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Chair

Mr. Dean Allison

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•(1535)

[English]

The Chair (Mr. Dean Allison (Niagara West—Glanbrook, CPC)): Due to Standing Order 108(2), we'll get started on our briefing on World Tuberculosis Day.

I want to welcome our two witnesses who are here today. We have Helen Upperton, who was a silver medallist in bobsled in Vancouver.

Welcome. We're glad to have you here. I know you had a fairly unique experience cycling across India. We hope to hear a bit more about that shortly.

From Doctors Without Borders, we have Peter Saranchuk who is the adviser for tuberculosis-HIV.

Welcome, sir. We're glad to have you. I don't know how many people had a chance to go to the reception they had over lunchtime, but it's good to see you again. I'm glad we could get you on here for an hour.

Ms. Upperton, why don't we start with your 10-minute statement? Then we'll go with Mr. Saranchuk. Then we'll go around the room and ask a few questions for the next hour. I'm going to turn the floor over to you. The floor is yours.

Ms. Helen Upperton (As an Individual): Thanks so much for having us here today. It's a really big honour. This is my second time at Parliament but my first experience in this type of environment, so I wrote notes that I'm going to be reading, because this is a little intimidating, even for an Olympian. I'll do my best.

This is an opportunity for me to share a great story and a personal experience that I had with MSF in learning about TB. It began in January. I was invited by a gentleman I met coincidentally, Dr. Unni Karunakara, who was the international president of MSF. Dr. Unni and the MSF team in Toronto invited me to join him on a really incredible adventure. When Unni's term as the international president finished not very long ago, just a few months ago, he decided that he wanted to return home to his country of India after 20 years of being away. He wanted to reconnect with the country to discuss global and local health issues and to raise awareness and campaign on behalf of MSF. He decided to do this by cycling from the north of India to the south of India. He rode 5,673 kilometres in 112 days. I joined him on day 93.

People assume that for an Olympic athlete like me this type of cycling trip would not be too far out of my comfort zone, but it was definitely out of my comfort zone. It wasn't a walk in the park, even for somebody who hurls herself down a concrete track at 130

kilometres an hour. I'm a sprinter, so I don't do a lot of endurance activity for prolonged periods of time, not to mention that I'd never been to India before and had met Dr. Unni only once, two years prior to this big adventure. I anticipated a lot of firsts in my life, and that indeed happened. I said yes to Unni and the MSF team in Toronto right away. It was an incredible opportunity and there was no way that I could say no.

The next question a lot of people ask is "why?" Why become involved in this, why be interested, and why take this chance? I guess the answer is twofold. I spent my life sharing my passion of sport with pretty much anybody who would listen, from government officials, to students in classrooms, to corporations and businesses, and I find people's passions really contagious. For the people I met at MSF, and especially Dr. Unni, I found their passion about MSF really interesting. I became fascinated by this concept of a global community helping to improve the health and well-being of people all over the world.

It's not just that. I also spent over a decade living a fairly selfish lifestyle. Being an athlete is a really selfish thing. You have to be intensely focused on one goal and one objective. Mine was to represent my country at the Olympic Games and to eventually stand on the Olympic podium. Every decision you make has to be about your own needs, and every step you take gets you either closer to or farther away from achieving that goal. It's a pretty selfish lifestyle.

I've competed in sports since I was 12. I represented Canada in four different sports, so it's been pretty much a life decision. It's not purely selfish, as amateur athletes in Canada don't make a lot of money and most of us do the sports we do because of the joy of representing our country and participating in something we love. It's not a journey that we do alone; we have teams of people supporting us. The government supports athletes here in Canada, as do technical experts, sports science experts, coaches, family, and friends. We're really lucky in this country to have so much support behind us, and a lot of athletes search for ways to give back, to do something that's not selfish, and to help people less fortunate than themselves.

Many athletes I know, including me, are just as passionate about charity work, volunteering, and non-profit organizations as they are about their sports. Often, you're given a voice and a platform, and you can talk about things that are important not just to you but to many people. That's how I found myself involved with MSF. They gave me an opportunity not just to raise funds and awareness on behalf of the organization; they gave me a chance to see the medical issues that were facing a country I'd never been to before and to get a true understanding of what it's like to fight a disease like TB by seeing it with my own eyes.

Unni and I biked for three days. On days two and three, we covered over 210 kilometres of Indian countryside between Bangalore and Vellore in the south of India. It was a really incredible experience. You get to experience the culture, the food, the hardships, and the beauty of the country, and you also meet a lot of incredible people. I also had many hours to talk to Unni about his amazing life and his experience in dealing with so many global medical issues through his work as the international president of MSF.

He told me that 25 years ago when he was at school in Bangalore, it was known as the garden city. It was full of trees and flowers and was very beautiful. When I was in Bangalore, it just seemed very polluted and crowded. It seems that in the big cities in India, the population rapidly outgrows the infrastructure.

There are roughly 1.2 billion people in India. We were biking along this very bumpy country road and Unni said to me that every day the number of babies born in India is equivalent to the population of Australia. I never forgot that statistic. It's a pretty alarming number.

Trying to bike through Bangalore was actually one of the most frightening cycling experiences I've ever had in my life. The traffic regulations and the traffic lights are just a suggestion in India and not really a rule. It was one of the many moments I appreciated my home country a little bit more.

Each day we rode into a different state was like being in a new country, because the landscape changes so much and the culture and the food are so different. We covered three states in total. We had a wide range of paved and unpaved roads. When you're on a bicycle for 10 hours a day you are hoping that you get more paved roads than unpaved roads.

After the ride was over I flew to Mumbai and I spent two days learning more about MSF and specifically the projects that they're working on in India. The MSF clinic in Mumbai deals with second- and third-line HIV treatment, hepatitis C, and multi-drug-resistant tuberculosis or MDR-TB. Both tuberculosis and MDR-TB are huge issues facing the country of India. They're not alone in this struggle. They also deal with a lot of co-infection at that clinic. I spent countless hours listening to patients, doctors, nurses, and researchers tell me their stories and about all of the different projects and programs that they're running there.

MSF provided me with one of the most memorable experiences of my life, and that's a big statement coming from somebody who's been to two Olympic Games. With a Canadian photojournalist and one of the MSF nurses, we visited an 18-year-old girl with extremely

drug-resistant tuberculosis in the slums of Mumbai. Just going to the slums of Mumbai alone is a pretty life-changing experience, but when I met this incredible girl and her family at their home, I became truly passionate about raising awareness and funds for this global TB issue.

She is a student, a very good student, actually. She began studying medicine. She and her younger brother are both smart and passionate about school, and decided with their parents that they would take the train to a school farther away to receive better instruction from better teachers.

The trains in Mumbai are a little bit tough to imagine. They're so overcrowded, there are often people hanging from the windows and the doors on the outside of the trains. She believes this is where she caught tuberculosis, in such close proximity with other people. They caught the train twice a day, every day, to go to school.

Her symptoms got worse and worse so her father finally took her to the hospital, where the medical staff performed the most widely used diagnostic test for tuberculosis, which is a sputum test, developed over a century ago. Her test came back positive, so she was put on a regime of very strong TB medication for two years. That's 14,600 pills—over 20 pills a day for two years—and 240 injections, with a list of side effects that make most patients feel worse when they're on the medication than before they started taking it. Permanent deafness is one of the potential side effects of the medication.

During the course of her treatment, she became more and more ill. Her weight dropped to below 70 pounds, she was forced to drop out of school, and she couldn't leave her home. Her family was really afraid that someone would discover her illness and force them out of their house in the slums because of fear, which is a huge part of this disease and diagnosing this disease. Her father became so desperate to save his daughter that he learned to speak English to research other options for her medical care, and that's how he came across the MSF clinic in Mumbai.

Her case was taken on at the MSF clinic, and it turns out she had a very complicated case of multi-drug-resistant tuberculosis. Unfortunately, the sputum test, which so many clinics and hospitals use around the world, cannot show the type of TB or the specific type of medication needed. As a result, they gave her the wrong antibiotics and the illness became even more resistant to the drugs that weren't strong enough to kill it, turning her multi-drug-resistant tuberculosis into extremely drug-resistant tuberculosis, obviously accidentally.

When I met this family in January of this year, they were really happy and laughing. She's healthy again after... She's halfway through her second two-year treatment plan for drug-resistant tuberculosis. She's studying again. She says she's even more determined to be a doctor, and she wants to treat tuberculosis patients. She says she'll be able to understand how frightened they are, and how awful they feel on the drug plan, and how much they should believe in the treatment even though there's no guarantee that it will cure them.

• (1540)

She says she'll be the best doctor in Mumbai, and I'm inclined to agree with her on that topic.

It wasn't just a family that changed my life and inspired me; it was also the team of medical staff at the MSF clinic. They use outdated medicine and diagnostic techniques to save people's lives. Adherence to the treatment for drug-resistant tuberculosis and multi-drug-resistant tuberculosis is so low, and you can understand why. To get someone to take so much medication for such a long period of time seems virtually impossible for the medical staff. TB also affects people with weakened immune systems the easiest. These are the young and the old, the HIV-positive patients and the people with diabetes. It hits poor communities the hardest. Despite the obstacles, the medical teams were really positive and passionate and committed to what they were doing. I kept saying to myself that I wished there was some way I could help more.

There are a lot of issues that Canadians don't have to deal with. TB is unfortunately not one of them. It's a global issue. With the lack of new medicine and diagnostic tools, one of the epidemiologists I met in MSF said that drug-resistant TB was a global crisis.

I'm a really proud Canadian. That's obvious for somebody who has represented their country for so long. It's an important statement. I'm really proud of the commitment that we as Canadians make to causes such as this one. There was a \$650-million contribution to the Global Fund to help with HIV, TB, and malaria. It's an incredible amount of money. What's even more impressive is that historically, every time Canada recommit to this fund they increase their support by 20%. That's something we should all be really proud of. It makes me feel even more proud to be Canadian.

In 2009 we also provided a \$120-million grant to the Stop TB Partnership to launch TB REACH to help increase case detection of tuberculosis, which is really important in preventing the spread of the disease. I truly believe, however, that without more money being continually invested in research and development, TB will continue to be a global problem, with the painful and frightening side effects of medication used in the six-month or two-year treatment plan causing a lack of adherence to the drugs and causing the number of people who are struggling with the illness to continue to climb. I was telling one of my teammates that we can send people to space and we can clone animals, but we can't find a better cure or detection for an illness that impacts nine million people a year. It's kind of a crazy idea.

Without money being invested into R and D to update the diagnostic tools or techniques, patients like the girl I met in Mumbai will continue to be misdiagnosed, causing more drug-resistant or multi-drug-resistant strains of the illness to spread, or perhaps even worse, causing patients to not be diagnosed at all and to go back home to their communities, their families, their loved ones, and continue to spread tuberculosis.

I feel like we can all do something to help. As part of a Canadian campaign and a global initiative, I believe the tide can be turned on tuberculosis. Peter was saying to me this morning that this illness is preventable and it is curable. That gives me a lot of hope for the future.

Thanks.

• (1545)

The Chair: Thank you very much.

Mr. Saranchuk, I will turn the floor over to you for 10 minutes.

• (1550)

Dr. Peter Saranchuk (Adviser, Tuberculosis-HIV, Doctors Without Borders): Great. Thank you very much, Mr. Chair. Thank you, committee members, for this opportunity to speak on World TB Day.

My background is that I'm a medical doctor, originally from St. Catharines, Ontario. I've been working for over 10 years internationally with Médecins Sans Frontières, or Doctors Without Borders, so mainly in southern Africa but also in China and India. I helped to support a TB-HIV project operated by MSF in Ukraine as well.

I'd like to show a number of images to you and just talk around these images. The first is of a person who's actually sneezing. You can see when a person sneezes that hundreds, even thousands of little droplets come out. The same thing happens when someone coughs. If a person happens to have active TB disease, amongst these droplets will be some of the TB germs. The point is that TB is an airborne disease. These droplets, some of them tend to be suspended in the air not just for seconds, not for minutes, but sometimes for hours. So if the ventilation is not very good, if someone had been coughing in this room even before we all arrived and the ventilation wasn't good, some of the droplets would still be floating in the air.

The point again is that TB is an airborne disease. It's a public health threat in every single country around the world, so anybody who travels, anybody who spends time in a room with other people or where other people have been is at risk to inhale this TB germ.

It's important to distinguish between drug-sensitive and drug-resistant TB. So again, MDR stands for a multi-drug-resistant TB. It refers to a TB germ that's resistant against at least two of the more common and powerful drugs we would normally use to cure TB. So some of the differences between drug-sensitive and drug-resistant TB are that drug-sensitive TB can be diagnosed using the microscopy test that Helen referred to, so a relatively simple procedure looking under a microscope; whereas MDR-TB requires a higher-level lab. In a resource-limited setting such as a number of places MSF supports, this lab doesn't necessarily exist, so it's more difficult to make a diagnosis of drug-resistant TB.

Again, TB can be cured. It normally takes around six months for drug-sensitive TB, but it can take 20 months or more for MDR-TB. The number of drugs to cure drug-sensitive TB is four, commonly in a fixed dose combination, so an easy to take regime for drug-sensitive TB. But this number increases to six drugs including a daily injection to cure MDR-TB.

The side effects of using drugs to treat drug-sensitive TB, although they are possible, we don't tend to see them as much. Whereas with MDR-TB, the possible side effects become probable. The cost to cure one case of drug-sensitive TB is less than \$100. For MDR-TB, it's over \$5,000 just to cure one single case.

This is an image from the clinic that Helen visited in Mumbai. It's a woman who has active TB. She happens to have drug-resistant TB, and the second image is the number of pills that she has to take every single day, in addition to this injection. This image shows that drug-resistant TB takes up to two years to cure. It's quite a long and involved process involving again lots of pills and the possibility of side effects, sometimes quite severe, ranging from hearing loss to intractable nausea and vomiting, to mental health issues, to kidney issues and liver issues.

• (1555)

It's a difficult regimen to take. You can probably understand that when people start to feel better in terms of the TB symptoms they often want to stop this treatment early, the problem being that it doesn't cure the TB and the symptoms will come back again in time.

One of the most important issues is that most of the people—81%—with drug-resistant TB either are not diagnosed in the first place or are diagnosed and don't receive effective treatment. Of the 19% who do, only half are cured, so this difficult treatment regimen that I've described—up to two years—is actually only successful in curing people about half the time. You can see that most of the people with drug-resistant TB are never cured. When somebody is not cured, they tend to go on with their daily activities. They are going to work with a cough, travelling on public transport, and exposing other people to the drug-resistant TB germ.

Shown on this page is a website that MSF has helped to set up. It's called "Test Me, Treat Me". It's a drug-resistant TB manifesto. The woman you see shown is from South Africa. Her name is Phumeza. She has a story similar to that of the patient in Mumbai that Helen described. She had TB. She did not receive the correct treatment the first time around. Her drug-resistant TB turned into XDR-TB, which refers to a drug-resistant TB that's even more resistant than MDR. She took the treatment. She was eventually cured, but in the process she developed profound hearing loss. She worked together with her health care provider to tell her story. Together, they created this manifesto that talks about all of the difficulties and the need for better treatment.

I would ask committee members, if you have time, to take a look at this website, and if you agree with what's presented there, actually sign this manifesto, which is all of us creating a voice for urgent change.

Again, the issues include difficulty in diagnosing drug-resistant TB. Even if the drug-resistant TB is diagnosed properly, many people don't actually get treated properly. When people don't get

treated properly, they continue to cough these drug-resistant TB germs in communities around the world. Also again, this is a public health threat that is not going away. It's getting worse over time, not better. We need to work together, including investing more in research and development, to create a better, more realistic treatment regimen that can be scaled up, so that we can take that number of less than 20% who need the treatment and increase it to closer to 100%, such that people around the world who need the treatment actually get it.

Thank you.

The Chair: Thank you, Dr. Saranchuk.

Can we do two rounds of five minutes each, then?

A voice: Yes. That would be fine.

The Chair: We'll just do five minutes each. Then we can get two rounds in.

Why don't we start with you, Madam Laverdière?

[*Translation*]

Ms. Hélène Laverdière (Laurier—Sainte-Marie, NDP): Thank you, Mr. Chair.

I want to thank both of our witnesses for their informative presentations.

I want to begin with Ms. Upperton. I agree with her statement that tuberculosis is a global issue. As I have often said, my husband has TB. It's not active, but he was around someone with TB and was exposed it.

What you're doing is admirable. Do you encourage other Olympic athletes to do the same thing?

• (1600)

[*English*]

Ms. Helen Upperton: Actually, I'm trying with a few of the people I work closely with. Calgary is a big centre for the winter Olympic community, and that's where I live and work right now. There are many people involved in a lot of different organizations and causes. I received a lot of interest from fellow athletes when they heard about what I was doing with MSF. MSF had previously never really had spokespeople or advocates. Much of their fundraising comes from public donations. The partnership also came about as a way to create more awareness in Canada.

We've had some discussions about potentially getting more people involved in the campaign. They do a lot of great work. My involvement with TB has come out of this opportunity to be in India where TB and drug-resistant TB are especially of concern. So I hope I'll be able to do so. I find that athletes are great spokespeople, and as I mentioned before, we are very happy to do something that contributes to the good of society, because we take a lot in order to pursue our goals in sport and it's nice to be given an opportunity to give back.

[*Translation*]

Ms. Hélène Laverdière: Thank you kindly.

Dr. Saranchuk, would you say TB drugs are accessible enough in developing countries? Are there enough TB drugs to treat the disease in developing countries?

Dr. Peter Saranchuk: Thank you for the question.

[English]

Definitely access to drugs is a huge issue, so I tend to support TB projects in resource-limited settings, such as southern Africa, and as was mentioned, India and Ukraine. Often health care providers know that a strong treatment regimen involving four or five or six drugs is necessary, but the problem is that they might have access to only two of these drugs. So they end up giving two drugs, which is an inadequately robust regimen, and what they're actually doing is making the problem worse. This is something we need to correct.

There are three ways to treat TB. You can give the proper treatment, you can give no treatment, or you can give the incorrect treatment. Giving no treatment is better than giving a weak treatment. Unfortunately, as it stands now, I would say the majority of people with drug-resistant TB around the world receive incorrect treatment, either because they're not diagnosed on time or because those drugs just aren't available.

Ms. Hélène Laverdière: That's a very interesting point indeed. Thank you.

I'm particularly interested, because I proposed a private member's bill C-398, which would have reformed CAMR, Canada's Access to Medicines Regime, so as to be able to easily export medicines, in particular for TB. Do you think that reforming CAMR to have properly working access to a medicines regime would be useful?

Dr. Peter Saranchuk I may not be the best person to answer that question, just because my experience is very much international and I've only recently come back to Canada, but I would say if it can reduce the cost of these medications from \$5,000 to something much more reasonable than that, then that would definitely make a big difference.

Ms. Hélène Laverdière: That was the aim anyhow.

Am I finished?

The Chair: You are. That's five minutes. It's a short period of time.

Thank you, Madame Laverdière.

We're now going to move over to Ms. Brown for five minutes, please.

Ms. Lois Brown (Newmarket—Aurora, CPC): Thank you, Mr. Chair.

Thank you very much for being here. This is a very important issue and is one with which Canada is very much seized in regard to this opportunity.

You talked about the \$650 million that Canada has pledged for the Global Fund. I was at that replenishment conference in Washington in December, and I was very proud to make that announcement on behalf of Canada. Indeed, it is a 20% increase over what we have given in the past. The real problem is that pledges are made but not followed through on, so we have a disparity between what we say is available and what truly comes through.

I'm sure, Doctor, that this is what you deal with in the field. I'm proud to say that our government has always paid what it has pledged. Canadians can be very proud that we have taken that initiative and have made sure that it happens.

Again, one of the very reasons why we have untied our aid... I know that my colleague has talked about that bill, but we know that bill is never going to work because we have intellectual property rights that have to be respected. In response to that, we have said, "Let's untie our aid so that these medicines can be purchased at the best possible global price." That's driving the price down, and we know that the access is being increased, because untied aid means that they can deal with that money in the very best way they possibly can.

I was in Bangladesh with Results Canada, Ms. Upperton. We had a little chat about that at lunchtime. I've been to those places. I've seen the desperate circumstances in which people live. The transfer of tuberculosis has to be one of the most frightening things that people are dealing with in some of these slum areas.

Doctor, one of the things that I saw in Bangladesh was the training of what they call *shasta shabikas*. They are women, for the most part, who are being trained to do the very elementary testing in order to have people.... They can get the results from the laboratories much more quickly than can some of the other mechanisms that are available. We've invested a great deal in maternal, newborn, and child health and one of the things that we want to see happen is trained people getting out into the field in order to help make this early diagnosis. Can you talk a bit about how that reach is happening in countries where you have been?

● (1605)

Dr. Peter Saranchuk: Thank you for the question.

This is definitely important. We can't expect all people to be able to come to health care facilities, so a large part of our work involves going into communities and diagnosing in communities. The thing about drug-resistant TB, though, is that it's a diagnosis that has to take place inside a higher-level lab. It's great that we continue to go into communities, but there has to be a transmission of the specimens. As it stands now, we collect specimens, but they still have to be transported to a higher-level lab.

We do need a better diagnostic test that can make the diagnosis in the community. Again, that has to be followed up with a much more tolerable regimen. As it stands now, we don't have a tolerable regimen—tolerable to patients and easy to prescribe by practitioners—and I think that's one of the reasons why diagnosis is still weak when it comes to drug-resistant TB. We need a better treatment.

Ms. Lois Brown: What level of expertise does one need in order to make that diagnosis? Is it a doctor, a nurse, or a community health nurse who can do that? What level of expertise do you need?

Dr. Peter Saranchuk: Definitely within Médecins Sans Frontières in our projects, we agree with task-shifting, with taking tasks that are normally done by a higher-level health care worker and having a lower-level health care worker do them. These lower-level health care workers can certainly screen for TB symptoms and collect specimens, but the end result is that this testing has to take place in a high-level lab, usually by way of using expensive equipment in that lab. So in our projects, we tend to have to support labs, in addition to supporting this community-driven diagnosis as well.

•(1610)

The Chair: Thank you very much.

Mr. Garneau, you have five minutes, sir.

Mr. Marc Garneau (Westmount—Ville-Marie, Lib.): Thank you, Mr. Chair.

Thank you to both of you for coming today, and thank you for the work you're doing with respect to TB and other medical problems.

I don't know very much about it. I do know that my wife, who's a nurse, had to take the pills for six months. I can't remember exactly what her situation was, but I recall that she did have to go through that.

What's the prognosis for somebody who never gets treated? What happens to them? Do they invariably end up dying, or what happens?

Dr. Peter Saranchuk: That's a very good question.

Of course 100 years ago, when there was no treatment available at all, a third of people would spontaneously cure, another third of people would get sick and die, and the last third would go on to develop chronic TB symptoms. They would be transmitting the TB germ to others.

In this day and age we have a new wrinkle, and that's called HIV. People with HIV almost invariably, if they develop active TB, will go on a downward course and eventually die. The thing is that before they die, they tend to transmit that TB germ to...well, it depends on the community, but often to dozens of other people.

Mr. Marc Garneau: If we have a truly concerted and unified and coordinated effort worldwide, is this a medical disease that we can eliminate?

Dr. Peter Saranchuk: There are two answers to that question. One is drug-sensitive TB, which is curable at a relatively low cost and has a tolerable treatment.

This is possible for drug-resistant TB, although with the current regimen we have available we're just not able to give that treatment to everybody who needs it. As a result, we see an increasing rate of drug-resistant TB amongst the total amount of TB cases in many countries around the world. Some countries are worse than others, specifically in eastern Europe and central Asia, and India as well. In some countries you can buy TB drugs over the counter. People with a cough will go into a pharmacy, buy these pills to make their cough better, and in the process contribute to the development of drug-resistant TB.

Mr. Marc Garneau: It's one thing to try to get the medicines to people who have drug-resistant or drug-sensitive TB, but what is the role of research in this? Is there the potential for research suddenly finding a solution that will make this much more easy to treat and perhaps eliminate, or has everything been tried with respect to research?

Dr. Peter Saranchuk: This is the key at the moment, or one of the keys; it's investing more in research. Fortunately, two new anti-TB drugs have come along in the last couple of years. The thing is that we don't know yet how to use these in combination. We can't just use one anti-TB drug to effect a cure. We need to use them in combination. We don't know how to best combine the drugs at the moment. We need to research this and we need to develop other better, more tolerable drug options.

So yes, research and development is very important at this stage.

Mr. Marc Garneau: Are the pharmaceutical companies investing in it, or is it one of these situations where they don't think there's a very good return on their investment?

Dr. Peter Saranchuk: I'm maybe not the best person to answer that question, except to say that these two new drugs were developed by pharmaceutical companies.

Mr. Marc Garneau: Thank you.

The Chair: Thank you, Mr. Garneau.

We'll now start our second round.

Ms. Grewal, you have five minutes, please.

Mrs. Nina Grewal (Fleetwood—Port Kells, CPC): Thank you, Mr. Chair.

I would like to thank both of you for being here today with us.

Canada has one of the lowest TB rates in the world, so it may come as a shock to learn that every year, as Ms. Upperton said, nine million people are infected with tuberculosis. The disease takes the lives of about 1.4 million people annually, many of whom are never diagnosed. The Government of Canada, as Ms. Brown said, has committed to not only further reducing rates of TB in Canada but also tackling this tragic disease in other parts of the world.

In 2009, as Ms. Brown said, Canada pledged over \$120 million to the Stop TB Partnership to found the TB REACH initiative, a mechanism focused on using community-driven programming to promote early and increased detection of TB cases and to ensure their timely treatment. TB REACH has also so far supported about 109 projects in 44 countries. Our Prime Minister announced in December that our government would contribute \$650 million over three years to the Global Fund to Fight AIDS, Tuberculosis and Malaria, meaning that thousands of people across the world will receive the life-saving treatments they need, and we will move even closer to eradicating TB in our lifetime.

In your opinion how can western countries or governments best help in the fight against TB?

•(1615)

Ms. Helen Upperton: Are you asking me?

Mrs. Nina Grewal: Both of you can answer.

Ms. Helen Upperton: Thank you for the question.

I think that again it goes back to research. In the current drug regime, there's no specific drug plan for children. That means children are typically overdosed or underdosed with the medication, which is a really sad thing.

To me, the contribution that the western world and countries such as Canada make already is incredible, but there needs to be more research and development towards earlier diagnosis as well as greater accessibility to drugs in order to improve the rate of cure. Without those things, it will continue to be an issue.

Dr. Peter Saranchuk: I would repeat that as well. I think an important point is related to operational research. The money that Canada has contributed to the Global Fund is fantastic, but the problem remains that treatment is too difficult for most people to take. So we need to put some money into looking at drug-resistant TB treatment regimens that are more tolerable, that can be given in a number of months instead of a number of years. Also, as Helen mentioned, there need to be child-friendly formulations. Often it's children who suffer. When somebody has drug-resistant TB, their whole family or community is affected.

Mrs. Nina Grewal: Mr. Chair, I'll pass on my time to Mr. Anderson.

Mr. David Anderson (Cypress Hills—Grasslands, CPC): Thank you.

There's the Global Alliance for Vaccines and Immunisation. What role does that play in dealing with this disease?

Dr. Peter Saranchuk: I'm sorry, but I'm not the best person to answer that. As it stands now though—sorry it was....

Mr. David Anderson: It was about a vaccination.

Dr. Peter Saranchuk: As it stands now, the only vaccination we have for TB is called BCG. It's given to children. It's mildly effective for children. It helps to reduce a serious type of TB in children, but for the most part it's not effective for adults and is not given to adults.

Mr. David Anderson: So if it is given to children, you're saying that when they grow up and are in the situations you're talking about, it is not likely to be effective in their lives.

Dr. Peter Saranchuk: The people at risk of developing TB are those with weakened immune systems, so those who are HIV-positive, diabetics, malnourished people, children under the age of five, and the elderly. If children under the age of five receive this BCG vaccination early in life, they tend not to develop the serious forms of TB such as tubercular meningitis. Instead they'll get the pulmonary TB, which causes less morbidity and mortality.

The Chair: David, we'll come back to you. That's all the time we have.

We're going to move over to Mr. Saganash and Madam Laverdière.

[Translation]

Mr. Romeo Saganash (Abitibi—Baie-James—Nunavik—Eeyou, NDP): Thank you.

I want to thank the both of you for contributing to our work.

Congratulations, Helen. I think what you're doing is very admirable. You have reason to be a proud Canadian, in my view.

I was sent to live in an Indian residential school when I was young. There were many cases of TB in those schools.

I represent a region that is home to many aboriginal communities. And the living conditions in some of them are arguably no better than those in the third world. Overcrowded housing is a common problem.

Do we know the figures around TB and its impact on aboriginal peoples in Canada? Do we have that kind of information? Dr. Saranchuk, I am asking you.

● (1620)

[English]

Dr. Peter Saranchuk: Thank you for the question.

Again, I'm not the best person to answer this. My experience is mainly working overseas, but it is true that within Canada there are pockets where TB continues to be a problem. In my mind, I'm just speaking for myself here, it's sad to come back to Canada and hear about that. TB is curable. Early diagnosis, early treatment can quickly and easily reduce a burden in any setting around the world, including in Canada. I don't have the data related to that unfortunately, but just to say that, yes, we need early diagnosis, early treatment for TB and drug-resistant TB around the world.

[Translation]

Ms. Hélène Laverdière: Thank you.

You talked about how hard it was to treat children with TB. My understanding is that there are also challenges around diagnosing TB in children.

[English]

It's more difficult. Can you explain a bit further why it's more difficult with children than with adults?

Dr. Peter Saranchuk: Thank you for the question.

In order to diagnose TB we need to try to get a specimen. Usually we try first to get a sputum specimen. So for an adult that's not usually a problem if they're coughing, but to have a young child cough and produce sputum that we can test in a lab, that becomes difficult. That's one issue.

Another is that children are more likely to develop extrapulmonary TB. That's TB outside of the lungs. Again whether it's meningitis, whether it's in their lymph nodes, whether it's in their kidneys or other parts of their body, it's difficult to get a specimen for testing. That's the first part of the battle.

The second part is that for drug-resistant TB, children are forced to use adult formulations. So we take these four to five to six different drugs used for adults, and if they come in a capsule form you have to open the capsule, you have to mix the powder with water, you have to give them half in the morning, half at night. Children are invariably either underdosed or overdosed. There are problems both with diagnosis and treatment of TB, especially drug-resistant TB in children.

Ms. Hélène Laverdière: Thank you.

For both of you, do you think we'll meet the MDGs, the millennium development goals, regarding TB?

Dr. Peter Saranchuk: The short answer is for drug-sensitive TB, yes; for drug-resistant TB, no way. Drug-resistant TB is a problem that's only going to get worse unless we invest now. If we don't invest now, 20 years from now it's going to be twice the problem and much more expensive. So it requires an investment now from every country around the world.

The Chair: Thank you very much.

Now we'll finish up with Mr. Anderson for five minutes.

Mr. David Anderson: Thank you, Mr. Chair.

I have a quote here and I would just like you to address the different picture that it's giving from what we're hearing from you and see if the two things fit together. This is by Dr. Bertozzi who has been a director of HIV at the Bill & Melinda Gates Foundation and is dean at Berkeley. He said:

Because of investments made by the Global Fund...the world is achieving tremendous progress against these diseases. More than half of people in need of HIV treatment now receive it; the vast majority of TB cases are detected and treated; and more than half of families at risk of malaria in Africa are protected by bed nets. Since the early 2000s, deaths related to AIDS, TB and malaria have declined significantly. This is a record of saving lives that we can and must build upon.

He also compliments Canadian leadership.

I'm wondering how that fits in with the picture that you're talking about. Are both those things happening at the same time? Are we having success at the same time that it's spreading in other areas?

• (1625)

Dr. Peter Saranchuk: Thank you for the question. Sorry; just to clarify, I agree with that statement, but again, we need to distinguish between drug-sensitive and drug-resistant TB. For drug-sensitive TB, that statement is true. For drug-resistant TB, that's not happening at the moment. We need to invest more in order for that to happen.

Mr. David Anderson: You talked about adult formulations of these drug mixes that are used. I'm just wondering why they're not in children's packages. Is it just not marketed that way, or have the pharmaceutical companies made a decision not to do that? What are the reasons why?

Dr. Peter Saranchuk: Again, maybe I'm not the best person to answer that. An overly simplistic answer might be that there's just not the incentive there. There aren't enough children being diagnosed with drug-resistant TB in order for a pharmaceutical company to say, "Let's invest in making a child-friendly formulation."

Mr. David Anderson: Are they not reading the tea leaves correctly, then? Why would they be under the impression that there

are not enough cases for them to address? Have they missed something, or are they just not reacting?

Dr. Peter Saranchuk: Well, there are estimates and there is the actual number of cases being diagnosed. Because it's so difficult to diagnose TB in children, very few children end up in these actual statistics and data.

Mr. David Anderson: But you're here saying that this will be a huge problem right across certain areas of the globe, yet it seems like drug companies are not reacting to that information.

Dr. Peter Saranchuk: Well, maybe I'm sounding a bit too negative. Just to put a positive frame on it, pharmaceutical companies have to work together with governments and with researchers to develop what we need. We don't have what we need yet, especially to control the drug-resistant TB epidemic, especially for children.

Mr. David Anderson: Okay.

To both of you, I'd like to ask a question about funding. I'm told that \$12 billion was pledged in Washington in December. Sometimes all of that money doesn't come through in the end, but I'm wondering, how would you, or would you, break that up amongst R and D and delivery? Where do you think those lines should be drawn in terms of how that money is used? What would you suggest?

Ms. Helen Upperton: That's a tough question and a good question. Perhaps it's a little bit outside my realm of knowledge and expertise, but again, from everything I've learned, and from the experience I had...and it was just my initial experience. Every day I learn more about TB and about what we're doing as a country and as a global community to help with it, but I still hear over and over that continuous improvements for the diagnosing and the medication still have to be the priority. We can keep giving the drugs we have now, which will cure some of the people, and the diagnostic techniques will find some of the cases, but if you really want to end, to eradicate, tuberculosis, you have to have better tools.

Mr. David Anderson: Do you think that some R and D needs to be done ahead of application, that there are some things we're missing at the beginning of the process?

Ms. Helen Upperton: I think it probably has to be a two-pronged approach.

I learned even more today from Peter. I'm sure he can touch on this better, because I might not get it correct, but I think he said that once somebody with TB gets the correct medication, they don't transfer the germs after one to two weeks. It's that quick.

It's the same for drug-resistant TB. It takes a little bit longer, but it could be that within a couple of months they're no longer spreading it. They still have to complete the medical regime for a two-year period, but if people are given the right drugs, or the cure is happening quicker, you can imagine that the spread of tuberculosis and drug-resistant tuberculosis will drop drastically.

I thought that was really interesting to find out. The problem is the misdiagnosing and the lack of adherence to the very complicated treatment plan.

The Chair: Thank you.

Do you want a quick comment, Dr. Saranchuk? Then we'll wrap up.

Dr. Peter Saranchuk: Just to reinforce what Helen said, as an incentive for diagnosis there has to be a good treatment available. For drug-resistant TB, there's not a good treatment available. If and when there is, diagnosis improves, we diagnose everybody, we treat everybody, they quickly become non-infectious, and TB is no longer transmitted.

• (1630)

The Chair: Thank you.

Dr. Saranchuk, thank you very much for being here. It was nice to have you here.

Helen, thank you very much as well for your passion for this subject.

We're going to suspend the meeting. Then we'll get started again with our new witnesses.

Thank you.

• (1630)

(Pause)

• (1635)

The Chair: If we could resume the meeting, I want to welcome our two witnesses this afternoon.

Joining us via video conference from Washington, we have Michael Druckman, who is the resident country director...

I'm sorry, Michael. I'm having a hard time with my notes. I guess I'm going to have to get glasses after all. I've been fighting it for a while—

Voices: Oh, oh!

The Chair: —but it looks as though I don't have that choice anymore.

Michael is joining us here from the IRI, where he is resident country director.

Thank you for being here.

Joining us from the National Endowment for Democracy is Carl Gershman, who is the president.

Welcome, Carl. We're glad to have you here.

Yes, Mr. Anderson?

Mr. David Anderson: Chair, may I interrupt you for one minute?

I just want to make a bit of a point, in that we had done some hearings on Ukraine and the Russian intervention there and had almost, I think, come to the point where we thought that maybe we were moving on. I think that what we've seen in the past few weeks has rekindled the committee's interest in this issue. Certainly, we've been—I think I can speak for all of us—appalled by the aggressive actions that have been taken by Russia with regard to Ukraine.

The Prime Minister and the Minister of Foreign Affairs have spoken with and stood with the people of Ukraine right from the beginning of this action and will continue to do that. The Minister of Foreign Affairs was the first minister on the ground in Ukraine in recognizing the new government. The Prime Minister is now the first leader to go to Ukraine to support the government there.

I'm very happy to see that we have come together in the House of Commons. I think all of us are on the same page with regard to this. We may vary in some small particulars, but overall, the Canadian people are very strongly behind the actions and the commitment of our Parliament and our government with respect to Ukraine. For example, today in question period, the first question of the day that was asked by the leader of the official opposition was in regard to this issue, and later we heard the Liberals, on a question of privilege, raise this issue again.

We look forward to working with the opposition and with the other members of Parliament. Certainly, we're very disappointed in this aggressive action that Russia has taken and in their position to take further aggressive action against Ukraine, and we believe that how we engage on the issue of Ukraine is inextricably intertwined with how we respond to Russia as well.

Thank you for allowing me that short intervention.

The Chair: Okay. What we're going to do is—

Ms. Hélène Laverdière: I'm sorry, Mr. Chair. Could I get 20 seconds to reply to that?

The Chair: Sure.

Ms. Hélène Laverdière: Thank you very much, Mr. Chair.

[*Translation*]

I would like to say that we are all extremely concerned about the situation in the Ukraine. It's an issue that transcends partisanship. We have worked with the government on the issue. The first question asked by the Leader of the Opposition today was about the situation, and we intend to keep working with the government on this critical issue.

Thank you very much, Mr. Chair.

[*English*]

Mr. Marc Garneau: I'd like to reiterate that certainly the Liberal Party is in unity with the government and with the NDP on this matter. We appreciate the briefings that have been given to us by the government. We are ready to contribute in any way that we can. We all stand in solidarity with respect to the question of Ukraine and the actions that are now being contemplated or taken against Russia.

The Chair: Thank you.

With that, why don't we get started?

Michael, why don't we turn the floor over to you for your opening statement? Then we'll follow with Carl after that.

Welcome, sir. The floor is yours.

•(1640)

Mr. Michael Druckman (Resident Country Director, Ukraine, International Republican Institute): Mr. Chairman and members of the committee, I am honoured to appear before the committee today on behalf of the International Republican Institute, IRI. We thank the committee for its kind invitation to offer our thoughts regarding the situation in Ukraine and to share with you some insights on the activities of IRI. I am pleased to follow up also on the earlier exchange the committee had with IRI's president, Ambassador Green.

Mr. Chairman, not since it became independent in 1991 has Ukraine had such an opportunity to reform its political, economic, and judicial systems. At the same time, Ukraine faces existential threats from both external and internal actors. It is critical that the international community support the democratic process in Ukraine, especially to ensure a transparent presidential election in May. That election is important for stabilizing the country and empowering the new government to implement these long-term reforms.

Former President Yanukovich's sudden reversal on European integration in November 2013 precipitated spontaneous protests by Ukrainian citizens throughout the country, with the biggest in Kiev. The Ukrainian government attempted to suppress the movement, popularly known as the Euromaidan, or European square, by brutally beating those involved, most of whom were students.

As a result of the government's brutal crackdown on November 30, up to a million Ukrainians from across the country flooded into the capital to exercise their right to protest peacefully. Violence erupted again in January and in mid-February during which government forces utilized rubber bullets, tear gas, and water cannons against the peaceful protestors. In spite of the increased aggressiveness and number of casualties, protestors refused to give up Independence Square, the centre of the Euromaidan movement in Kiev.

As a result the government positioned snipers throughout the city who indiscriminately shot at protestors. On February 21, finally, opposition leaders signed an agreement with former President Yanukovich to, among other things, conduct presidential elections no later than December 2014.

The agreement, however, was not accepted by Euromaidan protestors, and Yanukovich fled the capital effectively abdicating the presidency. In his absence the parliament voted for Oleksandr Turchynov as interim president on February 22, and on the same day, set early presidential elections for May 25, 2014. The parliament also voted to release former prime minister Yulia Tymoshenko, who had spent more than two years in prison on politically motivated charges.

Displeased with developments in Ukraine, Russian Prime Minister Medvedev asserted that the developments constituted an "armed mutiny", ignoring the fact that Ukraine is an independent country. At the end of February after the eyes of the world had moved from the region and the Sochi Olympics, Russian forces invaded the Crimean

peninsula in Ukraine, first taking control of the Crimean parliament, followed by naval bases and military outposts throughout the region.

On March 16 Russia-occupied Crimea called for a referendum with two options on the ballot: to join Russia or to increase autonomy. There was no option to maintain the current status quo. The referendum was rightly deemed illegal by the international community. Of specific note, the vote was boycotted by the Crimean Tatar community, an indigenous population of Crimea who were forced into exile to central Asia by Joseph Stalin in 1944 and were only able to return to Crimea following the collapse of the Soviet Union.

The Crimean Tatars have been considered among the most progressive actors on the peninsula, having most adamantly supported the Euromaidan movement. The Qurultay, their governing body, was not initially a directly elected entity. At their own initiative in May 2013, the Crimean Tatars held their first direct elections to this representative body. IRI, with the support of the United States Agency for International Development, observed the 2013 Qurultay elections. The elections were the only elections to have been held under former President Yanukovich's regime that met with international standards.

Although Russian President Putin attempted to persuade the Crimean Tatar leadership to support the March 16 referendum with promises of government positions and security, the Tatar leadership refused. It was not lost on the Tatar community, and it should be remembered by the international community, that among the first casualties of the Russian invasion of Crimea was a Crimean Tatar activist, Reshat Ametov, whose body was found with signs of torture after his kidnapping.

The March 16 Crimea referendum showed official results of 97% of voters choosing to join Russia. However according to an IRI survey conducted in May 2013, only 23% of Crimean residents supported joining with Russia. Although somewhat dated, the poll provides an accurate snapshot as it was taken during a time of peace and reduced tension. In the same poll, IRI found that 53% of Crimean residents supported maintaining the status quo with Ukraine. This is in sharp contrast with the official results announced 10 days ago in Simferopol with Russian troops on the streets.

•(1645)

While Russia appears to be consolidating its power on the Crimean peninsula, it has also been escalating tensions in eastern and southern Ukraine. As the conflict erupted in Crimea, pro-Russian groups appeared in eastern Ukraine, attempting to take over government buildings and demonstrate support and unity with Russia.

In the last few weeks, several Ukrainians have been killed by these pro-Russian groups, who have clashed with pro-Ukrainian demonstrators in the cities of Donetsk and Kharkiv. In both cases, evidence points to pro-Russian groups attempting to create provocations, disrupt public order, and give the impression of an unstable political situation in which ethnic Russians or Russian speakers were under threat.

These events have had a profound impact on the political situation in Ukraine. New political forces have emerged from the Euromaidan movement, while others have been diminished. Interim President Turchynov and the parliament sought to move quickly to stabilize the evolving situation by creating a new government within a week of the former president's abandonment of the presidency.

The new prime minister, Arseniy Yatsenyuk, has promised to undertake difficult economic and political reforms and to set the course for Ukraine's European integration. On March 20 Yatsenyuk signed an association agreement with the European Union and officially announced the government's plans to accelerate economic and political ties with Europe.

With the presidential election set for May 25, potential candidates have until the end of March to announce their candidacy. Thus far, boxing champion Vitaliy Klychko, leader of the Ukrainian Democratic Alliance for Reform, has announced his intention to run on a platform promising Ukraine's European integration. In addition to Klychko, outspoken leader of the Right Sector, Dmitry Yarosh, has also announced his intention to run, most recently calling for a policy of Ukrainian non-alignment. Sergiy Tigipko, from the former president's party, the Party of Regions, has also announced his candidacy, calling for a complete overhaul of the political system. We understand that prominent businessman Petro Poroshenko is also considering entering the race. Finally, it is expected that Yulia Tymoshenko will announce her candidacy.

The goal of the IRI's assistance in electoral processes, with support from USAID and the National Endowment for Democracy, is to ensure that the forthcoming presidential election meets international standards. If Ukraine, particularly its eastern section, can administer an election that is peaceful, open, and transparent on May 25, it has the opportunity to continue as an independent and sovereign country and will be able to continue on a democratic, constitutional, and western path. The west must do everything it can over the next two months to assist in this endeavour, and this must be our collective priority. In addition, transparent elections would create space for Ukraine to be able to develop sound economic policies and continue to build its democratic institutions. In light of this, it is difficult to overstate the importance of a free, fair, and well-administered presidential election on May 25 for the future of the country.

However, Ukraine will not be able to achieve this short-term goal if it continues to have to face the threat of an armed invasion of its eastern and southern territories. It is incumbent upon the west to use all means at its disposal to deter any such external threat.

The IRI began programming in Ukraine in 1994, working with numerous funders from the United States, Europe, and Canada. The IRI has sought to support the development of national, broad-based, and well-organized political parties. It has done so by providing parties with regular national public opinion data to inform their decision-making processes. The IRI has also sought to use this polling data as a mechanism for building coalitions among like-minded parties by focusing on issues. The IRI regularly provides political parties and candidates with campaign trainings on message development and voter targeting. Currently, the IRI is providing such trainings in the lead-up to the May 25 election.

The IRI has also sought to promote democratic governance across Ukraine. Often in Ukraine, local elected officials are unaware of their rights and responsibilities. In addition to conducting trainings to inform officials of these rights, the IRI recently began to create a network of reform-oriented local elected officials. In conducting its initial trainings, the IRI observed that local officials in one part of the country were often not aware of reforms their counterparts were conducting in other cities in the country. Therefore, the IRI sought to connect these officials by conducting study trips and exchanges, such as taking officials from Crimea to observe best practices in western Ukraine. The IRI seeks to expand this program in the future, with a particular focus on building bridges between local elected officials in eastern and western Ukraine.

Finally, a critical component in ensuring transparent and free national elections is the participation of non-partisan international observers to monitor election day and bring legitimacy to the result. The IRI has fielded an election observation delegation in every presidential and parliamentary election in Ukraine since the country declared independence in 1991. As a result of these observation missions, each delegation issued a comprehensive report following the elections, which served as the basis for subsequent reforms instituted by the Ukrainian Central Election Commission.

In conclusion, after the May 25 election, the IRI plans to continue its work, including providing assistance to the new government as it builds democratic institutions based on the principle of accountable representation.

• (1650)

The immediate objective for the international community must be to help Ukraine create a sense of stability and security so that it can conduct the May 25th election in a transparent manner. This will then help Ukraine to be able to focus on the economic, judicial, and political reforms it needs to undertake.

Again, Ukraine cannot achieve stability if its primary focus is on securing borders against possible military invasion. Therefore, the west must continue to do what it can to minimize pressure on Ukraine's borders in the south and in the east.

Thank you for your attention. I am happy to answer any questions.

The Chair: Thank you very much, Mr. Druckman. You are not in Washington, as I said earlier, but are right here with us today. I appreciate that and apologize for earlier.

I'm going to welcome Mr. Gershman now, who is with the National Endowment for Democracy.

Sir, we'll turn the floor over to you for 10 minutes.

Mr. Carl Gershman (President, National Endowment for Democracy): Thank you very much, Mr. Chairman. It's a great honour for me to present testimony on Ukraine to the Standing Committee on Foreign Affairs of the House of Commons. It is also great for our two capitals to be linked electronically.

Let me note also that at the beginning of the hearing we heard Canadian bipartisanship, and that's also reflected in the National Endowment for Democracy. Michael represents our Republican institute, but we also have a Democratic Party institute, and we're all working together on the issue of Ukraine.

The Russian invasion and annexation of Crimea, backed up by President Putin's revanchist doctrine enunciated in his appalling speech on March 18, threatens more than Ukraine's security and territorial integrity. In the words of this week's *The Economist* magazine:

...it poses a broader threat to countries everywhere because Mr Putin has driven a tank over the existing world order.

Vladimir Putin is not Adolf Hitler, and Russia today does not pose as ominous a threat as Nazi Germany did in 1938-39, yet the analyst Anders Aslund is correct in drawing deeply disturbing parallels between Putin's emotional, belligerent, and self-pitying speech in the Kremlin and Nazi Germany's public discourse in the years leading up to World War II, in particular Hitler's speech declaring war against Poland. These parallels include defining nationality by language and ethnicity and not by statehood, reserving the right to intervene to support ethnic Russians anywhere, emphasizing historical grievances, claiming that borders were drawn wrongly, charging that post-Soviet leaders betrayed Russia, justifying the annexation of Crimea with a rigged referendum, and holding the west at fault for the current crisis, just as Hitler blamed the duplicity of the United Kingdom and France for his attack on Poland.

German Chancellor Angela Merkel, looking for ways to contain and not inflame the present crisis, prefers the analogy of 1914 to that of 1938. The implicit assumption here appears to be that the main danger is not a belligerent and revanchist power but the possible failure to anticipate and prevent the carnage that may lie ahead. However, the 1914 analogy also raises other troubling parallels between the world of 1914 and today: the complacency of affluent democracies, the assumption that economic globalization has overcome nationalist divisions, the belief that emerging global norms obviate the need for diplomacy backed up by military deterrence, and the instability created when, as George Weigel said in a recent lecture on the origins of the Great War, "the great powers that stand for order in the world [remain] idle while the forces of disorder gather strength."

Some foreign policy realists have argued that Russia today is simply defending its interests within its own sphere of influence, but that argument completely sweeps aside the essence and the source of the Ukraine crisis. It did not come about because the European Union or the United States was challenging Russian interests in its "near abroad", as Russia calls the countries that used to be part of the Soviet Union. It happened because millions of people in Ukraine rose up against a thieving kleptocracy and demanded accountability and the rule of law.

Are we to ignore the aspirations of the people of Ukraine or subordinate them to the demands of geopolitics? In his March 18 address, Putin charged that the Euromaidan movement was controlled by nationalists, neo-Nazis, Russophobes, and anti-Semites, who resorted to terror, murder, and riots to seize power. Here he shows himself to be a worthy successor to the Soviet rulers and a true product of the KGB, for he has elevated the big lie to the

pinnacle of its political discourse. He has revived the Orwellian inversion of the truth as a tool to justify actions that are otherwise indefensible. He reminds us of what Aleksandr Solzhenitsyn said in his Nobel lecture in 1970, that anyone who has once proclaimed violence as his method must inexorably choose the lie as his principle. Our task, Solzhenitsyn said then, is to defeat the lie.

● (1655)

That is what the Ukrainian Jewish leaders did on March 5, when they joined together to denounced Putin's "lies and slander" and declared, and this is a quote:

...we certainly know that our very few nationalists are well-controlled by civil society and the new Ukrainian government—which is more than can be said for the Russian neo-Nazis, who are encouraged by your security services.

The charge that the Euromaidan movement was led by Russophobes is also a lie. *The Economist* notes that many of those gunned down on Independence Square by Mr. Yanukovich's snipers were from the Russian-speaking east.

When the former Russian political prisoner Mikhail Khodorkovsky recently spoke on the Maidan to tens of thousands of Ukrainians, praising their popular and multi-ethnic revolution for freedom and dignity, the Ukrainians chanted in response, "Glory to Russia! Glory to Russia!"

Responding to the Russophobe charge, Timothy Snyder, the author of the famed study *Bloodlands*, which tells the story of the slaughter of some 14 million non-combatants by Stalin and Hitler before and during World War II, writes:

There is a country where millions of Russian-speakers lack basic rights. That country is the Russian Federation. There is a neighbouring country where tens of millions of Russian-speakers enjoy basic rights—despite the disruptions of a revolution and Russian invasion. That country is Ukraine.

Putin's real Ukraine problem, Snyder writes, is not Russophobia, but the fact that Ukraine is a country of "free people who speak freely in Russian, and might set an example one day for Russians themselves." What Putin fears, in other words, is a Maidan in Moscow, and all of his demagoguery, as well as his attempt to reimpose Russia's rule in the near abroad, is an attempt to prevent that from happening. This fear lends a special irony to Putin's repeated pretension that Russia and Ukraine, as he said in his Kremlin speech, "are one people" and "we cannot live without each other".

As we defend Ukraine's freedom, therefore, we cannot forget Russia's. We must remember that there is another Russia, the Russia of the exiled Khodorkovsky; the Russia of such courageous people as the late Andrei Sakharov, Anna Politkovskaya, and Natasha Estemirova; and the Russia of countless activists on the front lines of the struggle today, who are now in the greatest danger, with Putin, in his Kremlin address, having designated them as a fifth column and a disparate bunch of national traitors.

Putin has enjoyed a brief spike in popularity with his nationalist demagoguery. But discontent in Russia is as great under Putin as it was in Ukraine under Yanukovich, and there is just as much hatred of corruption and bribe-takers. This discontent is likely to intensify as the consequences of Russia's and Putin's imperialist overreaching begin to be felt in the form of expanded budget deficits, shrinking foreign direct investment, and greater capital flight, which the exiled Russian economist Sergei Guriev notes could not come at a worse time since the Russian economy is now stagnating.

As we look to the future I believe we need to focus on three core priorities. The first is to do everything possible to help Ukraine take advantage of the Maidan-inspired breakthrough to become a successful democracy that fulfills the hopes for dignity and freedom for which so many Ukrainians have sacrificed and given their lives.

The most urgent need, in addition to providing the resources needed to stabilize the Ukrainian economy, will be to help Ukraine conduct free, fair, and peaceful presidential elections on May 25. This will involve support for both domestic and international monitors, for civil society groups promoting voter education and mobilization campaigns, and for independent media. Monitoring and countering the efforts by Moscow to delegitimize the new government by disrupting the election in the east and south of the country will also be extremely important.

● (1700)

It will also be necessary to strengthen Ukraine's defence capabilities and to begin the process of helping it diversify its energy resources.

The second priority is to deter further Russian aggression by strengthening NATO and the defence capabilities of front-line states and by bolstering Georgia and Moldova. Sanctions should be intensified by adding new names of Putin's economic and political allies to the list announced last week and ending Russian participation in the G-8 and its process of accession to the Organisation for Economic Co-operation and Development.

Such steps, in addition to their political and security benefits, will also give encouragement to Russia's democrats. One of them wrote to us last week asking us to convey his gratitude to the tougher sanctions that President Obama announced on Thursday. He conceded that in response to the sanctions Putin's repression could get even harsher. I quote, "harassment and maybe even arrests and violence await us. But it is still a great happiness to feel the real support of your country and your people. You can't imagine how important it is! Because it provides hope: our struggle is not in vain."

Indeed it isn't, and this raises the third priority, which is that all of us—the United States and its allies, parliamentarians, and members of civil society—must speak with a clearer voice on the issue of democracy and human freedom. For various reasons, including a preoccupation with solving difficult domestic problems, the world's democracies have not been projecting a vision of what they believe in and stand for morally and politically.

What has happened in Ukraine is an opportunity to regain a sense of democratic purpose. This is not just because we face a more urgent security challenge than we did before Russia annexed Crimea and Putin enunciated his new doctrine. It also has to do with the

example set by the Euromaidan, which was a movement for civic renewal and a declaration of dignity. That movement has really just begun, and very difficult tasks lie ahead, but if Ukraine succeeds in its historic quest for democracy, it will make possible something that was talked about in 1989 but never fully realized—a Europe whole and free. If that happens, we will all live in a much safer, a much freer, and a more peaceful world.

Thank you, Mr. Chairman.

The Chair: Thank you very much, Mr. Gershman.

I'm going to ask the group again if we can go with five minutes so that we can try to get as much in as we can. We're only going to be able to get in a round and a half.

I'm going to start with Madame Laverdière.

[*Translation*]

Ms. Hélène Laverdière: Thank you very much, Mr. Chair.

[*English*]

Thank you to both of you for a very interesting presentation on an utterly important subject.

I will be very brief, as we have just a few minutes.

You both spoke about election day and the need for observers, but what can we do beforehand, before election day? Would it be useful to have observers on the ground before the election actually takes place? Is it better to work in a multilateral or bilateral fashion? What would you suggest? The question is for both of you.

● (1705)

Mr. Michael Druckman: Mr. Gershman, I'll let you take the first shot.

Mr. Carl Gershman: Thank you very much. It's a great question.

Yes, I very strongly agree that we have to be active now and continuously between now and the May 25 election. One thing that's going to be very important to do is to support independent media and observers who can monitor the potential disruption of this election by Russia and its agents, and to publicize that and do everything possible to prevent it from happening.

The second thing that is going to be critical is to help mobilize and educate voters. There are Ukrainian civil society organizations that are doing that, and we are prepared... We are going to have a board meeting on Friday of this week, and we're going to approve many grants that are devoted to that purpose...for all of these things in strengthening civil society. Our party institutes will be helping the parties prepare for the election.

It will be also necessary to have domestic observers, not just international observers, so that this becomes a national effort by Ukraine and the international community to have a successful election that will lay the foundation for and be the first major step towards Ukraine becoming a successful democracy that could become part of the democratic west.

Mr. Michael Druckman: Thank you for the question.

Regarding engaging early and having monitors on the ground, absolutely, Canada has traditionally always had very large election delegations, especially to Ukraine's most recent elections. But in addition to just providing additional monitors on the ground for long-term observation, it sends a signal to our Ukrainian friends that we're here with them, we're working together, we're working with local civil society organizations, and there is a visible presence for international partners together with Ukrainians during this election period.

On the issue of coordination, I'm very happy to say that your embassy is doing a fantastic job of coordinating the election efforts, together with the U.S. embassy, holding and coordinating meetings among the various stakeholders and organizations there, and making sure that there is no duplication of efforts, yet every resource is being used in a well-thought-out manner, particularly working with local groups on the ground that are looking to monitor not only media but also issues of voter safety and voter integrity.

Ms. Hélène Laverdière: Very briefly, as I have very little time, you both talked one way or another of the growing discontent within Russia.

How do you see the situation evolving in Russia in the coming months?

Mr. Carl Gershman: We had a Russian specialist who came to NED last week and gave a talk. She said that she had no idea, and she is from Russia and she is a specialist, so I don't want to pretend to know. I don't have a crystal ball.

But what I said in my testimony is something that I deeply believe. We have to remember that Russia is a country that has really, for a long time, been in the middle of an existential crisis, not only an economic crisis but also a demographic crisis. Its population has been going down. With all of these terrible problems that Russia faces—the corruption, the health problems—for Russia to now reach out in an imperialistic way to take over other peoples, the cost of that is going to be extraordinary.

Last year there was \$63 billion of capital flight from Russia. That capital flight is going to increase as wealthy people in Russia try to protect their resources against what they think is a very insecure situation.

There was \$80 billion of direct foreign investment in Russia. That investment will go down as it becomes obviously more difficult to invest in Russia, and there will be rules against it. I expect that the economic crisis of Russia is going to intensify.

There is also a profound hatred in Russia among the common people for bribe-takers. According to a poll released by the Russian Academy of Sciences, 34% of the people in Moscow said that they'd like to shoot bribe-takers on sight, and that two-thirds of Muscovites would like to do that. There is this hatred.

Now, Putin is saving himself—or he thinks that he's saving himself—by trying to whip up nationalist hysteria. Indeed, he has had a temporary spike in popularity, but that is not going to continue.

We should think of the Russian economy today as a kind of Potemkin economy. There is something false about it. They do have wealth. They do have resources. They will be able to accomplish

certain aggressions, but ultimately I believe that the contradictions of the Russian economy will sharpen, the discontent will grow, and the activists who are now isolated will become much more influential in the period ahead, in my view.

• (1710)

The Chair: Thank you.

Thank you very much, Madame Laverdière.

We're going to turn it over to Mr. Anderson for five minutes, please.

Mr. David Anderson: I would actually like to follow up along some of those same lines of thinking.

I'm just wondering about the economic sanctions that have been imposed in Ukraine. It seems that they became most effective when it began to impact the oligarchs around Yanukovich, and that really seemed to be when his attention started to focus on the issues.

I wonder if you can tell us a little bit about the role of economic sanctions. How can we go about effectively implementing them? They have implemented some on us today as well, and a couple of our MPs are involved in that, too. But how do we make them more effective? If you're talking about the weakness of the Russian economy, how can we best target those so they work most effectively?

Mr. Druckman, if you want to go first, that's fine.

Mr. Michael Druckman: Thank you for the question.

Speaking from the perspective of the Ukraine and what we saw on the ground there over the last few months, once those sanctions went into place we saw very quickly former president Yanukovich lose his supporters in the parliament. This allowed the interim government to begin moving legislation very quickly to restore stability to the country. But it was the targeted sanctions on these individuals, their businesses, and their financial dealings that worked. Once the money was targeted, they left. They took the money with them and in some cases they tried to physically take it out with them.

Once that base of support went, the whole house of cards began crumbling.

Russia is obviously a slightly different case, and there's a different set of circumstances on the ground there. When you speak with a lot of people—Ukrainians and others on the ground there—the targeted application of those sanctions in the Ukraine probably occurred too late, but when they went into effect there were immediate results.

Mr. David Anderson: Mr. Gershman.

Mr. Carl Gershman: I think one of the purposes for targeted sanctions against the people around Putin, the political operatives and the economic elite who are helping him implement his current agenda, should be to give such people pause and lead them to the conclusion that there is no future in following Putin.

In my view, if the sanctions are tough enough, there will be splits within the Russian elite. That is when the Putin system will begin to come unstuck. I don't know how fast that will take. It's inevitable, in my view, that a lot of the leadership will seek to protect themselves and will be very concerned when sanctions start hitting them. A lot of Russians have enormous wealth here in the United States as well as in Europe. A lot of the Ukrainian money was in Europe. When you start hitting those people and that money, and you start hitting the key institutions, then I think the divisions will begin to grow.

There is one further thing. I think helping Europe and helping Ukraine diversify energy resources will become critically important. This will take time, but we have liquefied natural gas that could be made available. It may take a couple of years, but we have to begin the process now and to signal right now that we're going to do this. Even if we can't implement it immediately, by sending the signal that we're going to give licences to companies to develop the necessary ports and infrastructure for the delivery of this natural gas, I think it would send a very powerful signal to Russia.

All of those things I think are important and will have political consequences.

Mr. David Anderson: That also means protecting some of Ukraine's ports, I suppose.

Mr. Carl Gershman: Yes. I mean, there—

Mr. David Anderson: I just have another question about Moldova. I had a chance to visit there a couple of years ago. We really fell in love with the country. They have many issues and problems there, and I'm just wondering if you can talk a little bit about Russia's attempts to...

They already seem to be attempting to destabilize them. They have elections in the fall. But there's also the issue of Transnistria and the fact that they seem to be trying to initiate some sort of a similar activity to what we saw in Crimea.

I'm just wondering if the two of you can quickly address that.

• (1715)

Mr. Carl Gershman: That is surely one of the points that the NATO Secretary General called attention to. Clearly you could have something like what happened in Crimea happening in Transnistria. There are also other places, such as the city of Kherson, which is right north of Crimea. It's the transit point for a lot of the energy that goes into Crimea. That could become a point of attack by Russia.

In all of these cases, I believe the west, the United States and its allies, will have to implement a stronger policy of deterrence, a policy of deterrence that will have to, in my view, not have boots on the ground; we're not going to do that. It means helping build up local forces and helping to develop within NATO the capacity to deter Russian aggression.

We have to remember that in 1994 the United States, the United Kingdom, and Russia signed the Budapest agreement with Ukraine, when it denuclearized and gave up its nuclear weapons, that its security would be guaranteed. If that is not done, it sends a message to other countries that have nuclear weapons today. They will not give up their nuclear weapons because in the end their security will not be protected.

So the issue is really also nuclear non-proliferation, that we have to stand by Ukraine and show that a country that gives up its nuclear weapons does not have to fear that it will be invaded by its neighbours.

The Chair: Thank you.

Very quickly, and then we'll move on.

Mr. Michael Druckman: The Russian playbook is very short. It's just a few pages. What happened in Crimea worked. I think Moldovans should be very concerned about this scenario replicating itself there, because it has been successful in Crimea up until this point.

On the issue of ports, Odessa remains right now the only deepwater port that Ukraine has. It is in a threatened position. The eastern portion of the country also has two large ports on the Azov Sea whose ships need to transit the Kerch Strait, which currently is being blockaded by Russia. For the industrial east, their exports used to transit through Mariupol and Berdyansk in eastern Ukraine. This will put a strong economic pinch on that region at a time when the government is trying to keep everyone sewn together.

These are absolutely things to be concerned about.

The Chair: Mr. Garneau, you have five minutes.

Mr. Marc Garneau: Thank you, Mr. Chair.

Given what's happened in the last month in Crimea, and what Russia has done, and the fact that we're now talking and imposing sanctions, I agree with you that the presidential election on May 25 is a very key moment ahead of us. But I want to be 100% clear that I understand what you are saying with respect to that election.

Is it your understanding that the presidential election will occur in all parts of Ukraine, not just the mainland, and including Crimea, or is it your understanding that it will not go into Crimea?

Mr. Michael Druckman: Thank you for that question.

It's the International Republican Institute's understanding that preparations are being made by the central government to provide polling stations for Crimean residents to vote in Kherson oblast and possibly other locations as well. The question is this. If they set up these polling stations will people be allowed to transit freely out of Crimea to go vote, and then will they be allowed to return?

These are tricky questions and I'm sure there's a bit we could learn from the Georgia experience with voters from Abkhazia and Ossetia voting in Georgia proper.

I think that's a temporary solution to the problem, but I know there are groups that are on the ground working with the government to try to come up with a way to systematically make sure that voters are franchised in Crimea.

With eastern Ukraine, I think everything is scheduled to proceed accordingly. I know it is.

But again, Russia is preparing to destabilize those regions and make it so that those polling stations, those district commissions, are not able to carry out their electoral duties. That is something we need to be very careful about, and it's all the more reason for the presence of as many observers on the ground as possible, especially in eastern and southern Ukraine.

Thank you.

• (1720)

Mr. Marc Garneau: Mr. Gershman, is it your understanding that anyone who is living on the peninsula of Crimea will be afforded the opportunity to vote, but they'll have to cross to the mainland, if I can put it that way, to exercise their vote?

Mr. Carl Gershman: Yes, that's my understanding.

Of course, they're preventing people from going back right now, so that will be very difficult.

I think it's also worth noting that my information is that there are now about 100,000 Russian troops stationed along the border with Ukraine. This is a very dangerous circumstance that we're in right now. We want to do everything possible to avoid any kind of military confrontation but we want to deter aggressive actions.

We haven't heard the last from Mr. Putin, but I think there are steps that can be taken to give him pause.

Mr. Marc Garneau: Thank you.

Given that challenge—and I agree this is potentially a very serious flashpoint when that election comes up—is it your sense from your interface with the Ukrainian interim government at the moment that things are on track to make that deadline of May 25?

Mr. Carl Gershman: I'll let Michael reply. He's working on the ground.

Mr. Michael Druckman: It's a very simple answer. Yes, they are prepared.

I think the campaign is picking up at a much slower pace than you would normally see in previous elections because the focus is on the invasion, the possibility of war, and many candidates don't want to be the first one to put their name out there on a billboard advertising for the presidential election when everyone is trying to stay united and present the united front on solving the current crisis. The campaign is taking longer to get going, but in terms of preparations, the CEC, all are working to make sure those elections happen on May 25.

Mr. Marc Garneau: Thank you.

I have a final question. When we're talking about a presidential election, my understanding is that we're talking about choosing one of the number of candidates to be the president of Ukraine. Is there discussion about a general election on the horizon? Is this something that is being talked about? I'd be interested in knowing whether that's in the future plans so that the Government of Ukraine will, at that point, be representative of having been democratically elected in the normal sense by the population.

The Chair: You have about 30 seconds here.

Mr. Michael Druckman: Thank you.

Yes, there is talk of parliamentary elections possibly taking place in the fall. There are also local elections that are taking place concurrently with the May 25 presidential election. In six major cities in Ukraine they will be electing new city councils and mayors, for mayors who were deposed by the previous government on spurious charges. They're trying to bring back democratically elected local officials in six cities, but we are expecting early parliamentary elections possibly as early as this fall.

The Chair: Mr. Goldring, we have time for maybe one question and answer. How does that sound? I know, it doesn't sound good, does it?

Mr. Peter Goldring (Edmonton East, CPC): Mr. Druckman, when I was there in the Euromaidan from December 12 to 17, there was some optimism. The three languages were being represented—Ukrainian-speaking, Russian-speaking, Tatar—and then something happened. I believe that debate on the languages happened in the Parliament. I understand that the churches were represented in the Euromaidan too, and they were represented in elections. From time to time we see them marching with the various factors.

I understand that the churches have come together in some form of alliance and they have been meeting with the prime minister and others in Kiev. What would your opinion be?

I had a meeting in Edmonton with a bishop of the Russian Orthodox Church and, counter to what I would have thought, he was very supportive. His parting plea was, "Please help my Ukraine". I have to take that to mean there would be many people in the Russian Orthodox Church who would be sympathetic to the problems that Ukraine is going through now. Is there a possibility that these churches could pull together and be empowered somehow to work in their various communities, linguistic communities and religious communities? Could they somehow maybe broker a diffusing of the problems in preparation for the more peaceful election that might follow, to broker them and maybe take that input back to Kiev for consideration by these presidents who are running here, on whether they would support some linguistic inclusivity? Is that feasible?

They are Moscow-based, and if they were together and were to take that to their Moscow-based Patriarchate, maybe perhaps they could talk to Putin, too. Who knows?

• (1725)

Mr. Michael Druckman: That's a very tough question. When it comes to religion in Ukraine there are numerous Orthodox churches, whether that be Ukrainian Autocephalous, Moscow Patriarchate, Ukrainian Patriarchate. Often a lot of property is involved with church control, but what you saw in the Maidan, where there was a large presence of religious leaders, especially during the most violent days, risking their lives to go in between the lines, to go between the protesters and the police, was a unique moment in Ukraine's history for these religious communities to really come together. I would imagine this is President Putin's worst nightmare and that the Moscow Patriarchate leadership will do everything they can to make

Mr. Peter Goldring: Can they be empowered to be engaged more?

Mr. Michael Druckman: The more you bring them together and the more opportunities there are for direct communication and dialogue, this is a very positive thing. This is something that the Moscow Patriarchate, under the control of the Kremlin, does not want to see.

When it comes to the issue of languages, the language law that was repealed by the new Parliament—the original law that was passed by the Yanukovich government was passed illegally and unconstitutionally. By repealing the law, the Parliament was attempting then to correctly implement a new language law that would provide for the use of multiple languages. Unfortunately, it was done in a very charged environment and the acting President Turchynov vetoed the repeal of the language law, so the law, in fact, still stands where minority languages that are represented by 10% of the local community will be included as official languages.

The Chair: Thank you.

Madame Laverdière, a very quick question because we have to do a little committee business after this.

Ms. Hélène Laverdière: I have a very quick question which is maybe a bit along the same line but from a broader perspective. Yes, we are worried about the situation of minorities. I'm thinking of Tatars, Jews, Hungarians. What is the impact of the situation on them? What is your rapid assessment of the situation with respect to minorities?

Mr. Carl Gershman: I addressed that in my hearing, and we heard the statement from the Jewish community that even though they recognize some elements in Ukraine could be a problem, they are confident they're under the control of civil society, that civil society and the government exercise authority, and that these forces are really an insignificant minority. The remarkable thing of what happened in the Maidan was the way Ukraine came together and a new Ukraine was emerging on the Maidan. That Ukrainian identity

that emerged was an identity shared by not just Ukrainians and Russians, because Ukrainians speak Russian—the divisions are by no means nearly as sharp as Putin is certainly portraying—but also the others.

So I'm really confident that Ukraine can become a successful, pluralist democracy. If they can establish the right institutions, the rule of law—which is of course where they're headed now with this first election, what the Maidan was insisting upon—I think they're not only going to establish a successful democracy, but I believe they're going to establish a democracy that will have a message for the world. People were not just fighting for individual rights. They were fighting for civic responsibility. Some very interesting documents have come out of the Maidan about the vision of civic responsibility that the people of Maidan embraced, and on the religious question, the various churches conducted masses together. Regular masses were conducted on the Maidan by the Orthodox and the Greek Catholics. All of them share a common commitment to a free and independent Ukraine, and as I said in my testimony, I think this will be one of the greatest results to come out of this, because if that goal is achieved, I think it's going to have a profound effect in Russia.

The Chair: Thank you very much, gentlemen. I wish we had more time, but we have to suspend the meeting very quickly because we have to do a little committee business.

So Michael Druckman, thank you very much for being here today, and via video conference, Carl Gershman, thank you very much as well.

With that, I'll suspend as we go in camera, and very quickly we'll deal with the committee business of what we're going to do over the next couple of meetings. Thank you.

[Proceedings continue in camera]

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