stay on course.

Unfortunately, too many Canadians lose their fight because they have financial problems due to the fact that they can't work. Once their 15 weeks of employment insurance benefits have run out, they're out of resources. Far too many Canadians still don't have the means to obtain private insurance.

I am therefore asking you to reflect as parliamentarians, and not hide behind a royal recommendation. Parliament voted in favour of this bill at second reading. It is important to keep in mind that the decision on this bill, to be taken over the coming days, will directly affect the lives of 151,000 Canadians every year. It will also affect families, spouses, children, parents and friends. We all know someone who has had or will have health problems.

This is a message of hope that the government of Canada can support.

After a year, when people become essentially disabled, they have access to other benefits. However, there is a type of black hole between the fifteenth and fifty-second week of support offered to Canadians. Our duty as parliamentarians is to ensure that they get this help. The Parliament of Canada agrees. Do not hide behind a process. Its intention may be to prevent abuses, but this bill is not an abuse, it is a necessity.

I hope you will reflect on that.

I'll stop there.

I'll be ready for your questions.

• (1545)

The Chair: Thank you, Mr. Gourde.

I will now give the floor to Mr. Sansfaçon.

Mr. Louis Sansfaçon (As an Individual): Thank you, Mr. Chair.

Greetings, ladies and gentlemen of the committee.

Thank you for welcoming me here.

I also thank Ms. Chabot, who gave me the opportunity to address you. I am very grateful to her for it.

There's a great deal of emotion behind the testimony I will attempt to give today, to try and honour the memory of my daughter, Émilie, and, above all, the promise I made to her.

In 2018, Émilie was working as a secretary and bookkeeper for a small construction business. She was diagnosed with stage III colon cancer. Mother of a little three-year-old girl, she came to realize that she would need rounds of chemotherapy, surgeries and radiation treatments in order to survive, and this protocol was certainly going to last several months. Never having faced such a situation, she did not know the amount or length of benefits she was entitled to. In fact, she was entitled to a maximum of 15 weeks of benefits, the same number of weeks since 1971.

With all the wisdom of her 29 years, she thought that by getting directly involved, she could contribute to changing the law. Between 62 rounds of chemotherapy, she came here to Ottawa to raise awareness among decision makers—in other words, you—about the need to improve quality of life for sick workers like her. I supported her throughout the entire process. After nearly three years, on December 17, 2019, she even met personally with Prime Minister Trudeau. Hope was running high.

Bill C-265, whose short title is the Émilie Sansfaçon Act, was tabled by Bloc Québécois member Ms. Claude DeBellefeuille, who always supported Émilie. It did not receive royal assent. An election was called, and the bill died on the order paper, just like my daughter. It ended the hope for approximately 420,000 workers who pay into employment insurance.

Émilie died on November 5, 2020, without ever seeing an improvement. This simple process, launched by a young citizen who never asked to get sick, faced challenges both medical and financial. Émilie was disappointed. She had lost on both fronts.

On December 15, 2021, Mr. Jacques Gourde, conservative member for Lévis—Lotbinière, tabled Bill C-215. It's the latest version of many bills on the matter, and I hope that it will lead to 50 or 52 weeks of benefits. We won't quibble over two weeks.

A question must be asked: How is it that, election after election, whether they take power or not, certain parliamentarians sometimes vote in favour, sometimes against, a certain bill? In February 2012, Mr. Trudeau voted in favour of Mr. Coderre's proposal to increase

benefits to 52 weeks. This position was a great source of inspiration for Émilie.

Citizens elect their chosen representatives. Every member has the privilege and the duty to participate personally in exercising democracy.

In Quebec, many tens of thousands of people can't go to work due to illness. Some have been diagnosed with cancer and have to follow a treatment protocol that will go well beyond 15 weeks. According to a report by the Parliamentary Budget Officer, the majority of sick leave recipients are off work for an average of 41 weeks.

Kelly Masotti, vice-president of advocacy for the Canadian Cancer Society, noted that the average length of treatment for breast cancer or colon cancer was 26 to 37 weeks, not including convalescence.

All of you know that some people, unfortunately, don't make it. The illness has an impact on a sick person's daily life, but also on their family, their loved ones and their children. The perverse effect of only 15 weeks of benefits, even 26 weeks, is a slow slide into poverty.

As members or ministers, like me, you won't have to worry the day after a diagnosis. You are not service sector workers, who aren't necessarily covered by group insurance or mutual insurance, or who can't pay for insurance. Personally, I have bone marrow cancer, a bone cancer, and I am covered by insurance.

Those of you who will take part in this decision, tell yourselves that this could happen to a member of your family, a friend, a neighbour, real people. In short, this absurdity is very real. It is insidious and impacts morale almost more than the illness itself. Statistics uphold the law to the detriment of community and solidarity.

It is unjustifiable that in Canada, sick workers have to turn to the funding platforms of this world, like GoFundMe. They have to organize benefit dinners or other activities to pay for their medication or travel to hospital, among other things.

• (1550)

On May 28, 2021, the Hon. Carla Qualtrough announced in the House of Commons that Canadians wanted and deserved a flexible employment insurance system that meets their needs.

I agree with her, but the 26-week period does not meet the needs or the goals to be achieved.

Of course, Mr. Chair, you will not see sick workers participating in a protest, sign in hand, marching the streets. They are too busy taking care of themselves and, above all, surviving financially.

I know full well that we have gone through a pandemic. And now, we are going through inflation. What, then, will these sick workers do in the face of inflation?

The pandemic caused delays for surgeries, but also for making diagnoses and taking charge of patients. Therefore, from the beginning, precious weeks that should have been dedicated to healing and returning to work were wasted. Once again, workers are the ones paying the price.

You all agree that a healthy environment promotes healing. However, the stress of the unknown in the face of an illness, compounded by the financial reality and challenge of having to feed oneself, pay bills and take care of one's family become a source of mental exhaustion. That certainly does not help people return to work.

Sooner or later, a sick worker, having exhausted their weeks of benefits, will have to sell all they have and drain their savings to become eligible for social programs, under provincial responsibility.

To conclude, I highlight that the Hon. Carla Qualtrough also said that the Employment Insurance Act needs to be modernized. Again, I agree with her, but let's not do things by halves. If we divide 50 by 2, we're close to 26.

I will take the liberty of repeating the words of Ms. Marie-Hélène Dubé, whom I congratulate for her determination and courage. She said that the goal to achieve is allowing workers to take care of themselves with dignity and respect.

One day, you will all have to rise in the House and represent the thousands of people who elected you. In every one of your ridings, workers are going through the same situation as Émilie. As a citizen, I expect every single one of you to vote with your heart and the mantle of responsibility you wear. I ask you to remember your commitment and the privilege you have to change things for those who have no voice.

In Émilie's memory, thank you.

• (1555)

The Chair: Thank you, Mr. Sansfaçon.

[*English*]

We'll now open the floor to questions, beginning with Madam Kusie for six minutes.

[*Translation*]

Mrs. Stephanie Kusie (Calgary Midnapore, CPC): Thank you, Mr. Chair.

I also thank Mr. Sansfaçon for being here today. I offer my condolences for his daughter.

Mr. Gourde, I also thank you for being here today.

Mr. Gourde, why do you think that 52 weeks is not enough?

Why did you decide to introduce Bill C-215?

Mr. Jacques Gourde: I decided to table this bill because we can see that 15 weeks of benefits is really not enough for a person with cancer or an extended illness.

In the case of Mr. Sansfaçon's daughter, her treatments lasted nearly a year. Personally, when my wife was sick, it lasted a year. In the case of cancer, serious cancer, treatments are lengthy, and re-

covery takes a long time. People are unable to work while receiving chemotherapy and radiation treatments.

I saw my wife experience shocks and trembling for hours after her treatments. That's hard. A lot of help and support is needed. Unfortunately, when a person who is sick also has financial problems, it only makes things worse. Patients truly need every kind of help. It can be money, volunteer assistance or help from friends, parents, brothers and sisters. It encourages them to hang on to life.

That means Canada has work to do, and it is up to us to do it.

Mrs. Stephanie Kusie: Thank you.

I also thank you for moving Bill C-215; it's a great contribution.

According to the Parliamentary Budget Officer, getting 52 weeks instead of 15 weeks will cost \$8 billion over five years.

Why do you think this is worth it?

Mr. Jacques Gourde: It would be worthwhile for the Parliamentary Budget Officer to testify before the committee and help us break down the numbers.

In his study, the Parliamentary Budget Officer based his calculations on a maximum of 52 weeks for all people who needed help. However, those who need sick leave benefits for more than 15 weeks need an average of 41 weeks. That means it would cost less.

Essentially, for a Canadian, it's the equivalent of one coffee a month, about \$2.30. For an employer, that means about \$3.30 a month. It's impossible to find anything similar with private insurance. In fact, without a doubt, it would cost between 10 and 20 times more to obtain an equivalent amount.

We must consider the fact that nearly 20 million Canadians pay a very affordable rate for major group insurance.

Mrs. Stephanie Kusie: Thank you.

You gave examples highlighting the fact that 15 weeks is not enough. Specifically, you talked about people who had undergone surgery or chemotherapy treatment. In your opinion, benefits should extend over a 52-week period.

Can you give us other examples demonstrating that the benefit period isn't long enough?

In your view, why does the government think that a 26-week period is long enough?

• (1600)

Mr. Jacques Gourde: It's hard for me to speak on behalf of the government. However, some members could inspire me through their questions.

It is important to keep in mind that 52 weeks represents the opportunity to recover completely. Offering benefits for 26 weeks will help people for 26 weeks. If someone needs 15 more weeks and doesn't have savings or family to help them, what are they supposed to do? They'll get a notice from a bailiff because they won't have paid their rent. Or they won't be able to pay the mortgage. If a person is sick or bedridden, that's not easy to face.

There's no denying it: benefits are the equivalent of 55% of one's salary. An individual earning \$700-\$800 a week, or whose gross income is \$1000, will only get \$550 a week. They're already short of money.

Furthermore, a study proved that a person who is ill pays between \$20,000 and \$25,000 more per year. There are many costs, in fact, including those for medication, travel and hospital parking. That person doesn't get their entire salary but has to pay more. They don't have the time or the strength to work. That's why it is necessary to give them a little help.

Mrs. Stephanie Kusie: Mr. Sansfaçon, can you tell us how offering benefits for 52 weeks can help families and individuals who need more time to manage a difficult situation?

Mr. Louis Sansfaçon: As I said earlier, there are a lot of unknown factors when someone who is sick. There is no end date. In some cases, the person's health improves, but in others it does not. Let us focus on the better scenario, when a person's health improves.

You must also remember that 50 or 52 weeks is a maximum. When a person receives a diagnosis, medical care follows. The person does not receive a prize. They do not go to a Club Med for 50 weeks. That person is fighting for their life.

Personally, I helped my daughter during her illness. I say I helped her, but there were many people behind me: my wife and my daughter's friends. Providing that help has an impact on people's lives, even if loved ones and friends do it out of love.

On a daily basis, transportation and various activities have to be arranged. Everyone wants the person to get better, go back to work and be productive. Everyone needs to feel appreciated at work.

We are talking about cancer and Émilie's death, but in some cases a sick person may require benefits for 34, 40 or 42 weeks. They have to know there is a safety net. Fifty-five per cent of their salary is quite good. Fifty-two weeks is the maximum.

The calculations we discussed might have been based on the notion that everyone will apply for 52 weeks of benefits, but that is not necessarily the case.

I agree with Mr. Gourde that this situation has to be validated in some way.

Mrs. Stephanie Kusie: Thank you to the witnesses for being with us today.

[English]

The Chair: We have Mr. Kusmierczyk for six minutes.

Mr. Irek Kusmierczyk (Windsor—Tecumseh, Lib.): Thank you, Mr. Chair.

Thank you so much, Mr. Sansfaçon, for returning to the HUMA committee, testifying once again, and bringing the story of Émilie to this committee and our work.

As the anniversary of Émilie's passing approaches, I want you to know that we continue to be inspired by her courage and tremendous determination to improve the lives of other Canadians in this country. At the same time, I also want to thank you for your tremendous determination, courage and continued advocacy today. I want you to know that your testimony is important. Your words are important. They matter a great deal to us, and I want you to know they are being heard.

You've been speaking extensively with Canadians about the need to reform the EI program and extend sickness benefits, specifically. I want to ask—in your experience or from stories you've heard from other Canadians in conversations you've had—what stands out for you in some of those stories you've heard. What conclusions would you say you've drawn? What has even surprised you, perhaps, in the extensive conversations you've had with Canadians?

• (1605)

[Translation]

Mr. Louis Sansfaçon: Thank you for your questions and comments. Thank you also for invoking the sweet memory of my daughter.

From what people have told me about their experience, they are able to heal better when they know that there is hope, that they have a safety net and, above all, that they will not be tormented by financial uncertainty.

People who are sick already have to deal with medical uncertainties. That is enough. Most people I heard on television or on the radio said they nearly went bankrupt, were at the bottom of the barrel, financially speaking. That does not speed up their convalescence.

Although I did not meet that many people—I spoke more than listened, unfortunately—, most of them said that this highlights the duty to respond to this problem the right way. As I said earlier, we must not stop at half measures. We have to keep going.

I hope the party in power can understand this situation. Once again, it is important, because there are real people behind the masks.

[English]

Mr. Irek Kusmierczyk: I very much appreciate your answer and thank you for it.

You mentioned the unknown—the uncertainty Canadians who are sick and in that position may feel. Often, they experience a stressful gap between the time they exhaust their EI benefits or other supports and the time they are able to return to work. You know that period is extremely stressful, and it impacts their health and families.

Knowing that Émilie also experienced this tremendous stress after exhausting her benefits, can you tell us a bit about how Canadians feel that gap? What impact does it have on their lives?

[*Translation*]

Mr. Louis Sansfaçon: In actual fact, people do not start feeling stressed at the 15th week, or even approaching the 15th week; it is long before that. It starts from the time the person meets their doctor and learns that the required treatment could last 40 weeks.

The patient may hope that it does not take that long, but ultimately they receive their benefits for the 12th, 13th and finally the 15th week. As I said earlier, the patient and their loved ones then have to raise money using the GoFundMe platform, for instance, or hold spaghetti dinners and so on.

There is a special ingredient in these efforts. A lot of love goes into these gestures, but that energy should be channelled elsewhere. It should go to helping the sick person, whether that means driving them to the hospital, helping them in their daily routines with the children, in short, just being there.

The 15-week period is a psychological barrier. Once that period ends, things become dramatic. Émilie was fortunate to have people around her who were a bit more financially secure. Not everyone is in that position, though. As I said earlier, these people are often in the tertiary sector and have low wages. No one expects an illness. They do not have that reflex. They think about building their house, buying a car and making good decisions. When they receive a diagnosis, however, everything changes.

For my part, I had multiple myeloma and had a bone marrow transplant. So Émilie had faith in medicine, but in her case the treatment did not work. And of course the pandemic did not help her situation.

So all of this creates incredible stress. If the financial issues were settled and under control, the situation would be easier. I am not talking about giving out money left and right, but rather spending that money wisely to help sick people. I think workers might be willing to contribute a bit more for that purpose. Perhaps that is the price of the desired peace of mind.

• (1610)

The Chair: Ms. Chabot, you now have the floor for six minutes.

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

Mr. Gourde and Mr. Sansfaçon, thank you for your testimony.

It is always troubling to hear about the reality of individuals with an incurable illness—or curable illness, we hope—who are hampered by our inability to support them in these circumstances.

Mr. Gourde, you said our committee is a committee of hope, and I would like you to elaborate on that.

Your Bill C-215 is the twelfth bill put forward on this matter since 2009. Of the eleven previous ones, four were introduced by the NDP, six by the Bloc Québécois, and one by the Liberal Party. In that case, Denis Coderre was calling for sick benefits to be extended to 50 weeks.

In the last session, the Bloc Québécois introduced Bill C-265, the “Émilie Sansfaçon bill”, which was unanimously approved by this committee. Unfortunately, the bill died on the Order Paper when the election was called.

Mr. Gourde, what makes you think this new bill will succeed?

Mr. Jacques Gourde: I called this committee the “committee of hope” because we began considering this bill at the start of a session of Parliament, which allows us to hope that we can reach the end of the normal legislative process.

The order of priority for the introduction of private members' bills is determined by a random draw and, if an MP is slated for the end of the session, they sometimes only have enough time to introduce their bill, without getting very far studying it. Moreover, if an election is called or Parliament is prorogued, everything dies on the Order Paper. That is unfortunately what happened with all the other bills. So the timing of a bill's introduction is very important.

In this case, I was able to introduce my bill in December 2021, right after the election, because I was fortunate to be randomly selected by draw as one of the first 30 MPs to do so. I felt strongly about sponsoring this bill so it would have every possible chance and so the House of Commons could study it before it dies on the Order Paper.

My second reason for calling it the “committee of hope” is that I hope my Liberal colleagues will not hide behind the requirement for royal assent. That would really be very sad. I am asking them to think about it and discuss it in caucus, since they are working on modernizing the Employment Insurance Act. It would be unfortunate if there were very little to show after all this work. We must at least get this amendment to the act passed.

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

Mr. Sansfaçon, I commend you for all the work you are doing, especially for people with compromised immune systems, and for carrying on Émilie's fight, someone we had the pleasure of meeting. You are right in saying that her fight was for three things: for her life, for her health and for others.

The government has announced 26 weeks of sick benefits. It should have started in July, but it still has not come into effect. Since the number of weeks of benefits is going to change, isn't it time to do justice to the individuals affected and get past half measures? We have to act now to increase the number of weeks from 15 to 50.

Mr. Louis Sansfaçon: Of course, I agree with what you are saying. I agree with your impressive desire to move forward and convince MPs.

An MP is someone who represents the members of their riding. There are sick people in their riding. A small percentage of those sick people will need 52 weeks of benefits. We have to bear that in mind.

The 26 weeks announced by the government is like saying the hockey game will end at the second period. Clearly, there will be no winning team, but there will be a lot of losers. We have to commit to finishing the game, to playing all three periods.

I am asking you to commit to thinking about this situation. Tomorrow, you will be meeting sick people from your riding. It will be hard to explain certain decisions to them. You will have the chance to hear from them and listen, but listening is a long way from taking action.

I have been working with Émilie for three years. I support and continue the work of Marie-Hélène Dubé. A lot of work has been done, but one final step is needed. That final step is not 26 weeks of benefits, but 52 weeks, ideally.

• (1615)

Ms. Louise Chabot: Mr. Sansfaçon, the 15-week benefit period was established in 1971. Fifty years later, nothing has changed.

In 2022, all the scientific studies demonstrate this need, including those by the Quebec division of the Canadian Cancer Society and the Multiple Sclerosis Society of Canada, not to mention other recurring illnesses. Isn't it time to act now to permanently increase benefits to 52 weeks?

Mr. Louis Sansfaçon: Yes, it is time.

The Chair: Thank, you, Ms. Chabot.

[English]

Possibly Mr. Sansfaçon can catch that in another question. We're well over.

Madam Zarrillo, you have six minutes.

Ms. Bonita Zarrillo (Port Moody—Coquitlam, NDP): Thank you, Mr. Chair.

It's nice to see you. Thank you for sharing your story of your daughter, Mr. Sansfaçon.

I guess we talked a lot today about women and how this could disproportionately be affecting women, whether it's single mothers or the fact that there is a wage gap in this country that doesn't allow women to save for things like this. I know, too, that it's actually harder for women to get private insurance because of the rate of breast cancer in this country and that sort of thing.

Last week we were talking about ovarian cancer, which is, again, a fatal disease that involves a lot of intervention and a lot of expenses that come along with illness.

I wanted to ask Mr. Sansfaçon about that idea of public insurance for something that you cannot plan for or think would come, especially at a young age.

Are there demographics that are disproportionately affected by relying so much on having private insurance for anything past those 26 weeks, which we don't even have yet?

[Translation]

Mr. Louis Sansfaçon: Your question is quite specific and I might not be the best person to answer it. You are talking about groups of individuals who are sicker than others and I am finding it

hard to continue on this topic. I remember seeing statistics about this, but I would be afraid of misquoting them.

I can tell you that people in Émilie's age group rarely get cancer and that they usually overcome it. Unfortunately, I cannot give you the actual statistics. I can only tell you about Émilie's case.

Getting back to the idea of insurance against an unknown risk, you are right. Yet we also have to agree that there are steady advances in medicine, which also reduce the person's absence from work, allow them to return and give them hope of recovering thanks to new medications, new approaches and new treatment. I am talking about cancer, the illness I am most familiar with.

[English]

Ms. Bonita Zarrillo: Thank you very much.

Monsieur Gourde, you spoke a bit about the other areas involved. It affects families and other caregivers who come. It limits the amount of work they can do. That's certainly what we heard from the ovarian cancer advocates. When we think about how many weeks of support a person needs, in your experience or from the folks you've spoken to, how does it affect the household when the income comes away from the family? Do you have any input on how that affects the household in general?

[Translation]

Mr. Jacques Gourde: There are repercussions for all family members, friends and acquaintances. When someone you know has cancer, that is all you think about. You want to send them positive waves and help them.

In our case, everyone wanted to help: our family, parents, brothers, sisters, neighbours and friends. We must remember though that it is the patient who has to fight the battle. Feeling supported is no doubt of great help. When people volunteer to look after children in the long term, that is very helpful, because the sick person is not always able to look after them. We had three children under the age of two and in diapers when this happened. My mother-in-law and my mother looked after them a lot, which helped us during recovery.

Let me go back to the first question you asked Mr. Sansfaçon. People who cannot get insurance are often those with low wages, earning just \$500 per week, for instance. Those people are entitled to just \$250 in EI benefits, not even the maximum of nearly \$600 per week. I can tell you that those people who cannot likely afford additional insurance do not earn a lot or do not work full time.

In some cases, it all accumulates. There is a big difference between 15 weeks and one year of EI sick benefits. Imagine that you earn just \$400 per week and do not get a single cent after 15 weeks. How will you cover your rent and groceries? You are sick and cannot work. Think of single mothers who do not have a lot of support from friends or parents. These things happen in our society, and these individuals are in great need.

● (1620)

[English]

Ms. Bonita Zarrillo: Thank you for that.

I have one quick question around mental health. We know that this is a large conversation that's happening in communities right now. Do you see this EI and the 50 to 52 weeks extend also to folks who are working through mental health challenges?

Monsieur Gourde, do you see this extending to that?

[Translation]

Mr. Jacques Gourde: One of eligibility criteria for EI sick benefits is having a diagnosis from a doctor that you are unable to work. To my mind, regardless of the illness, if you are not able to work, that is simply the reality. If you meet the eligibility criteria for sick benefits, you should receive them.

[English]

Ms. Bonita Zarrillo: Thank you.

The Chair: Thank you, Madam Zarrillo.

We will now go to Madam Falk for five minutes.

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Thank you, Chair, and thank you, Jacques, for bringing this bill forward.

I want to thank you as well, Mr. Sansfaçon, for your continued advocacy but also for your willingness to come back to this committee to share your vulnerability and to share your story and your daughter's story.

My mother was diagnosed with breast cancer when I was 11. Her illness went on for 20 years, off and on. I was young, and my siblings were also very young. I think maybe my parents did a good job at hiding the difficulty they were experiencing, such as the financial hardship of going from a household with two parents working to one with one parent working and one sick parent.

Mr. Sansfaçon, I'm just wondering this. If, in your family's experience, there was financial stress, what impact did it have on the mental health of not only your daughter but also those who were helping her?

[Translation]

Mr. Louis Sansfaçon: Thank you for the question.

In Émilie's case, her financial situation was devastating. We had to make family decisions to help her. Her group of friends held a number of fundraising activities. I am talking about “cents” and not “dollars”. There was enough, but her friends wondered how poor Émilie would make ends meet. She was in the middle of renovations to her house and had all kinds of projects, as is typical of someone aged 28 or 29 who has a baby.

When Émilie passed away, her daughter Jasmine was three. Émilie had been fighting cancer for two years by then. It took up her whole being, and her friends who went to see her understood that. Everyone pitched in, which was great.

Also, having financial assistance does not mean that all the moral support disappears. On the contrary, it takes different forms. That is how I see it.

We talked a bit about mental illness. Those situations and that kind of stress play a role. The person's outlook is very important because it is the first step in success. But if the person's outlook is undermined by financial problems, that makes it difficult.

● (1625)

[English]

Mrs. Rosemarie Falk: I don't remember who said this, but people do better with hope. I think the government, every elected official at every level of government, should be concerned when we're seeing headlines about people who, for example, can't afford food, can't afford to house themselves, who may not be sick but who are now wanting to end their life by MAID. We need to be cautious and take a moment to think about what we do here and the impacts it has.

Mr. Gourde, just quickly, we heard members from the government say they've heard Mr. Sansfaçon's story and it hasn't fallen on deaf ears. I'm just wondering. In your opinion, why has this government dragged its feet on implementing the 26 weeks, let alone 52 weeks?

[Translation]

Mr. Jacques Gourde: It is difficult for me to answer on behalf of the government. I really hope someone has the courage to do so.

I would like to find someone who is opposed to this bill and has the guts to appear before the committee. We could easily find 500 witnesses who support the bill. Unfortunately, at the end of the day, the government could withhold royal assent because it is a private member's bill. It was nonetheless introduced by an MP and approved by a majority of MPs. This is bordering on an affront to democracy.

The government could invoke a procedure to prevent the rejection of the bill on the pretext that it was not a government bill. Indeed, the idea of extending EI sick benefits to 52 weeks does not come from the government, because the Liberals did not include it in their election platform, preferring instead to save it for later on and take credit for it. That amounts political partisanship on the backs of sick people.

One should never engage in political partisanship on the backs of sick people. Cuts should never be made on the backs of sick people.

It is our duty as parliamentarians to make choices, the right choices, with taxpayer money. Every day, decisions are made in Ottawa that involve spending more than a billion dollars. In this case, we need about a billion dollars per year, which would be paid by Canadians.

It is up to us to decide whether to agree to the 52 weeks, and I hope that we, on the committee of hope, make the right decision.

[*English*]

The Chair: We will now go to Mr. Long for five minutes.

Mr. Wayne Long (Saint John—Rothsay, Lib.): Thank you, Chair.

Good afternoon, colleagues, and thank you to our presenters this afternoon.

Mr. Sansfaçon, thanks for coming back. I'm so, so sorry about the tragic loss of Émilie.

Mr. Gourde, thanks for bringing this forward. I appreciate your passion. Certainly in the House I always look forward to seeing you speak.

For the record, I want to state that I'm really happy that I can see all parties around this table advocating for increased EI benefits. That is really very refreshing to see. We will be implementing the 26 weeks by the end of this year, which will help about 120,000 additional Canadians.

All of us around this horseshoe have stories from our constituency offices about the calls we get. I talked to my team this afternoon. Jeannette Arsenault is the person who handles most of my constituency work. I asked her to share with me some of the calls she gets and some of the responses she has to give. Some of these Canadians work all their lives; they get sick, and they receive 15 weeks of EI. We've had some people basically be told that, well, you're going to have to go on social assistance. That is horrifying. We've had some people refuse treatments because they couldn't afford to go on EI sick leave. We're also entering an era of long COVID, when more and more Canadians are going to need more than 15 weeks.

In your opinion, Mr. Gourde, in general, what are some of the greatest challenges employees face regarding access to EI sickness benefits?

• (1630)

[*Translation*]

Mr. Jacques Gourde: When a person is sick and receives a medical diagnosis meaning that they cannot work, the person becomes eligible for EI sick benefits. That is not the problem.

The problem is that, among the 400,000 Canadians who claim EI sick benefits every year, about 151,000 of them need more than 15 weeks of benefits. By extending the benefit period to 26 weeks, we will be helping 120,000 of those 151,000 people. Yet that will still leave 31,000 Canadians per year for whom that is not enough.

If we receive royal assent and the bill is passed, with 26 weeks, that might help another 31,000 Canadians, without costing very much.

I would like the Parliamentary Budget Officer to examine the cost difference between the planned 26 weeks and the average of 41 weeks needed. For the 31,000 Canadians who are really badly off, the average amount of benefits would not be about \$600 per week, but about \$300 to \$350 per week. Is it really worthwhile to penalize 31,000 Canadians by stubbornly debating 26 weeks versus 52 weeks?

This is an important matter now because measures have been proposed to modernize the EI program and the insurance companies are ready. It took 50 years to open the discussion, move forward and grant more than 15 weeks of benefits. The current proposal is 26 weeks, we need 52, but for the vast majority of the population, the average number of weeks needed is 41.

By limiting it to 26 weeks, we will be penalizing about 31,000 Canadians every year. Some of those Canadians are in each of our ridings. Not a week goes by without someone calling to say they are out of money. We must really resolve this matter and settle it for the next 50 years. I am asking you to think about it and talk to your caucus about it.

[*English*]

The Chair: That concludes your time, Mr. Long.

[*Translation*]

Ms. Chabot, you have the floor for two and a half minutes.

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

I would like to point out that we are talking about workers and employers who pay into employment insurance. Workers who lose their employment income owing to illness are rightfully seeking access to the same number of weeks of EI sick benefits as the regular EI benefits. It is a question of fairness, I believe, and those 52 weeks would be fair.

Moreover, you have to remember that a person must have worked 600 hours to be eligible for EI benefits. So from the outset, not everyone is eligible.

In closing, Mr. Sansfaçon, could you tell us why you think 26 weeks are not enough and why we need 52 weeks?

• (1635)

Mr. Louis Sansfaçon: In cases similar to Émilie's—that is, in cases of serious illness for which chemotherapy gives hope for recovery, but where the protocol calls for 40 weeks of treatment—the attitude toward the disease and the fight is going to be less positive.

The financial challenge takes precedence over the medical challenge, and hope is lost. Those who are 26, 27, 28 or 30 weeks into treatment are probably the sickest, but they are also the ones who want to have hope of returning to work. While it would have been better if they had more time off, you don't hear about the people who were on benefits for only 15 weeks, but recovered after 17 weeks.

No one raises their hand to say they wish they were sick. It just doesn't happen. One day, you get the bad news, but you want to go back to work and achieve your potential. If these people get back to work soon, it's better psychologically and financially. They will be able to re-enroll their children in certain activities, which the family may have chosen to cut. That's part of the person's daily life.

Everyone has been given the information and understands the situation: the key to success is to allow up to 52 weeks of benefits, based on a health assessment. I don't think Canadian doctors are conspiring to defraud. They are going to do their job and support their patients by helping them heal and return to work.

The Chair: Thank you, Ms. Chabot and Mr. Sansfaçon.

[English]

Madam Zarrillo, you have two and a half minutes to conclude the first panel.

Ms. Bonita Zarrillo: Thank you, Mr. Chair.

Mr. Gourde, this question is just for you in relation to.... I'm going to go back to the gender question again. We know that if a parent takes maternity leave and ends up in a situation where they might get sick and do not have their accumulated weeks.... Do you agree or have any thoughts around some additional changes that should level the playing field in the way of gender equity for EI benefits? Do you support the idea that those maternity weeks should also be considered weeks worked for accumulated hours needed for the benefit?

[Translation]

Mr. Jacques Gourde: Over the recent months, the committee has done a tremendous amount of work to modernize the employment insurance program. I hope the committee members have mentioned that in the report they are going to present.

I think the ball will be in the government's court. When they come out with their modernized program, hopefully everyone will have some nice surprises.

[English]

Ms. Bonita Zarrillo: Thank you very much.

Finally, you mentioned today, Mr. Sansfaçon, regarding your daughter and also you, some of the financial challenges that may come forward when this happens. I wonder if you could just share a little about how it affected the way you thought about other families who might be going through exactly the same thing. Perhaps you could share a bit about your journey in wanting to come and make these testimonies and about what drove you to want to make these testimonies.

[Translation]

Mr. Louis Sansfaçon: Coming here to Ottawa is like a pilgrimage for me. Émilie came here during her chemotherapy treatments. She had the courage to do it because she thought she could be helpful.

For my part, I promised her I would do everything I could. I am proving it today. It seems to me that I will have succeeded in the best way possible if I am not forced to come back here to explain again that sickness benefits should be available, not for 26, 33 or 35.5 weeks, but up to a maximum of 52 weeks.

I want to say that it is a privilege for me to be here and I thank you.

● (1640)

[English]

Ms. Bonita Zarrillo: Thank you so much.

Thank you, Mr. Chair.

The Chair: Thank you, Madam Zarrillo.

That concludes our first hour with witnesses.

Thank you, Monsieur Gourde and Monsieur Sansfaçon, for your passionate testimony before committee this afternoon.

We'll suspend for a few minutes while we transition to the second hour. The next witnesses will be appearing virtually.

[Translation]

Thank you very much.

● (1645)

[English]

The Chair: We'll resume with the second panel, committee members.

Welcome back.

As you are aware, we're studying Bill C-215, an act to amend the Employment Insurance Act (illness, injury or quarantine).

I would like to make a few comments for the benefit of the two witnesses who are appearing virtually with us today.

You have the choice of speaking in the official language of your choice. To get my attention, please use the "raise hand" icon at the bottom of your screen. If for any reason we lose translation, please get my attention, and we'll suspend while it is corrected. I would also remind you to please direct all questions through the chair.

I would like to begin by welcoming, as an individual, Marie-Hélène Dubé, and from Mouvement Action-Chômage de Montréal, José Bazin.

Each presenter has five minutes.

We will begin with Madame Dubé for five minutes, please.

[Translation]

Mrs. Marie-Hélène Dubé (Criminologist and Founder, 15 Weeks is not Enough Campaign, As an Individual): Good afternoon. Thank you for having me here for the third time. I am going to make a few clarifications.

Since 2009, I have been running the campaign 15 Weeks is Not Enough. I battled cancer three times between 2003 and 2008. I only got 15 weeks of benefits. As a result, I started a petition that became the largest in Canada, collecting 620,000 signatures. I was involved in the development of the majority of bills.

So my tenure has been longer than most MPs. I think it's important to remember that context, as so many Canadians have been involved in this process and have called for an increase in the benefit period from 26 to 50 weeks.

I never thought I would be going through the same nightmare again 13 years later. I had more complications and, as of August 28, I am still without an income because my 15 weeks of benefits are over. In short, everything that was said before applies.

I'm glad to see that there is a new bill, but, honestly, I find it very discouraging. I have worked with all the parties over the years. Everyone always agrees during discussions, but the game of musical chair game continues. It used to be the Conservatives who blocked the Liberals. Now the roles are reversed. Honestly, I've seen it all. Ask me, I was there, unfortunately.

So this bill must succeed. The political bickering passes, but in the meantime, people are suffering. When the Liberals, though strongly supportive of this change, proposed 26 weeks of benefits, Mr. Sansfaçon and Émilie had just joined my fight and we did a tremendous amount of legwork.

I also met with Justin Trudeau and Carla Qualtrough, who made it clear to me that we were not going to be limited to 26 weeks and would go back to the drawing board and change that to fit the reality. I met with the people responsible for the budget, such as Sean Fraser and Tyler Meredith. Then I met with Mona Fortier. Everyone agreed not to limit ourselves to 26 weeks and to find an appropriate length.

Finally, in summary, COVID-19 came along and, for reasons we can't explain, we went back to 26 weeks. That hasn't moved since 1971. If we're doing something, let's do it right.

A lot of numbers were cited earlier, but I would remind you that setting the benefit period at 26 weeks is going to let down the people who need it the most. Extending the benefit period from 26 weeks to 50 weeks changes everything when it comes to treatment and recovery.

Right now, I'm dealing with costs that have skyrocketed. It just doesn't make any sense. Honestly, I'm really not proud to be Canadian. The UN calls Canada a laughingstock when it comes to social programs. There are many things that make me proud, but this is not one of them. I find this appalling.

In addition, the Parliamentary Budget Officer has demonstrated that this is a viable change. We can pay for this; people agree, it is a socially acceptable measure. As I said, extending the duration of

benefits from 26 weeks to 50 weeks would completely change the situation.

I want to make a clarification about private insurance, which was talked about a lot earlier. Whether you have private insurance or not, it's important to talk about eligibility. When you spent your childhood at Sainte-Justine Hospital or a family member is sick, no matter how much you apply, you are not eligible.

I am a criminologist by training and I worked for over 10 years in youth protection. So there are a lot of things that I specialize in. The risk of abuse has been mentioned and good points have been made, but what is not often mentioned are the consequences of doing nothing. People may think that amending the legislation in this way is going to cost a lot of money, but who has ever thought about the cost of doing nothing? It costs a fortune to keep this outdated legislation in place because there are a lot of unnecessary extra costs. It is important to consider this.

On the other hand, there is the intergenerational transmission of poverty, which ranges from three to seven generations according to the authors. For example, when a person, after 26 weeks on benefits, is forced to sell their house, is on the street and has to go on welfare, that has repercussions. I submitted a brief at one of my previous appearances, which has been distributed to you, where this is much more documented. You should know that poverty in a single family can affect up to 1,000 families. All of these people end up relying on assistance programs permanently when they shouldn't because of a situation in their lives that is only temporary. These people have lost hope.

● (1650)

Another point that is important to mention is the revenue shortfall. All those people who are offered last-resort programs and should not be in that situation are no longer paying taxes. It makes no sense. There are really additional costs associated with poverty.

A 2016 federal government report noted that socio-economic inequality in health imposes a direct economic burden on Canada of at least \$6.2 billion every year. Of course, this is not just due to the 15-week benefit limit, but that still accounts for a sizable portion, as such costs could be avoided.

So I don't understand that in Canada, in 2022, with all the steps that this campaign has taken, we are still at this point. I have met many people who have become friends, including Émilie and Louis Sansfaçon, and others, who were activists with me, but are now deceased. Will I be next? I don't know.

I find the situation inconceivable. So can we please put partisanship and politics aside? Could we really focus on this problem and allow people to get treatment?

Earlier, Mr. Sansfaçon said that medicine is getting better. Yes, people used to die, but now they survive. In fact, we can die with dignity, but do we have to get treated in mediocrity and poverty? Do we have to be condemned to go through things like I am still going through now?

It doesn't make sense that this is possible in Canada, in 2022. People are not getting treated. It took 51 years, 620,000 signatures and 14 bills to get to this point. I can't count the number of meetings I've attended to get a comma moved. So why do it the wrong way? If the act is limited to 26 weeks, do you think it will be possible to change that number afterwards? I would be very surprised if that happened.

That would be appalling. We have talked about long COVID. People who suffer from it really need to be able to get treatment. They will go back to work because employment insurance, which is taxable, is only 55% of their salary. So they are living on less than \$7,000 or \$8,000 for a year, while all the costs are skyrocketing. It makes no sense.

I would really like all these parameters to be taken into account and for us to come to an agreement. I've worked so much with the Liberals on this issue, so it is difficult to understand why we are still here. I think there is a duty to be consistent.

I know there are a number of new members, but it would be important to understand the scope of this campaign and what we have been doing. You need to be consistent for the people who elected you, for those who are sick, for the 620,000 people who signed the paper petition—yes, paper—across Canada.

So please be consistent. Let people get proper treatment and recover without all this stress that is totally inhumane.

Thank you.

• (1655)

The Chair: Thank you, Ms. Dubé.

[English]

Monsieur Bazin, you have five minutes.

[Translation]

Mr. José Bazin (Community organizer, Mouvement Action-Chômage de Montréal): Good afternoon.

I thank the members of the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities for allowing the Mouvement action-chômage de Montréal to give its opinion on Bill C-215. I would first like to say that we are, obviously, in favour of the proposed amendments.

I will divide my five-minute speech into two parts. I would like to make it clear that I will be referring to the sections of the Employment Insurance Act that affect salaried workers. Of course, the same thinking applies to self-employed persons who pay into EI special benefits.

First, I would like to draw the committee's attention to subsection 12(6) of the Employment Insurance Act regarding the general stacking of benefits. Indeed, the amendment to paragraph 12(3)(c) of the act may unfortunately be ineffective for some claimants or, at the very least, may not have the intended effect.

Subsection 12(6) prevents claimants with at least one week of regular benefits from accumulating more than 50 weeks of benefits, all benefits combined. Thus, a claimant who has used regular EI benefits in his or her benefit period will not be able to receive the

famous 52 weeks of sickness benefits if he or she becomes ill. The reverse is also true: a claimant who has used 52 weeks of sickness benefits and then loses his or her job will not be able to receive regular EI benefits, despite the fact that illness is one of the reasons for extending the qualifying period under subsection 8(2) of the act.

I would therefore invite the members of the committee to consider this issue, so that the amendment to paragraph 12(3)(c) does not leave a proportion of sick claimants without replacement income. Of course, the simplest way to deal with the perverse effect of subsection 12(6) is to simply repeal the entire section, which is a single sentence. Let us eliminate this sentence from the Employment Insurance Act and thus solve the problem of the general stacking of different EI special benefits after or before regular benefits. By adding the amendment to Bill C-215 to repeal subsection 12(6) of the act, committee members will be able to correct a potential unfairness to a portion of the unemployed who become ill.

Second, while amending a part of the Employment Insurance Act concerning special benefits, in this case sickness benefits, I would invite the legislator to correct the inequity of the act towards women who have received maternity or parental benefits, or their equivalent from a provincial parental insurance plan. Mothers who have received maternity and parental benefits are left without replacement income if they lose their jobs without having worked a sufficient number of hours to requalify for regular benefits. Yet the federal government considered the situation worrisome enough to allow these mothers to receive the Canada Emergency Response Benefit or the Canada Recovery Benefit during the pandemic. In addition, on January 10, the Social Security Tribunal issued a decision stating that subsections 8(2), 8(5), 10(10) and 12(6) of the Employment Insurance Act violate the equality rights protected by section 15 of the Canadian Charter of Rights and Freedoms.

I would therefore invite the members of the committee to amend Bill C-215 to correct this violation of the right to equality. To do so, Parliament should amend subsections 8(2) and 10(10) by adding to each an additional ground for extending the qualifying period and the benefit period. For the record, there are already four grounds for extending the qualifying period and the benefit period. This amendment to subsections 8(2) and 10(10) would add a fifth ground.

This fifth ground for extension could simply be written as follows, obviously using the feminine: "She was receiving maternity or parental benefits or their equivalent from a provincial parental insurance plan". In addition, Parliament should repeal subsection 8(5), as well as subsection 12(6), which I already mentioned in the first part of my statement.

I know that the second part of my intervention is a bit removed from what you are considering in Bill C-215. Nevertheless, I preferred to talk about it.

With that, I thank the members of the committee for listening to the opinion of the Mouvement action-chômage de Montréal.

• (1700)

The Chair: Thank you, Mr. Bazin.

[*English*]

We will now open the floor to questions from committee members, beginning with Madam Ferreri for six minutes.

Ms. Michelle Ferreri (Peterborough—Kawartha, CPC): Thank you, Mr. Chair, and thank you, everybody, for having me. This is my first time in HUMA.

Thank you to the witnesses here and to those who testified earlier today.

There's no denying how important this is. I think there's unanimous consent around how important this is. It's unfortunate that it hasn't been rolled out, and that it's taken this long a time, when there was promise it would happen.

Ms. Dubé, it was powerful to hear in your testimony that you were told it would happen, yet it hasn't.

This is absolutely necessary. It reminds me very much of maternity leave, quite frankly. It's very similar in terms of being able to be where you need to be, being covered for that and not having to worry about it.

Getting to the pragmatic side of things, my question is for Ms. Dubé.

Since you've dedicated so much of your life to this, how do you see funding this program? As you mentioned, it's costing more to keep it the way it is. It needs to be updated. It hasn't been updated since 1971.

Where do you see the government being able to account for the costs to cover this program?

[*Translation*]

Mrs. Marie-Hélène Dubé: In fact, this has already been demonstrated.

The study conducted by the Parliamentary Budget Officer clearly demonstrates that the program is able to pay for this. I remind you that these are workers' contributions. This year, the Parliamentary Budget Officer has added a new part to his study that confirms it again. We can do it; it's a social choice.

The Canadian Cancer Society did a study on this and showed that almost 90% of Canadians agree with this. For someone with a take-home pay of \$800, that equates to an average increase of about \$24.96 a year. There has to be a social will.

How are we going to pay for that? Honestly, I think the money is already there. What is needed is the will. The feasibility has been demonstrated.

Sincerely, I have a very hard time explaining why I am here again today, since everyone has agreed on this since 2009. I don't have a more precise answer to give. Today, I implore you to do the right thing. Now that we know it can be done, it must be done.

• (1705)

[*English*]

Ms. Michelle Ferreri: Thank you, Madame Dubé. That's excellent.

You mentioned that you've spoken with the Prime Minister, the Minister of Immigration, and all the ministers. To your point about political will, have they given you a reason for the holdup or why you're still here, when, quite frankly, you shouldn't be?

[*Translation*]

Mrs. Marie-Hélène Dubé: Obviously, I shouldn't be appearing before your committee again. Honestly, I don't have an answer for you. I can never get a straight answer. Just yesterday, I was told again that they wanted to study the matter further and that they would do so gradually. Honestly, I find that as soon as a new government is elected, it changes its position. This is what I have concluded from the many steps I have taken. It is very sad, because we are really losing time. Meanwhile, every day, people are losing their homes or committing suicide. Some families are going to be impacted for the rest of their lives because they were a few weeks short.

I don't have an answer for you since no one has a really sensible answer for me. The government is just stalling by hiding behind procedures, behind the administration and behind this or that. Then something always comes up, like an election call. This is often the case. When there is an election, the bill dies on the order paper. Also, we are unlucky in the draw, as Mr. Gourde mentioned. We often get caught up in obstacles like that. With respect to Bill C-215, it is true that it is well placed in the order of priority.

To sum up, I don't have a specific answer for you because no one has answered me satisfactorily. Yet the feasibility is there. It is now a question of will. In Canada, do we want people to treat themselves on the street? Do we want people to live on welfare and lose everything they have?

I have given over 400 interviews. I once collaborated on an article about a lady who had lost everything and was living in a campground with her 11-year-old boy so she could do her chemotherapy treatments. I worked on this article with the journalist Patrick Lagacé, who was outraged. There have been so many of these cases. Is this the Canada we want? Can we finally open our eyes and see that things are not going well? It's really not going well for people who are sick, people who have worked all their lives and who just want to go back to work.

We talked a lot about mental health earlier. Think of the effect this has on mental health. Do you think it helps people who are ill? People get depressed. Because of stress and many other things, people develop a host of complications that they wouldn't normally develop. Poverty sets in and children are affected and start having a lot of problems. This is what I call the intergenerational transmission of poverty.

The reasons I am given for refusing the extension of benefits are never satisfactory and never will be. Sometimes I find that they stumble over the costs. They say there is a risk of abuse, as if people decide for themselves how long they want to be off sick. Honestly, that never happens. This aspect is always supervised by a doctor. As we said, no one wants to depend on EI sickness benefits. Of course not! Getting only 55% of your salary means you are downright poor.

We need to stop using all these bad reasons. We really need to do the right thing. I can't believe I'm here again. I started this fight when I was 38 years old. I was born in 1971, the year the act was passed. Today I am 51 years old and I am still standing here. It's dreadful. I am going through this again and I am doing it for others. It's complete nonsense.

In your constituencies, you hear testimonies, but I hear these stories all the time. Over the years, a lot of times I've said to myself that I'm going to stop doing this, because nobody listens to me. I should say that people listen to me, but nothing happens. I am discouraged. I do this on a voluntary basis. I have never stopped because I have never stopped hearing the accounts of people who lose everything and end up on the street. It touches me so much that I continue. I keep going. I'm not with you today because my health doesn't allow me to, and it's really frustrating. I'm carrying on and I can't believe that I won't see this change. I can't believe that the government is just going to extend benefits for only 26 weeks. Indeed, we know—

• (1710)

The Chair: Ms. Dubé, unfortunately, I must interrupt you.

Mrs. Marie-Hélène Dubé: Yes. I'm done.

The Chair: Ms. Martínez Ferrada, you now have the floor for six minutes.

Ms. Soraya Martínez Ferrada (Hochelaga, Lib.): Thank you, Mr. Chair.

First, I thank Ms. Dubé for her testimony.

Ms. Dubé, this is the first time I have met you, even if only virtually. I wish your health had allowed you to be here with us today. I am grateful to the hybrid Parliament, which at least allows us to see you.

I wanted to give you the floor a little longer. You talked about the intergenerational transfer of poverty. Many of us have family members or know people who have been affected by serious illness. I'd like to give you the floor to talk more about the impact not only on you, but also on the family and on the caregivers. You were talking about mental health. How are the families around you and the families of people with serious illnesses doing?

I'd like to hear you talk more about the impact on patients and their families. How does this transmission of poverty happen?

Mrs. Marie-Hélène Dubé: It's a really difficult situation, one with consequences.

My children are now grown up. If I go back to when they were younger, our whole life was really changed. We couldn't do activities anymore. We did everything as little as possible. All the clothes we bought for the children were used. You didn't buy clothes for

yourself anymore. It was a thousand things. You had to cut back on treatments to look after the children. Everything had to be done so that the children's lives would not be compromised. I think all parents do that.

I'll take this opportunity to digress. The Employment Insurance Act has been amended for parents of sick children. A mother who finds herself with a baby who has leukemia can take 35 weeks to care for the baby, which is wonderful. However, a mother like me who has leukemia, cancer, and children is only entitled to 15 weeks. Yet she has dependents. This is an aberration.

So yes, the repercussions are incredible. In my story, the only bit of luck I had was to have a house that's going to be mortgaged forever and remortgaged forever. I will never be able to have a nice retirement and enjoy it. Yes, it has an impact. It has a huge impact on my children. I would like to spoil them a bit, finally. I used to think that after all these years, one day I would be able to do that, but no, it's impossible to consider.

It also affects family. I had help, but I needed help over and over. When I was ill, GoFundMe didn't exist. People were doing workplace collections, things like that. It's a situation that has huge implications.

Also, having to be away and leave work creates isolation. It affects us a lot. When you're under a lot of stress, you try not to let it show too much in front of the children, and also in front of the family, because you don't want to bother people with your problems. It has a terrible impact on the family.

There is also intergenerational transmission. This is where children start to develop multiple problems, such as learning problems or psychological problems of all kinds and other difficulties. The children in turn enter an impossible system. There are families who will really end up in atrocious conditions.

When my children were young, I remember how difficult it was, trying to keep up with everything. The school collaborated. It's hard to try to keep it all together. It's the mothers, the parents, who suffer. The repercussions are enormous. All the energy put into this doesn't allow you to do the rest. I wanted to have a social life and I thought it would be good for me, but no, it wasn't possible.

Ms. Soraya Martínez Ferrada: Ms. Dubé, we are talking about extending employment insurance benefits. I'm actually glad to see that my colleagues in the Conservative Party are also in favour of extending them.

Besides extending EI benefits, how could the government better support families living with illness? Is there anything about health care and mental health?

• (1715)

Mrs. Marie-Hélène Dubé: Beyond EI benefits, it gets really specific.

Sometimes we hear that there are other programs that could be put in place. Honestly, at this level of detail, I don't know what to say. Perhaps the benefits should not be taxed, which incidentally do not take into account dependents. For example, one person may receive \$8,000. For a single person, that's one thing, but the lady with three children gets the same amount. Maybe we should look at things like that.

I really focused on employment insurance and the fact that too many families are in poverty. That's the first door. Honestly, it's a really big fight. I haven't necessarily developed many other aspects. You have to start with that, have an adequate and really solid base that meets the needs.

Providing 26 weeks does not meet the needs at all.

Ms. Soraya Martinez Ferrada: Thank you, Ms. Dubé.

I congratulate you on the fight you have been waging for 13 years on this issue.

Mrs. Marie-Hélène Dubé: Thank you.

Ms. Soraya Martinez Ferrada: I know I don't have much time left.

Mr. Bazin, maybe we'll have a chance to talk again. You submitted a brief and you talked about the right to equality.

In 30 seconds, can you define what the right to equality in employment insurance benefits is? You've spoken to us about a lot of things, but I wanted to give you the last word in my question period.

Mr. José Bazin: Absolutely.

Receiving EI benefits is the best thing for people who are sick, as it is relatively easy to access.

Earlier, we said that having a medical note allowed us to receive EI sickness benefits. Our fight is also to ensure that everyone has access to benefits, whether they are regular or special benefits. EI sickness benefits are special benefits. We must also ensure that we do not prevent the person receiving EI benefits from receiving EI sickness benefits.

Today, I want to make members of the committee aware of the following: if we do not do this job properly, it could lead to a perverse effect. It could result in some people not receiving EI sickness benefits. This could be the case even if we change the law, as proposed in Bill C-215. Doing the job right is important.

The Chair: Thank you, Ms. Martinez Ferrada.

Ms. Chabot, you have six minutes.

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

Ms. Dubé, thank you. Once again, I wish you courage and solidarity in your new fight. You have fought a long personal battle and a long battle to move things forward.

I would like to remind you that we are not talking about health insurance in general, but about a concrete element, namely Employment Insurance sickness benefits. This type of benefit is part of the EI program, and people who have accumulated 600 hours of work are eligible for it, but they can only receive 15 weeks of benefits. As I said earlier, it's quite a battle, and one that we've been fighting for a long time. Ms. Dubé, you are one of the great instigators of this battle.

I have counted the bills. Even today, we wonder what more is needed, on a rational level, to convince people. Emotionally, I think everyone recognizes that it doesn't make sense for people with more serious illnesses.

Ms. Dubé, according to the experts and the research, why isn't 26 weeks of benefits enough?

Mrs. Marie-Hélène Dubé: It is true that everybody agrees on an emotional level. On a rational level, you have to provide numbers and describe the consequences. To start with, you have to tot up the costs associated with keeping the current law, instead of constantly asking how much it is going to cost to change it. This has already been proven. How much does intergenerational poverty cost? I touched upon this issue in my presentation. We have to ask these types of questions.

You have to make a choice between giving 20 extra weeks of benefits to the person, or making that person suffer all the consequences, like being on social assistance for 20 years, no longer paying taxes and not feeling like an active member of society. Moreover, there will be repercussions for the entire family. You have to take all these costs into account, because they exist.

Apart from the United States, Canada is the only G7 country that gives less than a year's worth of benefits. The majority of European countries offer benefits for a full year, a year and a half or two years. This is well documented: the countries that offer more coverage and treat their citizens struck by sickness with more respect come out as winners, whichever way you look at it. In Europe, there is the Centre des liaisons européennes et internationales de sécurité sociale.

Spain offers benefits for a period equal to one year plus six months, Ireland offers a benefit period of two years, Portugal makes benefits available for 1,095 days and Hungary offers a year's worth. Even South Africa has 52 weeks of benefits. What about Canada? We should look at what other countries are doing and check if it's working. And you know what? It's working.

In some countries, benefit amounts can be increased. To start with, a sick person can receive 55% of their wages. The sicker the person is, the more benefits they receive; up to 90% of wages. Only a small proportion of people are entitled to this amount, but they are the ones who need it the most in order to avoid becoming homeless.

We have to be open to such arguments and see what other countries are doing. We must stop limiting ourselves to only measuring the upfront costs. We have to look at the costs involved in keeping to the status quo, which are enormous. Then take into account the shortage of workers. It boggles the mind.

You have to give people time to get better. Afterwards, they can go back to work. Do you want to make all these people homeless? They might not ever be able to get back up on their feet again. They might decide that it is not worth it. We have to ask ourselves these questions and look at what other countries are doing. Let's look at the costs and decide if we will come out ahead in terms of economic results but also in human terms. People who are feeling better will be able to go back to work more quickly. They are going to be active members of society. They will enjoy better mental health because they won't be asking themselves how to fill their days, they will no longer be depressed and they won't have lost their jobs. We have to tailor the system to their needs.

We should look at all the factors, even those that we don't often take into consideration. The technical details are extremely important. There are other important factors apart from feasibility.

• (1720)

Ms. Louise Chabot: Thank you, Ms. Dubé, you have brought up important issues, both in terms of the economy and society. Let us not forget that we are talking about workers here.

The main aim of the employment insurance program, which should be a social safety net but has become a rather flimsy one, is to give people the means to return to work. This is me speaking rationally, as you have explained so eloquently.

With the minute I have remaining, I'm going to turn to Mr. Bazin.

Thank you for your testimony, Mr. Bazin. It could not be more relevant.

I would also like to thank you for supporting women on the issue of the reference period for maternity leave and the eligibility and accessibility problems they encounter. This also applies to sickness benefits because in both instances, they are considered special benefits. The same problem arises.

Do you think that we should target these problems by introducing reforms to the employment insurance program?

Mr. José Bazin: That should be the priority. Even when it comes to employment insurance and sickness benefits, if someone has a burnout, they can't get better in 15 weeks and very rarely in 26 weeks. It's important when it comes to illnesses such as cancer, but also in cases of work-related illness, such as burnout, when workers have to go back to work when they're not yet well. It creates an additional cycle of work-related illness. Unfortunately, this is not often recognized. In Quebec, for example, the CNESST does not recognize this.

This is a very important factor for all types of illnesses, whether it be cancer or a burnout. You can't get better in 15 weeks or even in 26 weeks, or very rarely so.

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

[English]

The Chair: Thank you.

We will go to Madam Zarrillo for six minutes.

Ms. Bonita Zarrillo: Thank you, Mr. Chair.

Certainly, the NDP supports this increase in weeks, and the Bloc does as well. I think it's been spoken of today that it's been brought a number of times in the past by the Bloc and also by the NDP, but there has been some lack of political will from the other parties. I'm hoping that today, through this bill, there is some consensus and we can get this increase in weeks happening.

My first question, Mr. Bazin, is around the stacking of benefits. If Bill C-215, the one we're discussing today, gives us a window to very quickly and efficiently increase those weeks of benefit, will there be any problems around the stacking of benefits? Will there be any risks or losses to other benefits that we should know about?

• (1725)

[Translation]

Mr. José Bazin: Indeed, when it comes to Bill C-215, we absolutely have to amend section 12(6) so that everyone can receive the maximum amount of employment insurance and sickness benefits, i.e., 52 weeks.

It is all well and good seeking to change section 12(3)(c), which sets out the maximum amount of employment insurance and sickness benefits that a person can receive, but if we do not amend section 12(6), there will still be problems.

Let me give you an example. In Montreal, we are entitled to a maximum of 36 weeks of regular benefits. That is the maximum period for regular benefits. If I lose my job, I'm entitled to 36 weeks of regular benefits, but if I become sick afterwards, I will not be entitled to more than 14 weeks of sickness benefits under the employment insurance program because I will have already received the maximum amount of benefits. Section 12(6) is very clear on this. As soon as you receive at least a week of regular employment insurance benefits, the maximum that you can receive afterwards is 50 weeks. It is impossible to receive more than 50 weeks of any benefit because you have received regular benefits.

Sometimes, the reverse can also be true. I will give you another example. Say I get sick. I am entitled to 52 weeks of sickness benefits under the employment insurance program. Afterwards, I go back to my job and there's a fire at my place of work. I heard of a similar case recently. There was a fire in the workplace and the person should have received regular employment insurance benefits, which replace normal wages when someone loses their job. However, because that person had already received sickness benefits, they were not entitled to regular benefits due to of section 12(6).

Whichever way you look at it, if you do not amend section 12(6), unemployed workers will not be entitled to wage replacement benefits, whether it be sickness benefits or regular benefits. We really have to proceed with caution here, and that's the reason I would ask the committee to amend Bill C-215, so that section 12(6) does not cancel out the amendment to section 12(3)(c).

[English]

Ms. Bonita Zarrillo: Thank you so much, Mr. Bazin.

Can I ask if the Liberal government has seen these? Have you had any feedback in relation to the amendment that you can share?

[Translation]

Mr. José Bazin: We did indeed submit the idea to the Liberal government.

Of course, we were mainly fighting for women who had lost their jobs after taking maternity or parental leave. As I said earlier, even the Social Security Tribunal reiterated, on January 10, that section 12(6) of the Employment Insurance Act infringed upon the right to equality guaranteed by section 15 of the Canadian Charter of Rights and Freedoms. The government is aware of the situation. At any rate, we spoke about the issue of stacking benefits.

Whatever the type of special benefits, as soon as a person receives regular benefits, section 12(6) becomes a problem. It is impossible to receive more than 50 weeks of benefits, any sort of benefit, even if a person is entitled to various types of benefits, because that can happen to workers who lose a job, become ill or have a child. We hope that all these things won't happen all at once, but sometimes it can.

If we manage to change the number of weeks of eligible benefits, we must absolutely avoid this being nullified by section 12(6) of the Employment Insurance Act.

• (1730)

[English]

The Chair: Thank you, Madam Zarrillo.

I have a few minutes left of our two-hour slot. I need some direction from the committee on one item. That will not allow us to continue with questioning. Is that okay with the committee members?

Some hon. members: Agreed.

The Chair: With that, I want to thank the witnesses for appearing in the last hour. Obviously, this is a very emotional issue. Thank you for taking the time to come in and share some very personal experience with the committee this afternoon.

Madam Clerk, that concludes the witnesses.

Mr. Sansfaçon wanted to stay, and I agreed that he could stay to hear the testimony.

We will conclude this round of questioning.

Madam Zarrillo, did you put your hand up?

Ms. Bonita Zarrillo: I did. It's for when we're done. Is the testimony finished?

The Chair: Yes.

Ms. Bonita Zarrillo: I have an item for the committee. I wanted to bring forward a motion. It's a motion that I circulated a couple of—

The Chair: Before that, Madam Zarrillo, I would like to excuse the witnesses at this time, and again thank them for attending.

[Translation]

Thank you very much, Mr. Bazin and Ms. Dubé.

[English]

Madam Zarrillo, you had the floor.

Ms. Bonita Zarrillo: Thank you, Mr. Chair.

I have a motion to put on the floor today about the federal housing advocate report. I move:

That pursuant to Standing Order 108(2), the committee undertake a study to examine the research reports on the financialization of housing released by the Office of the Federal Housing Advocate on September 8, 2022; that the committee examine corporate ownership of single family homes, rent gouging and other predatory tactics such as renovictions; that the committee hold no fewer than three meetings with witnesses for this study; that witnesses include researchers from all of the six reports released through the Office of the Federal Housing Advocate and a dedicated panel to hear testimony from the Federal Housing Advocate; that the committee report its findings to the House; and that, pursuant to Standing Order 109, the government table a comprehensive response thereto.

The Chair: Thank you, Madam Zarrillo.

For the benefit of the new committee members who were not with us, this was a motion that was under discussion the last time the committee met. There was a motion to adjourn debate at that time because of a translation issue on an amendment that was before us.

We have Madam Zarrillo's motion. It is in order, as it has the time frame for notice to proceed to the committee.

Mr. Collins.

Mr. Chad Collins (Hamilton East—Stoney Creek, Lib.): Thanks, Mr. Chair.

You recall at the last meeting, as well, that we had an amendment to Ms. Zarrillo's motion at that time, and we needed the translation for it. I think that has been distributed to the committee clerk and to committee members.

Could I read the amendment that deals with real estate investment trusts? It's along the same lines as Bonita's motion as it relates to the financialization of the housing market. If I could read the amendment at this point in time, it would read, in the second paragraph, that the committee examine the issue of financialization in the housing market, including corporate ownership of single-family homes, rent gouging and renovictions, “and the impact of 'real estate investment trusts' on the rental housing market, including but not limited to increased rental rates and the loss of affordable housing units, as well as the tax treatment of real estate investment trusts”.

Then, if you move on to where it states “that witnesses include”, I've added the words “but not be limited to” researchers from the reports released through the Office of the Federal Housing Advocate.

• (1735)

[Translation]

Ms. Louise Chabot: Mr. Chair, given that the interpreter does not have a copy of the motion and that Mr. Collins is speaking a bit too quickly, I could not hear the motion in French.

Would it be possible to help the interpreters and myself by having him speak a bit more slowly and provide us with the text?

[*English*]

The Chair: Take it from the top, Mr. Collins.

Mr. Chad Collins: I'll read it from the top.

That pursuant to Standing Order 108(2), the committee undertake a study to examine the research reports on the financialization of housing released by the Office of the Federal Housing Advocate on September 8, 2022; that the committee examine the issue of financialization in the housing market, including corporate ownership of single family homes, rent gouging and renovations, and the impact of "real estate investment trusts" on the rental housing market, including but not limited to increased rental rates and the loss of affordable housing units, as well as the tax treatment of real estate investment trusts; that the committee hold no fewer than three meetings with witnesses for this study; that the witnesses include, but not be limited to, researchers from the reports released through the Office of the Federal Housing Advocate and a dedicated panel to hear testimony from the Federal Housing Advocate; that the committee report its findings to the House; and that, pursuant to Standing Order 109, the government table a comprehensive response thereto.

The Chair: Is there debate on the amendment?

Mr. Aitchison.

Mr. Scott Aitchison (Parry Sound—Muskoka, CPC): Thank you, Mr. Chair.

I have to say that I'm completely opposed to all of this. In fact, things like renovations and all these things we're talking about, trying to demonize private sector landlords, are absolutely 100% provincial jurisdiction. The one thing we have some ability to affect when it comes to housing at this level of government is supply and assisting with getting some supply done.

If we're going to do any study here at this committee, that study should be on why billions of dollars have been promised to the CMHC. It's like a straitjacket, because community groups and various different investors that are trying to get units built—I can give you several examples all across Canada—can't get any funding out of the CMHC. To me, that's the real problem; that's the real challenge we have. It's an area we actually have some responsibility over. We actually can effect some change on it.

This other stuff is really provincial jurisdiction, with landlord and tenant acts and all that kind of stuff. It doesn't really affect anything we do here. I'm not going to start telling the provinces how to handle their landlord and tenant boards now.

We should focus on why, in fact, after promising literally billions for the last seven years, the situation is worse than it was seven years ago. I think this is a partisan effort to try to demonize certain groups of people when we really should be focusing on what we can actually do around here that we haven't done.

The Chair: Madame Martinez Ferrada.

[*Translation*]

Ms. Soraya Martinez Ferrada: Thank you, Mr. Chair.

I don't want to get into a debate on this issue, but I just want to say that any study that the federal government could undertake to look at ways of improving the work we do so that all Canadians have a roof over their heads would be a good study.

That said, I would invite my colleagues to vote on the amendments.

[*English*]

The Chair: If there's no further discussion, I will call for a vote on the amendment.

(Amendment agreed to: yeas 7; nays 4)

(Motion as amended agreed to: yeas 7; nays 4)

The Chair: I have one final item, members. I need direction on a deadline for submission of proposed amendments and a date for the clause-by-clause consideration of the bill currently under consideration by the committee, Bill C-215.

Can I get some direction from the committee on amendments—we're under a tight timeline—and a date for the clause-by-clause?

Voices: [*Inaudible—Editor*]

The Chair: There may not be any. Okay.

Go ahead, Madam Zarrillo.

● (1740)

Ms. Bonita Zarrillo: I have a question, Chair. We have a number of studies that need to go line by line, and we're anticipating a study here around Bill C-22. Is there an opportunity for there to be additional meetings than what's currently scheduled for HUMA?

The Chair: It's within the committee's domain.

Yes, Madame Chabot.

[*Translation*]

Ms. Louise Chabot: Mr. Chair, given the timelines, I believe that we should start our clause-by-clause consideration of Bill C-215, which deals with sickness benefits, as quickly as possible. I don't think we should delay any further. We can go back to the items on the agenda afterwards.

[*English*]

The Chair: Okay. I'm getting consensus that it be as soon as possible, so I will consult with the clerk and I will send out a notice to committee members.

With that, thank you, committee members. The meeting is adjourned.

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