

Brief for the HUMA Committee

Sickness Benefits

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“15 weeks to heal are not enough” Campaign

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Further to the tabling of the 2021 budget and my appearance before the HUMA committee, I would like to provide you with the following information so that you can obtain a more complete picture of my involvement in this issue as well as additional arguments and information that have not been sufficiently taken into consideration.

The issue of sickness benefits has been dragging on for too long. The issue needs to be settled properly (50 weeks), not partially (26 weeks). I must also tell you about some important forgotten aspects.

As most of you know, it was in 2009, after battling cancer 3 times in 5 years and having to deal with receiving only 15 weeks of benefits, that I started a petition asking to amend the 15 weeks of sickness benefits, which has not changed since 1971, more than 50 years ago.

Since then, over 618,000 Canadians from every province have signed the petition calling for this amendment. More than 11 bills have been tabled on this subject, as well as numerous motions that have always passed.

Date	Number	Member	Party	Change demanded
01-02-2009	C-339	Paul Crête	Bloc Québécois	15 to 45 weeks
03-06-2010	C-525	Robert Carrier	Bloc Québécois	15 to 50 weeks
07-06-2010	C-526	Fin Donnelly	NDP	15 to 52 weeks
20-06-2011	C-234	J-F Fortin	Bloc Québécois	15 to 50 weeks
28-09-2011	C-291	Denis Coderre	Liberal	15 to 50 weeks
15-11-2011	C-345	Fin Donnelly	NDP	15 to 52 weeks
09-06-2016	C-288	Fin Donnelly	NDP	15 to 50 weeks
20-02-2020	C-212	Daniel Blaikie	NDP	15 to 50 weeks
24-02-2020	C-217	Claude DeBellefeuille	Bloc Québécois	15 to 50 weeks
20-04-2020	C-242	Claude DeBellefeuille	Bloc Québécois	15 to 50 weeks
04-02-2021	C-265	Claude DeBellefeuille	Bloc Québécois	15 to 50 weeks

I would like to draw your attention briefly to Bill C-291, introduced by Denis Coderre in 2011, which had the support of all Liberals, including Mr. Trudeau. You will agree that it was baffling, to say the least, to see the Liberal Party completely forget its initial position and arguments in favour of 50 weeks, then let this matter go unaddressed and completely ignored for more than four years to end up proposing a paltry 26 weeks of benefits in 2019 as a footnote to the election platform.

Yet in 2019, you already had information showing that this update to 50 weeks was perfectly feasible economically and that a very minor annual increase in premiums paid by workers would be enough, just under \$35 per worker.¹

How can you continue to ignore this situation and propose a mere 26 weeks? This same report clearly shows that this measure is inadequate for more than 77% of patients who need more than 15 weeks. **The measure is obsolete before it has even been implemented!** Considering how slowly this issue is moving forward, allow me to express my concerns to you. Can Canadians who get sick look forward to another 50 years of poverty?

¹ https://www.pbo-dpb.gc.ca/en/blog/news/EI_Sickness_Benefits

Table 2-1

Working Lapse Following 15 Weeks of Benefits	Distribution
1 - 8 Weeks	11%
9 - 16 Weeks	7%
17 - 25 Weeks	5%
26 Weeks +	77%

Source: ESDC

Notes: Working lapse refers to the interval of time between sickness, injury or quarantine and when the claimant can return to work after receiving the 15 weeks of sickness benefits. This table shows the distribution of the working lapse for claimants that exhausted the full 15 weeks of sickness benefits and did not immediately return to work afterwards.⁴

It is estimated that 23% of sickness benefit recipients return to work immediately following the 15 weeks of benefits. Therefore, 77% of the total claimants that exhausted the full 15 weeks of benefits do not return to work immediately.

Table 2-1 shows the distribution of the average working lapse of the 77% of claimants that were unable to return to work immediately.⁵ Of the 77% of claimants that do not return to work immediately, about three quarters of these claimants took at least an additional 26 weeks off work. The estimated total number of claims used to calculate the additional cost is based on this subset of the claimants.

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More than 77% of patients cannot return to work after 15 weeks of benefits. Another 77% needed an additional 26 weeks after taking the first 15 weeks. This brings us to a minimum of 41 weeks of benefits.

With that in mind, how can you be proud and pleased to offer 26 weeks when we know that this will only be suitable for no more than 23% of patients? Furthermore, considering the oncoming aftermath of COVID, COVID long-haulers and all the possible future complications related to the variants, this 23% will certainly go down.

Every day for more than 11 years, I have been volunteering my time to advocate on this issue, which **I cannot help but notice has never become a priority for politicians.**

Allow me to remind you of the following:

- I may be only a private citizen, but nonetheless I do represent more than 618,000 people and I see what happens on the ground every day. You must admit that that's a lot of people uniting around a common cause. It is high time that you stopped ignoring them.
- Since 2009, I have read several federal documents related to poverty, economic inequality, social exclusion, and the much-heralded national poverty reduction strategy. **And yet, the sick are mentioned**

² Ibid.

nowhere. Nowhere at all. This despite hundreds of thousands of Canadians being plunged into preventable poverty every year because of this outdated law that has never been amended.

- Since the beginning of COVID, we've heard promises that everyone would be supported, with nobody left behind. Really? No one who was ill and had used up their 15 weeks but could not return to work because of the risk of contracting COVID or because they were still recovering was eligible for the CERB or CRB.
- **The sick are always the ones left out from all issues and all new measures.** Why is this? The great majority of them have always been active members of the workforce, paying taxes and paying employment insurance premiums for a program that is supposed to protect them. They are not asking for charity; they have already paid their fair share.
- Every year, I see this issue being swept aside by the powerful management and insurance lobbies, even though it has been demonstrated that we can do this while protecting everyone's interests. And yet, we keep hearing about how much this measure is going to cost. We are bogged down in a tunnel vision and do not see the full picture.
- What are we missing from the full picture? To begin with, there is the economic burden brought about by the stubborn efforts to keep the law as it is. How much does it cost us every year to cope with this outdated law? It is plain to see that it is not small change. First, let us look at intergenerational transmission of poverty and income. It spans a minimum of 3 generations, and some authors even speak of 7 generations, while there is no mention of the initial problem.

If we consider that each child born will find a partner outside the family to start a family of their own and will have an average of 2.5 children each

Generation 0	Family of origin
Generation 1	3 families
Generation 2	6 families
Generation 3	16 families
Generation 4	39 families
Generation 5	98 families
Generation 6	244 families
Generation 7	610 families

The poverty of generation 0 will have caused the poverty of 1015 families over 7 generations

- Second, many families who are driven into poverty and onto social assistance programs of last resort simply because they did not have a few weeks of benefits will never manage to escape. We slap permanent consequences onto a temporary problem. This is how the phenomenon of intergenerational transmission, which could have been avoided, is set into motion. How many people will then be spending their lives on social assistance, for the sake of just one person driven into poverty for want of a few weeks of benefits?

Scenario 1

Suzanne, a single mother of 3, has breast cancer and ends up on social assistance after liquidating all her assets. She spends the next 20 years on social assistance and struggles to care for her children. The whole family develops problems: health, educational, psychological, etc. A few years later, the 3 children, now adults, start their lives on social assistance as well. They have had bad luck, promise themselves that they will do better, but they cannot. Life is hard and there is no end to family problems. Each of Suzanne's children have 2-3 children of their own. Several children will be placed in state care and 2 of them will be born with fetal alcohol syndrome. At this point, Suzanne has been long forgotten. And the cycle will continue for many generations to come.

- Ultimately, how much will this cost the government? How much per year, over all those years? All this because the state wanted to save on a few weeks of benefits. Let me ask you, exactly how does that save money?
- A 2016 federal report states that “Socioeconomic health inequalities impose **a direct economic burden of at least \$6.2 billion annually**, or over 14% of total expenditures on acute care inpatient hospitalizations, prescription medication and physician consultations.”³ Of course, not everyone in that statistic are victims of the 15-week problem, but many are.
- Now, what about the overload imposed on all the other systems and levels of government? All because the fear of the cost of amending the law. These costs, let us not forget, are covered by the premiums paid by workers and employers.
- And then what is the real cost of having all these people on social assistance for a good twenty years for most of them? Although social assistance programs are provincial, this does not change the impact at the federal level. Hundreds of thousands of people who no longer pay income or other tax? Who no longer contribute to our country's economy and labour force? Not to mention all the costs associated with a total loss of dignity and the attendant psychological distress, nor the labour shortage in some sectors. Let me remind you that this exacts not just an economic toll, but a human one as well. As things stand now, our entire society becomes impoverished at every level.
- Does anyone still want to tell me that we cannot afford to change the law? And yet we find ways to continue paying for this sad situation that adds to the deficit every year.
- I am proud to live in a country that has finally given its citizens the right to die with dignity. However, I am ashamed to live in a country where we cannot properly care for ourselves when we are sick and where illness dooms us to a life of poverty thereafter. How ironic!
- I am ashamed that, apart from the United States, we are the only G7 country to offer less than one year of benefits, the only one to have such a long waiting period and the only one to offer such a low-income replacement rate, 55%. When I worked with Michael Ignatieff on this issue, he was deeply affected and shocked that this was the case. A Liberal government should have the same reaction.

³ <https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/publicat/hpcdp-pspmc/36-6/assets/pdf/ar-03-eng.pdf>

- I am also ashamed that almost all “other” countries do considerably better than we do, and their systems are not much different from ours.⁴
- I am ashamed that for the past 12 years, all these Canadians have been ignored, but all other special benefits have been amended. Obviously, we have nothing bad to say about these timely new measures. **But how does it make sense to get more weeks of benefits to care for a loved one or a child than to care for ourselves while continuing to care for our dependents?**

Here are some examples of how things play out:

Scenario 2

Martine is the mother of 3. Her youngest, Sarah, is diagnosed with leukemia and needs long stays in the hospital. Martine quickly becomes exhausted between Sarah, her job, her two other children, and all her obligations, compounded by the fact that her partner has just been permanently laid off. Fortunately, she can rely on the 35 weeks of special benefits allowing her to spend more time with Sarah who needs her mom. Her partner helps Martine as best he can, but he needs to actively look for another job, look after the other children, support his elderly parents, and consider joining a job training program.

After a months-long ordeal for the family, Sarah came home after all her treatments and the doctor was very optimistic about the prognosis. Still, the family's finances did take a hit. However, once the father finishes his training and finds another job, they should be able to get back on their feet within a year or two if the situation continues to improve and nobody else in the family gets sick.

Scenario 3

Martine is the mother of 3. She is in a relationship and her partner has just lost his job. Martine has been tired for some time. She thinks that she is working too hard, but that it is normal with all her obligations and the 3 children. After the fatigue dragged on, she went to see her doctor and to her dismay, she was diagnosed with colon cancer. Martine is shaken, but at 36, she tells herself that she must cope and fight for her children's sake. The doctor tells her what the program will be for the next few months. The program includes major surgery that will require 8 to 12 weeks of convalescence if there are no complications, followed by approximately 24 weeks of chemotherapy. Martine tells her employer about her diagnosis and applies for employment insurance.

Martine continues to put on a brave face and take care of her children as best she can. She has the surgery, which she finds gruelling, but continues to fulfill all her obligations and take care of her family. Fourteen weeks after her initial diagnosis, she begins chemotherapy. She is exhausted and has an extremely hard time keeping on top of everything. Her relationship begins to struggle. Two weeks later, Martine runs out of sickness benefits. Yet her treatments have barely begun.

Now, the misfortune of illness is compounded by financial problems. They struggle to make ends meet. Martine comes to the end of her rope in every possible way. The treatments continue, and they are taxing. A few weeks later, the couple splits, and her partner leaves her with a small support payment and little availability for taking care of their three children. Martine gets into debt, is no longer able to pay for everyday expenses and is feeling increasingly depressed.

The children are insecure and bicker a great deal. The eldest is starting to fall in with the wrong crowd, and the youngest is having a harder and harder time with his schoolwork. The school blames Martine for not being available enough for her child. Martine cannot do it anymore. She begins to sell off her assets and cash in her RRSPs. Three months later, she must put the house up for sale. The children protest, yet she has no choice. Her friends set up a GofundMe to help her, but it does not go far enough.

⁴ https://www.cleiss.fr/index_en.html

Yet, a job is waiting for Martine in a few months... that may seem like enough, but it is not. The employment insurance system does not go far enough to support Martine while she recovers. Ashamed, Martine is forced to apply for social assistance.

What kind of future is in store for Martine and her children?

Several scenarios are possible, and unfortunately, it is not always the happiest one.

- I am ashamed to see that I live in a country that continues to sacrifice those who are sick while survival and cure rates for serious illnesses have never been better. In 1971, many people died from serious diseases. Not anymore. But the system never kept up. They have been **left behind**, while all of them dream of being able to resume their place as active citizens in society.
- I am ashamed to see that someone who has worked all their life will receive no more than \$7586.25 of benefits during a whole year, regardless of whether they have dependent children or a partner. (*Maximum benefit \$595 - 15% tax = \$505.75 x 15, if the person reaches the maximum eligibility*).
- In December 2019, I had a meeting with Prime Minister Justin Trudeau, Minister Carla Qualtrough, the Honourable Pablo Rodriguez, Bloc Québécois Leader Yves-François Blanchet, and Louis Sansfaçon and Émilie Sansfaçon who joined forces with me in 2019. By the end of this compassionate and productive discussion, it was clear to everyone that the proposed 26 weeks were not enough for all the reasons stated above. They promised us that they would go back to the drawing board and correct the problem. Unfortunately, Émilie died this fall, disappointed and uncomprehending of why this promise, which seems to have been totally forgotten, went unfulfilled.
- In February 2019, I had the opportunity to speak with Sean Fraser and Tyler Meredith about the 2020 budget. I found this discussion to be productive as well. After we clarified the fact that the Canadian Cancer Society (through Helena Sonea et al.) was indeed in favour of the proposed 50 weeks, it also seemed quite clear to me that 26 weeks did not go far enough and that a much more appropriate measure would be proposed in the budget.

Unfortunately, the pandemic hit a few days later and the 2020 budget was never tabled.

Now you come up with a budget that proposes a measure that the documentation clearly shows is grossly inadequate. Everything has been shown and the calculations made. Since this measure is not scheduled to go into effect until the summer of 2022, also something hard to fathom, you can bring it up to date.

You now have a unique opportunity to rectify the situation with a modern measure that gives Canadians the opportunity to finally recover with dignity. Let us not forget that COVID will add to the already long list of people who need adequate benefits to take care of themselves.

You can make a difference, take part in this wonderful undertaking, and keep your word. Please do the right thing.

Sincerely,

Marie-Hélène Dubé

<https://15semaines.ca/en/>

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