Standing Committee on Finance

FINA • NUMBER 092 • 1st SESSION • 42nd PARLIAMENT

EVIDENCE

Wednesday, May 17, 2017

Chair

The Honourable Wayne Easter

Standing Committee on Finance

Wednesday, May 17, 2017

● (1530)

[*English*]

The Chair (Hon. Wayne Easter (Malpeque, Lib.)): We'll come to order. We're pleased to have witnesses here this afternoon for our further discussions on Bill C-44, an act to implement certain provisions of the budget tabled in Parliament.

As the witnesses know, the bells are ringing. We think that we have time to hear everybody's presentation. We will go to vote and then come back and spend a half an hour, or thereabouts, on questions for witnesses.

The first witnesses are from the Equitas Society. We have Mr. Bedard, who is the representative, and Mr. Campbell.

The floor is yours.

Mr. Mark Campbell (Representative, Equitas Society): Good afternoon, Mr. Chair, and distinguished members of the committee. Thank you very much for having us here. We sincerely appreciate the opportunity to testify on behalf of the Equitas Society.

My name is Major (retired) Mark Campbell. I am one of the six representative plaintiffs in the Equitas class action lawsuit; and my compatriot here, Corporal (retired) Aaron Bedard, is another one of the six plaintiffs.

We'd first like to express our gratitude for what was included in budget 2017, which, of course, was an education benefit—yet to be defined, but an education benefit nonetheless—and a family caregiver recognition benefit. Both of these new benefits are long overdue, and we are certainly grateful to all the authorities associated with the adoption of those initiatives within budget 2017. The devil, of course, is in the details, and we don't know the details yet as regards the education benefit and the qualifying criteria, which we often find become exclusionary in their actual application on the ground. That remains to be seen. Our concern lies primarily with the financial compensation package and financial parity between the former Pension Act and the current new Veterans Charter.

As you may or may not know, the Equitas Society was in fact formed as the fundraising arm of the class action lawsuit, which seeks, above all other things, parity with the former Pension Act for those who fall under the new Veterans Charter as of April 1, 2006. I'm a perfect case in point. Had I been injured on my first tour of duty in 2002, I would be under the former Pension Act. As it is, I was injured in 2008 and on my second tour of duty in Afghanistan, and as a result my injuries are covered under the new Veterans Charter. A direct result of that is a 46% reduction in my family's expected financial compensation over my lifetime. That is a significant amount of money—yes, 46%. The concern here is that although budget 2017 makes allusions to a reinstatement of the pension for life for Canada's veterans, the can was kicked down the street yet again. We have seen deferred yet again any details regarding the pension for life, implementation timelines, and details of the implementation—indeed what it would entail, in essence.

Our concern, of course, is this ongoing disparity between the former Pension Act and the new Veterans Charter, and the financial implications thereof, not just for the veteran himself but for the larger family unit as well, which may as well be included in the definition of veteran because they're there every step of the way along the journey with the veteran. Moreover, we have yet to see some family benefits restored from the Pension Act. We've yet to see any importing of some of the benefits available under the Pension Act into the new Veterans Charter, as has been recommended by the minister's policy advisory group.

Our concern is what appears to be a dragging of the feet, if you will, in consolidating the financial benefits for veterans into something that's easily understood. The benefits package right now continues to become more complicated as opposed to more simplified. At the end of the day, it comes down to, yes, the dollar amounts, and the money in veteran families' pockets in order to have a moderate standard of living, and to be able to do the things that other Canadian families, in many cases, take for granted, such as raise children, send them to school and help them launch into their own young adulthoods.

I'm going to leave my comments at that.

One other thing I will say, as I hand the mike over to my compatriot here, is that Equitas is interested in parity in all aspects of veterans' care and compensation—and that would extend to access to mental health and mental health facilities.

At that point, I'll turn it over to my cohort.

Mr. Aaron Bedard (Representative, Equitas Society): Thank you, Mark.

Am I good for a few minutes?

The Chair: Yes, Mr. Bedard, go ahead..

Mr. Aaron Bedard: Again, there's a lot of programming for veterans in this budget, and that's always a good thing for veterans.

The issue I'm having, though, is with the $20 million towards the centre of excellence. I'm the one who helped advocate for its inclusion in the original veteran's platform for the election, and that money was costed specifically for the building of a physical place to treat veterans with PTSD. Now here it is a year and a half later, and I'm part of the mental health advisory group that has been briefing the minister, working very hard to make sure it ends up being that way.

In this budget, the centre of excellence appears to be a bag of money going towards research. We have tons of research happening. For the last six years, CIMVHR has had a gathering of 500 to 800 doctors, and they all like to talk research.

Veterans need a physical place to get treatment. When we do get sent for treatment, it's usually after the person has ruined their life to a great degree. Everything is a mess, or everything is about to fall off the edge, and they send us to 12-step programs at addiction centres. There are places where you can end up trying to seek treatment within a group that includes criminals, organized crime gang members, and drug dealers. It is not a healthy environment.

I was at one of these briefly in 2013 with the RCMP. While I was there, Ron Francis, an RCMP member, got into trouble for smoking pot in the red serge. Those of us with PTSD would see that as a sign. He's raising a flag, he needs help, because he's not in his right mind if he's doing that. He was there while I was there, and he lasted about a week. As an RCMP member, he was not comfortable talking around gang members and drug dealers. He left, and six months later, he took his life.

I received a letter recently from two other RCMP members, who within these last few months had to go to one of the Woods facilities. It was the same thing. They're in there, and one of the people with them was a high-level member of organized crime. There were several other criminal-type people who made it feel like a prison environment. There are issues of hierarchy and ego, and who's done the most.

That is not the kind of treatment we need. That's why I pushed Harjit Sajjan and Andrew Leslie, in 2015, to please include within their electoral platform an in-patient care facility, where we could bring veterans at the beginning, rather than waiting until they're addicted, abusing alcohol excessively, or having out-of-control anger.

Do we wait until their lives are falling apart and then send them to care? That's the wrong way to do it. We should be catching them at the beginning.

I'll stop there. I am part of the mental health advisory group to the minister, and Mark Campbell is part of the policy advisory group working to try to make the pension happen.

I'd be happy to answer questions, if you have any. Thank you.

● (1535)

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

With the Mental Health Commission of Canada, we have Mr. Rodrigue, the vice-president of organizational performance and public affairs.

Michel.

Mr. Michel Rodrigue (Vice-President, Organizational Performance and Public Affairs, Mental Health Commission of Canada): Thank you.

Thank you for inviting the Mental Health Commission of Canada to speak with you today on the budget implementation act. We are, after all, your commission, and it's always a pleasure to act as your trusted adviser on matters relating to mental health and wellness of Canadians.

[*Translation*]

Since the creation of the Mental Health Commission of Canada over 10 years ago, funding from the Government of Canada has helped us decrease the stigma of mental illness and improve Canadians' mental health.

We're now celebrating the fifth anniversary of the mental health strategy for Canada. Five years ago, the funding and mandate provided by parliamentarians like yourselves enabled us to release the mental health strategy for Canada. The document is used by all provinces and territories to better direct mental health services and make real progress in delivering these resources.

[*English*]

Indeed, we recently released an updated analysis of government mental health spending called “Strengthening the Case for Investing in Canada's Mental Health System”, which clearly demonstrates that making investments early in mental health ends up saving governments money in the long run, as well as leading to better outcomes for Canadians living with mental illness and their families.

In keeping with that increased record of investments in mental health, we were particularly pleased to be renewed by the Government of Canada this past April. This renewal will allow us to realize our mission: mental health and wellness for all.

In that context we viewed as very exciting the investments in mental health as part of the new health accord and in the legislation currently before this committee. These historic investments are really desperately needed and cannot come soon enough. However, this money will only be effective if it is spent in the right area, spent responsibly, and reported on in a manner that allows governments to capitalize on the cascading effects of investments that are proven effective, timely, and accurate. Above all, shared data will be critical in this respect.

I would like to share with the committee some of the work that the Mental Health Commission has done previously on developing indicators to guide governments in making the very kind of investments currently under consideration.

In 2015, we released “Informing the Future: Mental Health Indicators for Canada”, comprising 55 indicators that together paint a picture of the mental health of children, youth, adults, and seniors. The objective was to create a pan-Canadian set of mental health and illness indicators. This looked at mental health in different settings and reported on aspects of services and supports used by people living with mental health problems and illnesses. It also identified gaps in services, allowing stakeholders to gauge progress and strengthen efforts to address the recommendations in the mental health strategy for Canada.

As part of our new mandate, we intend to build on our pan-Canadian indicators project. It is our hope that this work will help inform the efforts of provinces and territories as they look to deliver the results with these new federal investments. Maintaining a national perspective, while respecting provincial and territorial differences, will be critical for success.

We particularly hope that governments will explore opportunities beyond their traditional large health sector players, given that it's been demonstrated that community-based models of care are some of the most effective methods of delivering mental health supports. These include programming, such as the commission's mental health first aid courses that, just like physical first aid, train individuals to deliver aid to those experiencing a mental health crisis before more professional assistance can be delivered.

● (1540)

[*Translation*]

The advantages of community support are clear, particularly when delivering services in a culturally appropriate and sensitive manner. The advantages for isolated communities and indigenous peoples are also easily seen when equipping community members to provide mental health support.

[*English*]

To conclude my brief remarks, I would like to reiterate the Mental Health Commission's high hopes for the mental health spending committed in the budget, and when time permits, we'd be happy to take questions.

The Chair: Thank you very much.

We turning now to the Mood Disorders Society of Canada, Mr. Gallson, associate national executive director.

Mr. Dave Gallson (Associate National Executive Director, Mood Disorders Society of Canada): Thank you, Mr. Chair and honourable members, for the opportunity for the Mood Disorders Society of Canada to take part in this important meeting and to provide our comments to the committee.

Since 2001, MDSC has worked to help people with mental illness improve their quality of life. We work with the public, private, and voluntary sectors; those providing front-line primary care; educators; and people living with mental illness, their families, and caregivers. MDSC has engaged, on an ongoing basis, in major national projects, working closely with national, provincial, and regional partners.

As part of a national organization representing people with mental health issues, today I would like to be their voice at this table. To best reflect their views, I would like to provide you with key findings from two of our national mental health care surveys that consolidated their input.

In 2011 MDSC conducted a pan-Canadian mental health survey that received 3,125 responses. It is important to note that over 500 individuals took the added time to write out specific comments on the survey questions. The results told us that while there have been improvements in mental health care systems, many improvements are desperately still needed.

Of particular concern to the Mood Disorders Society of Canada was that 35% of the respondents indicated having to wait more than 12 months for a diagnosis. Comments cited the shortage of professionals available to diagnose and treat individuals with mental health issues. Fifty-two per cent of the respondents reported visiting a hospital emergency room because of their mental illness; 50% of those respondents indicated that they were moderately to extremely dissatisfied with the care they received in the emergency departments. Eighty-two per cent of respondents indicated that they were able to access the medications they needed to treat their mental illness; however, some of the respondents indicated that this meant going into debt, rationing drugs, and staying in stressful situations to take advantage of benefit programs.

We followed this up with a second survey in 2015, which received over 2,200 responses. Four years later we learned that of the top two priorities suggested for government action, 91% of respondents indicated that increasing access to mental health care professionals was their top priority, and 88% reported the need to focus on increasing community mental health services. When asked directly, 38% of respondents indicated that the time between initially seeking help and diagnosis exceeded 12 months. In the four years from 2011 to 2015, we actually got worse.

The majority of individuals have been dealing with mental illness for more than 10 years, either first-hand or through the provision of care for somebody experiencing mental illness.

We realize that the federal government cannot dictate to the provinces how to deliver health care services; however, we note that the negotiations for the health accord with the provinces, and the federal government's demands of the provinces to significantly increase expenditures on mental health care were very successful. A more unified approach to knowledge sharing and best practices replications are key to improving program availability and lowering development and delivery costs, and this should interest everybody.

The federal government is directly responsible for the health care of millions of Canadians—the RCMP, our armed forces, veterans, indigenous peoples, correctional workers, and the large federal workforce. The government can lead in health care transformation by supporting innovative foundational mental health programs that take new approaches, that address core issues identified by patients and caregivers themselves, and that support recovery and promote wellness, programs such as Project Trauma Support, located in Perth, Ontario, a week-long, concentrated program for military and first responders who have had their lives ravaged by PTSD. Project Trauma Support incorporates equine therapy, rope training, group psychotherapy, and peer support. The program allows participants to process their experiences and authentic emotions and to improve the lives of their families and peers in the process. The success that this program is having in changing and saving people's lives is incredible.

While professional help is very necessary, it's not always available at 8 p.m. or midnight when the person needs someone to talk to. With peer support programs, people have a network of peers who understand what they're going through because they've experienced the same things. Peer support programs also form a crucially important referral resource for community health care providers. There is not enough support for peer support programs across Canadian communities, leaving gaps in supports nationwide. Peer support programs have been scientifically evaluated and shown to be highly effective.

In 2013 MDSC signed a five-year contribution agreement with the Government of Canada, with project partners, the Mental Health Commission of Canada—

● (1545)

The Chair: Dave, I am going to have to cut you off there, regardless of how much you have left, even if it's only a minute. We're down to less than three minutes until the vote, and if we don't get to the vote, we'll be in trouble.

We will suspend, and then let you finish immediately after the vote.

The meeting is suspended.

● (1545)

(Pause)

● (1615)

The Chair: We'll reconvene. My apologies for the interruption, folks, but we voted twice and therefore won't have to skip out again 20 minutes from now.

We'll finish up with the Mood Disorders Society of Canada, and Mr. Gallson.

Mr. Dave Gallson: Thank you very much, Mr. Chair.

While professional help is very necessary, it's not always available at 8 p.m. or midnight. I talked about peer support and the importance of supporting that across Canada.

In 2013, Mood Disorders Society of Canada signed a five-year contribution agreement with the Government of Canada, and with project partners the Mental Health Commission of Canada and the University of Ottawa Institute of Mental Health Research. Together, we helped develop the Canadian Depression Research and Intervention Network, CDRIN. CDRIN now has seven depression research hubs across the country, involving 53 research institutions and organizations working together on depression, suicide, and PTSD. We now have four major research projects moving forward.

We also have a hub focused solely on indigenous wellness issues. All its researchers are of indigenous heritage, and are located in all provinces across the country. This is an example of the federal government leading innovation to address mental illness.

I'd like to thank the federal government for its support in our Transitions to Communities program, a partnership between Mood Disorders Society of Canada, the opportunities fund of Employment and Social Development Canada, and Veterans Affairs Canada. Our goal is to assist nearly 450 veterans in three cities over three years who are experiencing obstacles. The program provides direct supports to veterans, with a focus on employability skills, mental well-being, and peer support. This is another innovative program that incorporates mental health knowledge and wellness maintenance into the daily lives of participants.

In conclusion, the budget under discussion has significant positive support for mental health, wellness, and illness programs and initiatives. We commend them to you and urge you to support the budget's implementations.

I thank you for your time.

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

We'll go with five-minute rounds. Mr. Ouellette, you're first up.

Mr. Ron Liepert (Calgary Signal Hill, CPC): Can we go to seven minutes? I think we have time. We have almost an hour and 45 minutes—

The Chair: Okay, for this and the other panel, we'll go with seven minutes. That's the way you want to go.

Seven minutes, Mr. Ouellette.

[*Translation*]

Mr. Robert-Falcon Ouellette (Winnipeg Centre, Lib.): Thank you.

[*English*]

I'm just reviewing the mental health services and what the government is providing. Obviously, we did the major agreement with the provinces, and it's a proposal over 10 years.

This is a question for Michel and Dave. Are you satisfied with the reporting mechanisms to ensure that these services are actually being offered and in a way that is appropriate?

Mr. Michel Rodrigue: I'll start, and let Dave wrap up.

I'm not sure it's about being satisfied. It's about being able to accurately reflect what the investments are creating in terms of faster access to services when and where people need them. In order to do that, we need to acknowledge that, as part of the accord, each province and territory will invest these new federal investments to support their own strategies that they've developed. A lot of them are inspired by the national strategy, but there are nuances and differences, so they are likely to track different components. In our work, we firmly believe that it's possible to have a meaningful set of national indicators against which each jurisdiction is able to measure themselves. That should be our goal.

In terms of where investment should occur, which I think was the other part of your question, certainly what we've learned is that you can't go wrong investing in youth and children. Those investments certainly bring returns and change their quality of life forever, but there are also major needs across the spectrum in terms of at-risk populations and different age groups.

● (1620)

Mr. Dave Gallson: That's really an appropriate question and I thank you for asking it.

There are a couple of things I have to add to Michel's comments. Number one, the indicators are based a lot of times on billing codes, which differ from province to province. Doctors bill in different codes across different provinces. There are some really successful programs that have been implemented in certain provinces. Take B. C., for instance. Physicians have new billing codes to provide additional services and follow-ups for people who are working through mental health issues. They are able to bill the provincial government to make extra phone calls and to have extra meetings with the patients and stuff. That has seen some really good outcomes.

The provinces and the federal government need to work together on the outcome indicators across Canada to make sure they're appropriate and even across the country.

Another thing that I would like to add is that people with mental health issues, and their families and caregivers, need to be involved in all aspects of health care delivery. People with mental illness want to be part of their wellness plan. They want to be as involved as any other medical professional, because they have the vested interest in it. So, I strongly encourage, in whatever way, shape, or form, that the people with lived experience of mental illness, or families and caregivers, be engaged and included in decision-making processes, but also in the research and recording structure.

Mr. Robert-Falcon Ouellette: Thank you very much.

Now I have a couple of questions for Monsieur Bedard and Mr. Campbell. It was a very interesting presentation. I'm pleased to hear you were happy with some of the new programs that are being implemented. I was really interested in the comment by Mr. Campbell.

You said that as there are more benefit packages, they become more and more complicated to administer, and I suspect there's increased cost. as well. Could you address that for a few moments?

Mr. Mark Campbell: Certainly. With the new Veterans Charter, if I were using an analogy, we could call it an old, rotten, leaky tire. From our perspective, what happens is that the government continually applies Band-Aids, patches, to that leaky tire. It's still leaking. It's still a rotten tire. It's going to have to be replaced, but we keep putting these Band-Aids on top. Every time we apply another solution or another benefit to the mix, without consolidating those financial benefits, we create a more complex mix that the veteran himself ends up having to navigate, sometimes with the assistance of a case manager, sometimes without.

I guess our point is that we always welcome new benefits. You'd be a fool to say “no” to a new benefit, provided it meets the target audience's need. But at the end of the day, if those new benefits aren't consolidated with other benefits into a simpler approach, we're going to risk confusing veterans even more. I can tell you that the confusion out there is already rife.

Mr. Robert-Falcon Ouellette: I have a question for Monsieur Bedard. It's related to the cost of mental health centres, the centres of excellence. I suspect what happens is that when we have individuals who have arrived at a certain point in their life, with perhaps PTSD or other mental health issues, and they were a veteran, we place them in a 12-step program. There are various mixes of people within those programs. They're placed within those programs in centres because perhaps there are not enough veterans at the time who might need those services.

Is the current way we're offering these services appropriate for veterans? Maybe we should be using military facilities, hospitals in Edmonton, Winnipeg, Quebec City, and Montreal, for instance. Are there places that offer some of these services that might have a more concentrated group and population where something beneficial might happen?

● (1625)

Mr. Aaron Bedard: The issue right now is that they're not sending people into these programs until they're a mess. They're at their bottom, at their end, when they come to ask for help. They're saying, get me off the street. That's usually at a point when they're thinking about suicide, and very often they'll still have to wait months before they get to the program, right when they're at the end of their rope. What we're pushing for here is programming that will catch them at the earliest phase of developing issues with PTSD, rather than waiting until the end, because right now we get them into one-hour sessions maybe once or twice a week. That's like taking your car to the mechanic on a Monday and saying, “I need to drive to work every single day. I need it quickly”, and they come back at you saying, “We'll fix it, but we'll just work on it one hour a week.” It's going to go on forever. We need something foundational at square one. We don't want to see guys wait until they're at the end of their rope.

I have a story here that I just dug up. It's about two RCMP fellows who went to a program out of Toronto and were in it with organized crime members. They were completely uncomfortable about speaking. They were there for 10 weeks and they tried reaching out to the people through the chain, and the RCMP. They were told, “Just go through the program. Just do the check in the box and then you will get something on a form, and then you'll be able to come back to work. Just go through it. Just do it.” That's not good.

The Chair: We'll have to cut it there, folks.

Mr. Liepert.

Mr. Ron Liepert: Thank you, Mr. Chair, and thank you, witnesses.

Mr. Rodrigue and Mr. Gallson, I don't want to be inconsiderate, but we had an entire panel here last week for two hours on mental health, so we've asked a lot of questions on mental health. I have limited time. I may get to you two fellows, but I want to get a better understanding of our situation with veterans.

Before I start, I think it should be noted to Mr. Campbell and Mr. Bedard that this committee, before commencing these hearings, asked the chair to write to the chairs of five separate committees like this one in Parliament to study parts of the bill that were more relevant to those particular committees. One was Veterans Affairs. Unfortunately, the committee or the chair or whoever chose not to take our invitation up. I think that's unfortunate, because having just the few minutes that we're going to have will probably not get us the information we need.

I want to get a better understanding of two things. One is the treatment that you talk about. Secondly I want a better understanding of the pension situation.

It seems to me that this has been continually churning out there for far too many years. The Minister of Veterans Affairs, I think is trying hard, but he keeps hanging his hat, when we ask questions about things, on the fact that they've opened *x* number of veterans' intake centres across the country.

I guess, Mr. Bedard, sometimes it comes down to either/or situations. In your view, would the government have been better off to do what you asked for rather than re-open these intake centres across the country?

Mr. Aaron Bedard: They were all promises for their mandate. They had a very large mandate, specifically concerning in-patient care; that was very specific. I had no interest in opening physical places in epicentres across the country, because very often these fellows who develop PTSD and multiple injuries prefer to go out to remote regions, to very small towns. I was more consumed with the idea of having and had been pushing for a few years leading up to that election to have free-roaming case managers who can work out of their homes and be up in regions where they would be able to get at people. We have a vast country and don't all live right next to the city.

Mr. Ron Liepert: Mental health is a pretty broad term. What kind of treatment do your veterans with PTSD really require? Is it typical mental health provision, or is it more counselling? I just need to understand a little bit better. I think you mentioned that often you are sent to an addictions treatment centre. That's a totally different situation, in my view, from that of PTSD. What specific kind of treatment is required?

● (1630)

Mr. Aaron Bedard: I just put a name to it: the “reboot program”, as in rebooting a computer. It's a question of catching them as soon as possible, trying to encourage the use of biometrics so that we can immediately be tracking troops coming off a tour, right away.

There's one technique called M-wave. It has a part that can track your nervous system, and it's very plain to see when you're becoming highly triggered. People outside the unit can review data over the course of a week to see where people are having issues and then catch them at the earliest phase.

What happens is, they mask one symptom and more develop; they mask those—they mask everything they can—and they start self-medicating. As you're masking, it's coming out in bad ways: anger around the family—around the kids, around the wife. We need to catch it at square one. Rather than wait for a guy to go for five months or five years or more trying to just get to the end of their career, we need to catch it early on.

Educational systems don't necessarily focus these days very much on life skills. One foundational life skill I'd like to see more teaching of for soldiers concerns mental health. This might possibly be a point to catch them at the earliest phase, if you take them away for one month out of the unit and give them some good skills for how to cope without having to use pharmaceuticals per se.

Mr. Ron Liepert: I just want to understand a little more, Mr. Campbell, about the pensions. I don't think it's any secret that the military is not a highly paid profession. I mean, your members are not what would be considered a highly paid profession. So, on that basis—given that most pensions are based on what you earn—in real numbers, what does a pension look like for someone who is coming out of the military?

Mr. Mark Campbell: Well, that's a good question. I guess it depends on the degree to which they are disabled. If we're talking about someone who is seriously disabled, then they are going to need, as a minimum, earnings at 90% or better. They are going to need what they were net receiving before they were injured as a minimum to continue, with some degree of financial security for life, to support their families.

The other thing you need then is what I would call the costs of being crippled. There is a distinct cost to being disabled. If you're severely disabled, then you lose the ability to do things like maintain your own household. I can no longer do the physical things I used to do, like swing a hammer and drywall walls. I have to throw money at every problem that occurs within my household. I can't take advantage of seat sales to go on a family vacation, because I have to have certain seats on the aircraft. I have to have a certain type of accommodation at the other end.

I just throw out those quick examples to give you an idea that there are costs that need to be compensated that are specific to being disabled, and they vary with the degree and the type of disability. That has to be added or factored into any pension for disabled soldiers being forcibly released from the forces under what we call a 3b medical release.

Then there are the family considerations. Right now, under the new Veterans Charter, there are no family benefits whatsoever. There are some being proposed—a caregiver recognition benefit—but there are very few, other than right now a caregiver relief benefit.

Most of the benefits for the spouse—most of the benefits that compensate them as attendants, and the benefits that accrue to the children—are gone. They have all been removed. Again, we have to look at some form of appropriate financial compensation for caregivers who give up their entire civilian careers. My wife gave up a $60,000-a-year career in order to care for me in the home. The government is now proposing under the current budget that she receive $1,000 a month or $12,000 a year, tax-free, for performing those services. Well, quite frankly, that is inadequate. It's a nice gesture, but it's inadequate.

We need to look at a whole package when we talk about a pension for the disabled. Right now there are critical elements missing from that package.

Mr. Ron Liepert: Are you anywhere near that with Veterans Affairs? Where are you with that?

Mr. Mark Campbell: Well, I can put my—

The Chair: Mr. Campbell, tag on to the same question as Ron actually. One of our difficulties here is that we are dealing with a budget bill. Just going through your presentation, I don't think you have severe problems with this budget—with what is or is not in it—or I couldn't detect that. You have problems with the process of how some of the budgetary matters that come before us are being handled elsewhere within this government system, whether it's Veterans Affairs or under the charter or whatever.

I guess I'm betwixt and between, because I don't know where we can go on that. That's why we were hoping that you would end up before the Veterans Affairs committee, because then they could make a recommendation to us, but they could also deal with the real issues that you have put before this committee. We have to deal with the budget implementation act, and I don't know whether we can even make a recommendation outside that, to be honest, to say to a minister, these issues have to be dealt with by your department.

So, in part related to Ron's question, go ahead and answer it but that's where I'm coming from on this.

● (1635)

Mr. Mark Campbell: The biggest concern with the budget from the implementation perspective would be the pension itself and the question of a lifetime pension—the return to a lifetime pension—for disabled soldiers. What we see is a budget that makes mention of a pension, yet again, and makes promises of a pension down the road, yet again, but there is no meat. Completely absent is any meat to include, to my knowledge, any costing of what a pension like that might look like within this budget 2017.

That begs the question: when do we see a budget that addresses the pension? Is it 2018? Is it sometime after that? Is it leading into the next election so we can dangle the carrot some more? We don't really know. That's the problem. We don't really know.

The Chair: That's a valid point. We'll grapple with that too. I'm not sure where we're going to go.

Mr. Dusseault.

[*Translation*]

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP): Thank you, Mr. Chair.

I want to thank everyone for being here. Sorry for the interruptions.

I want to talk again about the transition from military life to civilian life experienced by many military members each year.

Bill C-44 contains new measures, in particular regarding the education and training people can receive when they want to head in another direction or maybe change careers, and regarding the transition services that will be provided for veterans so they can look for jobs, and so on. I'll focus on these issues.

What's currently available to veterans and military members in terms of education and training after military service? How will the new benefit help better meet the needs of military members and veterans? Was this program requested by veterans? Is the request being properly addressed?

[*English*]

Mr. Mark Campbell: My apologies, but my French is really not that good, and the earpiece wasn't working. Is there somebody here who can perhaps process that in English? Can you help?

Mr. Pierre-Luc Dusseault: I can translate myself.

I was asking about the education benefit for veterans. Is this something that was asked for by veterans?

Mr. Mark Campbell: Yes.

Mr. Pierre-Luc Dusseault: Is this a good response, in your view, to what was asked, or can this committee look at some improvements to this program?

Mr. Mark Campbell: Absolutely this is something that the veterans themselves have been requesting for a long time, an education benefit something akin to the U.S. G.I. bill, as it's called, whereby they provide a college education or certain benefits towards a college education based on four years of service.

In our case, obviously the criteria have yet to be defined. We know some of the basic outlines. For instance, it's based on six years of service, which gets you a certain amount of money, $40,000. Twelve years of full-time service gets you access to $80,000. We're not sure about what those moneys can be spent on. The devil is always in the details with regard to this type of legislation.

When the guidelines come out, they have in the past—I must be honest—tended to disenfranchise more people than they helped. The regulations actually serve to exclude the majority of people who could probably benefit from those benefits. In the case of the education allowance, I don't know, because we don't have the details yet to parse in order to know whether or not it's going to serve its intended target audience completely, the way it's intended to. I can tell you that on the face of it, it is a very welcome benefit and is greatly appreciated.

● (1640)

Mr. Aaron Bedard: There's another issue with this, though. In 2015, we were in front of a minister of veteran affairs who was pushing an education benefit to us, trying to settle the Equitas court case. Four of the six plaintiffs were eligible and went through the advanced period and the election, but in the end all four of them were denied this new benefit.

It's always in the best spirit, I'm sure, that a government pushes out these new programs, but then you have to remember that they're going to be handed over to the bureaucracy. They design internal procedures behind them for eligibility criteria, and they're often very arcane, to the point that their own case managers don't necessarily understand who is eligible within the program. Very often they will just deny them a program rather than risk approving somebody when they don't really understand the benefit very well.

There's considerable problem with the delivery. I don't doubt that it's a great program up front, but a year or two from now is when we find out whether people are actually getting it.

Mr. Pierre-Luc Dusseault: That's a good point. I think we can see this in the EI program. It's a good program, but only four out of ten workers can access the benefits.

Are you able to give the number of people who will be able to access this program? How many veterans would be going back into education?

Mr. Mark Campbell: Conceivably we're talking about hundreds or potentially thousands a year. Attrition rates are quite high; the turnover in certain trades within the Canadian Armed Forces is very high, particularly in the combat arms trades—the pointy end. There is more than 50% attrition in a five-year contract.

I know there was a lot of discussion with the Canadian Armed Forces when developing the new education benefit so that it would not exacerbate the attrition problem by encouraging people to get out too soon. That's why there is the six-year threshold and the twelve-year threshold.

I think, conceivably, when this thing gets up and running, you're going to see thousands of veterans taking advantage of it, and there are those who don't necessarily transition directly into school out of the military but have four or five years to make up their minds to go back to school when the time is right for them. There are thousands.

Mr. Pierre-Luc Dusseault: The other point was the redesign of the career transition service for Canadian Armed Forces members' survivors—veterans' spouses and common-law partners—to give them expanded access to support coaching and job-search training. Is this also something that veterans' groups asked for? Is it something you think many veterans will benefit from? How is it comparable to the service that has already been given to the forces?

Mr. Mark Campbell: The service is up to date. In my experience, we're somewhat of a patchwork. There was nothing very coherent in the job search, resumé-writing assistance, and those other things. It varied from base to base across the country. I don't think there was a standard slate of services that were available to people.

Under the new, enhanced transition services, I think what we're going to see, if they come to fruition in the way that is envisioned, is a standardized suite, almost a concierge service, to assist people who are releasing from the Canadian Armed Forces. Part and parcel of that service will be referral to such things as resumé-writing exercises and job-finding assistance.

Will it be welcome? Absolutely. Have the veterans been asking for it? Yes, I believe they have, because it's a necessary component of a successful transition to life as a civilian. One has to have purpose when they leave the forces—a new purpose—and part and parcel of that new purpose is new employment.

Mr. Pierre-Luc Dusseault: What do you think of the program now whereby we have to employ former military in the public service? You know that there's a new program. There are some reports that it's not working very well and that people don't get the job.

What do you think of that program? Should it also be considered?

● (1645)

Mr. Mark Campbell: I think the intention of preferred or priority hiring is good. The intention is beneficial, but again the devil is in the details, and it's the execution that has been the problem historically.

What you find is that the vast majority of your attrition is from among the junior ranks, the corporals and the privates. They lack bilingual skills, they lack university educations as they release, and therefore they're not eligible for many of the public service jobs that come up for hire.

That has always been a problem. It hasn't been a problem of accessing the program; it is, once you're in the program, actually qualifying for the jobs that become available, given the lack of experience and qualifications of the average applicant.

Mr. Pierre-Luc Dusseault: Then the training benefit could help —

The Chair: I'll have to stop you there, Pierre, as we're substantially over time. We've found out that the bells for the votes have been moved up to 5:15, so we'll take two more questioners for this panel and then go to the next panel.

You have about four minutes each, if you can hold it to that.

Ms. O'Connell.

Ms. Jennifer O'Connell (Pickering—Uxbridge, Lib.): Thank you, Mr. Chair, and thank you all for being here.

I'll start with the mental health discussion and—I'm sorry, I forget who said it now—the testimony about going into debt for prescription drugs, or rationing of drugs. Obviously we're talking about the budget implementation act, but then, also recently, the Minister of Health announced a lowering of the cost of prescription drugs.

Is this part and parcel of that overall vision? Do you think it will be helpful, or do you envision some other strategy? I would assume, and I think we've heard significant testimony, that it's not "one size fits all" or one quick fix, but that more work will need to happen.

Is this part and parcel of what you see as a step in the right direction?

Mr. Dave Gallson: I think you hit it right on the head when you said that one size does not fit all. Mental illness is like a physical illness: the way it impacts me and the way it impacts you could be two different things, and we might need different medications.

One challenge we have seen is that there are new medications coming on the market that are much more effective for certain people. Public health care systems right now do not fund those medications. There is, then, a challenge out there.

Take a look at it from an employer's perspective. If you have an opportunity to assist your employee to get well faster and return to work, it's a win-win for everybody. Sometimes there are additional costs up front, but you always recoup them at the end of the day. From our perspective, it's very important that if a person comes forward with a mental health issue, they should get the best medication that is suitable for them at the earliest possible time.

That being said, there are many Canadians who don't have health care benefits, who don't have drug coverage that covers medications, and that is a challenge. There are many low-income people in Canada who are struggling to purchase their medications. We have medications that cost hundreds of dollars a month; we have medications that cost $2,000 a month. It's a big challenge for people.

Ms. Jennifer O'Connell: Thank you so much.

Mr. Bedard, you mentioned the $20 million for the centre of excellence and your concern with regard to its direction towards research rather than towards a physical space. Is that concern based on something you saw in this actual budget, or on conversations elsewhere, or on what's being reported?

I understand, and I think the chair also pointed out, that we're in a difficult position in terms of.... I think much of what you and Mr. Campbell both spoke about was those details and what comes next. But with regard to the centre of excellence, where are your concerns coming from? Are they specifically related to background in this budget or to those additional conversations?

Mr. Aaron Bedard: Well, I am an adviser on the Mental Health Advisory Group and did get to have a closer look at what was being proposed. It's a bit of a grey area, and it's not very well-defined.

I need to see it going towards physical bodies entering programs. There are existing programs right now that are designed with a low budget, such as the veterans transition program and the COPE program, as examples. The latter is a couples program, and the other a one-on-one program working in a peer group environment program. VTN has been around for 17 years now. It's a program that I've put dozens if not hundreds of people through, as a guy going out and finding the troops.

Money for this was included in the veterans platform for the election, costed specifically for physical bodies to get into a physical program. If the experts at large in Ottawa who have helped get this to look more like something that's going to go towards research....

This needs to go to bodies. That was the intent. I don't know how often you have someone come in here who actually is the person who got something put into an election platform promise, but here I am.

● (1650)

Ms. Jennifer O'Connell: Thank you very much.

The Chair: My apologies to you both; we're going to cut it there.

Mr. Brassard.

Mr. John Brassard (Barrie—Innisfil, CPC): Thank you, Mr. Chair, and thank you for the opportunity to address the witnesses.

I'm going to get right into it. Obviously pensions is an issue. The Equitas Society is still fighting the pension problem. Concerning the option for pensions, in this budget there is no timeline for the government's commitment to return an option....

They're talking about an option. The Prime Minister never spoke about an option. Would you agree with that?

Mr. Mark Campbell: I'd agree that my understanding of the Prime Minister's promise—what we call the sacred obligation—was a return to lifelong pensions. There's only one lifelong pension to return to, and that is the former Pension Act.

Mr. John Brassard: Is that clear among the veteran community as well?

Mr. Mark Campbell: No, the veteran community is extremely concerned, and I'm extremely concerned, that what in fact is going to happen will make no sense, namely, taking the trial balloon that has been floated, the idea of taking the pain-and-suffering lump sum—which is a distinct pillar, separate and apart from financial security for life—and trying to turn that lump sum that was specific to the pain and suffering into some form of amortized pension. It would be hundreds of dollars a month. That's not something you can live on, and it does not provide financial security for life, as income replacement in meeting the cost of being crippled does.

Mr. John Brassard: Right. I want to talk about transition services as well, because this budget spoke about transition availability for spouses and common-law partners.

Mr. Bedard, this is for you.

There have been 10 parliamentary studies done, the latest in 2016 by the veterans affairs committee, with strong recommendations on how we can ease the transition of medically released service members into transition life. The DND ombudsman did a report. The veterans ombudsman did a report. In fact the veterans affairs committee report was endorsed and supported by the DND and the veterans ombudsmen.

Now there's a new study going on, by Shaping Purpose. Granted, the government is not paying for this, but there is some suspicion that it is going to punt the issue of these recommendations down the road so that the government doesn't have to commit to it at this point, in spite of the platitudes and the niceties and all that stuff.

Are you concerned about this new study; that we're not actually going to be able to help our veterans transition properly and that they're just punting it down the road?

Mr. Aaron Bedard: I've seen enough study and enough research. I've been to one of these CIMVHR conferences. They love their research money and they want to divide that apple a million and one ways. We're sick and tired of the research. Give us the apple. It's time.

As for the statement from the ombudsmen that they want to have all your benefits in place before release, I honestly don't know how they're ever going to get there. Here I am, 11 years later and just recently finally approved for a traumatic brain injury—11 years later. Many young veterans aren't as good fighters as I am. Ninety percent of them have too much pride to even want to fight more than one appeal: “Enough of this. I'm not going to deal with this. I want to be proud of my medals and I don't want to have to live out constantly reviewing and fighting things.”

Mr. John Brassard: Very quickly, I want to speak about the earnings loss benefit and the reaction among the veterans community that they are not getting as much as they thought they were going to get because of the indexing. Could you comment on that?

Mr. Mark Campbell: I can speak to the lump sum for pain and suffering, in fact. Yes, that $360,000 is the benchmark for the courts in Canada for pain and suffering.

There is general agreement—in the policy advisory group, at least, there was almost unanimous agreement—that this figure is adequate for dealing with pain and suffering because it's reflective of what your average Canadian receives for pain and suffering, and my pain and suffering are no more important than your pain and suffering: pain and suffering are pain and suffering.

The way the lump sum top-up was actually implemented—by taking the consumer price index and applying it—resulted in less than half of what people were expecting to receive, so there was a serious problem with managing expectations right up front. We didn't find out about the consumer price index application to the lump sum top-up until literally days before it was announced.

● (1655)

Mr. Aaron Bedard: It wasn't announced. Our veterans community was finding out from their case managers. The day before the budget day and the formal announcement of it, I had to corner the veterans ombudsman. I had to redirect three questions before I finally got it out of him that it's going to be less than half.

The Chair: Thank you.

I'm going to allow Ms. Petitpas Taylor one question. She doesn't very often ask questions. It's going to take time from the next round.

Hon. Ginette Petitpas Taylor (Moncton—Riverview—Dieppe, Lib.): Thank you very much, Mr. Chair.

Monsieur Bedard and Mr. Campbell, first of all, thank you for being here today, and thank you for your service to our country.

Monsieur Rodrigue and Mr. Gallson, thank you for being here as well, and thank you for your presentations. I follow the work that your groups do.

This topic is very relevant to mine, because I'm a social worker and was a front-line social worker for 24 years. I worked in the policing area as well. I'm very familiar with this topic.

Monsieur Rodrigue, I'm wondering if you could perhaps elaborate on the return on investment from the $5 billion in investments that our government has done. Could you elaborate a bit on the return on investment with respect to mental health?

Mr. Michel Rodrigue: Yes. Our argument is to use evidence-informed practices that have been proven to be effective to reach the objectives and provide individuals with a better quality of life, and that are cost effective or cost neutral as well. In the study we released about a month ago, we identified nine of those.

I'll give you a good example. In Quebec, they ran a long-term suicide prevention program that was determined to be more efficient and less costly than doing nothing.

[*Translation*]

It prevented 171 deaths.

[*English*]

It also contributed to saving people in almost 4,000 suicide attempts.

For children, we have the Better Beginnings, Better Futures program in Ontario. In terms of cost, it provides, over the long term, a return on the investment and better outcomes for the children and their families.

What we're trying to convey is that there are wonderful activities taking place in provinces and territories. It would be critical to validate those approaches and to then use them across the country, because they are validated and they have demonstrated that they're efficient. They lead to better outcomes for children, their families, and others. Also, they're cost neutral or they provide a return on investment.

The Chair: Thank you.

Thanks to all of you for your presentations. We have to go the next panel.

I just would say to the veterans that I'm not sure how we can deal with this and whether we can send the minister a copy of the testimony you presented and the questions you answered, or what, but we'll try to find a way to see if there's anything we can do to push your issue beyond the budget bill itself.

We'll suspend for a minute and ask the next panel to come forward.

● (1655)

(Pause)

● (1700)

The Chair: Could we reconvene, please?

My apologies to our witnesses for the delay, and my apologies for what is going to be a very tight time frame.

We're here, as you know, to deal with Bill C-44, an act to implement certain provisions of the budget.

To start off, we have with us the Canadian Cancer Society and Mr. Cunningham, its senior policy analyst.

Mr. Cunningham, the floor is yours.

Mr. Rob Cunningham (Senior Policy Analyst, Canadian Cancer Society): Thank you, Chair and members of the committee.

My name is Rob Cunningham. I'm a lawyer and senior policy analyst with the Canadian Cancer Society.

[*Translation*]

Thank you for giving me the opportunity to speak today on behalf of the Canadian Cancer Society.

[*English*]

Most of my testimony will deal with clause 51 in Bill C-44 in supporting the tobacco tax increase found there, but first I would like to mention two other items in the budget.

I would like to convey our support for the investment in home and palliative care that is included in the budget. It's been estimated that 80% of those receiving palliative care are cancer patients. This will make a real difference and improve the lives of cancer patients and their families.

Second, we support the introduction of a new and more flexible employment insurance caregiver benefit. Caregivers provide assistance and key services to thousands of cancer patients every year in Canada while bearing a significant personal and financial burden. This new benefit will help and has our support.

Turning to tobacco, it remains the case that smoking causes 30% of cancer deaths in Canada. We've made progress, but more than five million Canadians still smoke. It's the leading preventable cause of disease and death. Higher tobacco taxes are the most effective strategy to reduce smoking, especially among kids, who have less disposable income, are less likely to be addicted, and are more responsive to price.

You have a handout from us. The graph shows the comparative provincial and territorial tobacco tax rates. The blue shows the rate. The mauve shows the GST and the PST, the provincial portion of the HST. We can see that in Ontario and Quebec the rate is much lower than in other provinces. The green shows budget announcements that are not yet implemented, where there's a scheduled date to come. On the far right of the graph is the federal tobacco tax, which is now lower—by quite a bit—than that of most provinces. The yellow is the 53¢ increase per carton in the budget, so it's small, but every bit helps. This just gives a bit of context for this increase.

The next page shows the trends in federal and provincial government tobacco tax revenue, not including GST, HST, or sales taxes. There are objectives to increase public revenue, in addition to benefiting public health, and we've seen an increase in tobacco tax revenue. That's the idea. The blue line shown there is after inflation, so it's not as much, but in both cases I think it's quite impressive, because there's been a decrease in the smoking public, yet tobacco tax revenue is going up.

The third page shows a newspaper headline saying that in Australia a package of cigarettes is going to be costing $40 in 2020.

The final page compares Australian and Canadian tobacco taxes. Quebec, on the far left, has the lowest tax of any province in Canada, while Manitoba has the highest. In Australia today, it's far higher at $148 per carton—the Canadian and Australian dollars are almost at par—with further scheduled increases by 2020. It's going to go up quite a lot more. Based on Australia, we haven't come close to the ceiling of what is possible. In Canada, we—

● (1705)

The Chair: Mr. Cunningham, I'm going to try to hold you to five minutes if we can, because the time for asking questions is going to be really tight. You have two minutes left.

Mr. Rob Cunningham: There is some contraband that exists. Compared to 2009, it has gone down. There are some contraband prevention measures available that we would support, such as better controls on the raw materials like filters and leaf tobacco, to have them being intercepted prior to getting to the unlicensed factories.

There was the end of the tobacco manufacturers' surtax, and our recommended preference would have been for that to stay, in addition to the higher tobacco taxes. We certainly support the higher tobacco taxes.

Of course, this is part of a bigger federal government strategy that we applaud. Health minister Jane Philpott is moving forward to have a strengthened federal tobacco control strategy. The current one expires in March 2018. Consultations have taken place for that to be enhanced.

A part of this strategy, which includes taxation, legislation, and programming, is plain packaging, as you know, of course, to remove the promotional aspects from the package as Australia, Britain, and Ireland have done. I have some examples with me of packages from Australia. This part of the strategy is complementary to the tobacco tax increase in this bill.

Let me close by reiterating our support for the tobacco tax increase.

Thank you, Chair and members of the committee.

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

We now have Ms. Pullen, director of policy, advocacy, and strategy for the Canadian Nurses Association.

Dr. Carolyn Pullen (Director, Policy, Advocacy and Strategy, Canadian Nurses Association): Thank you. I've timed my speaking to less than five minutes.

I'm a registered nurse myself, and I'm here representing the CNA, the professional association for close to 140,000 nurses in Canada. I'm pleased to speak today about the measures related to nurse practitioners in Bill C-44. The measures are under part 4, division 11, which focuses on support for families through benefits and leaves in both the Employment Insurance Act and the Canada Labour Code. As for part 1, we are pleased that the Income Tax Act now includes nurse practitioners, NPs, under the list of health care providers who can certify eligibility for disability tax credits. This measure was effective on budget day.

As our president noted on budget day, these changes are long-awaited breakthroughs for patients and nurse practitioners, and we hope they set the precedent for similar modernization of other related legislation. We're thankful that the Minister of Finance included these measures in Bill C-44. Along with the Canadian Association of Advanced Practice Nurses, we encourage members of the committee to accept the amendments that have been proposed for both the Employment Insurance Act and the Canada Labour Code. The amendments formally acknowledge nurse practitioners and enable them to fulfill their important role as primary care providers, particularly for Canadians who live in rural and remote locations in Canada.

Members of the committee are also aware that the Standing Senate Committee on Social Affairs, Science and Technology will be discussing a pre-study on division 11 of the bill, and we encourage them to support these amendments as well.

In order for us to have a sustainable health care system where services are accessible to all Canadians, health professionals must be permitted to practice to the full extent of their regulated qualifications. For nurse practitioners, these qualifications include the ability to perform comprehensive patient assessments and to complete related documentation. I'll give you a brief overview of the nurse practitioner role to illustrate the benefits of these amendments. Nurse practitioners are registered nurses with additional, graduate-level education and extensive, specialized health care experience. It's a protected title, and it has been regulated across Canada since the early nineties. Today, almost 5,000 nurse practitioners provide care to over three million Canadians. Within their scope of practice, they conduct physical assessments, order and interpret tests, admit and discharge to hospital, and prescribe medication. As you know, they can provide medical assistance in dying. They complete advanced practice examinations, and they must be registered with their nursing regulatory body in order to practice.

While nurse practitioners work in diverse settings, urban and rural, they are commonly the first point of contact for primary care, particularly in rural and remote communities. Like many primary care practitioners, it's not unusual for nurse practitioners to have a patient panel of over 10,000 patients. It's very broad in scope. If you just look within the first nations and Inuit health branch, the nurse-to-physician ratio for primary care in rural and remote communities is more than 26 to one. This illustrates the scale of care provided by nurse practitioners. They truly are the gateway to care.

It's clear from this how outdated legislation, drafted before nurse practitioners were recognized as a protected title and became key primary care providers.... These barriers are real, and they prevent access for many Canadians, particularly indigenous peoples, for whom the most local care is likely through a nurse practitioner. Including nurse practitioners among those who can complete documentation such as the medical certificate for employment insurance or compassionate care benefits gives patients increased access to benefits to which they are entitled. Unnecessary personal costs to individuals will be avoided. Duplication of services between nurses and physicians will be reduced. In the end, red tape will be cut. Canadians will have better access to care and better value for their tax dollars.

● (1710)

Finally, our expectation is that these cost-effective changes will trigger a similar modernization of legislation at the provincial and territorial levels. Similar modernization must still be made to include NPs as qualified medical practitioners under the Employment Insurance Act, specifically to include NPs in sections 54 and four sections of the employment insurance regulations. Further, five sections of the Canada Labour Code and proposed subsection 207.2 (4) in Bill C-44 must similarly be amended.

In closing, I encourage members of this committee to support the bill, as its measures will improve access to care for over three million Canadians. As well, we are of the belief that the additional sections that do not add NPs must be implemented in this important bill.

Thank you to the committee. I look forward to your questions.

The Chair: Thank you, Ms. Pullen.

We will now hear from the Child Care Advocacy Association of Canada. Ms. Ballantyne is the executive director.

Ms. Morna Ballantyne (Executive Director, Child Care Advocacy Association of Canada): Thank you very much, Mr. Chair and members of the committee, for the invitation to be here with you this afternoon. I'll try to get through this before the bell rings.

There is no longer any dispute that parents in Canada with young children are in desperate need of greater government support. High-quality child care is limited and financially out of reach for the great majority of families. Consequently parents, and particularly mothers, are forced to find alternatives. They withdraw from the paid workforce, lessen their attachment to it, or delay entry, or they turn to more affordable, lower-quality, makeshift child care arrangements. The damage to children's well-being, to women's economic equality, to family security, and to the Canadian economy is severe and well documented.

The Liberal Party of Canada's election platform promised economic security for the middle class and help for modern Canadian families. As part of this commitment, Canadians were told that the Liberal Government would ensure the availability of “affordable”, “high-quality”, and “fully inclusive” child care for all families who need it.

Neither the first or second Liberal government budget delivers on that promise. The 2016 budget gave only one year of funding for early learning and child care in 2017. The 2017 budget allocates funding in each subsequent year until 2028, and yet the sum of money to be transferred to the provinces and territories each year falls far, far short of what is required to build a fully comprehensive child care system over the next 10 years. The funding starts in 2017 at only $500 million. By 2022 it will have increased by only $50 million. That amount has to be divided up between 10 provinces and three territories. To put this in perspective, the Province of Quebec alone already spends $2.5 billion a year on its child care program.

Further, following the tabling of the budget, both the Prime Minister and the Minister of Families, Children and Social Development publicly stated that the government's intention is not to help all families access affordable child care but rather to target the support to those with low and modest incomes. In other words, they are abandoning the middle class when it comes to child care. They are acting in direct opposition to the contemporary international consensus and the overwhelming research that affirms that a universal approach is more effective than a targeted one. Only a universal and comprehensive approach can generate the well-documented economic benefits of early childhood education and care, help all Canadian families and give them the choices of child care that they seek, and sustain ongoing public support.

More importantly, the research tells us that universal early childhood education and care is the best way to meet the developmental goals we wish for all children, regardless of their family's social or economic status. The direction that the government is taking on child care is not just insufficient. It also it runs contrary to evidence and actually sets us back.

This is also true of the related changes to the maternity and parental EI benefits set out in Bill C-44. During the public consultation process on these changes, the most common reason given by those who supported the government's proposal to extend the leave period to 18 months was the lack of available affordable child care for children under 18 months. However, reducing parents' EI parental benefits so that they can stay on leave longer is a bad substitute for affordable quality child care for all. What would really help working parents before and after the birth or adoption of children, in addition to affordable child care, would be easier access to maternity and parental benefits and higher benefits. As it is, too many parents don't qualify or can't afford to forfeit their regular paycheques. Changing the EI program in line with the already tested Quebec parental insurance program, the QPIP, would be a much more positive step forward.

I have provided to the clerk of your committee our organization's very short brief on the proposed changes and why we think they are wrong. I hope you will give it consideration as you debate division 11, part 4, of Bill C-44 .

Thanks for your consideration.

● (1715)

The Chair: Thank you very much, Ms. Ballantyne, for your direct approach. I was hoping the bells might be delayed, but no such luck.

Ms. Ballard, as an individual, go ahead.

Ms. Melodie Ballard (As an Individual): My purpose today is to speak to the changes occurring as a result of the budget tabled in Parliament on March 22, 2017, specifically changes to the maternity and parental leave benefits from the Employment Insurance Act and Canada Labour Code.

For those of you who are not familiar with my story, it was the inspiration behind MP Mark Gerretsen's private member's bill, Bill C-243, an act respecting the development of a national maternity assistance program strategy and amending the Employment Insurance Act.

In 2014, I unexpectedly became pregnant. At the time, I was working a dangerous job. I was not able to continue in my position with my employer while pregnant, due to the many hazards of the job, and my employer was not able to offer me accommodation by way of a suitable temporary position. I discovered then that there was no coverage, federal or otherwise, for an early pregnancy leave from a dangerous job. I became very entangled in our system, dependant on programs that weren't designed to sustain me in my situation.

I campaigned the issue to the 41st Parliament, without result. Not one to give up easily, once the 42nd Parliament had settled in, I took the issue up again with my new local MP. From there, in an effort to amend the issue, Bill C-243 was created.

My early maternity leave and parental leave was a tumultuous time in my life, wherein I a gained a lot of insight into what it's like to be a vulnerable person, failed by our social system. I am now in what I call “the hamster wheel of poverty,” having to constantly concern myself with housing, moving, affording basic needs, and parenting, with little energy and resources left to actually improve my situation.

This is the result of a social system that has not kept up with both the cost of living and the diverse needs of the population. This is what happens when cost of living is not delivered, and it's worth considering that I am more expensive to society in the hamster wheel than if I had just had a proper leave program to begin with.

I hadn't expected to fall into a federal aid gap. I didn't know there was one. To say I am disappointed with my maternity leave experience is an understatement. I am devastated, but I'm also solution driven, and playing a part in improving the system is giving purpose to my pain and allowing me to move on. While the upcoming changes to the maternity leave from the budget tabled on March 22, 2017 are what can be best described as a small step forward in the right direction, they are most welcome all the same.

I've noted a common theme from families and professionals offering feedback on the maternity and parental leave program in Canada, and that is simply the ability to customize a leave that works best for their growing family. Our circumstances, abilities, priorities and aspirations are so varied in this country. As Canadians, we need options that acknowledge those diverse needs.

I am pleased to see this budget allows for the addition of an extended leave option and more flexibility in timing the start of maternity leave. I must, however, criticize the payment of parental benefits over a long period, at a lower benefit rate of 33%. The lower rate disincentivizes use and is less likely to be found as a viable option to low-income or single-parent families, but it is an option that adds flexibility for some families, and with the attitude that it can be improved upon in the future, I support it.

While I understand that protecting the 15-week maternity leave period from the pressures of work for the purpose of safeguarding health and allowing child-parent bonding is extremely important, I encourage you all to look at parental leave a bit differently, because 33% of most people's income is not going to meet their cost of living. Either the federal government needs to meet the cost of living, or the regulations restricting income earning on parental leave need to change. People from low-income households especially are being alienated from these services. Adding flexibility for low-income people, without added cost to the government, is key in broadening Canadians' abilities to customize their parental leave.

I am not aware of an EI program that allows for a combination of receiving benefits while partially working, but if the federal government cannot afford to offer the cost of living during parental leave, then it's not useful to low-income families. For these families, or even parents in competitive careers who are torn between quality time with their children and not falling behind at work or on bills, please consider it. Consider, for example, that in a typical 40-hour work week, 22% of pay—the difference in this case—comes from just nine hours of work.

Consider allowing a recipient of parental leave, who does not otherwise receive a top-up from work, or whose income is below a threshold, to select the 18-month leave and top themselves up by working up to 18 hours in a biweekly period, or 22%, if they wish.

● (1720)

This flexibility would benefit low-income families. The result would be six days a week with their child instead of forgoing the program and only getting an average of two. While working to strengthen the middle class, let's make sure we're dropping ladders down the poverty pit, so that the middle class is not strengthened on the backs of people in poverty.

I applaud Minister Morneau's tabled budget changes for maternity and parental leaves and the government's efforts in improving the system.

Thank you.

The Chair: Thank you all for your presentations. We will get each party on at least once and probably once more.

We will start with Mr. Sorbara for five minutes.

Mr. Francesco Sorbara (Vaughan—Woodbridge, Lib.): Thank you, Mr. Chair.

Welcome, everyone. It's great to have everyone here today.

The comments this afternoon give me a lot of perspective. I have two kids who are four and six. We lived downtown in Toronto before we moved up to where we live now, and we had to go through the day care system there. We know what the waiting lists are all about. We know the expense of up to $2,000, sometimes a little more than that, per month of day care costs, and even in the suburbs, it's very expensive.

Our government has put into place a number of different measures to help families, because every family has different needs and some are unique and some are more standard in terms of workweeks and so forth. In my view, there's never been one size fits all.

We introduced the Canada child benefit, an extra $5 billion a year to Canadian families every year. Now we've put a substantial amount of funds, over $500 million a year, for child care—we've come to agreements with the provinces—aimed at helping those who need it the most. And I agree with that perspective and that view.

I thank you, Ms. Ballantyne, for your comments.

I do wish to ask Ms. Pullen something, because I think in our budget there were two things that were very substantial: the consolidation of the caregiver tax credit and the nurse practitioner expansion.

How profound—and I use the word profound—was that change for rural Canadians, looking at it through a rural lens, to allow nurse practitioners to be more involved?

● (1725)

Dr. Carolyn Pullen: I can't overstate how excellent this news is. Provided the budget is passed, we really view it as a win-win-win situation. My statistics are accurate, that over three million Canadians—from my in-laws who live in Peterborough to over 600 indigenous communities across Canada—are provided care primarily by nurse practitioners. This will not mean more benefits, but faster access to benefits that patients have long been entitled to. This will mean significant improvements in quality of care and quality of life for many, many Canadians.

In addition, nurse practitioners and physicians alike will greatly appreciate this enhancement to the efficiency with which they can deliver care.

Mr. Francesco Sorbara: Thank you, Ms. Pullen.

Mr. Chair, I'm going to stop there. Thank you.

The Chair: Okay, thank you.

Mr. Deltell, go ahead, please.

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): It's Mr. Albas.

The Chair: Mr. Albas.

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Thank you, Mr. Chair.

I want to thank all of you witnesses for being here today, and unfortunately we don't have enough time to ask each one of you as many questions as we might have. I'm going to focus my questions on Mr. Cunningham.

Mr. Cunningham, I do appreciate your bringing some of these examples here. I have an email here from an emeritus professor of medicine at the University of British Columbia, at the Centre for Heart Lung Innovation. He has basically said that there is comparable risk for cancer and COPD—and COPD is chronic obstructive pulmonary disease—when you smoke a marijuana cigarette or a regular cigarette. Would you agree with that?

Mr. Rob Cunningham: I think the carcinogenic contents of the smoke are similar. The difference tends to be how much people consume, meaning the dose response. Most people smoke a small number of marijuana cigarettes per month compared to tobacco cigarettes. If somebody were smoking a comparable number of marijuana cigarettes, the risk could be similar, but there aren't that many people who do that.

In terms of second-hand smoke, again, the contents are similar, and that's why governments are moving to ban marijuana smoking wherever smoking is banned.

Mr. Dan Albas: I would also suggest, though, sir, that there is a difference between a regulated cigarette, when it has filters and certain standards for contents and whatnot, and a rolled marijuana cigarette.

Is that correct?

Mr. Rob Cunningham: There are no actual regulations for tobacco cigarettes—and marijuana cigarettes vary. They're not all the same. It may very well be the case that a marijuana cigarette is smoked more intensely than a tobacco cigarette.

Mr. Dan Albas: Yes, but there is no filter or whatnot as well, which I'm sure would have something to do with that. I have spoken with some doctors in regard to this, and, as I said before, there is a comparable risk.

Your presentation here is quite helpful, because Minister Morneau is going to speak with his provincial counterparts on the subject of how much marijuana should be taxed. Are you calling for a similar regime as for cigarettes?

Mr. Rob Cunningham: A similar regime for marijuana?

Mr. Dan Albas: You're suggesting on behalf of the Cancer Society—

Mr. Rob Cunningham: Yes, I think there is going to be a level of marijuana tax.

One of the important things in the bill is that you get to design the system from the get-go to prevent contraband. There is a measure to have better markings and better tracking and tracing systems from seed to sale, which don't currently exist even for tobacco. That is an opportunity to get things right.

I think the intent initially is to have a low tax rate and then over time to increase it, first to take a big blow to the illicit market, and then eventually there will be further increases.

Mr. Dan Albas: I'm really happy that you raised contraband tobacco. It is becoming quite a problem.

We've seen products in British Columbia that have been made in Ontario and Quebec and are now spreading right across.... I've even heard anecdotally that they've seen some in international markets. Contraband tobacco is a big issue, and part of the reason, some people allege, is that when you go with higher excise tax and other forms of taxation, that makes it infinitely easier to get someone to switch from a legal product to an illegal product.

Are you worried at all that by increasing excise taxes, as you suggested, you may actually aggravate that?

Mr. Rob Cunningham: British Columbia has done very well compared to other provinces in terms of having lower levels of contraband. In fact, there are no illicit sales on first nations reserves in B.C., or the western provinces, with regard to the smoke shacks that are widely prevalent in Ontario and Quebec.

Our view is that the tobacco industry exaggerates the level of contraband. The studies that they fund and they do are flawed.

● (1730)

Mr. Dan Albas: High prices do not change behaviour—

Mr. Rob Cunningham: They certainly reduce smoking.

Ontario and Quebec have a low—

Mr. Dan Albas: I'm trying to understand what you're getting at.

Mr. Rob Cunningham: Higher tobacco taxes certainly reduce smoking, especially among kids, who are more price sensitive.

The issue we have in contraband today in Canada is because of illegal factories located on a handful of reserves in Ontario and Quebec. That's the source for the bulk of the contraband that we have. Western Canada is far away and there are much better control systems, so the contraband levels are much less prevalent.

Ontario and Quebec have the lowest tax rates, but the worst contraband. That's an indication that it's not related to tax levels but rather proximity to supply and the illicit factories.

There is potential for action. This increase is relatively small in the big context, but at the same time contraband prevention measures that are complementary could be implemented.

The Chair: Thank you.

Mr. Dusseault.

[*Translation*]

Mr. Pierre-Luc Dusseault: Thank you, Mr. Chair.

Thank you all for being here.

I'll be brief, and I'll try to ask everyone a question.

Mr. Cunningham, I'll start with you. How much money does the federal government spend on preventing tobacco consumption? Should we do more and use tobacco taxes for prevention activities? How does it work in the provinces?

Mr. Rob Cunningham: The federal government collects $3.25 billion in tobacco taxes and spends $38 million on prevention. In the past, it was higher. We're talking about $72 million. Today, it's only $1.04 per person in Canada. However, in the United States, it's $3.60 per person in Canadian dollars.

Minister Philpott is studying these issues and is responsible for looking at possibilities. We're supporting Minister Philpott's efforts, and we'll have a new federal strategy. I'm very optimistic.

Mr. Pierre-Luc Dusseault: Certainly, spending close to $3,5 billion on prevention and advertising campaigns would be a major way to reduce consumption.

Ms. Ballantyne, let's discuss early childhood. There's talk about extending parental benefits from 12 to 18 months, but dropping the rate from 55% to 33% of the salary. Is that a positive development? Or, is it a pointless exchange, as I said on other occasions? It amounts to the same, and ultimately, the system isn't really improved.

[*English*]

Ms. Morna Ballantyne: We actually consider these changes to be negative, because they will create a situation in which some parents have access to longer leave, and most will not. We cannot see how a reduction in the benefit level under EI could be a positive development.

We also think that although the government seems to know what the problem is—lack of affordable child care for children under the age of 18 months—it has come up with the wrong solution. The solution is not to have parents on leave for the 18 months at lower pay; the solution is to actually create affordable child care for all, and not just for lower- and modest-income families but for families of all income levels. We know from the evidence that that's actually a better way to create choice for everybody, and it's actually a better way to create opportunities for lower- and modest-income households. We have a saying that if you have a child care program that is for the poor, it will make for a poor program. What we want is a universal child care program, because it will actually benefit everybody.

We think that in terms of EI changes, the priority of the government should be to make access easier. Right now, 40% of parents are excluded from the employment insurance maternity and parental special leave program. That is compared to the situation in Quebec, which has a much better program, and only 11% of parents are excluded. In Quebec, the benefit level is at 70% of replacement income. There is also a flexibility in Quebec, but the flexibility is actually to take less for longer, at 75% replacement income. That's a much better option.

● (1735)

[*Translation*]

Mr. Pierre-Luc Dusseault: Exactly. I think this also sheds light on one of the issues raised. A public servant had no choice but to recognize that one of issues is only four out of ten employees can access the employment insurance program. The public servant confirmed that, to access the parental insurance program, workers must be eligible for employment insurance. Obviously, workers have a problem.

We're currently studying Bill C-44. Do you think the removal of this aspect and the increase in payments, with a percentage higher than 55%, would be a solution? Is 55% of the salary enough?

[*English*]

Ms. Morna Ballantyne: Our position—and it's set out in the brief —is that the changes that should be made are to bring the employment insurance program in line with the one in Quebec. It makes no sense that citizens and workers in one province would have superior benefits to those in the rest of the country. That is our position. We propose that your committee should recommend that in studying Bill C-44, because that is not, in fact, what is being advanced in Bill C-44.

The Chair: We'll have to cut it there. We will have time for two more questioners at about four minutes each.

I understand that Mr. Ellis is here from the veterans committee.

If you want to explain what happened there, come to the table in a minute.

We'll go to Mr. Fergus.

Please hold it to three or four minutes.

[*Translation*]

Mr. Greg Fergus (Hull—Aylmer, Lib.): First, I want to thank the witnesses for being here.

I'm a member from Quebec, but I see that nobody, aside from Mr. Cunningham, speaks French. Therefore, I'll ask my questions mainly in English.

[*English*]

Ms. Ballantyne, very quickly, the universal child care program is near and dear to my heart, since I was a stay-at-home dad with my kids. My wife and I job-shared when we had our children. I was a stay-at-home dad as long as possible, and I always used to complain about the lack of parental benefits that I was able to take.

With regard to the universal child care program, with your experience, you know that Quebec had started along that line, to have a very generous universal child care program, which was very popular. Over time, due to fiscal constraints, it had to make some very difficult choices. As a result, it moved to a system in which if you made more, you paid more and if you made less, you paid less. It seems that the federal government is approaching this from a different perspective but with largely the same results.

Do you have any comments on that?

Ms. Morna Ballantyne: First, on your comment about being a stay-at-home father, one of the big advantages of the Quebec employment insurance program is that it actually gives paid leave, under the EI program, exclusively for fathers. That's another improvement that we would want to see in the EI program.

Mr. Greg Fergus: I was a stay-at-home dad 20 years ago, before the programs came in. I wasn't able to take advantage.

Ms. Morna Ballantyne: On the question about Quebec's child care program, I would suggest that the changes made to that program were not as much a result of fiscal constraints as opposed to fiscal choices. The Quebec government chose to reduce the amount of public funding for the universal child care centres—*les centres de la petite enfance*—and family, home-based child care and, instead, put more public money toward providing tax credits for families who access the for-profit private sector.

A lot of money is still being paid out, but it's not going toward boosting universal access; it's going toward supporting the for-profit child care industry. That was the mistake, in our opinion. But for those families who are fortunate to be able to access child care under *les centres de la petite enfance*, it is still much more affordable in Quebec than in the rest of Canada.

We're looking for an affordable child care program. We're not saying it should be free, necessarily, but that it should be affordable. We think the best way to finance a system is to provide direct public funding to the providers of the child care services, as Quebec has done in the case of *les centres de la petite enfance*. Then, whatever fees would be collected from parents would go to the government to help subsidize the cost, as opposed to the other way round—of giving money in the form of subsidy to parents. The latter doesn't create child care spaces, but gives parents the money to go into the child care market to try to purchase services. Those services, unfortunately, are not as high quality because they're not directly funded through public funds.

● (1740)

The Chair: Okay, we'll cut it there.

Mr. Deltell, you have about three minutes, and then Mr. Ellis you have one.

Mr. Gérard Deltell: Thank you so much, Chair.

Mr. Cunningham, I would like to address what you said a few minutes ago. It was very interesting, by the way, and I appreciate your testimony.

When you talk about Quebec and Ontario, where there are the most illegal situations, maybe it's because those provinces have the most people, and also where the illegal manufacturers are. Maybe it can explain that more than the taxation.

Speaking of taxation, you could say too much taxation kills taxation. If you tax too much, people will find other ways, which are illegal. Where do you find the breaking point of too much taxation?

Mr. Rob Cunningham: I don't think we're anywhere close to it, but I think you're right about the location of the illegal factories close to major urban centres in Ontario and Quebec. I think those have to be targeted. B.C., the western provinces, are able to sustain far higher tobacco taxes without the level of contraband seen in Ontario and Quebec. In Australia, they're far higher yet. I think we have to fight contraband, but lots more potential remains to do that

The Chair: Thank you.

Mr. Ellis, I understand you're just getting back from D.C. I hope you found some sense down there.

The floor is yours.

Mr. Neil Ellis (Bay of Quinte, Lib.): Thank you, and I appreciate just a minute of your time here today.

I appreciate your sending your motion to ask us to study that. We wish we could do it. If the deadline were extended, we could do so under the circumstances today. I was with Mr. Kitchen, the vice-chair of the committee, last night at six o'clock in Washington. We sat with the clerk and looked at the situation; we tried to see if we could get a room in Parliament today. Unfortunately, the room that we wanted is booked; we're in it now. We agreed to do it maybe tonight at 7:30 after votes; unfortunately, with the witnesses from New Brunswick there's a little time difference, so we decided on 9:30 tomorrow morning. That was agreeable. After Mr. Kitchen talked to his counterparts, he decided we could get through this without having the meeting. We agreed as a team not to go forward with this and offer the committee, if they could extend the deadline, we could look at it.

The Chair: Okay, we'll leave it at that. We are fairly used to extremely tight deadlines, and I think there's a message from that to the system. We need to find ways of giving all committees more time, including our own. We've heard from 50 to 55 witnesses this week and part of last week, and we honestly don't have enough time to adequately question the four witnesses who have taken their time to be here.

With that, we are two minutes away from voting. I want to thank every one of you. Your presentations are valuable to us and your testimony will be looked at. With that, I appreciate your coming.

Members, tomorrow we are in the Wellington Building from 11 to 1 and here from 3:30 to 6:30.

The meeting is adjourned.

Published under the authority of the Speaker of the House of Commons

SPEAKER'S PERMISSION

Reproduction of the proceedings of the House of Commons and its Committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the *Copyright Act*. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a Committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the *Copyright Act*.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its Committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

Also available on the Parliament of Canada Web Site at the following address: http://www.parl.gc.ca

Publié en conformité de l'autorité du Président de la Chambre des communes

PERMISSION DU PRÉSIDENT

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la *Loi sur le droit d'auteur*. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la *Loi sur le droit d'auteur*.

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

Aussi disponible sur le site Web du Parlement du Canada à l'adresse suivante : http://www.parl.gc.ca