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Mr. Guy Lauzon

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• (0910)

[Translation]

The Chair (Mr. Guy Lauzon (Stormont—Dundas—South Glengarry, CPC)): Good morning, ladies and gentlemen. Welcome to this meeting of the Standing Committee on Official Languages. The guests this morning are Mr. Marc Hamel and Mr. Jean-Pierre Corbeil. They will be making a presentation of approximately 10 minutes. We will then follow with a round of questions. Mr. Corbeil, over to you.

Mr. Jean-Pierre Corbeil (Senior Population Analyst, Demography Division, Statistics Canada): Thank you.

Mr. Chairman, co-chairs, and members of the committee, I am very pleased to speak to you today about the sources of current health and immigration statistics concerning health care and official language minority immigration outside Quebec. I also take this opportunity to talk to you about projects currently underway. I will begin my presentation by talking about health care and then move on to immigration.

First and foremost, let us talk about statistical data on population health. Many sources of data on health are available at Statistics Canada. One of the most important is our survey on health care in Canadian communities, which began in 2000-2001. We work with a sample of approximately 133,000 respondents, which allows us to make projections for 133 socio-sanitary regions in Canada. This survey provided projections on health determinants, the state of health, and the use of health care services in Canada. Issues that are relevant to our study include mother tongue, knowledge of official languages, the language spoken at home, and the language spoken with one's doctor.

One important factor must be mentioned. The Statistics Canada Website contains the profile of health indicators for linguistic groups defined according to the mother tongue or the first official language spoken, in each of the provinces. In addition to the profiles in surveys for 2001 and 2003, it will be soon possible to access the profile for the 2005 cycle.

Many cycles of the General Social Survey at Statistics Canada have to date dealt with various themes and topics relating to health. Allow me to mention surveys on health, assistance and social support, smoking, social support and aging. In view of the limits of the sampling taken for several surveys, it was not possible to obtain statistics on francophones in each province. However, reliable projections can be made for all francophones outside Quebec.

The new Canadian survey on health measurements is the first Canadian survey that has allowed us to collect important information

on population health, according to direct physical measures such as blood pressure, height and weight, blood samples, urine samples, and other tests used to gauge physical fitness, par exemple. The Canadian survey on health measures also produces a questionnaire to allow for the collection of information on different aspects of health and other demographic and socio-economic characteristics. Again, given the size of the sampling, which was approximately 5 000 people, age 6 to 79 years, projections are perhaps possible for all francophones outside Quebec, but this remains to be seen.

Health care concerns, of course, not only reside in health measures, but also on the supply and demand of services offered in the minority language. With respect to offer, the 2001 Canadian census contained a two-pronged question on the language used most often in the workplace and other languages used regularly in the workplace. This information is very useful to the extent that it is not only possible to become familiar with the potential pool of health care professionals, who while on the job, use French, but also allows us to know the pool of professionals who, even if they do not use French regularly, indicated that they were able to carry out a conversation in this language.

A study published by Ms. Louise Marmen and Sylvain Delisle from Statistics Canada in 2003 on health care services in French outside Quebec revealed the difficulties encountered by francophones outside Quebec with respect to obtaining services in French, resulting from the fact that in many provinces, francophones are proportionately higher in numbers in rural areas, whereas francophone specialists or other professionals likely to provide services in French, work mostly in large urban centres. The study also concluded that even in provinces where francophone communities are more likely to settle in urban areas, Francophones do not necessarily live in cities where there is very high percentage of francophone professionals.

The issue of the demand for services is directly related to offer. Many francophones who would like to receive services in French do not necessarily make the request and very often are unaware of the fact that the health care professionals they are dealing with have a knowledge of French. We are dealing here with the issue of the active offer of services in French.

On October 10th 2006, Statistics Canada began collecting data as part of the Post-censal survey on the Vitality of Official Language Minority Communities. The result of a partnership with eight federal government departments and agencies, it is the first time that we have conducted a survey of this scope dealing exclusively with official language minorities. This was a survey of 50,000 people that includes 17 modules on topics such as education, early childhood, linguistic trajectory from childhood to adulthood, access to health care in the minority language, cultural activities, linguistic practices in the workplace, sense of belonging and subjective vitality, just to name a few.

It is clear from reading the health care module that it will enable us, among other things, to gather relevant information on the importance of obtaining services in one's language, the level of difficulty obtaining services in one's language, reasons why people feel it is difficult to obtain these services in the language in which they were received, and the extent to which francophones request services in French. We will continue to gather data for the Post-Censal Survey on the Vitality of Official Language Minority Communities until December 2006, and the first statistics will be made public in October 2007.

Let's now move on to immigration statistics. We could not examine the issue of immigration in francophone minority communities without looking at the situation facing francophone minority communities where most members are born. The Survey on the Vitality of Official Language Minority Communities will provide a wealth of statistical data to help understand the challenges and obstacles facing francophone minority communities in Canada.

At Statistics Canada, the census is the only major source of data that enables us to provide information on French-speaking immigrants outside Quebec. The census paints a very clear picture of immigrant populations within the various francophone communities. Unfortunately, this source of data is not used enough. Bear in mind that the francophone sample from the Survey on the Vitality of Official Language Minority Communities is made up not only of people whose first language is French, but also of people whose first language spoken is French. But given how low their proportion within francophone minority communities is, it will be difficult to obtain accurate estimates of French-speaking immigrants outside Quebec.

One of the major Statistics Canada surveys on the settlement of immigrants in Canada is the Longitudinal Survey of Immigrants to Canada. In 2003, Statistics Canada published the results of the survey's first cycle. Approximately 12,000 of the some 164,000 immigrants aged 15 and over who arrived in Canada between October 2000 and September 2001 participated. They were interviewed for the first cycle of the study about six months after they arrived. We interviewed them again two and four years after their arrival. The results of the third cycle will be released next March.

The data gathered during the three-interview cycles will make it possible to study and gain a better understanding of the settlement process for newcomers. Given the relatively small sample at the end of the third cycle, some 8,000 respondents, the Longitudinal Survey of Immigrants to Canada does not, however, enable us to obtain reliable data on French-speaking immigrants outside Quebec. It is nevertheless clear that if steps were taken to oversample French-

speaking immigrants, such a longitudinal study would provide a wealth of information on the settlement process for these immigrants in francophone minority communities.

In closing, I would like to say a few words about the graphs and statistics I distributed. Statistics drawn from the 2001 census show that using the first official language spoken criteria, there were some 53,000 French-speaking immigrants outside Quebec or slightly more than 1 per cent of the immigrant population. For the non-immigrant population, the proportion is 5 per cent. Bear in mind that these 53,000 immigrants whose first official language spoken is French live, for the most part in Toronto and Ottawa, where the respective number fluctuates around 11,000. What's more, in addition to these 53,000 immigrants whose first official language spoken is French, there are about 70,000 immigrants for whom we cannot determine whether English or French is their first official language spoken. Therefore, Statistics Canada created a residual category called "first official language spoken English-French". Using information provided in response to the question on the other languages spoken on a regular basis in the home, we did note, however, that a large proportion of these immigrants tend to turn more towards English than French, even if they indicate that they have some knowledge of both official languages.

● (0915)

Nonetheless, we cannot write these immigrants off from the pool of potential French speakers, by assuming that they cannot contribute to the development of minority French-language communities. Though there is no established definition of a francophone immigrant, there are ways to push studies further in order to gain a better understanding of how allophone immigrants who speak both official languages can contribute to the expansion of French within francophone communities.

Thank you for your attention. I would be happy to answer your questions in both official languages.

The Chair: Thank you, Mr. Corbeil.

We will now begin our first round. Mr. Murphy will ask the first question.

Mr. Brian Murphy (Moncton—Riverview—Dieppe, Lib.): Thank you, Mr. Chairman. I would also like to thank Mr. Corbeil and Mr. Hamel.

The Chair: I should point out that each person will have seven minutes.

Mr. Brian Murphy: Thank you.

We received briefing notes from the Library of Parliament, which I found somewhat worrying. I noted that 14 per cent of francophones in New Brunswick do not have access to a community health centre. I have seen the methods used to compile those figures, and I would therefore ask you whether those results could be inaccurate.

I have observed that the answers on which the figures are based are somewhat subjective. This is not an objective study with accurate data, except where population figures are concerned. Those are very accurate. As politicians, we have a great deal of experience with studies, polls and margins of error, and can well understand that.

Is there a controlled margin of error when subjective data like these are used?

• (0920)

Mr. Jean-Pierre Corbeil: We know full well that, when we ask people about their perceptions of the possibility of obtaining services in their language, we are not looking only at health but at all areas. When we conduct studies on literacy and ask people whether they have access to a library, those people may not necessarily be aware they have a library. So they could answer that they have no access to a library.

There is of course a subjective component when we ask people whether they have access to health services, for all kinds of reasons. We could ask them whether they have difficulty accessing services.

I know that, as part of the vitality survey — which is currently underway — we ask people whether they have used health services. Then, we ask whether they were served in their own language, were able to receive services in their own language, and requested services in their own language. You do not have to stop at asking whether services were available; you can ask whether people used the services.

For example, when we ask people whether they are aware that the Health Information Line exists, or that a community health services centre exists, they might say no. If people say they know it's there but it is difficult to obtain services, we can ask them why. That means we have some control when we ask such questions, and that is exactly what we wanted to do in the post-censal Survey on the Vitality of Official Language Minorities.

I do not know what that 14 per cent figure you mentioned is. I do not know what study it comes from. As I said, we can go further than just asking people whether they have access to health services in their own language. There are other ways of going about it. We can ask other questions to obtain more objective, or somewhat more reliable, information than we can gain just from their perception.

Mr. Brian Murphy: To better understand your answer, can you tell me if this refers to the 2001 census.

Mr. Jean-Pierre Corbeil: It is probably a different survey from the one carried out by Statistics Canada. I know for a fact that the *Santé en français* research network undertook many surveys on that topic. Researchers from the network also carried out many qualitative inquiries in which they ask people to specify the offer or availability of services. I know that those do not fall under Statistics Canada; that is why I cannot provide an opinion on them. Nor am I familiar with the way other questions were formulated.

As I was telling you, we often come across surveys that contain subjective questions. Yet, there are ways to ask questions so that the credibility and objectivity of answers are reinforced.

• (0925)

The Chair: Pardon me for interrupting you, but the research analyst may make a few clarifications.

Mr. Jean-Rodrigue Paré (Committee Researcher): I may point out that the statistics referred to by Mr. Murphy withdrawn from a 2002 study published by the *Fédération canadienne des communautés francophones et acadienne* entitled French-Language Health care — Improving Access to French-Language Health Services. This study is well known and has been widely distributed.

The Chair: You have 90 seconds remaining.

Mr. Brian Murphy: Are you certain that people know the difference between a community health centre and a medical clinic? Has it been properly explained to them?

Mr. Jean-Pierre Corbeil: I am not familiar with the survey carried out by the FCFA. Normally, at Statistics Canada, we carry out pilot projects before doing the survey. The pilot projects are qualitative tests during which we ask people specific questions to see if they understand. That helps us validate the wording of the questions.

Education is shown to be a striking example. There is several levels of education in the provinces, and different names are designated to describe the levels. We talk about daycares as often as we talk about child care centres, for example. Asking people if they understand the questions helps us make sure that people are clear on the concepts that we talk about.

The Chair: Thank you very much, Mr. Corbeil and Mr. Murphy.

Now over to Ms. Barbot.

Mrs. Vivian Barbot (Papineau, BQ): Thank you, Mr. Chairman.

Thank you for appearing before us, gentlemen.

You talked about the fact that the sampling was not providing reliable data. If I understand correctly, you are saying that it is sometimes possible to apply a more exhaustive methodology to obtain data.

With respect to francophone minorities outside Quebec, witnesses are constantly telling us that the sampling does not paint a clear picture of things. This applies to the state of health care for francophones outside Quebec and even more so for immigrants.

What can we do to overcome these discrepancies?

Mr. Jean-Pierre Corbeil: Statistics Canada has always tried to search for a compromise with respect to the size of samples. You know just as well as I do that the size of the sample is directly associated to the total cost of the survey. The objectives of the survey are taken into consideration, but the number of surveys carried out by Statistics Canada is huge. As stipulated in section 41 of the Official Languages Act, Statistics Canada did everything to ensure that when it comes to key surveys, I mean surveys which represent important stakes and a marked interest for official language minorities, the department should attempt to oversample.

Obviously, there is a cost, which is usually quite high, associated to this. We carry out surveys and sampling, we try to adhere to proportion of subpopulations in each province. Yet, external clients, other than the federal government, are usually the ones who fund surveys carried out by Statistics Canada. Our responsibility is to tell them that a given subject may be of interest for official language minorities, for example and ask them if they could possibly carry out an oversampling.

From time to time we are able to find people who are willing to fund the oversampling. That is what we were able to do for the study on adult literacy. We were able to carry out oversampling of francophones in four provinces in addition to the anglophones living in Quebec. We carried out a study on the vitality of official language minorities, specifically because it is often very difficult to make accurate representation of each francophone community within the various provinces. The surveys on health provide a very clear example.

With respect to the survey on health care in communities, a sample of 133 000 respondents allowed us to make estimates concerning official language minorities for each province, which was certainly not the case when we talk about immigrants. We know that the percentage of immigrants is very low. We would also have to carry out oversampling in the case of immigrants.

In fact, a longitudinal study on Canadian immigrants had initially involved 12,000 people. We are constantly having to raise awareness among fundraisers and explain to them of a possible need for oversampling in a survey dealing with a subject of national interest. Obviously, that brings in additional costs.

The rationale for the post-census survey was precisely to compensate for the situation. On the health funds, I believe that we are going to obtain some very interesting results. In fact, I was saying earlier, the census is underused insofar as issues dealing with immigration. Regardless, there is reason to plan for surveys that would take into consideration stronger representation of French-speaking immigrants within the sampling.

• (0930)

Mrs. Vivian Barbot: As regards health, I think that the current statistics are consistent.

Mr. Jean-Pierre Corbeil: I would say that health is the one area in which we have been able to obtain the most reliable estimates. The statistics cover the widest range of linguistic subpopulations in Canada. The same applies to the post-census survey.

Mrs. Vivian Barbot: In the SCFA survey, we referred to earlier, it was said that reliable information was not available. Can you tell me what the current status is now?

Mr. Jean-Pierre Corbeil: As I was saying earlier, there are two major concerns for those working in the health care sector: offer of services and access to health care, as well as training of medical doctors. I know that the minority vitality survey, given the size of its sampling will allow us to obtain very reliable estimates concerning difficulties with regard to access to health care services and the provision of services in French.

With respect to professional training, I know that there are research groups and work groups working on the ground. So it is as

if corporations have been established, such as the one between the University of Sherbrooke and the University of New Brunswick, for example. In the health care perspective, we now have quite a good number of tools.

Mrs. Vivian Barbot: As for the anglophone community in Quebec, do you have more reliable data?

Mr. Jean-Pierre Corbeil: We succeeded in obtaining a considerable sample in Quebec, not only for Quebec anglophones by mother tongue, but also for allophone immigrants who turn towards English. Since the concurrence between English and French is an important issue in Quebec, we significantly oversampled allophones who turn towards French, to understand the situation. We asked the same question about access to health care and the various means of developing the vitality of communities.

Mrs. Vivian Barbot: In that case...

The Chair: I am sorry, Ms. Barbot, your time is up. We are now going to ask Mr. Godin to put his questions.

Mr. Yvon Godin (Acadie—Bathurst, NDP): Thank you, Mr. Chairman.

The advisory committee that appeared before this committee enabled us to identify serious shortcomings in the data on the real situation of francophone immigration. What are those shortcomings?

Mr. Jean-Pierre Corbeil: We can adopt two approaches when we conduct a study in the field in an attempt to understand difficulties or obstacles. We can use a more qualitative approach whereby we meet with a representative of such an association who knows someone else, and by doing so, we build a small sample. We spend about an hour or an hour and a half interviewing these people, who tell us about their experiences, their problems integrating, and so on.

This approach gives us a picture which, even though it is not necessarily statistically significant because it is not representative of the whole immigrant population, does nevertheless enable us to obtain information on obstacles, difficulties, and constraints facing certain groups. Of course, we cannot extrapolate and say that this picture applies to all immigrants in Canada, but it takes into account French-language immigrants and those kinds of things.

We can however draw on this kind of survey when we are developing more standardized and more widely-administered questionnaires. As for surveys conducted by Statistics Canada on French-speaking immigrants, we are really at square one.

• (0935)

Mr. Yvon Godin: I do not understand. There are not a million hospitals in New Brunswick. Go to the George-L.-Dumont hospital, to the one in Moncton, in Saint-John, in Fredericton, or in Bathurst and ask questions about the doctors, about their language, about their knowledge of French, etc. You do not have to be a rocket scientist to obtain this data.

Mr. Jean-Pierre Corbeil: Look, perhaps in New Brunswick...

Mr. Yvon Godin: We know that 80 per cent of francophones are in the Acadie-Bathurst region. I do not work for Statistics Canada, nor am I an expert, but let's use some common sense.

Mr. Jean-Pierre Corbeil: As I was saying, it is surely...

Mr. Yvon Godin: I am having trouble understanding that you do not have the methods you want.

Mr. Jean-Pierre Corbeil: New Brunswick is a unique case, as its population is one-third francophone, and francophones are concentrated in certain areas. Moreover, the reality is totally different from the reality in certain regions of Ontario and in most other provinces outside Ontario and New Brunswick. It is also for comparison purposes, since the question will immediately be asked...

Mr. Yvon Godin: Let's take Fort McMurray, Alberta. The francophones in that region may be located in all of the camps, but they are nevertheless in Alberta. What services are they being offered? Are there hospitals in that region?

Mr. Jean-Pierre Corbeil: According to the contacts and the meetings that we have had with specialists and stakeholders in the field, we do not know to what extent people are calling for services in French. If we were to decide to set up programs and to allocate funds to provide services in French, we need to know if francophones are calling for these services and whether it is important for them to receive services in their language.

Many bilingual people accept to receive services in English instead of waiting six months to obtain services in their language. Many of the surveys have been conducted...

Mr. Yvon Godin: Is the bilingual person who prefers to wait six months considered a person who wants services in French?

Mr. Jean-Pierre Corbeil: That is why we conduct the study on vitality. We want to know if it is important for these people to obtain services in French.

Mr. Yvon Godin: If you ask a question like that, the answer could be misleading. The respondent could say that he prefers to receive services in English instead of waiting six months. What is more, since he will not necessarily know who he is talking to, he could say everything is fine, because he would not want to wait six months. How reliable is a questionnaire like that?

Mr. Jean-Pierre Corbeil: In the questionnaire, we ask why it is important for the respondent to obtain or not obtain services in French, or why he has not sought to obtain services in French. If this person did not try, it is perhaps because the service was not offered or because the person was reluctant or because he did not want to waste time or delay the process. We will be in a position to gather those reasons.

That is why we are trying to gain a better understanding of the entire issue of services being provided in French.

Mr. Yvon Godin: Could you send the questionnaire to the committee?

Mr. Jean-Pierre Corbeil: A copy was sent that we can circulate. It is a copy of the health module.

Mr. Yvon Godin: That is interesting.

Mr. Jean-Pierre Corbeil: I also sent a version of the description of the Post-census Survey on the Vitality of Official Language Minorities, with a description of each module. If you are interested, we can circulate it.

Mr. Yvon Godin: That is all, Mr. Chairman.

The Chair: Thank you, Mr. Godin.

We will now go to Mr. Petit.

Mr. Daniel Petit (Charlesbourg—Haute-Saint-Charles, CPC): Good morning, Mr. Corbeil, and good morning, Mr. Hamel. I want to start by thanking you for appearing this morning on behalf of Statistics Canada.

I would like to raise the following problem with you. You know that health is one of the Conservative Party of Canada's five priorities — all you need to do is consult the platform. A little earlier, you raised a problem that is starting to worry me. You talked about immigration and about people coming from abroad. I live in the province of Quebec, which is experiencing a migration loss, because many Quebec migrants are going to work in Alberta, where they can find work. Francophone Quebecers go where the work is. Your survey deals with immigrants who come from outside Canada and move to various provinces. Your statistics do not take into account migrants. We are talking about approximately 50,000 Quebecers, who spend six months in Alberta, who come back for two or three days to continue to be entitled to their health care insurance card, and who return to Alberta and stay there for 12 months. These people need health services. They are in Canada, and they need health services. That is not accounted for in your statistics. I am using the word "migration".

In Moncton, there is a completely francophone neighbourhood that has schools, including the *Collège Saint-Jean*, etc. Many migrants from Quebec need health services. Last week, Mr. Hubert Gauthier, who is in charge of the *Société santé en français*, appeared before us. Naturally, I asked him the same kind of questions that I am going to ask you today. That organization advocates outreach to retain francophone personnel, to enable doctors to stay and treat francophones in Alberta, etc. I do not know if you are familiar with the *Société santé en français*.

Do you think that organization can answer your questions, but without including migrants who come from Quebec?

● (0940)

Mr. Jean-Pierre Corbeil: Thank you for your question. I would say we have to make a distinction. You talked about immigrants...

Mr. Daniel Petit: There is a difference between migrants and immigrants.

Mr. Jean-Pierre Corbeil: That is true. When we spoke of immigration a little earlier, we mentioned the Longitudinal survey of immigrants to Canada. The Postcensus survey on the vitality of official language minorities also includes francophones who left Quebec...

Mr. Daniel Petit: The survey also deals with them?

Mr. Jean-Pierre Corbeil: Yes. All of the francophones living outside Quebec whose mother tongue is French, as well as those whose first spoken language is French—often allophone immigrants—are included in the sample.

Questions are asked about migration, in other words, where were these people living five years earlier, why did the move, et cetera. That is the type of questions that we ask. It is certainly an important point to consider. At census time, even though none of the questions deals with health, we are nevertheless able to obtain a wealth of information on the mobility of Quebecers outside Quebec. We can determine where they come from, where they were born, where they lived one year ago or five years ago. So the information is available.

I would agree that there has been a great deal of mobility. Between 1996 and 2001, the number of francophones outside Quebec has increased by almost 10 000, and most of them came from that province.

This is a reality that must definitely be taken into account, particularly when things appear to be going well, since there has been a growth in the number of francophones living outside Quebec. We know that large number of them have moved, mostly to Alberta and, to a lesser extent, to British Columbia.

I know some people who work in French at the Société Santé. Migration is an important issue that must be addressed.

For example, professionals who leave Ontario to work in Quebec often have a higher socio-economic status than those who do not migrate. This point must be taken into account when analyzing health requirements.

In many provinces, but not Quebec, francophones are much older. In Saskatchewan, the number of people over the age of 65 is four times greater than those who are 15 years of age. That is a very different reality when it comes to providing health care.

Le président: You have ninety seconds left.

Mr. Daniel Petit: I would like to ask one last question.

A little earlier, M. Godin asked you about something that I have often wondered about myself. I am not familiar with the questionnaire, so I might repeat an aspect that you have already measured. My question might seem a little strange. You have already answered it, but I would like to hear you again.

When a francophone is asked about health care services, he might say that, if necessary, he would be prepared to seek cancer treatment in an anglophone setting. In Quebec, for example, a number of patients were sent to the United States for cancer treatment, because the Quebec hospitals could not keep up with the demand. That is not unlike what happens to francophones in other provinces. If the demand for health services in French cannot be met, what will the francophone patients do? They will seek treatment in English, whether or not they speak the language. When you have cancer, you want to be treated as quickly as possible.

Is that something that you may have taken into account in doing your health care survey? I find it interesting. When you are sick, all we want is to get well, and language takes a back seat.

● (0945)

The Chair: A very brief answer, Mr. Corbeil.

Mr. Jean-Pierre Corbeil: It is an important issue. A number of people, including the late Roger Bernard, have studied the development of a bilingual identity. This is an emerging trend in Quebec. More often now, when people are asked why they did not request services in French, they say that they are bilingual.

We want to understand why they do not have access to these services and why they do not request them. Has this bilingual identity or the tendency to downplay the importance of services in French become widespread?

This is something that must be considered if we want to understand the dynamic and the issue of supply and demand for French language services outside Quebec.

The Chair: Thank you, Mr. Corbeil.

We will now begin the second five-minute round with Mr. D'Amours.

Mr. Jean-Claude D'Amours (Madawaska—Restigouche, Lib.): Thank you, Mr. Chairman.

Thank you for coming this morning, Mr. Corbeil and Mr. Hamel.

I have two questions, one that you raised or something that you touched upon earlier, namely, services.

We are not talking about immigrants but about citizens who already live in Canada and who move from one location to another or about people like myself, who may come from New Brunswick but who, for other reasons, may look elsewhere for treatment. When the language of work is English — for example, in a hospital where employees can provide service in French but who work in English and who may converse in English when treating patients — do you think that maybe bilingual francophones are a little shy about asking to be treated in French?

Mr. Jean-Pierre Corbeil: There is an important consideration, namely, the active offer of services in French. You have no doubt been to places where there is a little sign that says: English-French. Your instinctive reaction is to ask the young lady behind the counter if you can be served in French or if she speaks French. If there is no sign, or if you are in an anglophone neighbourhood, you will most likely not even bother asking the question. So the active offer of services must be taken into account.

With respect to our survey, we do ask people if the offer was made to them to be served in their own language or if they had to ask for it, and if they did not ask, then why not?

I believe that it does indeed happen. When you go to the hospital, you are more worried about your health than you are about demanding language rights. That is an important part of the equation.

I will draw a quick comparison. Every year, 300,000 young anglophones come out of French immersion schools or are enrolled in immersion programs. These young people leave school without having an opportunity to speak French and they lose it. There are also francophones who feel that, in any case, they will not speak French because they are surrounded by anglophones. Communication is lacking and one group does not realize that the other group can speak the language.

• (0950)

Mr. Jean-Claude D'Amours: Now I would like to address immigration and immigrants.

As you said earlier, one third of the population of New Brunswick is francophone, but most of those francophones live in a rural setting. When it comes to health care, it is always a challenge to attract professionals to work in remote areas. We had a group of witnesses a few weeks ago and I asked them about the expectations of health professionals; they will be getting back to me on that. How do you attract them to rural francophone areas and how do you get them to stay?

I believe that you said, earlier, that 1 per cent of francophone immigrants settle outside Quebec. That is a low number. In light of your studies, do you think that is because they are afraid that they won't receive the services they require in their own language? Perhaps they are unilingual francophones who decide against considering other provinces to settle in because of concerns about receiving services in their own language. So they chose Quebec, a region that is universally recognized as being French, which is not the case for other provinces.

There are still people in Canada who don't understand that one third of the population of New Brunswick is French-speaking. During my first term as a member here in Ottawa, even fellow parliamentarians expressed surprise that I spoke French since I came from New Brunswick. People are often unaware of that fact. And if parliamentarians don't know, then I imagine there are others who are equally ignorant of that fact.

So do you think there might be a relationship between this misconception and the low 1 per cent immigration rate?

The Chair: Once again, Mr. Corbeil, I would ask you to be brief.

Mr. Jean-Pierre Corbeil: There is an ongoing debate, and a great deal of interests in regionalizing immigration. Most immigrants are concentrated in urban centres and they are being encouraged to move out into the regions. This has been going on now for 25 or 30 years. There have been successes, but there have also been failures. If you can understand why immigrants settle in large urban centres, then you will have gone a long way towards answering the question.

There are many factors to explain this phenomenon, and I will venture my own theory on the matter. A number of bilingual immigrants belong to what we can call our pool of francophone immigrants. These people are often surprised to see that almost everything is done in English. There are also a number of unilingual francophone immigrant who are encouraged to settle in communities but who realize that they can't function because they don't speak English. These are undoubtedly some of the factors that would cause unilingual francophone immigrants to choose homogeneous francophone areas to settle in.

The Chair: Thank you.

Mr. Lemieux will ask the next question.

Mr. Pierre Lemieux (Glengarry—Prescott—Russell, CPC): Thank you very much.

You have helped us to understand various aspects relating to the health of populations. Last March and April, Decima Research did a study for the Department of Canadian Heritage. When asked about access to health services, 60 per cent of anglophone and 42 per cent of francophone living in minority language communities stated that access had either improve or had remain the same in recent years.

In my opinion, there is the difference between the degree of satisfaction and the effect on one's health. The real effect is important. When you see a doctor, you have to be able to understand and follow his advice. You must also do whatever it takes to get better.

Have you any comments on the difference between the level of satisfaction with health services and the real effect on health? Has the question ever been asked?

• (0955)

Mr. Jean-Pierre Corbeil: We do, of course, usually ask a question relating to health. The Canadian Community Health Survey, which I mentioned earlier, includes a number of health indicators. I believe there are about 120 or 130.

Mr. Marc Hamel (Assistant Director, Population Health Surveys, Health Statistics Division, Statistics Canada):

There are more, but this survey also includes satisfaction indicators. Satisfaction does not necessarily depend on services that are received. We take measurements based on general opinions. Some people base their opinion on what they read or heard, whereas others base theirs on a real personal experience. Generally, when we measured the level of satisfaction with respect to health care services received, it amounted to approximately 75 per cent. I did not however do a language breakdown of these figures.

Mr. Pierre Lemieux: Were people afraid they may not understand what was going on in the doctor's office and did they suffer from that? Wanting to receive health care services in one's own language is one thing, which I understand, but suffering certain outcomes due to that is another.

Mr. Jean-Pierre Corbeil: As everybody knows, the situation for anglophones in Quebec is far different than that outside Quebec, for a number of reasons. Clearly francophones outside Quebec are far older and more likely to need health care. Far more francophone seniors are unilingual. For these people the stress or concerns associated with the need to be understood and receive services in one's own language is far greater than for anglophones in Quebec, who have an easier access to English health care services.

There is also the issue of community networks. I know they are much more developed among Quebec anglophones than francophones outside Quebec. The Post-censal survey on the Vitality of the Official Language Minorities asked whether respondents have health problems and who they turn to, apart from their doctors or health care professionals. We noticed, in past studies, that Quebec anglophones make greater use of family networks and personal networks than do francophones outside Quebec. The reality is significantly different for these two groups.

When it comes to fear or anxiety surrounding the ability to receive services in one's own language, we do not have a survey like the one that exists for anglophones in Quebec, but we can assume that if the issue is intimately related to the availability of services in one's own language, it is less of a problem in Quebec than outside Quebec.

Mr. Pierre Lemieux: Thank you.

The Chair: Ms. Brunelle will be asking the next question.

Ms. Paule Brunelle (Trois-Rivières, BQ): Hello gentlemen, thank you for your attendance here this morning.

When we think about the relationship between health status and language, we visualize a sick person or someone who is in crisis. In these cases, it can be very difficult for a person to describe what is wrong and especially to understand what is going on. People who are really sick sometimes find they cannot understand what is happening to them. They go into a state of panick. Health is also related to prevention and daily check-ups.

Are you able to establish a correlation between a general state of health and the language in which medical treatment is provided?

Mr. Jean-Pierre Corbeil: It is a bit difficult, but there is some rather innovative work currently underway. The U.S., over the last few years, created what is referred to as the Literacy and Health in America Index. The International Adult Literacy Survey measures adult skills. It is a literacy test and people are asked to answer a number of questions, some directly related to health, namely the request for services, the issues of prevention and awareness. The results of this survey revealed that francophones fare far worse than others and are at risk. If people have less schooling and are less literate, their self-confidence is lessened, they also have a lesser sense of being able to understand what is happening to them when they are sick and what to do.

The literacy survey asks very elaborate questions. It is kind of like an exam which includes essay-type questions where people are asked to understand some information and use it in order to obtain answers. The issue of knowledge, the way in which to request health services, the issue of awareness and steps to take, are all major aspects of the survey and research has shown that francophones are far more vulnerable in this respect than anglophones.

The situation in Quebec is remarkable. We know where the anglophone population in Quebec stands, they have done very well on these tests. They are the population with the highest level of schooling among anglophone communities in Canada. The situation is clearly completely different, the problems are completely different as well.

• (1000)

Ms. Paule Brunelle: I have another question.

In your presentation, the second chart shows the proportion of immigrants whose first official spoken language was French in 1996, and then in 2001. I see an increase in the number of immigrants to Quebec for whom French is the first spoken official language.

We know that Quebec has an immigration policy with respect to the number of immigrants it receives. For years, we asked to have francophone immigrants or immigrants who could become francophones. These are people who come from countries where the second language may be French.

Is the rise in the number of people whose first official language is French due to these Quebec policies, or to the higher birth rate amongst immigrants?

Mr. Jean-Pierre Corbeil: With respect to birth rate among immigrants, upon their arrival, they often have a higher fertility rate than other Canadians. But over time as they settle in, a balance is created and the significant gap between immigrant populations and others no longer exists.

To answer your question, when we look at census figures on language use among immigrants, it is clear that the source countries for immigration have had an effect.

For instance, when you compare the geographical origins of immigrants settling outside Quebec with those of immigrants settling in Quebec, you see two completely different pictures. Of course, there are still many immigrants from China and Asia in Quebec, but it is not comparable to the situation in Toronto, for instance and Vancouver.

In Quebec, we have noted that many immigrants comes from the Middle East, North Africa, Haiti and France. They already have a tendency to use French before they arrive in the country. Because of Quebec language laws, children are sent to French schools, so, there is already a process underway with respect to the use of the French-language at home and the public space. So, clearly the geographical origin of immigrants does have an effect on the ease with which they turn to French or not.

There has been an attempt in some minority communities outside Quebec to have francophone African immigrants settle there, who only spoke French. Obviously, that does improve their ability to integrate into the society but, on the other hand, if they don't know English, they are limited, for the reasons we all know.

•(1005)

The Chair: Thank you, Mr. Corbeil and Ms. Brunelle.

The last questioner on this round will be Mr. Godin.

Mr. Yvon Godin: Thank, Mr. Chairman.

I have a question about the statistics compiled for regions outside Quebec only. I will take New Brunswick as an example, but I think my comments could apply to any other province.

I know that you think that the situation is different in New Brunswick because one third of the population is French speaking. Did these studies focus on the regions, or did they cover the entire province? I will explain what I mean.

There are some francophone villages like Tracadie and Caraquet. However, I know there are doctors in those villages who do not speak French at all. Were any studies done in the Bathurst region, where 80 per cent of the population is francophone?

I am going to mention the example of the former Minister of Health in Mr. Bernard Lord's Government who said—and this disturbed me—that if he were ill, it would not bother him to go to a hospital where only French or only English were spoken, provided he received care. He is lucky to speak both languages. However, the poor individual who is ill and speaks only French would not be able to explain his problem to the doctor. He would be in a bad way if they take out his spleen rather than his ruptured or inflamed appendix.

Mr. Jean-Pierre Corbeil: My answer will apply specifically to New Brunswick. We definitely used the approach adopted by Rodrigue Landry from the Canadian Institute for Canadian Research on Linguistic Minorities, which is located in Moncton. Increasingly, in our studies, we break down New Brunswick into three of four regions—homogenous francophone regions, mainly francophone regions and regions, such as Moncton, where one-third of the population is francophone, where exchanges with the anglophone minorities are obviously different than those in homogenous regions.

Mr. Yvon Godin: There is also Miramichi, where one third of the population is francophone and 70 per cent anglophone, and we receive service in English.

Mr. Jean-Pierre Corbeil: Exactly.

Mr. Yvon Godin: So that is where we should get our data.

Mr. Jean-Pierre Corbeil: Exactly, and that is why in the Survey on the Vitality of official language minority communities, New Brunswick was broken down into three main regions. From memory, there were the North-Eastern region, the South, and the rest of the province.

Mr. Yvon Godin: We have been talking about New Brunswick, but what is the situation in Ontario? Is it broken down into regions? There could be Kapuskasing and Hearst...

Mr. Jean-Pierre Corbeil: Ontario is broken down into regions: the North, the South, the Toronto region, the Ottawa region and the rest of the province. This will provide us with information that will help us take into account the percentage of francophones in the regions. It is difficult to do the same thing outside these two provinces for obvious reasons having to do with sample sizes. For example, we would certainly like to have large enough population

groups in Manitoba or Saskatchewan. The advantage is that we develop a concentration index in the survey on vitality. The variable will be used. For example, in a scale of one to ten, someone in British Columbia could live in a region with an index of eight, which is a high concentration of francophones. However, British Columbia may not be a good example, because francophones are scattered throughout the province. The same is true of Toronto. This concentration index does allow us to take into account the concentration of francophones in the particular region. The same is true of anglophones in Quebec.

The Chair: Thank you, Mr. Godin.

You have the floor, Mr. Simard. You are a very patient member of Parliament.

Hon. Raymond Simard (Saint Boniface, Lib.): Thank you, Mr. Chairman.

Welcome, gentlemen.

A few years ago, I was a member of a human resources committee that studied literacy. We quickly noticed that francophones outside Quebec had far more problems than the population generally. So these data are very important for us because solutions may be completely different for those individuals. In 2001, when the *Fédération des communautés francophones et acadienne* told us that there was not much specific information, we were very concerned.

Since I arrived a little late, I do not know whether you have already answered this question: is the information we have today more accurate? In addition, I would like to know who decides which questions will be asked in the surveys? Do you decide randomly to conduct a survey on the health of francophones? How are these decisions made? Must the communities request such studies in order for them to be done?

•(1010)

Mr. Jean-Pierre Corbeil: Thank you for your question.

I will comment first on the International Adult Literacy Survey which was conducted in 2003. The results for the country and the provinces were distributed last December. Next December, a monograph on the state of the official language minority communities will be published.

Until now, the detailed information we had came from the 1994 survey. Although we do have some information on the survey conducted in 2003, it is quite general and brief as regards the official language minority communities. Given the fact that in this survey we managed to get an oversample of anglophones in Quebec and francophones in New Brunswick, Manitoba and Ontario, we are better able to identify the factors that have an impact on the levels of literacy among francophones outside Quebec or anglophones in Quebec.

You also asked who makes the decisions. One of the responsibilities of every federal government department and agency under section 41 is to consult, either yearly or regularly, the members of the official language minority communities to get their feedback or to get a better understanding of their needs or their priorities.

In 1998, Statistics Canada, together with other federal government partners, organized a two-day symposium to hear from the official language minority communities. There will be one held in 2007 as well. In the meantime, we have met with various communities and associations, including the FCFA, to find out what their needs are.

When we want to study certain themes, as in the case of the 17 modules that make up the Survey on the Vitality of the Official Language Minorities — an advisory committee composed of experienced researchers is established, together with representatives of the communities. That allows us to focus the surveys properly.

Hon. Raymond Simard: Did Heritage Canada ask you to do that, or did Statistics Canada take this initiative itself?

Mr. Jean-Pierre Corbeil: The Post-censal Survey on the Vitality of the Official Language Minority Communities has been discussed for a very long time. We, at Statistics Canada, knew that this was probably the only way of getting reliable data on a number of areas having to do with the official language minority communities. We had discussions, first with Heritage Canada and the Privy Council Office. There are now eight federal partners that funded the Survey and are on the steering committee and the task force regarding this survey. This is not just a Statistics Canada initiative.

There was the Action Plan for the Official Languages in 2003. The post-censal survey will be the source of the information required to determine what progress has been made when it comes time to renew the action plan in 2008.

The Chair: Thank you, Mr. Corbeil.

Mr. Simard, your time is up.

Ms. Boucher will ask the last question.

Mrs. Sylvie Boucher (Beauport—Limoilou, CPC): I have two short questions.

I have been listening to you for some time now, and I wonder if there are still members of linguistic minorities outside Quebec who are unaware that they can be served in their language. Is that still happening today? Do you ask that question when you conduct this kind of survey? Do some individuals tell you that they were unaware that they could be served in French, for example, in a small village?

Mr. Jean-Pierre Corbeil: The survey that we currently have in the field contains a module that deals with services offered by the federal government.

We did a pilot test prior to this survey, and we agree that what we seem to be hearing—again, the data is piecemeal, since we only consulted a small sample of people—are comments from people who say that they were aware of the service being provided by the federal government, but that they did not even consider it when it came to the provincial government.

Obviously, I am not necessarily talking about New Brunswick. The French Language Services Act does exist in Ontario, but I think it is clear that a significant number of people are unfamiliar with the Official Languages Act. There are probably still people who do not know that they can obtain services in their language.

It is also clear that it always comes down to services being actively offered. If you dial a toll-free 1-800 number and you are told

to push 2 for services in French, it is clearly possible to obtain services in French. However, if you make a call and it is answered in English, the question probably does not even arise.

That is why I am telling you that there are always considerations, and actively offering services in one language is undoubtedly an aspect that has an impact on the perception people have regarding the possibility of receiving services in their language.

• (1015)

Mrs. Sylvie Boucher: As you know, our government is very supportive of communities, especially as regards access to health care in their language. I am clearly one of these people, because I am old-stock francophone. Now, I am bilingual, but I do like to be served in my language, as it is much easier for me to express myself, especially if I am sick, for example, as someone said earlier.

Based on your knowledge, what might happen if we were to give people more information so that they know that they are entitled to be served in their own language?

Mr. Jean-Pierre Corbeil: I would reframe from answering that question as it involves projections or predictions. I will say however that there are always two sides to an issue such as actively offering services, in other words whether it is possible to use the services in question, and the public's perception. We are aware, as we know a good number of them, that francophones use English out of habit. In the federal public service, for example, many anglophones are working very hard to master French, but when they speak French to a francophone, the francophone often replies in English. That is a reality. I can understand why some anglophones often scratch their heads because they are so puzzled by that.

I know that some francophones are very aware of linguistic issues and that others are to a lesser degree, for a host of reasons. There again, I will refer back to the post-censal survey that we are currently conducting. It contains a module entitled “Sense of Belonging and Subjective Vitality of the Community”. In that module, we asked questions such as: Is it important for you to use French? Is the future of your francophone community important to you? How do you assess the vitality of your linguistic community? These questions will certainly make it possible to gain a better understanding of the practices and linguistic behaviour that can be observed in the other modules. That is what we are working on in the private sphere.

Mrs. Sylvie Boucher: If you ask that kind of questions in Quebec, everyone will agree, but outside Quebec, do people have the awareness? I am thinking, for example, about francophones in Alberta. Is there a lack of information, a kind of fear? Speaking both languages is now automatic. However, bilingualism does have consequences.

Mr. Jean-Pierre Corbeil: Surveys that are more qualitative in nature have been conducted in the field. I am going to say a few brief words about mixed or exogamous unions. People have said that they are a disaster, because as soon as francophones marry anglophones, they start to use English. However, research shows that francophones who are more inclined to use English within an exogamous couple, have, in many cases, already shown a significant interest in English, be it from a very young age, or at least since the age of 15. So previous behaviour is important.

We also know that access to education in one's own language definitely influences future behaviour. In Manitoba, for example, a very high proportion of francophones did not have access to French schools. Some of them attended English high schools, and others studied in both languages. These people have a very strong bilingual identity. That factor undoubtedly influences perceptions in terms of identity and linguistic practices.

•(1020)

The Chair: Thank you very much.

I want to thank our guests: the debate was very informative. I also want to thank committee members, who asked very interesting questions. We will suspend the meeting for about two minutes. We will then move on to Ms. Barbot's motion.

•(1021)

_____ (Pause) _____

•(1026)

The Chair: We will now resume our proceedings and go to Ms. Barbot's motion.

Mrs. Vivian Barbot: Mr. Chairman, my motion reads as follows:

That, pursuant to Standing Order 108(2) of the Regulations, the Standing Committee on Official Languages recommends that the government continue the funding of the Court Challenges Program at the level set in fiscal 2005-2006 and that the adoption of this motion be reported in the House as soon as possible by the chair.

The Chair: Are there any comments or questions?

Mr. D'Amours.

Mr. Jean-Claude D'Amours: Mr. Chairman, given the reality of official language communities, the Court Challenges Program is clearly very important. I will proudly support this motion, but I would like to make an amendment.

It reads as follows:

[...] recommend that the government continue the funding of the Court Challenges Program at the level set in fiscal 2005-2006 to ensure the continuation of this program and that the adoption of this motion be reported in the House as soon as possible by the Chair.

The Chair: Mr. Petit.

Mr. Daniel Petit: I received the motion at the same time as everyone else, and I had a week to read it. In fact, I consulted the wonderful book that we all received, the Standing Orders. I checked section 108(2). I will point out to you that this motion is out of order pursuant to subsection (3)(f). The Standing Orders state that all committees are granted that power, with the exception of the ones set out in subsections (3)(a) and (3)(f). Subsection (3)(f) deals with our committee. We do not have those powers, as indicated in subsection (3)(f), which is the description of our mandate. It reads as follows:

(f) Official Languages shall include, among other matters, the review of and report on official languages policies and programs, including Reports of the Commissioner of Official Languages, which shall be deemed permanently referred to the Committee immediately after they are laid upon the Table;

We have no other mandate beyond that. It is unfortunate. Four committees are in that situation. The motion, despite all of its qualities, is therefore out of order. If we were the Justice Committee or another standing committee, the motion would be in order, but subsection (3)(f) excludes that possibility.

Therefore, Mr. Chairman, I would ask you to rule the motion out of order since it is not consistent with our mandate as described in subsection (3)(f).

The Chair: Ms. Barbot.

Mrs. Vivian Barbot: I would like to ask the clerk for her opinion. To my mind, these comments are entirely inconsistent with what is written here. In fact, considering everything regarding the application of the Official Languages Act is part of our prerogative.

•(1030)

The Clerk of the Committee (Ms. Danielle Bélisle): It is not up to me to interpret subsection (3)(f). In fact, it is the committee that, at the end of the day, will make the decision. I do, however, see that the committee's mandate includes, among other things, the review of an report on official language policies and programs. Anything involving official languages policies and programs is therefore included in the committee's mandate. In addition, there are the commissioner's annual reports. It does, indeed, say "including Reports of the Commissioner". That is my interpretation, and it is up to the committee to decide if it agrees or not.

The Chair: Before going back to Mr. Godin...

The Clerk: Mr. Paré could perhaps add something else.

Mr. Jean-Rodrigue Paré: Based on my understanding of the situation — it might perhaps be a good idea to have that checked by a legal expert or by the Speaker of the House's Office — the spirit of this distinction regarding the mandate stems from the fact that the Standing Committee on Official Languages is not linked to a specific department. The fact that it is not linked to a specific department does not mean that an issue affecting official languages cannot be dealt with; it means that we do not automatically have to consider specific departmental programs. For example, we are not required to examine a department's financial statements, etc. The committee is nevertheless free to consider issues that affect official languages programs directly or indirectly.

Mr. Daniel Petit: May I respond?

The Chair: First, we will hear from Mr. Godin.

Mr. Yvon Godin: Thank you, Mr. Chair.

This morning, I see that the Conservatives are trying to obtain through the back door what they cannot get through the front door.

Mr. Daniel Petit: Now wait a minute. I would like to raise a point of order.

That is not true, Mr. Godin.

Mr. Yvon Godin: Excuse me, I have the floor.

Mr. Daniel Petit: Mr. Godin, that is not true.

I have read the rules, and that is simply not true.

The Chair: Just a second, Mr. Petit.

Mr. Godin, you have the floor.

Mr. Yvon Godin: By cutting funding to the Court Challenges Program, the government has just placed francophone minorities on the lowest rung of our country social ladder.

The Chair: Please, Mr. Godin, we are debating the motion.

Mr. Yvon Godin: The motion deals with the Court Challenges Program, and that is exactly what I am talking about.

Mr. Chair, you were here when motions were put forward concerning the Dion plan, a \$700 million program. We made recommendations to Parliament so that the government would establish a \$700 million program.

This is not the first time that we have had to deal with such a situation. That is part of the broad mandate of this committee. And no one will muzzle us. As our clerk and our analyst have said, our mandate can cover all departments. We report on, give our interpretation of, and make recommendations to the government on all things concerning official languages.

The Chair: Mr. Petit.

Mr. Daniel Petit: I would like to point out to the committee that I am not using a back door approach. When I proceed, I do so directly. I believe that I am good natured enough to do things directly.

I relied on the documents submitted by Ms. Barbot. I would like to read subsection 108(2) of the Standing Orders and have it put on the record in the committee's minutes. The subsection reads:

(2) To the standing committees, except those set out in sections (3)(a), (3)(f), (3)(h) and (4) of this Standing Order, shall, in addition to the powers granted to them pursuant to section 1 of this Standing Order and pursuant to Standing Order 81...

No exception is made for our committee. I am not going in through the back door. I simply want to point that out. This is not my personal opinion, this is parliamentary procedure. We cannot do that, it is not part of our mandate. I did not say that the motion was good or bad; I do not even disagree with the substance of the motion. I am saying we do not have those powers.

If we really want to get to the bottom of this, we can have a debate right now. Mister the analyst—we will talk about it—such a motion falls under section 92 of the British North America Act, where it is stated that provincial courts may exclusively deal with what we call procedure. I can immediately table the section, if you wish.

I would like you to stop saying that I am using a back door approach.

• (1035)

The Chair: Ms. Barbot.

Mrs. Vivian Barbot: The motion is clearly not restrictive. If it were, the committee would lose its purpose. It is our mandate to study all that is done in government and to provide our advice.

We voted on Bill S-3. How can we now be told that a measure, which causes a significant part of this legislation to be inoperative, does not fall under our purview? That is completely inconsistent. I understand that the Conservatives have a habit of being inconsistent. Bill S-3 was adopted, and francophones outside Quebec are being denied the means to challenge the legislation.

Moreover, the prime minister said in the House of Commons that he was governing in good faith, and that people would not need to protest. However, no one is perfect. I am not presuming what people want, I am saying that Mr. Petit's claim is inoperative. If not, we should just pick up our marbles and go home, because there is

nothing left for us to do on the Standing Committee on Official Languages. We should not be so disingenuous about something that, after all, is well within our mandate.

The Chair: Thank you.

Ms. Boucher.

Mrs. Sylvie Boucher: No, I do not want the discussion on this motion to degenerate. We have read the same documents, but usually, we work as a group. I am sorry, but I at least respect others and I always will. What we asked for, we found in the document, which provides an explanation, it is now up to us to have a discussion without engaging into a political dispute and trying to throw stones.

Mrs. Vivian Barbot: We are politicians, and we are here to do politics.

Mrs. Sylvie Boucher: Yes, but throwing stones will not solve anything.

Mr. Yvon Godin: Shall we vote on the motion?

Mrs. Vivian Barbot: Of course, that is what is going to happen.

The Chair: Mr. Simard.

Hon. Raymond Simard: I think Ms. Barbot summed up my thoughts very well. If the motion is not in order, will the Speaker of the House have to deal with the question? Could we decide on whether to adopt the motion? Then, if it is not an order, the Speaker of the House will be able to rule on the issue.

Mr. Daniel Petit: That is correct.

Hon. Raymond Simard: I take it that is his role.

The Chair: If Ms. Barbot agrees, I would like to suggest that we do some research and decide on Thursday. Could we set aside some time on Thursday?

Hon. Raymond Simard: No, that is not what I am recommending we do, Mr. Chair. I believe that we should debate the motion today and vote on it. I have been a member of this committee for four and a half years, and similar recommendations have been made during that time and even, I believe, for the past 25 years. It is quite within the mandate of the Committee on Official Languages to make such recommendations; that is what we are here for. Otherwise, in fact, we lose our very purpose.

The Chair: I have only one question, which the clerk can perhaps answer. Is the member's argument valid? If so, then shouldn't the motion be in order?

Mr. Godin.

Mr. Yvon Godin: No. Mr. Chair, our experts are here and they have given us their interpretation. It is directly within our mandate. I ask that we vote on the motion. Everyone is sharing their opinion. Will we, each time a motion is presented, wait a week before putting it to a vote because Yvon Godin wants to give his opinion? I respect the fact that we all have an opinion, but according to the opinion of our colleague Daniel Petit, the experience of our clerk and our experience with the \$700 million Dion plan, our mandate has always been to provide the House of Commons with our advice. This committee operates under the Official Languages Act, which gives us the mandate to make recommendations.

The Chair: Could I please take two minutes to consult with the clerk?

• (1039)

(Pause)

• (1043)

The Chair: Sorry for the interruption, but it has just been brought to our attention that the motion refers to the wrong Standing Order. What Standing Order should it refer to?

The Clerk: Standing Order 108.

M. Jean-Rodrigue Paré: It would be preferable to have it fall under Standing Order 108(3)(f).

The Chair: Mr. Petit is right with regard to Standing Order 108(2), but concerning Standing Order 108(3)(f)...

Mr. Jean-Rodrigue Paré: It could perhaps make things easier.

Mrs. Vivian Barbot: We could amend the motion by replacing section 108(2) by section 108(3)(f).

The Chair: Mr. Petit.

Mr. Daniel Petit: Regardless of whether the motion is presented pursuant to Standing order 108(3)(f), the substance does not fall under subsection (3)(f). I believe there is a problem concerning that subsection. There is a battalion of clerks and people ready to provide us with advice. Why not ask them whether the motion complies with subsection (3)(f)? Given their large number, they will certainly be able to present us with a legal opinion by Thursday.

The analyst said that he had checked the matter. But that is not true: I checked. There is a much broader interpretation, but that is not the case in this specific matter. We are dealing with this document until proven otherwise.

• (1045)

Mrs. Vivian Barbot: The motion has been available for two weeks already. I believe that it would have been quite easy for the member to consult with the clerk before today.

Given all this, I suggest that we move on. If it turns out that this is not within our mandate, then the motion will simply be rejected. However, that should not stop us. We have tried to find some middle ground by exchanging sections, but now, we are no longer talking about section numbers but about content.

I do not want to go around in circles. Besides, a vote has been called on the amendment and the whole motion.

The Chair: Are there any other comments?

[English]

We don't have any further comments?

Madame Boucher.

[Translation]

Mrs. Sylvie Boucher: We will withdraw the point of order.

The Chair: Withdraw the point of order?

The Clerk: Mr. D'Amours presented a first amendment. We should therefore put it to a vote.

Do you want me to tell you what it was about?

The Chair: Yes.

The Clerk: Mr. D'Amours moves that the words "to ensure the continuation of this program" be added after the words "set in fiscal 2005-2006".

Does the amendment need to be debated?

The Chair: Does someone want to debate the amendment?

[English]

Yes, Rob.

Mr. Rob Anders (Calgary West, CPC): This may be an issue of interpretation or something, but I have it as "fiscal 2005-2006", rather than "year". Is there a difference between the English and French translation?

[Translation]

The Chair: It should read "fiscal years".

[English]

Yes, it would appear to be a typo in English. We will have to correct that.

Good point. Thank you.

[Translation]

The Clerk: We have to check whether everyone agrees with Mrs. Barbot's motion to replace section 108(2) by section 108(3)(f).

The Chair: Is that the amendment?

The Clerk: Yes.

Does that need to be debated?

The Chair: Does everyone agree?

(The amendment is adopted)

The Clerk: Abstentions are not recorded.

The Chair: Very well.

Let us move on to the motion proper.

The Clerk: The motion as amended.

Mr. Jean-Claude D'Amours: Mr. Chair, I would like a recorded vote, please.

The Chair: Very well.

Motion agreed to: yeas,6; nays,4.

Le président: Are we done?

• (1050)

The Clerk: According to the wording of the motion, it will have to be presented to the House, probably tomorrow or as soon as we have made it into a report.

The Chair: Yes.

I would now like to inform all committee members that on Thursday, at 1 p.m., I will be at the Liaison committee to try and get the necessary support for our trip. It will then have to be submitted, and I hope we will receive permission from the House.

Very well done. Thank you.

The meeting is adjourned.

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