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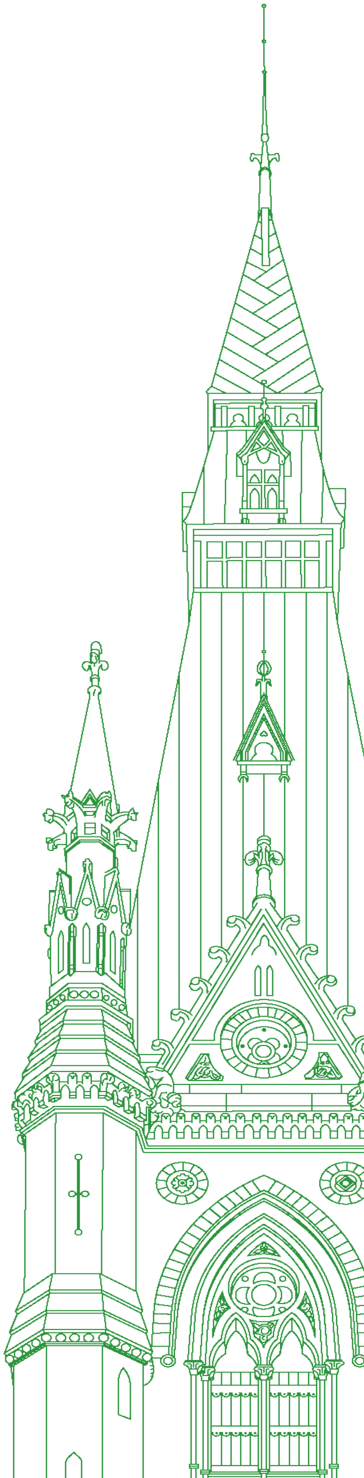

Chair: Mr. Sean Casey

Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

Tuesday, June 15, 2021

● (1540)

[*English*]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): I call this meeting to order.

We will come back to Mr. Sansfaçon at the end of the opening remarks. Hopefully, by then, he will be technically equipped to deliver his remarks

Welcome to meeting number 41 of the House of Commons Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities.

Today's meeting is taking place in a hybrid format, pursuant to the House order of January 25, 2021. The proceedings will be made available via the House of Commons website. The webcast will always show the person speaking rather than the entirety of the committee.

Pursuant to the order of reference of Wednesday, May 26, 2021, the committee will commence its consideration of Bill C-265, an act to amend the Employment Insurance Act, regarding illness, injury or quarantine.

I would like to welcome our witnesses to begin our discussion with five minutes of opening remarks, followed by questions.

Today we have with us Claude DeBellefeuille, the member for Salaberry—Suroît. We also have Chantal Renaud, as an individual; and Marie-Hélène Dubé, criminologist and founder of the 15 Weeks is not Enough campaign.

[*Translation*]

I hope we'll be able to welcome Louis Sansfaçon after the technical difficulties have been resolved.

[*English*]

Also, with the Multiple Sclerosis Society of Canada, we have with us Julie Kelndorfer, the director of government and community relations.

For the benefit of our witnesses, I would like to make a few additional comments. Interpretation in this video conference is available. You have the choice at the bottom of your screen of the floor, English or French.

[*Translation*]

Interpretation services are available. You have the choice, at the bottom of your screen, of either Floor, English or French. When speaking, please speak slowly and clearly. When you are not speaking, your mic should be on mute.

We will start with Mrs. DeBellefeuille.

Good afternoon, Mrs. DeBellefeuille. You have five minutes.

Mrs. Claude DeBellefeuille (Salaberry—Suroît, BQ): Thank you very much, Mr. Chair.

It is with some emotion that I appear before you this afternoon. Even though this is my third term, this is the first time I have had the privilege of defending a bill in parliamentary committee. I feel very privileged to do so this afternoon. I want to welcome all the witnesses. I would like to extend my greetings to all the members of the parliamentary committee.

You will understand that today I am primarily here to convince my dear Liberal colleagues to give royal recommendation to Bill C-265. This bill was supported by the majority of the opposition parties in the House of Commons. Unfortunately, if it doesn't receive the royal recommendation of the Liberal government after committee study, my bill won't be able to proceed.

Today, I hope to convince you that 15 weeks is clearly not enough, but 26 weeks isn't enough either. I will try to convince you that 50 weeks is what is needed to be compassionate and to ensure that vulnerable workers who have not chosen to be sick can count on the financial support of EI special sickness benefits for 50 weeks.

The reason we're talking about 50 weeks is because several studies show that, on average, people need more than 26 weeks and others need more than 50 weeks. Some illnesses require an absence that goes beyond 15 weeks and 26 weeks. I'll give you a few examples. According to evidence-based studies, it takes an average of 37 weeks to recover from colon cancer. If you are unfortunate enough to have rectal cancer, it can take up to 47 weeks. The cases are documented.

Since the data are known and conclusive, I don't understand, and neither do the citizens of Quebec and Canada, why the government doesn't want to move forward with my bill and allow sick workers who are fighting a serious illness to obtain not 15 weeks or 26 weeks, but up to 50 weeks. The Parliamentary Budget Officer has told us that we can afford it. He has already released two studies on this issue, and he confirms, not surprisingly, that we can afford to provide these vulnerable workers with the protection and the tools they need to fight their illness with dignity in order to return to work and, more importantly, to maintain their employment relationship.

Some employers have made it quite clear that increased premiums—either employers' or employees'—are, after all, reasonable. It could be offered to workers who cannot work temporarily because of illness and who need financial support to pay for their care and assisted medical transportation. These workers, who may have paid into the program all their lives, do not need the financial insecurity that the EI program currently creates by keeping special sickness benefits at 15 weeks.

You will tell me—especially my Liberal colleagues—that the government promised in the budget to increase benefits to 26 weeks. We know that 26 weeks isn't enough. The data already clearly show that. Moreover, this increase to 26 weeks could be in place through order in council by 2022.

I ask you to close your eyes and think about the people who are finishing their 15th week of benefits today, who have heard that they may receive 26 weeks of benefits, and to whom I will have to say that those 26 weeks won't be available right away. I'll have to tell them that the government hasn't provided for this increase in its budget in a binding way, which means that once the budget is approved and voted on through ways and means and through Bill C-30, the government will have the discretion to wait until 2022 to implement this increase. I think this is playing with the hearts of people who are sick and want to fight the disease on a level playing field.

We don't choose to be sick, and we don't choose our type of sickness. We cater to workers who have no coverage, no collective bargaining agreement or private health insurance plan.

● (1545)

These people have often worked very hard in their lives. One day they get sick. It could be the person who works at your local convenience store and whom you have seen every morning for the past 10 years. She gets a little more than minimum wage, but not much more, and she doesn't have private health insurance. If she has rectal cancer and has to miss 47 weeks of work because of illness, she'll be paid for 15 weeks and receive 55% of her salary. Do you honestly think that a worker can live on 55% of their salary?

It's hard enough for someone who knows they have a long struggle ahead of them and that recovery is necessary to [*Technical difficulty—Editor*] get back to work, but it becomes even harder if benefits end after 15 or 26 weeks.

Today, we can say that, in total, about 150,000 people are dropped from the EI system each year. That's 411 new Émilie Sansfaçons a day who are struggling and are suddenly losing the financial support of EI special sickness benefits.

You'll understand that my heart goes out to these workers. I've received a lot of calls and emails encouraging me to convince members of Parliament, especially my Liberal colleagues, to seek royal assent for Bill C-265 and to listen to the 620,000 people who have signed Marie-Hélène Dubé's petition. She's asking you to extend the duration of benefits to 50 weeks, because it's quite obvious that 15 or 26 weeks isn't enough.

I am ready to answer questions, Mr. Chair.

The Chair: Thank you, Mrs. DeBellefeuille.

We'll now go to Mrs. Renaud.

Welcome, Mrs. Renaud. The floor is yours.

[*English*]

Mrs. Chantal Renaud (Communications Manager, As an Individual): Thank you, Mr. Chairman.

Good afternoon, everyone.

First I want to thank you for this opportunity to testify regarding Bill C-265.

I am a COVID long-hauler, one of nearly half a million Canadians now estimated to suffer or have suffered from the debilitating long-term effects of COVID-19.

My nightmare began exactly 14 months ago today, on April 15, 2020, when I started experiencing crippling health issues, including severe difficulty breathing, postural tachycardia, exercise intolerance, post-exertion malaise and profound fatigue.

Little did I know that the life-altering illness that would relentlessly plague me for the next 14 months and counting was only the beginning of a much bigger struggle. After two months of fighting the disease, my condition deteriorated to the point where I became completely bedridden for six weeks. Yes, at times I wholeheartedly believed that I would suffocate to death in my own bed.

No longer being able to work was no reason for me to worry. I was able to focus on healing because I had disability insurance coverage through my employer. As expected, I received short-term disability benefits for the first 16 weeks of my leave, during which I had two failed attempts at returning to work. Despite that, my long-term disability claim was subsequently denied. That's when I applied for employment insurance sickness benefits.

With my health not improving, I strongly suspected that 15 weeks' worth of benefits might not be enough to support me until I was able to return to work or until the lawsuit I filed against my insurance company was settled. I would soon be left with no income whatsoever. I would soon be left having to sell my house to survive. I understand that, for some people, a house is just a house, but for me it was by far my most important asset, one I had acquired through a lifetime of hard work, dedication and sacrifices.

In an effort to raise elected officials' awareness about my financial struggles, my upcoming loss and the grim reality faced by other COVID long haulers across this country, I shared my story in the media earlier this year to no avail.

The new owners took possession of my dream home three and a half weeks ago.

What would 50 weeks' worth of EI sickness benefits have meant to me? I would be testifying from my dream home office right now. Sure, it would have been less than the income I should have received from my insurance company but enough to allow me to keep my house, to keep it until I was able to successfully return to work, until my lawsuit was settled or until the pandemic was sufficiently under control for me to safely rent out bedrooms in my house to make ends meet. It would have made all the difference.

Since the vast majority of Canadians do not have disability insurance coverage, for many long-COVID sufferers, the financial problems have already been piling up for well over a year. Like me, they are having to exhaust their savings, cash in their RRSPs and sell their cars, homes and other assets to survive. In a country like Canada, that is simply not acceptable.

While new government support programs have been created and others adapted to assist people whose revenue sources have been negatively impacted by the pandemic, COVID long-haulers have not only been ignored but discriminated against by not being made eligible for any of these programs.

Let me ask you this: Why is it that in the true north, strong and free, a year and a half into a global pandemic, people who are sick are the only ones being left without the additional financial support they need to survive? I have financially contributed to this country for more than 32 years, and I should never have lost my house because I fell ill. No Canadian should ever have to experience that.

You may not realize this, but by choosing to extend EI sickness benefits from 15 weeks to 50, you are providing sick and vulnerable Canadians with a lot more than just financial support. You are giving them peace of mind and the opportunity to start focusing on what matters most: recovering their health. You are gifting them with the fighting chance to heal so that they can return to their lives and to being contributing citizens.

When it comes to EI sickness benefits, Canada can and must do better.

Thank you.

● (1550)

The Chair: Thank you, Ms. Renaud.

[*Translation*]

The next speaker is Marie-Hélène Dubé.

Ms. Dubé, you have the floor.

Mrs. Marie-Hélène Dubé (Criminologist and Founder, 15 Weeks is not Enough Campaign, As an Individual): Good afternoon, everyone.

Thank you for welcoming me today. I'm pleased to be with you.

I'm also very pleased to hear Mrs. Renaud talk about the long-term impact of COVID-19. I actually talked about it in my previous testimony here in April.

Let me tell you a little about my story. After surviving cancer three times in five years, I launched my petition in 2009, which has gathered over 620,000 signatures, including over 500,000 signatures on paper from province to province. That petition has led to over 13 bills and many political promises. So you know that I've been advocating nationally for all this time to make things better. I'm proud to see that there are politicians, like Mrs. DeBellefeuille, who are working very hard on this. If we're here today to move a bill forward, at the same time, I find it inconceivable that this is the 13th bill since 2009.

I would like to remind you that the Liberal Party, before it came to power, was one of the parties that lobbied hardest for extending benefits to 52 weeks. I worked with Denis Coderre on Bill C-291. It's sad to see that once the party came to power, everything changed, unfortunately.

In fact, it has been shown that it's possible to extend benefits to 50 weeks. Experts have always recommended this. All of a sudden it's announced that it will be 26 weeks. I find this reversal difficult to understand, because we have the means to do so. I had just such a meeting with Mr. Trudeau and Ms. Qualtrough in December 2019. At that time, it was made clear that the benefit period wouldn't be 26 weeks and that this would be inadequate. The government was to come back with another proposal. Mr. Sansfaçon will speak more about this later.

The Parliamentary Budget Officer's report shows that this is possible. Almost 80% of people who exceed the benefit period need a minimum of 41 weeks of benefits. If we set a period of 26 weeks, many people will fall through the cracks. It took 50 years to get a possible increase.

I think that as a country, Canada is missing the point. A 26-week benefit period will mean that people will still be in people financial difficulty and end up in poverty. As Mrs. Renaud mentioned, these are people who have paid into the system all their lives.

Long COVID-19 is an emerging issue. It is said that the government has only helped 23% of those who are ill, but because of long COVID-19 and all the complications that will follow, that percentage will decrease. There will still be many more sick people. It is not true that we can always operate with the support of temporary programs. That makes no sense. This problem illustrates something that has existed for many years.

I've heard many stories of people losing their homes, their dignity, everything, because they were just a few weeks short of benefits to get by. Honestly, I still can't believe this whole situation.

Canada is the only G7 country, other than the United States, to provide less than one year of benefits. All other countries provide between one and three years. We are the only country that gives such a low percentage, around 55%. Australia and the Netherlands offer two years of benefits. Hungary and even South Africa give one year of benefits.

I don't understand why Canada isn't embarrassed to be called a dunce in social programs by the United Nations, or UN. What is going on in Canada? What is so different here?

In the last budget discussions, I heard people say that if the benefit period was extended beyond 26 weeks, claimants would abuse it, take more leave or even not come back to work.

We've been told that studies have been done on this. Where are they? Who did them? That's a good question, because they could never be found.

If this were a problem, I think it would have been documented long ago by all the other countries that already have more sensible measures in place. Of the current 15 weeks of benefits, people use an average of 9.8. So, [*Technical difficulty—Editor*] I think we would have seen people stretch their sick leave out a long time ago.

I would remind you that it's the doctor who grants sick leave and not the people themselves who grant leave. I don't see what the basis is for saying that after 50 weeks of sickness benefits, people would be disengaged. I don't think that after that period, given all the bills that have to be paid, a person would decide that they no longer need to go back to work because they would have gotten rich from it.

● (1555)

I've dealt with cancer three times, with all the consequences it had and still has on my life today, and I know that people want to go back to work, whether they've had cancer or another disease. It's not just for the money, it's for their dignity. They want to take their place as active citizens. So I think it's terrible that people would think such things.

I would also like to draw your attention to two other points that aren't discussed often enough.

First, many people have to rely on social assistance and last-resort programs because of this inadequate measure. By increasing the number of weeks of benefits to only 26, the number of people in this situation won't decrease much. It creates a significant shortfall. There are people who don't go back to work because of this, because they aren't able to cope. There is an intergenerational transmission of poverty. As you can see by looking at the chart provided in my brief, it is passed down a minimum of three to five generations. So for one family that ran out of money because of this and had to go on social assistance, you can expect to see 1,000 families living in poverty, with no traceable cause. That's not to mention all the extra costs that this creates and that we know about. It also creates all kinds of problems when it comes to health and social programs.

Second, we end up with a lot of people who haven't only lost their dignity, but who no longer pay taxes. There is an incredible shortfall here. And, as I said, it overloads the health care system. Socio-economic inequalities in health care impose a direct annual economic burden of at least $6.2 billion. It's true that it's not just people who are struggling because of the 15-week sickness benefit shortfall, but it's part of the problem. It's a spinning wheel, and it ripples out everywhere. Nobody benefits from staying in that situation.

There was a study done that showed that it's possible to increase the number of weeks of benefits further, and the statistics show that this is what should be done. So I don't understand this reversal, when the Liberals are now in power and have an opportunity to put in place measures that would be incredibly better suited to the 21st century. In 1971, when this law was put in place, people died of cancer. That was sad. Now, people survive it.

Thank you for your attention.

● (1600)

The Chair: Thank you, Mrs. Dubé. You'll have a chance to talk more about it during questions.

Mrs. Marie-Hélène Dubé: Thank you very much.

[*English*]

The Chair: Next we have Ms. Kelndorfer from the Multiple Sclerosis Society of Canada.

You have the floor.

Ms. Julie Kelndorfer (Director, Government and Community Relations, Multiple Sclerosis Society of Canada): Thank you, Mr. Chair.

Good afternoon. My name is Julie Kelndorfer, and I'm the director of government and community relations for the Multiple Sclerosis Society of Canada. I'm also one of the 90,000 Canadians who live with MS in Canada, a country with one of the highest rates of MS in the world.

I'm pleased to present to your committee on Bill C-265, an act to amend the Employment Insurance Act, regarding illness, injury or quarantine, and illustrate the important perspective of Canadians living with MS.

Today's trying times resemble what it's like to live with MS every single day. Every day people with MS wake up to adversity and do everything in their power to persevere: the woman with progressive MS who struggles to button her shirt in the morning yet is determined to dance at her granddaughter's wedding, the high school athlete who ignores the tingling and numbness in his legs to rally his team to victory, the lawyer with blurred vision and foggy thoughts, the father struggling to say his child's name, the avid cyclist feeling her balance go.

Canada has one of the highest rates of MS in the world. Canadians know that MS can be harsh, unfair, overwhelming, a disease that always takes away and never gives back, and always threatens to take again. MS impacts all Canadians, not only affected individuals but also their families.

Let me start with a story. Imagine this for a moment. A 29-year old university graduate, wife and mother to a one-year-old son, who is starting out her career in the non-profit sector, walks into her doctor's office one day and walks out not knowing the journey that lies before her. Why? It is because she has just been diagnosed with MS. That woman was me 17 years ago.

How would you react if you were told that you have an unpredictable, often disabling disease of the central nervous system affecting your brain and spinal cord, and they can't say what lies ahead? They tell you that you're one of 12 diagnosed with MS every day and that it happens to women three times more than men. The problem is that no one can tell you what, when and how severe will be the symptoms like those I have experienced: fatigue, pain, numbness, spasms, tremors, vertigo, weakness, to name a few. They can't tell you where they will happen. It depends on what part of the brain and spinal cord are affected, and this can vary greatly from person to person and from time to time in the same person.

I left the doctor's office that day, went into my car, called my husband and cried, telling him that, whatever happened, I didn't want to live in long-term care. Why was that my reaction? It was because that was what I knew of MS at that time. My aunt had passed away when she was in her fifties with a progressive form of the disease. She could no longer move on her own and speak except to nod her head. She lived in a long-term care facility with individuals two and three decades older than her, and I was scared that was going to be me.

I didn't realize there were others living with this disease who didn't have the progressive form like my aunt. They had what I had been diagnosed with, relapsing-remitting MS. This type of MS is characterized by unpredictable but clearly defined relapses during which new symptoms appear or existing ones get worse. In the period between relapses, recovery is complete or nearly complete to pre-relapse function—remission. Of people diagnosed with MS, 85% have this type, which is also referred to as an episodic disability.

When I was diagnosed I worried about our family's financial security. My son was just a year old when I was diagnosed. We were just starting up. We had a mortgage, a car payment, student loans and other expenses. What would happen if I had a relapse and couldn't work full time and needed to work part time while recovering? Were there financial supports that could help me?

What I learned and continue to learn more about every day, however, is that the current disability income and employment support programs were not designed with episodic disability in mind. Many support programs in Canada are designed to support persons with disabilities and are built with a binary switch—either you can work or you cannot work. There are not many people with episodic disabilities.

Employment is a key factor in maintaining adequate income and reducing poverty. Research shows that people with MS have disproportionately high employment rates, given their educational and vocational histories, yet many people living with MS who want to work struggle to do so.

● (1605)

Often the problem is one of flexibility, accommodation and a lack of understanding of episodic disability. It is critical that we move past the notion of work as a binary switch of you can work, which means no assistance, versus you can’t work, which means assistance. With more than 60% of people living with MS eventually reaching unemployment, it’s clear that more needs to be done to support those who live with episodic disabilities.

Unfortunately, the EI sickness benefit, which was designed to address these very issues, has been virtually unchanged since the 1970s. To put this into context, it was set up at a time when smoking on planes was legal, bell-bottoms were king and universal medicare was just getting on its feet. The program provides insured employees up to 15 weeks of financial assistance if they can’t work for medical reasons, provided they’ve qualified with over 600 hours already worked. While it is an important safety net, it also has outdated design flaws, most notably that rigid “on or off” switch that doesn’t work for those who need a gradual workforce reintegration or those who live with episodic disabilities.

For the 13 million Canadians identified in a 2015 report from the Institute for Research on Public Policy called “Leaving Some Behind: What Happens When Workers Get Sick” as not having short-term disability insurance, this means that at the end of 15 weeks they can either be recovered or receive nothing. The 2019 EI round table report noted that three of the four major parties recognized in their 2018 platforms that it’s time to extend the benefit from 15 weeks to more. We were so pleased to see the inclusion of the extension of EI sickness benefits in the [*Technical difficulty—Editor*] more Canadians supported by this benefit.

In 2019, this committee had a report called the HUMA committee report on episodic disabilities. That was the last time I was before this committee as a witness. It stated explicitly that Employment and Social Development Canada should take these important steps to better support people with episodic disabilities.

Having MS creates a life of uncertainty and unpredictability, but what should and can be certain and predictable are the supports that people with MS and episodic disabilities have. Now, in 2021, with the impacts of the pandemic ravaging our economy and the livelihoods of Canadians, the time for action has come. The MS Society, on behalf of Canadians who live with MS and the tens of thousands more who are part of our MS community, ask this committee to support the extension of the employment insurance sickness benefit.

Thank you so much for this opportunity to speak.

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

[*Technical difficulty—Editor*]

Colleagues, we're going to suspend briefly.

● (1605)

_____________________(Pause)_____________________

● (1610)

The Chair: I call the meeting back to order and invite Monsieur Sansfaçon to deliver his opening remarks.

[*Translation*]

Mr. Louis Sansfaçon (As an Individual): Good afternoon, everyone.

I hope you can hear me well. I was soundchecked, and I'm told that it's not perfect. I hope I can get the information across. Since [*Technical difficulty—Editor*] are paying attention, I feel like you can hear me.

Can I just have a confirmation that people can hear me?

The Chair: I can hear you.

You have the floor.

Mr. Louis Sansfaçon: Ladies and gentlemen, thank you for having me here today and for allowing me to testify before you.

My name is Louis Sansfaçon. It is a privilege for me to have been invited to share my remarks with you. Clearly, nothing destined me for such an event. However, life's circumstances, the promise made to my daughter, Émilie, and my desire to make good on her wish motivate me and explain why I am here.

I therefore do so in my capacity as a citizen and in the sweet memory of my daughter.

I am Émilie's father. At the age of 29 and a half, she was diagnosed with stage 3 colorectal cancer. The severity of the disease required two interventions. The first, unfortunately, was to terminate her pregnancy, which was only just at the beginning. The second, three days after the announcement, was for her to undergo a major surgical procedure.

As you can all understand, returning to work was out of the question. So she applied for EI sickness benefits. She then learned that she would only receive 15 weeks of benefits in which to recover. This meant that she received 11 weeks less than a caregiver who could be with her for 26 weeks. Yet her specialist had just told her that the clinical pathway would last at least 38 weeks. The absurdity of this situation is clear, even surreal.

Émilie tried everything she could to get more weeks of benefits, but to no avail. She made phone calls and had many meetings. A few months after the 15 weeks had elapsed, despite her fatigue, but convinced that her young age would carry her through it, and, above all, faced with a financial abyss, she decided to return to work in order to accumulate the hours she needed to re-qualify for EI and to protect herself against a recurrence, which she believed to be unlikely.

In the meantime, my daughter and I approached our MP, Minister Jean-Yves Duclos. He said that he was saddened by the situation and that he understood, but he took no stand, except to say that he would work to improve the situation and that EI was particularly difficult to manage, given the multitude of programs.

Émilie and I were granted a private meeting with Prime Minister Justin Trudeau and Minister Carla Qualtrough. We got a commitment from Mr. Trudeau to do better than 26 weeks of benefits. Mr. Trudeau told us at that time that the minority government would likely help support a proposal for more than 26 weeks of benefits and that he understood the situation. However, we did not get more information at that time, and he did not elaborate.

Émilie did not manage to accumulate the necessary number of hours and was informed that, unfortunately, she was facing a significant relapse.

Despite her condition, Émilie continued to make television appearances and give newspaper interviews to raise awareness, as she had received no real promise of change. She wanted sickness benefits to increase from 15 to 50 weeks.

Of course, 50 weeks is not a gift. You don't just sign up in order to get 50 weeks. There has to be medical care. As soon as someone is cured and can return to work, they do. As many others have said before me, people don't just want to live on only 55% of their salary. They want to go back to work so that they can find meaning through their work and be examples for their children. The 50 weeks are not an opportunity to take a trip to Club Med. It is, in fact, a maximum of 50 weeks. If a person is cured after 34 weeks, that's when they return to work. However, they don't have to deal with the stress of wondering how to make ends meet between week 15—now week 26—and week 34.

Since Émilie had no access to sickness benefits, friends and family organized fundraising dinners, dinner shows and a GoFundMe campaign to support this small family with two children, aged three and seven.

It's a travesty that, in Canada, Émilie had to basically resort to begging or asking for charity, because that's what it is. She had to ask for charity. Of course, she didn't pay into EI for 26 years, because she died at 31. However, given that she paid into the system for 15 or 16 years, she should have received some financial support.

During the same period, Canada was affected by the pandemic. Extraordinary financial measures were taken to support nine million people, and that's good.

Émilie, like hundreds of thousands of sick people across Canada, had exhausted her 15 weeks of benefits, as we know, and was not eligible for the Canada emergency response benefit (CERB), as mentioned earlier.

● (1615)

Since her illness was not related to COVID-19, Émilie could not demonstrate that she was available for work. I am surprised when I hear the government say that it will not let any Canadian down. I think it is urgent and important to define what sick workers are. Are they still Canadian? Since we are not immune to other viruses and since COVID-19 will have its own consequences in the medium and long term, we will have to think about this.

Let's imagine the situation of a woman who is diagnosed with cancer today. Since the hospitals do not have the capacity to admit her right away, weeks will pass, the disease will worsen and gain ground. She may begin her treatments around the 11th week of her 15 weeks of sickness benefits. This is a stressful and ridiculous situation.

As I told you, Émilie passed away on November 5, 2020, at the age of 31, less than 11 months after she met with Mr. Trudeau. She never found out that the government had taken a position on this issue and announced in its budget that the number of weeks of benefits would be increased to only 26 weeks. You didn't know Émilie. I can only imagine how disappointed she would have been, especially since a promise was broken.

Several measures were announced in the recent budget. The government set the duration of sickness benefits at 26 weeks, ignoring the majority vote at second reading in favour of Bill C-265, sponsored by MP Claude DeBellefeuille, whom you heard earlier.

The average person who reads in the newspapers that the vote was a majority will be convinced that the changes will take place and that 50 weeks of sickness benefits will be possible, but that is not the case. Political games and a possible election call will probably change that. I am not familiar with the government structure, but I suspect that those things may be factors.

The Canadian Cancer Society reports that treatment for breast and colon cancer, two of the most common and most frequently diagnosed cancers in Canada, requires 26 to 37 weeks of treatment. [*Technical difficulty—Editor*] proves that the 26 weeks that will eventually be granted will definitely not be enough. On April 19, 2021, the Canadian Cancer Society issued a press release citing the results of an Ipsos poll which found that 84% of respondents agreed that the duration of sickness benefits should be set at 50 weeks. Clearly, this makes sense.

Let's get back to the basic issue. We should never forget that no worker asked to be sick. No one says they want to be sick. Some people will pay into the EI system their whole lives and never have to use it, and that's fine. Others, less fortunate, who have also paid in the same amounts, will have to deal with illness. Of course, some situations will be resolved before they exceed 15 or 26 weeks of sickness benefits.

However, I am asking you today to consider some critical factors. Amending the bill to allow for the possibility of obtaining up to 50 weeks of sickness benefits must be motivated by the search for fairness, humanity and, above all, the desire to protect the workers against a form of discrimination. Marie-Hélène Dubé often talks about ensuring the dignity and respect of individuals, because we are talking about people, not just statistics processed by a computer system. One day, we may learn that the statistics will block the implementation of new measures because of a problem with the computer.

Clearly, when we are sick, we do not advocate, we do not organize demonstrations. All of our time and effort is focused on getting back to work, back to our families.

At the G7 Summit in the U.K., Canada committed billions of dollars to humanitarian aid. That is our role, especially in times of pandemic. Yet right here in our own home, in 2019, over 420,000 Canadians have applied for EI sickness benefits and, as we now know, two-thirds of them will not receive adequate benefits. We need to think about this and we need to make a decision.

My testimony is also in line with the position of the Quebec Cancer Foundation, the unions, the groups defending the rights of the unemployed and various organizations. Illness has no nationality or religion. It certainly does not have a province or a border, and I hope, for the sake of the voters, that it does not have a constituency.

● (1620)

Eventually, you or a loved one will be affected by illness. As a voter, you want your government to make decisions that respect your rights and your dignity. That is what Émilie would have demanded. These are the demands and the information that I promised to communicate on her behalf.

Thank you for your attention.

I am ready to answer any questions from the committee members.

The Chair: Thank you, Mr. Sansfaçon.

[*English*]

We're now going to begin with questions from Ms. Dancho, please.

Ms Dancho, you have six minutes.

Ms. Raquel Dancho (Kildonan—St. Paul, CPC): Thank you, Mr. Chair.

Thank you, sincerely, witnesses, for your testimony. It was very moving.

Félicitations, Madam DeBellefeuille, for all your accomplishment in bringing this forward. It took a lot of hard work to get it to this stage, and I want to sincerely congratulate you for that hard work and the difference this could make for thousands of Canadians as we've heard in the testimony today.

Mr. Sansfaçon, I was extremely moved by your testimony in particular and hearing that you're here on behalf of your daughter, Émilie Sansfaçon, who was the same age as I am when she passed away this past fall from cancer. Of course, Madam DeBellefeuille honoured your daughter by naming this bill after her and her valiant effort to gain the attention of the Prime Minister and his Liberal government, which is an extraordinary accomplishment for someone so young. I really want to express my heartfelt sorrow for her passing. Thank you for being here on her behalf. It makes me emotional to even think about what you're doing for her as a father in her memory, so thank you again.

I want to ask you about the progress that has been made, or lack thereof, by the Liberal government on this. As you and others mentioned in your testimony, there was a motion adopted in the House of Commons in February 2020 to bring sickness benefits to 50 weeks, and it was supported by all parties. However, here we are over a year later, and there is no progress on that. We know that the Liberals have promised 26 weeks, half the time that your daughter was advocating for, as well as Marie-Hélène, Julie and the other witnesses here. Even if that passes, it won't come into force until next summer in 2022.

I would like to hear your thoughts on the progress, or lack thereof, thus far, by the Liberal government.

[*Translation*]

Mr. Louis Sansfaçon: I don't see any progress. Nothing has happened since then, except promises and boilerplate answers.

Recently, in Quebec, a lady from the Îles-de-la-Madeleine mentioned that she had cancer and that, given the hospital delays, the 15-week benefit period would quickly run out. Minister Qualtrough's response was to say that she understood the situation and that this is exactly why the government would extend the benefit period to 26 weeks.

What was left out was that the promise of 26 weeks of benefits was not helpful to the lady. At some point, the benefit period will be 26 weeks. I hope that it will be possible to change things and that the members of the Liberal Party will take this problem into account. I also hope that this lady will understand that she will not be entitled to the promised 26 weeks of benefits. It is unfortunate, but she will not be entitled. She is entitled to only 15 weeks now.

Some provide these boilerplate answers that look good in the papers. They say that they have improved the situation and that they understand what Canadians are going through. We must beware of such statements.

● (1625)

[*English*]

Ms. Raquel Dancho: Thank you for that.

I know that this past March the committee had the opportunity to actually implement [*Technical difficulty—Editor*]. I believe Mr. Blaikie was here with us. He brought forward an amendment for 50 weeks in a Liberal piece of legislation for the CRB extension. The Conservatives were very supportive of that, as were the NDP, who brought it forward. The Liberals were not. Later, the Liberals in the House of Commons said that they were not keen to provide a royal recommendation to Madam DeBellefeuille's bill, which is needed in order to make this bill law.

I was quite discouraged by that as I know many members were. I think it shows that there is a lot of commitment from across party lines to make this happen. That is encouraging, but it's not nearly fast enough, particularly for all the witnesses on this committee who have suffered through 15 measly weeks of sickness benefits when they're battling MS or cancer.

I know, Marie-Hélène Dubé, that you've battled cancer three times in about five years, I thought you said, so it is clearly urgent.

We know that COVID long-haulers.... Another one of our witnesses, Madam Renaud, has outlined her experience there, so we know it is urgent.

One thing I want to get your perspective on is the recent Conservative policy convention resolution that overwhelmingly supported 52 weeks of sickness benefits. It's very close to what Madam DeBellefeuille is putting forward—just two extra weeks. I would love to get your thoughts, Mr. Sansfaçon, Madam Dubé and also Madam Kelndorfer, on whether you would be supportive of the Conservative policy for 52 weeks of sickness benefits.

Go ahead, Mr. Sansfaçon.

[*Translation*]

Mr. Louis Sansfaçon: Clearly, 50 weeks is almost 52 weeks. It would cover the year. Was 52 weeks proposed to include the waiting period? I don't know, because I don't know enough about the situation, but what I do know is that the first number is five. Let's go with that number, whether it's 50 or 52 weeks.

I think that would be an extraordinary measure to improve people's quality of life. Quality of life [*Technical difficulty—Editor*], but people are getting through it and going back to work. That's what we need to remember. I wish my daughter had only needed 41 weeks. I applaud your 52-week proposal and the 50-week proposal. It is important to move forward.

[*English*]

The Chair: Ms. Dancho, that is your time.

Ms. Raquel Dancho: Thank you very much to the witnesses.

The Chair: Next is Mr. Long, please, for six minutes.

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

Good afternoon to my colleagues.

Thank you so much to the witnesses for the presentations. As Ms. Dancho said, they are moving. It's rare, but some of the testimony I heard leaves me speechless.

Here are a few facts for the record. We know this, but nine out of 10 Canadians—or 8.2 out of 10—certainly support increased benefits. We know that whether it's breast cancer or colon cancer treatments, it's 26 to 37 weeks.

Here in my constituency office, we deal regularly with people coming in who qualify for the 15 weeks. Then we go back and say that they can combine the 15 weeks with the 45 weeks and get a maximum of 50 weeks. Obviously, as per testimony that confirms what we all know, it is that you have to be eligible for work.

I read an article in the Calgary Sun recently. A gentleman whose name is Scott Reason is a COVID long-hauler who can't work. He obviously qualified for the 15 weeks. His company is keeping his position for him in the hope that he will come back to work, but he is not able to go back to work so he doesn't qualify for the benefit.

I want to start with you, Mrs. Renaud. Your situation and your testimony are extremely compelling. I read the Calgary Sun article with respect to Mr. Reason and then I listened to your testimony.

Can you just elaborate more on the process you went through? You said you'd like to be giving your presentation from your home, which you couldn't stay in because of this. Can you just elaborate a little more for the committee on your experience?

● (1630)

Mrs. Chantal Renaud: Yes. I got very sick with COVID in April 2020. I am one of the few lucky Canadians who actually has disability insurance. I was able to rely on that for the first 16 weeks of my leave, as I mentioned. It was the short-term disability period.

During that time, there were a few weeks where I felt better and I did try to go back to work, unsuccessfully. As you know, long COVID often comes with waves of symptoms, so you get better for a little while and then it gets worse again. I wasn't able to stay at work. Despite that, my long-term disability claim was denied.

Thankfully, I had some savings that I could rely on for a little while. In my case, I may have been one of the rare people who.... My husband also got sick with long COVID, so we were both unable to work. We were able to apply for the sickness benefits, but 15 weeks with an illness like long COVID, where most people are sick for over a year, wasn't enough for us.

I made a choice to not get to the point where I would have to cash in my RRSPs. I wanted to keep that because that was meant for retirement. I'm going to need it in retirement, so I decided to sell my home. It was a very difficult decision, but it was the decision I was forced to make because after I was done with the short-term disability insurance and the 15 weeks' worth of EI sickness benefits, I had nothing else coming in. I've been without income now for many months.

Mr. Wayne Long: Okay. I certainly understand. I thank you for that.

Ms. Kelndorfer, thank you again for your presentation. I just wanted to run it by you with respect to the 50 weeks. Are there certain categories of workers that would be most impacted by the extension? Is there any particular category of worker you think would benefit more from this?

Ms. Julie Kelndorfer: It's interesting. The MS Society over the last few years has really looked at the extension piece and has worked with a lot of different organizations, the Canadian Cancer Society being one, and the Canadian Labour Congress and others, employers included, and round tables.

Back in 2015, we worked with the Institute for Research on Public Policy, and it really was a look at the entire span of leave when people are sick. They noted that, at any time, 6% of our working population has illness or a sickness, and we really aren't supported, as a Canadian population of workers, to have the supports to remain attached to the workforce. I think this is a really big issue.

EI is a piece in a suite of benefits and support programs that need to be better coordinated. That was one of the pieces around this report and in other reports that have come along. We have participated with the Conference Board of Canada on a couple of them, particularly regarding MS in the workplace, and for people with episodic disabilities and diseases like cancer. Also, long-haul COVID is an interesting one that is new to our discussions and has a lot of resemblances to the episodic disabilities, such as the wave Chantal was speaking of. I've experienced that, too, with MS, and others have too.

I do think that it is old, and it needs to be updated to address the current realities of our workplace and the situation for Canadians who get an illness.

● (1635)

The Chair: Thank you, Ms. Kelndorfer.

Thank you, Mr. Long.

[*Translation*]

Ms. Chabot, the floor is yours for six minutes.

Ms. Louise Chabot (Thérèse-De Blainville, BQ): First, let me send my warm regards to my dear colleague Mrs. DeBellefeuille, who has proudly championed this bill, and to the witnesses who have come to describe the situation for us with so much emotion, and justifiably so. My thanks go to Mr. Sansfaçon, for whom I have so much respect, for his commitment in continuing Émilie's fight, given all she had to go through. My thanks also go to Marie-Hélène Dubé, Ms. Renaud and Ms. Kelndorfer.

Here is what I want to say to the last question that my Liberal colleague asked, about how 26 weeks could address the situation. We cannot say that extending the period from 15 weeks to 26 weeks would not improve things slightly, of course. However, that leads me to this question.

Mrs. DeBellefeuille, if the benefit period was 26 weeks, who would fall between the cracks and why?

After 50 years, 13 bills, and a motion and a bill passed by a majority in the House, what other approach can be taken—because it's the 21st century—so that the Liberal government finally signs on to the idea that 50 weeks is necessary to meet the needs? It's a matter of simple fairness.

Mrs. Claude DeBellefeuille: Thank you very much for the question, Ms. Chabot.

This afternoon, we have had some good examples of what it would take. You have heard four testimonies from people for whom 15 weeks of benefits were not sufficient. That means, if you will, that we could spend the entire year hearing testimony from people for whom 15 weeks were not sufficient. For most of them, 26 weeks were not sufficient either, because they had illnesses that needed more than 26 weeks away from work.

We are abandoning 150,000 Canadians each year because of our refusal to change the number of weeks. I'm sure you will agree with me that a period of 15 weeks is no longer viable. As for the 26 weeks, people think that it is already the case, but it is not the case at all, as Mr. Sansfaçon rightly said. It will be the case only when the government decides that it is the case. That has not happened yet. An election may well be called and months may well go by before the 26 weeks of benefits come into effect. However, some people are finishing their 15th week of benefits today, as we speak.

We have the privilege and the opportunity to take care of those vulnerable and abandoned workers today by fulfilling a government commitment. It would not amend the Employment Insurance Act every week. The act has not been touched for 40 years. We are proposing one amendment that would address the new needs of workers and modernize special sickness benefits in order to better respond to the workers whom we are neglecting now and whom we will also be neglecting in the years to come.

We do not understand this lack of sensitivity on the part of the government because, basically, the matter is well-documented. When I listen to Mr. Long, I really want to tell him that he knows full well that 26 weeks are not enough for a large number of workers who are sick.

As Mr. Sansfaçon said, we are not asking that all sick workers take all 50 weeks. Instead, those who unfortunately need more than 15 weeks or 26 weeks, can obtain the support they need to get well and to go back to work.

We are in politics and we pass bills on all kinds of subjects that do not fall into people's realities. They do not resonate with the public. Bill C-265, on special sickness benefits, does resonate. People understand it, and we have reached the point where the Employment Insurance Act must be modified.

Ms. Chabot, I am deeply saddened to see this political resistance, which most Quebecers and Canadians do not understand, because Bill C-265 makes so much sense and is so well documented.

Ms. Louise Chabot: Thank you, Mrs. DeBellefeuille.

Mr. Sansfaçon, when we hear testimony like Émilie's, whom we knew and have met, because we were with her at the meeting with the Prime Minister and Minister Qualtrough, we can say that we have an opportunity before us at the moment.

Do you agree with me that we have an opportunity to act, to propose something that makes sense?

It does make sense, because we are talking about workers who pay employment insurance premiums and have no complementary private insurance plan.

Those are the people for whom we are demanding government action.

What would 50 weeks of benefits have been able to change in Émilie's life?

● (1640)

Mr. Louis Sansfaçon: In a sense, Émilie was one of those workers just starting out in their careers. She was a simple administrator who did accounting work. She had no social safety net. She believed that, if she lost her job, the employment insurance program would give her up to 40 or 42 weeks to find another one. It would be interesting to conduct a survey or do a *vox pop* on the issue. I would actually be curious to find out how many people know that they are entitled only to 15 weeks of special sickness benefits, starting on the day they fall ill.

If Émilie have been able to get 50 weeks of benefits, she might have avoided having to overdo things and cause herself physical problems by returning to work before she was able to.

We will never know whether it hurt her. The fact remains that, in my opinion, attitude is important when one is ill. Émilie believed that too. And I was diagnosed with multiple myeloma and bone cancer a few years ago. However, when you have to pay your bills, look after a child, and incur new expenses in medical transportation, it is difficult. All kinds of things are added into the unknown. The only known in that situation is that you just have 15 weeks of benefits.

If someone were able to know that, as of now, they could count on 50 weeks of benefits, I am convinced that it would do them a great deal of good, both mentally and in terms of their attitude to the illness and to the family. It would not cure anything at all, but it would help with the return to work.

As a former employer, I would prefer to see an employee take 26, 28, 30 or 34 weeks of leave and then come back to work in good shape. I would not like to see them come back at the end of the 16th week and pretend to be in shape. It's not possible, it's not productive and it's not good.

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

[*English*]

Next is Mr. Blaikie, please, for six minutes.

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Thank you very much.

I want to start by saying a big thank you to all of our witnesses today for discussing an important issue, to be sure, but also for sharing stories that are deeply personal. I know that it's not always easy to share in a public forum like this, so I thank you for having the courage to do that. I know that many Canadians who aren't here today will benefit from your willingness to share those stories.

Along that vein, Mrs. Renaud, I understand that you may be one of the first people ever with long COVID to be testifying before a parliamentary committee. I know you talked a little bit about being able to avail yourself of a short-term disability plan but not a long-term disability plan.

I know that there are insurance companies that aren't recognizing long COVID to the extent that they should, or in some cases at all, and that, even in the case where some companies are recognizing it, it can be difficult to get a diagnosis, particularly in part because Canada doesn't understand a lot about this condition. The world [*Technical difficulty—Editor*] respect of many other countries in terms of the work being done on this, but for those who got COVID and then have been subject to long COVID, if they got COVID before the testing regime was in place, a lot of them weren't able to get a positive diagnosis simply because the testing infrastructure didn't exist yet.

I'm wondering if you could speak a little bit to your own experience and the experience of other COVID long-haulers you know who have struggled to gain access to employer insurance plans.

Mrs. Chantal Renaud: For me, yes, like I was saying earlier, I was lucky to have the disability insurance, but there seems to be a problem with long-term disability claims. I certainly am not the only one whose long-term disability claim has been denied by disability insurance companies. In my particular case, and I know it is the case with a lot of other long-haulers, we do a lot of different medical tests, but everything comes back normal. On paper we look like there's nothing wrong with us when, in reality, most of us are completely debilitated and often bedridden or really unable to work.

From the statistics I've seen, only 20% of Canadians have disability insurance, which means that a large majority of the population don't have access to that. Some of those people also get very ill. It's not just COVID long-haulers. It's all of the people who get sick. Especially if they don't have access to disability insurance, they need to be able to rely on more than 15 weeks of financial support. The 15 weeks pass so quickly, especially with the health care system right now. It's so overloaded that I have to wait for months for one medical test. I've already done a few, but I'm still waiting to do more, because there's a backlog there. It's crucial, it's vital that this be addressed and that there be something done about it as soon as possible.

● (1645)

Mr. Daniel Blaikie: Thank you very much, Mrs. Renaud, for that testimony.

[*Translation*]

Mrs. Dubé, a month or two ago, this committee studied Bill C-24, and, as Ms. Dancho said earlier, I tried to introduce an amendment so that the employment insurance program would provide 50 weeks of sickness benefits.

The Liberals insisted that the NDP did not understand the software that processes sickness benefits, that it is really difficult to make changes to it, and, for that reason, they did not support my amendment. They considered that it would make no sense at all to provide a royal recommendation for the amendment.

In Bill C-30, the government proposes to increase the benefit period from 15 to 26 weeks. It will be a year or two before that measure comes into force. The Liberals were opposed to my amendment because they said it was difficult to make changes to the software. Now they are committing to make a change to the software.

So why do they not extend the period to 50 weeks now instead of extending it to 26 weeks? In the coming years, they will once more be able to make the argument that it takes a lot of effort to change the system that pays the benefits.

Mrs. Marie-Hélène Dubé: That is a good question.

As soon as you make a change, you have to change the system. The issue is not entering 26, 40 or 50 weeks, the issue is making the change. You can't keep putting it off just because there may be a problem. We know that the government has learned a lot from the errors that have occurred in recent years and that it will conduct tests. So it's really important to make the change.

We have also heard a lot of figures, such as 37 weeks and 41 weeks. But those are statistics on the length of treatments. Do you really think that someone whose treatments lasted 43 weeks will be in good enough condition to return to work five days a week as soon as the treatments are over? The answer is no. That time must also be considered, and the statistics do not do so.

During the pandemic, the government recognized that it was capable of [*Technical difficulty*] quickly in the act. It was good that they did so. They realized that where there's a will, a way can be found. In my opinion, it's not just about a technical problem, it's about having the will.

● (1650)

The Chair: Thank you, Mrs. Dubé.

[*English*]

Next we'll go to Mrs. Falk, please, for five minutes.

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Thank you, Chair.

I would like to thank all of our panellists for their contribution to this, and not only that, but for being willing to be raw and real, sharing emotional stories. Thank you all for that.

I have had the pleasure of being on this committee since I was first elected. I have been on this committee with Mr. Long and Mr. Vaughan, and in that time there have been a number of studies and reports done relating to employment insurance. We have heard repeated testimony about the limitations of the EI program [*Technical difficulty—Editor*], and during the pandemic we experienced the employment insurance program's limits on a larger scale with COVID. We know that because we have heard testimony on that today.

The concern about the 15-week cap on employment insurance sickness benefits has been raised on a number of occasions on this committee, and this committee in the past has recommended its extension in studies like the report on episodic disabilities. It's a very frustrating point for me—being a member of this committee and being an elected official—having reports come from this committee and having the government not act on recommendations the committee has recommended to the government.

We know that when someone is ill, EI sickness benefits should help alleviate the burden and the worry of income security, allowing them to focus on recovery. Knowing that, after their recovery, they will be able to go back to their job is also a concern that many have. If that worry is alleviated, it would also help someone focus on their recovery, which would help them heal more quickly.

In this committee's study on episodic disabilities we had heard repeatedly about the value of continued labour force attachment.

Ms. Kelndorfer, I'd like to thank you for your contributions to that study. I'm just wondering if you would agree that the labour force attachment should be a consideration in the structure of the EI program. If so, do you think that the proposed extension of sickness benefits will help more Canadians remain connected to the workforce?

Ms. Julie Kelndorfer: Thank you for the question and thank you for highlighting that very important report of this committee around episodic disabilities. It was, I think, 20 years in the making when it came to the HUMA committee.

Many of the conditions and diseases that are considered episodic, including cancer [*Technical difficulty—Editor*], have all been, I would say, amplified during COVID, so I think the recommendations in that report are needed now more than ever.

I think the labour force attachment consideration is key. People want to work, but they struggle to work. How can we, as a society, ensure that they can remain connected to their workplace for as long as possible? We would be supportive of anything that would support that.

I think that in the discussion around employment insurance, there are lots of other pieces around the sickness benefit. Extension is a piece, but I think there are other pieces, including the increase in the benefit. It's not just the extension, which is very important, but there are other pieces that will be supportive of maintaining that workforce attachment, which will help all Canadians who are able to access it, because there is also an access piece.

If I can make just two more points, I think there is also a piece around women. Women have been disproportionately affected by COVID. They also are disproportionately affected in terms of accessing the EI sickness benefit from the get-go because of their precarious, part-time and different labour force attachment.

The other piece that Mrs. Renaud spoke about—the short-term to long-term disability—has been an ongoing issue for many years for many different diseases. I think that's a piece I would surely like to see change.

● (1655)

Mrs. Rosemarie Falk: Thank you, Ms. Kelndorfer.

What are some of the benefits that someone would experience who has the opportunity for that labour force attachment?

The Chair: Answer very briefly, please. We're out of time.

Ms. Julie Kelndorfer: Work provides a number of important considerations. For people with MS, for example, being able to work makes them able to continue with their benefits in terms of their disease-modifying therapies, which actually have been shown in study after study to reduce disability. Of course, reducing disability would benefit all. Thank you.

Mrs. Rosemarie Falk: That's wonderful. Thank you.

The Chair: Thank you, Mrs. Falk and Ms. Kelndorfer.

The last couple of questions will be posed by Mr. Dong, please, for five minutes.

Mr. Han Dong (Don Valley North, Lib.): Thank you very much, Chair.

I'll be splitting my time with MP Vaughan.

To all the panellists, I want to thank you very much for sharing your stories.

I remember, in 2005, a close family member was diagnosed with third-stage colon cancer. The financial anxiety that came along with that diagnosis was definitely troubling to our entire family. I remember the struggle of looking at the different programs to see what would be there to support [*Technical difficulty—Editor*]. I fully appreciate the experiences you are sharing with us today.

I see 26 weeks as a step forward, so I want to thank Madam DeBellefeuille for her leadership on this. I am pretty confident that it is going to be the reality.

Mrs. Renaud mentioned the difficulties of accessing long-term disability support. I want to ask all panellists how they see other long-term disability supports, such as the CPP disability benefit, complementing as an extension of the EI sickness benefit.

The question is open to any one of the panellists.

Ms. Julie Kelndorfer: Thank you for the question.

Yes, I think there are multiple benefit programs that could be better coordinated with EI sickness benefits, from provincial and territorial programs to the program you spoke of, which is the Canada pension plan disability benefit.

One of the things that people with MS have is that, once they're on it, it's very hard to go in and out of the system. A disease like MS is very intermittent. Again, it's that on-and-off piece. Once a person is on a benefit, it's very difficult to move back and forth.

There have been suggestions and ideas around a partial disability benefit. Could that be a medium-term benefit that fills that gap between the EI sickness benefit and the long-term disability piece? I think that would be an idea.

The Chair: Mr. Dong, if you want to split your time, you're past the halfway mark, but I'll leave that up to you.

Mr. Han Dong: I'll turn it over to MP Vaughan.

The Chair: Mr. Vaughan, go ahead, please.

Mr. Adam Vaughan (Spadina—Fort York, Lib.): I would like to thank the witnesses who have been asked to come again and tell stories that are not easy to tell. It certainly makes me reflect on my mother's last chapter in life, which was a 15-year battle with three different bouts of cancer. My parents were immigrants. They'd split up, so there were three teenage kids taking care of our mother while she did and didn't work, while we tried to go to school. It was pretty intense.

One of the issues that was really hard to navigate, as I was doing this work for my parents as a minor, was the issue of working while on benefit. I was wondering if Ms. Kelndorfer could talk about the changes that have been made to restore working while on benefit, but also some of the changes around seasonal employment to try to make EI more flexible and more nimble and to take advantage of the good days so the bad days can be weathered.

I also wonder whether those have helped fortify the changes we've made to the EI sickness benefits that have also kicked in.

Ms. Julie Kelndorfer: Thank you for that.

Yes, I think there should be acknowledgement regarding the changes to working while on sickness benefits included in the EI system benefits. It's an important change that has been made and it supports keeping people attached to the workforce and being able to receive some benefit, while also working, so I think that has been....

I'm not sure about the seasonal piece as much. I haven't looked into that as much, but I think the entire concept around flexibility is key here. I think people have different needs and need supports in terms of their illnesses and sickness that need to be accommodated. I think anything that we can do to create that flexibility is going to be important.

I do think we have to take into consideration the realities of different people, so increasing that flexibility and also increasing that extension piece will be supportive of all people who are dealing with illness and sickness in this country.

● (1700)

The Chair: Thank you, Mr. Vaughan.

Thank you, Ms. Kelndorfer.

Colleagues, that takes us to 30 minutes before we have to sign off. We do have some committee business to tend to, so I'm sorry for truncating the period of questions for this very fascinating panel, but that's exactly what we have to do.

[*Translation*]

Allow me to thank Mrs. DeBellefeuille and congratulate her for her leadership, because of which her private member's bill has reached this stage. We are very grateful to her and she has our congratulations.

My dear witnesses, let me repeat the message that you heard before. We are grateful to you for telling us your very personal stories in a public forum, and we thank you for your passion,

[*English*]

Thank you very much to all of the witnesses for being with us here today. It's clear that this is something that is extremely important in your lives personally and for the people for whom you speak. It is greatly appreciated. You have touched every one of us, and we thank you so much for being with us and, as was indicated, having the courage to tell your story in the powerful way you did.

With that, you are welcome to stay, but you're free to go.

We're now going to move into committee business.

Colleagues we're going to be doing committee business in public, so there is no need to log off.

We have four items I would like to cover, and Ms. Dancho has one.

Just to ensure that we don't run out of time, Ms. Dancho, if you want to you can introduce the item you wished to bring forward, and then perhaps we can try to work through my list in the remaining 26 minutes.

Ms. Dancho.

Ms. Raquel Dancho: Thank you, Mr. Chair.

This is just something I'd like the committee to consider since it looks as though we may not finish our seniors study. Conservative colleagues were talking about the benefit that we might have if we could extend.... Actually, we'd have to reopen the submission, because the deadline is closed, but if we can reopen and extend the submission deadline for the seniors study until we complete the witness testimony, we would have just a little bit more time for a few more seniors' advocates to provide some more in-depth feedback, and we could do a more fulsome study. I would just ask that the committee consider reopening it and extending it until the witness testimony is done, which could be next week, depending on how the committee goes, or perhaps it could be in the fall.

That's just a simple request in that regard, and I would appreciate it if the committee would agree to that.

The Chair: We have a request to extend the deadline for the submission of briefs until the end of verbal witness testimony. Is there any discussion?

Seeing none, we have agreement to extend the deadline.

Thank you very much, Ms. Dancho.

While we're on the seniors study, if we can deal with that next, we have a suggestion from the analysts that there was some testimony that we heard while we were sitting as part of the COVID committee last summer, before this committee. It has been suggested that the testimony that was given when we were doing that would be of assistance with the seniors study.

Is there any objection to the suggestion that the testimony be received and be included as part of the ongoing study that we're doing right now with respect to seniors?

Ms. Falk, please go ahead.

● (1705)

Mrs. Rosemarie Falk: Thank you, Chair.

I don't have an objection. The only thing that I would like to make sure of is that, if there were maybe witnesses who came last summer who then submitted a brief this time, nothing would be cancelled out and that what was provided last summer and a brief this time, if provided, could maybe be time marked.

I do believe that COVID, as we all know, is evolving and always changing, and this is just so that nothing would be nullified or cancelled out. That's all that I would ask.

The Chair: I think that's reasonable. Are there any concerns about that?

Just for the sake of clarity, the proposed wording that I've been provided is as follows:

> That, in the context of the study of the impact of COVID-19 on seniors, the evidence and documentation received by the committee during the 1st Session of the 43rd Parliament on the study of the government's response to the COVID-19 pandemic be taken into consideration by the committee in the current session.

I think, based on Mrs. Falk's intervention, we can add “in addition to any other testimony, verbal or written, provided in the course of the current study”.

Is that agreeable to the committee? I believe I see agreement. Thank you.

[*Technical difficulty—Editor*] one with respect to the report on the employment insurance program. That report will be ready to be tabled in the House on Monday, and it is my plan to do it on Monday. If that plan changes, I will let you know right away, but that's what it looks like.

A question for the committee is this: Is the committee amenable to instructing the analysts to prepare a press release on the tabling of the EI reform report?

Is there any discussion on that? I think we have agreement.

To our analysts, you can consider yourselves so instructed.

The last thing is the Centennial Flame Research Award. We have had a discussion around the award. We have not yet adopted a motion to set a deadline for the submission of applications or to fix on the amount of the award. In the discussion that we had on May 27, it was proposed that the amount be set at $6,700 and that the deadline for submissions be July 1, which now appears to be kind of tight.

It's open to your suggestions with respect to the Centennial Flame Research Award. Are we still comfortable with $6,700, and could I hear from you as to a reasonable deadline for the submission of applications?

[*Translation*]

Ms. Chabot, the floor is yours.

Ms. Louise Chabot: Personally, I agree with the amount being $6,700.

As for the applications, you seem to be saying that a July 1 deadline is tight. Given that this has nothing to do with the House rising, what are we able to do? We can decide that it will be a little later than July 1, can we not?

Actually, I am going to keep going and you can give me an answer later. Given that I have the floor, I would like to ask a question about our committee business.

When are we going to do the clause-by-clause of Bill C-265? Perhaps I don't know the rules, but I thought that we were going to do it today.

[*English*]

The Chair: Okay.

[*Translation*]

We are going to discuss it right after the topic we are dealing with at the moment. But you are right, Ms. Chabot. We have to discuss it today as well.

● (1710)

[*English*]

Ms. Dancho, please, on the Centennial Flame Research Award.

Ms. Raquel Dancho: I just want to suggest September 1. That gives us two months to get the word out in our communities. It's the summer when students are out of school, and it might be a good time for them to focus on applying for scholarships and things like the Centennial Flame Research Award. Two months would be nice.

The Chair: That's a good idea.

Ms. Gazan.

Ms. Leah Gazan (Winnipeg Centre, NDP): Thank you, Mr. Chair.

I'm okay with that. My only thing is this: Let's say, potentially, an election were called. Would that impact our ability to distribute the award if we were to wait until September?

The Chair: I think it's unlikely that we're going to be able to give the award until Parliament returns. If there is no election, according to the parliamentary calendar, it would be mid-to-late September anyway. The earliest we are going to be back would be mid-to-late September. If an election intervenes, it could be later.

Ms. Leah Gazan: Okay. Thank you, Mr. Chair.

The Chair: Do we have consensus, then, to set the award at $6,700 and to set the deadline for the submission of applications at September 1?

Mr. Vaughan, please.

Mr. Adam Vaughan: I'm sorry. I was just going to speak in favour of that. I'm in favour of both of those, September 1 and $6,700.

The Chair: Okay, do we have consensus? I believe we do.

[*Translation*]

As for Ms. Chabot's last question, she is right. Normally, there is a period of 48 hours in which amendments to a bill can be submitted, but that can be changed by a decision of the committee.

So we have at least two options for the clause-by-clause consideration. The first option is to do it this week, on Thursday, and the second option is to do it at the following meeting, which is next Tuesday.

[*English*]

Colleagues, if we are ready to go to clause-by-clause on Bill C-265, we can adopt a motion now to do it on Thursday, if you wish, or next Tuesday. If it is your wish to continue to hear from witnesses, then we should deal with that now as well.

I'm in your hands as to how we dispense with Bill C-265.

[*Translation*]

Ms. Louise Chabot: Mr. Chair, if we need a motion to do it on Thursday, that is what I will propose. But there is something I don't understand.

We had decided to call witnesses up to a certain date. We have heard the witnesses and I don't think that we are going to make any witnesses come back. Since we had up to the same date to submit amendments, I thought we were going to be voting today. We are not going to be calling for witnesses again.

Does that mean that you have not asked to receive amendments?

The Chair: No, not yet.

Ms. Louise Chabot: Okay. There were no amendments and no one has asked for any.

So I propose that we move to clause-by-clause consideration, without witnesses, on Thursday.

[*English*]

The Chair: Colleagues, we have a motion to proceed to clause-by-clause consideration of Bill C-265 at Thursday's meeting. Is there any discussion?

Do we have consensus to proceed in this fashion? Excellent. The next order of business is to notify all MPs who are not members of official parties of the plan of the committee.

Am I missing anything?

The Clerk of the Committee (Ms. Danielle Widmer): Mr. Chair, I would just request that a deadline for the amendments be set by the committee.

● (1715)

The Chair: Given the tight timeline that we have, what would be a reasonable amount of time for amendments to be put in a proper package for us to consider on Thursday? How about the close of business tomorrow?

The Clerk: Yes, please. That would be ideal.

The Chair: Do we agree that it be circulated to members of Parliament that any proposed amendments be received by the clerk by 5 p.m. eastern tomorrow? I believe we have agreement on that.

Is there any other business to come before the meeting?

Seeing none, is it the committee's wish to adjourn? I believe it is.

Have a wonderful evening. Thank you very much, colleagues, and we'll see you on Thursday for clause-by-clause.

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