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Chair

Mr. Ben Lobb

Standing Committee on Health

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•(1530)

[English]

The Chair (Mr. Ben Lobb (Huron—Bruce, CPC)): Good afternoon, ladies and gentlemen. Welcome back. We're ready to begin our meeting.

In our first hour we're going to be looking at Bill C-608, an act respecting a national day of the midwife. The author of the bill is here today.

Thank you very much, Ms. Doré Lefebvre. You have 10 minutes to bring some remarks. Go ahead.

[Translation]

Ms. Rosane Doré Lefebvre (Alfred-Pellan, NDP): Thank you very much, Mr. Chair.

I would first like to thank the hon. members of the Standing Committee on Health for taking the time today to study my bill, Bill C-608, An Act respecting a National Day of the Midwife. I would also like to thank the many midwives who worked with me on this matter.

The reality of midwifery is quite different from coast to coast, be it in the heart of the Northwest Territories or in downtown Toronto. Their openness and generosity have enabled me to better understand their world and the impact their work has on our society. My special thanks go to the Canadian Association of Midwives, the National Aboriginal Council of Midwives and the Ordre des sages-femmes du Québec for their contribution.

Last fall, the House of Commons was unanimously in favour of the bill. As parliamentarians, we were able to show our support for Canadian midwives and our commitment to recognizing May 5 as the National Day of the Midwife.

As you can see, the title of Bill C-608 really reflects its intent: recognizing midwifery by designating May 5 as the National Day of the Midwife.

The World Health Organization introduced the International Day of the Midwife in 1992. That day is recognized in a number of countries around the world. That is why May 5 has been kept as the date for the National Day of the Midwife.

Whether here or abroad, the work of midwives is needed to keep mothers and children healthy. Although the number of midwives is going up every year in Canada, less than 5% of the population has access to their services, which is not enough to meet the demand.

The situation is even more desperate in aboriginal or remote communities, where giving birth is completely different from the reality of big cities. The presence of midwives in remote areas helps communities reconnect with the ancestral practices they hold dear.

It is also important to point out that Canadian midwives are recognized internationally for the quality of their work. We can be very proud of them.

I sincerely believe that the main thing here is to highlight the invaluable work that midwives accomplish daily. That is why I brought forward Bill C-608.

I will be pleased to answer any questions members of the committee may have.

Thank you.

•(1535)

[English]

The Chair: Thank you very much.

Next up, from the Canadian Association of Midwives, is Ms. Hébert.

Go ahead.

[Translation]

Ms. Emmanuelle Hébert (President, Canadian Association of Midwives): Thank you Mr. Chair and committee members for the opportunity to appear today to testify as part of the committee's study of Bill C-608, An Act respecting a National Day of the Midwife. I would also like to thank the sponsor of the bill, member of Parliament Rosane Doré Lefebvre who introduced this bill in the House of Commons and who has personally championed the cause of midwifery in Canada. We also extend our gratitude to member of Parliament Peggy Nash for the work that she has done to establish a National Day of the Midwife in Canada.

The International Day of the Midwife was formally established in 1992 by the International Confederation of Midwives (ICM). Since then, every year, May 5 marks the day of celebration for midwifery globally, a day that reminds the world of the essential role that midwives play in ensuring healthy outcomes for mothers and their newborns. Statements in support of International Day of the Midwife have been issued by the United Nations Population Fund (UNFPA), the International Federation of Gynecology and Obstetrics (FIGO) and by the World Health Organization (WHO).

The Canadian Association of Midwives firmly believes that Bill C-608 is an important step in showing appreciation for the vital contribution that midwives make to the delivery of safe, quality maternity care to Canadian families and to the important role that midwives play in delivering thousands of healthy Canadian babies.

We would like to thank committee members Dr. Colin Carrie, Dr. Hedy Fry and members of Parliament Lois Brown and Peggy Nash who have echoed this appreciation in their statements delivered in the House of Commons in 2013 and in 2014 in recognition of May 5 as the International Day of the Midwife. And of course, CAM is very grateful to all political parties for the unanimous support the bill has received to date.

The Canadian Association of Midwives is the national organization representing midwives and the profession of midwifery in Canada. CAM's mission is to provide leadership and advocacy for midwifery as a regulated, publicly funded and vital part of the primary maternity care system in all Canadian jurisdictions.

CAM also works to support the interests and objectives of 13 provincial and territorial midwifery associations, as well as the National Aboriginal Council of Midwives (NACM). There are currently just over 1,300 practising midwives in Canada. Midwifery in Canada provides a model of care that is evidence-based, women-centred, safe, and cost-effective. Registered midwives are health professionals who provide primary care to women and their babies during pregnancy, birth and the postpartum period. They are often the first point of entry to maternity services, and are fully responsible for clinical decisions and the management of care within their scope of practice.

Midwifery models of care vary across the country, but all are based on the principles of continuity of care provider, informed choice, and choice of birth place, such as hospitals, birth centres and homes.

Midwives provide a complete course of low-risk prenatal, intrapartum and postnatal care and services for mothers and their newborns. These include physical examinations, screening and diagnostic tests, the assessment of risk and abnormal conditions, and the conduct of normal vaginal deliveries.

Midwives work in collaboration with other health professionals, and consult with or refer individuals to medical specialists as appropriate. In jurisdictions where midwives work to the fullest scope, midwifery practice includes epidural monitoring, induction for post-term pregnancy and augmentation of labour by pharmacological means, prescription or fitting of contraceptives, baby care beyond the six-week postpartum period, and many other aspects of primary care.

Midwives are experts in normal births and therefore help to reduce high rates of interventions. Women who experience midwife-led continuity models of care are less likely to experience antenatal hospitalization, regional analgesia and episiotomy, and their newborns are more likely to have a shorter hospital stay and fewer readmissions.

● (1540)

Midwifery services also help to reduce wait times in emergency rooms because midwives are on-call and directly accessible to their clients 24 hours a day, seven days a week.

According to statistics from Ontario, midwives currently achieve caesarean section rates that match the World Health Organization's recommended rate of 15%. If midwifery care was widely instituted, this reduction alone could potentially save millions of dollars a year in health care spending.

There are seven universities in five provinces offering a four-year midwifery education baccalaureate program, and a number of community-based midwifery education programs in first nations and Inuit communities. In spite of this, only 2% to 5% of women in Canada currently have access to midwifery care services.

And why is this? In New Brunswick, Prince Edward Island, Newfoundland and Labrador, and in the Yukon, the profession is still unregulated and unsupported by the public health care system, so families do not have access to midwifery care.

In federal jurisdictions, such as on reserve, penitentiaries and military bases, communities face numerous barriers when attempting to implement midwifery services. These attempts most often result in failure to improve health services and to offer birthing services closer to home.

The World Health Organization, UN agencies and other global partners have identified midwives as key to achieving reductions in maternal and infant mortality. Through the Muskoka initiative and more recent investments by the government in international maternal, newborn and child health, Canada has played a role globally in helping to increase women's access to quality maternity care.

However, a 2013 UNICEF report found that Canada domestically ranked 22 out of 29 developed countries for infant mortality rates. This concerning figure is mostly attributed to the higher rates among aboriginal communities where women must leave their community for weeks to give birth in urban centres, away from their families and support systems.

Midwifery can play a significant role in ensuring better access to care for women and their babies and CAM looks forward to opportunities to work with the federal government and with the provinces and territories to improve access to maternal and newborn health care in Canada.

In June 2017, Canada will host the world's triennial global midwifery congress in Toronto. Over 4,000 midwives and maternity care providers from around the globe will be in Canada to learn and discuss on issues regarding global maternal, newborn and child health. This will be a one of a kind opportunity for us to demonstrate to the world Canada's contributions and to share what Canada is doing within its own borders to ensure fair and equitable maternity care for all Canadians.

Evidence from around the world demonstrates that midwives are essential to improving the lives of mothers and babies. Let us work together to ensure that in June of 2017, when midwives and health professionals from around the world gather in Toronto, that Canada is seen as a leader in the delivery of safe, equitable and cost-effective community-based maternal, newborn and child health services for all Canadians and continues to be a global leader in this area.

We applaud the government's Muskoka initiative and more recent global investments in maternal, newborn and child health that have helped to train midwives and skilled birth attendants, and increased women's access to quality midwifery services internationally.

• (1545)

The Canadian Association of Midwives continues to play an important role in ensuring Canadian expertise is being fully utilized to strengthen midwifery globally.

In closing, Canadian midwifery is a model of maternity care that provides excellent patient satisfaction, while decreasing rates of intervention and providing cost-effective care. This model is especially suited for providing care in rural and remote communities where transportation costs to transfer patients are staggeringly high.

Midwives benefit from flexibility and sustainability when they work to their fullest scope of practice, which is why this model should be explored and expanded by those looking for innovative models of care.

We are thrilled to be hosting the ICM global midwifery congress in Canada in 2017 and see this as an opportunity for Canada to shine even more on the global stage. Bill C-608 is an important step towards recognizing the growing profession of midwifery and the essential role midwives play in the delivery of maternity care and its potential to enhance our health care system across the country.

Thank you for the opportunity to appear before the committee and I look forward to any questions you may have.

[English]

The Chair: Thank you very much.

Next up, from the National Aboriginal Council of Midwives, we have Ms. Blais.

Go ahead.

Ms. Ellen Blais (Co-Chair, National Aboriginal Council of Midwives): Good afternoon. My name is Ellen Kanika Tsi Tsa Blais. I am an aboriginal midwife from the Oneida Nation of the Thames, which is one of the six nations of the Iroquois Confederacy. I am from the Haudenosaunee territory, the people of the longhouse, and I am honoured to be here today as co-chair of the National Aboriginal Council of Midwives, otherwise known as NACM. I want to thank

the peoples of the Algonquin nation whose unceded territory I am visiting today.

Thank you, Mr. Chairman and committee members, for the opportunity to appear today to testify as part of the committee's study on Bill C-608, an act respecting a national day of the midwife. I would also like to thank the sponsor of the bill, member of Parliament Rosane Doré Lefebvre, who introduced this bill, and who has personally championed the cause of midwifery in Canada and is helping bring to light the challenges we face in our communities. We also extend our gratitude to member of Parliament Peggy Nash for the work she has done to establish a national day of the midwife in Canada.

NACM believes that Bill C-608 is an important step in showing appreciation for the vital contribution that midwives make to the delivery of maternity care in Canada. NACM also believes this bill will bring much needed visibility to the work of aboriginal midwives in supporting health and healing within our communities. Aboriginal midwives have always worked in the community, carrying the cultural knowledge for safe childbirth, yet our work has become almost invisible over the past 100 years due to the medicalization of childbirth. We are working hard to reclaim our role, and legislation such as Bill C-608 offers further support to this essential work.

We would like to thank committee members Dr. Colin Carrie, Dr. Hedy Fry, and members of Parliament Lois Brown and Peggy Nash, who have echoed this appreciation in their statements in the House of Commons. NACM is also grateful to all political parties for the unanimous support the bill has received to date.

NACM's vision is to see aboriginal midwives practising in every aboriginal community. We believe that aboriginal midwives working in every aboriginal community is a safe and cost-effective way to deliver maternity services. Our knowledge and role in protecting, caring for, and honouring women as life-givers are essential for community healing and connect us all.

NACM is a diverse group of indigenous midwives, midwife elders, and student midwives from all regions of Canada. Members include both registered midwives and midwives practising under certain exemption clauses of provincial health legislation. We promote excellence in reproductive care for Inuit, first nations, and Métis women. We advocate for the restoration of indigenous midwifery education and choice of birthplace for all aboriginal communities, consistent with the UN Declaration on the Rights of Indigenous Peoples.

Aboriginal midwives bring wellness back into the community and enable the creation of sacred, powerful healing spaces. An aboriginal midwife is a committed primary health care provider who is fully responsible for clinical decisions and the management of low-risk prenatal, intrapartum, and postnatal care. She promotes breastfeeding, nutrition, and parenting skills. She is a leader, mentor, and keeper of ceremonies. Aboriginal midwives work with other health care professionals, including doctors, pediatricians, or other specialists when needed, and advocate for culturally safe care.

In 2012, NACM was recognized by the Health Council of Canada as a promising practice in aboriginal health. There are currently 11 midwifery practices in Canada dedicated to providing care in aboriginal communities. Our work is promising, but the road ahead is long. Today, very few aboriginal communities have access to midwives, and most women give birth outside their communities.

I invite you to take a moment and imagine your families. You are about to become a grandparent for the first time. You are thrilled. You have been waiting for this moment for months, helping your daughter prepare for this beautiful time. You are eager to meet your first grandchild. Your daughter is nervous about the birth and you reassure her. You have made a small gift for the baby and you give it to your daughter when you see her off at the airport. She is flying to Thunder Bay to have her baby as per the evacuation policy, since the community you live in does not have maternity services. You bid her an emotional goodbye. You try to stay in touch by phone over the weeks while she waits for labour to begin and you worry about how you are going to pay for phone bills you cannot afford.

● (1550)

Your family gathers at the home of her husband and awaits the news of the baby's arrival. The next afternoon, you learn that the baby was born by C-section that morning. It's a girl. You and your daughter's husband long desperately to hold the baby, to welcome her. You are told that you will be able to in about a week's time.

When your daughter returns, she is emotional and exhausted after a long and lonely four weeks away. She thought that she would breastfeed her baby, as she learned it was the best choice to make, but she was not able to find the support she needed while so far away. You know that she has started to formula-feed her baby, and you once again worry about the cost. You thought you would be overjoyed to meet your grandchild. Instead, you think about how much you have already missed.

This is what birth looks like today in most of our communities. Every day families are separated and women give birth alone, even as a growing body of research points to the health and social costs of this practice.

Developing maternity services closer to home is an integral part of the healing process in aboriginal communities. Aboriginal midwives respect birth as a healthy physiologic process, and honour each birth as a spiritual journey. We believe aboriginal women have the inherent right to choose our caregivers and be active decision-makers in our health. Working closely with women to restore identity and health from the time of birth enables us to heal from historical and ongoing trauma, addictions, and violence. When birth is absent, so is the power and joy of the birth story, and within it, the threads of connections to oneself, family, community, and the cosmos.

In many cases aboriginal midwives are the first and only health professionals a woman sees throughout her pregnancy. We have a unique opportunity to build trusting relationships with the health care system that have a ripple effect into the health of the family and the community. For example, the success of the Inuulitsivik Health Centre, one of three Nunavut birthing centres, has been recognized on several international platforms, including the World Health Organization. Since 1986, locally trained Inuit midwives have been providing cost-effective care along the Hudson Bay coast. Birth evacuations have since dropped from 91% in 1983 to just 9% in 1998, drastically cutting costs. Bringing birth closer to home is possible.

In federal jurisdictions such as reserves, communities face significant barriers when attempting to implement midwifery services. At this time there is no federal funding for midwives to practice on reserve except for reallocated funds transferred to the First Nations Health Authority in British Columbia.

I once had the honour of being involved in a young woman's healing through the transformative power of birth with aboriginal midwives in Toronto. This woman was from one of the Cree nations from western Canada. She had already given birth to several babies, each one apprehended into the child welfare system while living out west. She had sustained a childhood full of sexual abuse from family members who, while attending residential school, had not experienced a healthy and loving childhood but had experienced only sexual, physical, and emotional abuse from their teachers. She began taking drugs to numb the pain. When she arrived in Toronto she was pregnant, and was supported to connect with aboriginal midwives for her birth.

She was convinced she did not have the capacity to care for her baby, and was planning to relinquish him at birth to the Children's Aid Society. The aboriginal midwives surrounded her at the birth with care and compassion, singing and drumming her baby into the world. She told me that at that time she felt like all of her ancestors were there at this birth. Her baby was born at sunrise. Later on his spirit name was given to him by an elder who was not aware of the time of his birth but through the connection of spirit gave him the name "He who brings in the light". From that moment on, she began to learn how to care for herself. After a year of hard work, inspired and supported by her aboriginal midwives, she brought her son home to stay.

Globally, NACM is among the first national professional associations of indigenous midwives. Worldwide, other indigenous midwives look to NACM as leaders. In 2017 the global midwifery conference will be hosted in Toronto, and NACM will have the opportunity to showcase our groundbreaking on the global stage.

Bill C-608 is a first step to recognizing the essential role that midwives play in ensuring the health of our communities. It is one action that continues to bring visibility to our work of creating strong identities for our children, strength for our women, deep bonds in our families, and a healthy future for our communities.

● (1555)

I want to close with a prayer by Katsi Cook, a mentor midwife, that we use in our medicine circle for blessing births: Relax where you are and feel your weight supported by Mother Earth. Breathe in the oxygen. It is part of the sky and part of each one of us. I give thanks, for peacefully you are born. I pray that peacefully your life will be ongoing, because as I think of you clearly, I know you will always be loved.

Thank you for the opportunity to appear before this committee, and I look forward to any questions you may have.

The Chair: Thank you very much.

First up in our round of questions is Ms. Davies.

Go ahead, please.

Ms. Libby Davies (Vancouver East, NDP): Thank you very much, Mr. Chairperson.

First of all, to Madam Doré Lefebvre, thank you so much for appearing today. It's just a delight to have you here with this very important bill. I think we all know that you've done a lot of work on this bill and you've had tremendous support across the country. It's truly wonderful that it was adopted unanimously at second reading in the House of Commons, and here we are today at committee. Thank you for being here to speak to your bill.

To both of our witnesses, thank you also for being here. I feel very happy that we can give some support and visibility to this issue. You do incredible work, yet Canadians know very little about what you do and who you are. I think just your testimony today, and the stories you've told us, and the prayer you've repeated for us, give us an understanding of how important the work is that you do and the difference it makes in individual lives and the life of a whole community.

I don't want to use the word "shocking", but it's really quite incredible that there are only 1,300 of you across the country. You're actually a very small group of women who are doing incredible work. I wish we could say that it would triple and quadruple. I think the goal, the philosophy, of closer to home, to being in-home, is so important. It's something that changes a woman's experience in her life about childbirth. Thank you for what you do.

Of course the bill is very important because it does give recognition to May 5. It's already an international day, but it's important that we give recognition to this day in Canada.

I don't really want to ask you about what you do so much, as time is limited. I want to focus more, I think, on the obstacles and what

challenges you have. In particular, it's very disappointing to know that there aren't federal dollars for midwives on reserve and in aboriginal communities, excepting, I think you said, through other transfers with B.C. I do remember, from former discussions we've had with you, that there is an issue involving something to do with the classifications at the Treasury Board. I would love it if you could remind us of what this issue is. I figure at least there is something that we might be able to follow up on. I hope the bill will go through and it will go back to the House, but maybe there's another matter that this health committee could follow up on. It is clearly within federal jurisdiction.

I wonder if both of you could remind us about this issue that you've been battling away on at the Treasury Board for so long, and maybe we can assist in some way.

● (1600)

Ms. Ellen Blais: Thank you very much, Ms. Davies, for your comment. I appreciate that and your question.

I think an important barrier has been identified in terms of having equal access to midwifery care across Canada and ensuring equity across Canada as well for midwifery care. Currently there is no occupational classification with the Treasury Board to enable federal governments to hire midwives under federal jurisdictions. That's one of the things we're really working on, trying to find a pathway to make that more noticeable.

Ms. Libby Davies: How long have you been working on that, by the way?

Ms. Emmanuelle Hébert: Two years.

Ms. Ellen Blais: It's over two years now.

Ms. Libby Davies: What does the absence of that classification mean? If you don't have that classification, does that mean midwives can't be hired through federal programs? What does it mean in practical terms?

Ms. Ellen Blais: On reserves, for example, or in federal jurisdictions right now there are a number of job classifications. For example, doctors and other health care professionals can be hired to work on reserve, but there is no federal classification to hire a midwife, so it simply isn't possible.

Ms. Libby Davies: Thank you for raising this, or for responding to my question.

Chairperson, I know we're dealing with a bill today, but I'm actually hoping that as a result of hearing from our witnesses today, possibly this committee, through you as the chair, would be willing to write a letter to the Minister of Health and to the Treasury Board just encouraging and supporting that this classification get dealt with. I'm not even posing it as a formal motion, but I think if there's an interest, I'm sure you, as the chair, could write a very appropriate and sensible letter just pointing out this obstacle that still exists.

I would like to put that forward and hope that other members of the committee might support that.

Thank you.

The Chair: You still have some time.

Ms. Libby Davies: I'm happy to pass it around and make sure that others get heard.

The Chair: Okay. Next up we have Mr. Lunney.

Go ahead, sir.

Mr. James Lunney (Nanaimo—Alberni, CPC): Thank you very much, Mr. Chair.

I welcome our witnesses today.

Congratulations to you, Madam Rosane Doré Lefebvre, for bringing this issue forward. I think you saw from the response in the House, the unanimous agreement, that we all accept your idea as a very worthy one.

I'm interested in the fact that when you speak *en français* you regard midwives as *sage-femmes*. That's a very interesting term. I don't know where the term "midwife" came from; it's been in use a long time. To say "*sage-femme*" implies something that's a very useful concept in understanding the role of a midwife in helping women who are having babies, who are usually young women and need the benefit of a *sage-femme*, someone with experience, someone who has been around the birthing experience, especially in our day and age when in regard to such knowledge there's a lot of fearmongering. There's a lot of fear related to childbirth, which I think for most births is unnecessary. The majority of births—far and beyond the majority—still are very low risk and are a normal health experience in the human family.

I appreciate your being here now to have this discussion. You mentioned a few interesting things. Part of your remarks was about how the presence of midwives helps communities, and I think it's a tragedy when women have to go far away from their families and their communities to have babies. It's certainly better to have them right in their own communities.

Also, if I can speak for the dads, I think having the dad there is probably a good idea, because they're supposed to have a role in raising a child as well, and increasingly that's a problem. For the dad to miss out on the birthing event is a real tragedy of another order. It seems to me that the dad should be engaging in conversations with the baby, who after all is in an aqueous medium, and as hearing is the first of our higher senses to develop, the babies therefore are sensitive to the sounds around them. Therefore, the baby also is much more comfortable being born in their own environment. A home birth is probably preferable, because those are the sounds the baby is used to, and the music they're used to, and the normal sounds in their own home environment are far different from what you find in a hospital setting.

I think there's a lot of interest today.

Ellen, you mentioned the example of a young mom who wanted to breastfeed but there was no one there, really, in a busy hospital environment to help her through the practical challenges. There's a missed opportunity. For most babies, they need just a little gentle coaching and assistance. There's a lot of attention to skin-on-skin contact and how important that is for babies at the beginning, so whisking them away, wrapping them up, and putting them somewhere else immediately is not the best way to respond.

I think midwives certainly excel in all of those things related to birth. You have a tremendous role in getting that message out, in helping babies come into the world effectively and in a more comfortable manner, and in helping the mothers to get off to a good start. Also, I'm going to put a word back in for the dads, because they should be involved. I think most midwives would want to have the dad there as well if possible.

Anyway, I just want to say that I think because there are only 1,400 of you.... I thought it was 1,400, but I think Ms. Davies said there were 1,300 registered midwives. First of all, can you confirm the number? Also, for the record, would you tell us about the training of midwives in Canada? I think a lot of Canadians don't understand the formal training that you undergo today.

• (1605)

[Translation]

Ms. Emmanuelle Hébert: Thank you very much for your question. I will answer it in French.

Canada has 1,300 registered midwives right now, and this number is increasing very rapidly. Our profession is growing quickly, given that seven universities now offer midwifery education. They offer a bachelor's degree that can be completed in four years or even in four and a half years in some places. The training is very practical, providing midwifery students with many opportunities to work with pregnant women and babies.

Training programs are also offered in first nations communities, in general, and Inuit communities across Canada. Those few training programs are really tailored to the needs of aboriginal midwives. There is also a bridging program for midwives with training from abroad. Midwives from Europe, Latin America and the United States can benefit from a fast-track program and come to work in Canada. That is why the midwifery profession is growing quite significantly at the moment. We hope that it will double, or even triple, quite quickly.

In Canada, midwives are quite independent in their work in the sense that they practice their profession primarily outside hospitals. They are responsible for prenatal follow-ups and, after delivery, postnatal follow-ups, as well as normal deliveries by healthy women. Internationally trained midwives need to be retrained because the Canadian midwifery model of care is not used in all the countries. Therefore, midwives who come from abroad must often relearn this independence and develop sound clinical judgment to be able to work independently.

Our training programs are currently recognized internationally. They are considered the gold standard around the world for helping midwives develop independence and clinical judgment. More and more countries, where the training was not at university level or was not a four-year university degree, are trying to increase midwives' level of training to achieve a level comparable to the one we have here. In short, our Canadian midwives are extremely well trained.

•(1610)

[English]

Mr. James Lunney: Thanks.

Can I ask about payment for your service? In most provinces and jurisdictions, is it considered an insured service, or are payments all private?

[Translation]

Ms. Emmanuelle Hébert: In provinces where the profession is regulated, any related services are covered under provincial health care plans. That is what we are recommending for all of Canada.

[English]

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

We're now up to Ms. St-Denis.

Go ahead.

[Translation]

Ms. Lise St-Denis (Saint-Maurice—Champlain, Lib.): Thank you, Mr. Chair.

Ms. Hébert, do you think that proposing this National Day of the Midwife will help this profession gain official recognition? If there is an official day, people may talk more about it but will it actually give midwives a more official status?

Ms. Emmanuelle Hébert: I think that any recognition of the role of midwives is currently more than welcome. This is a major first step toward recognition at the federal level of the important part midwives play in primary maternity care in Canada.

Will it ensure that the profession will change or be recognized with a capital “R” overnight? Of course not, but I think it really is a major step in the right direction.

[English]

Ms. Ellen Blais: I'd like to add to that. We are holding an international congress of midwives in 2017, which would be an opportunity for the government to highlight some of the successes it has had in maternal and child health internationally and perhaps on the national stage as well. Going forward, if we have a national day of the midwife, then we could align that quite well with the International Day of the Midwife.

Thank you.

[Translation]

Ms. Lise St-Denis: I would like to ask a second question, for information purposes.

At the start, I think Ms. Doré Lefebvre said that midwifery is recognized by five provinces. Which ones?

Ms. Rosane Doré Lefebvre: It wasn't me. I think it was Emmanuelle who said that.

Ms. Emmanuelle Hébert: Midwifery is not recognized in three provinces and one territory.

Ms. Lise St-Denis: So it is not recognized in certain provinces and territories.

Ms. Emmanuelle Hébert: They are Newfoundland and Labrador, New Brunswick, Prince Edward Island and the Yukon.

Ms. Lise St-Denis: Thank you.

[English]

The Chair: Very good.

Mr. Young, you're up next. Go ahead.

Mr. Terence Young (Oakville, CPC): Thank you, Chair.

Thank you, everyone, for being here today. It's so interesting. I first became aware of the advantage of a doula when my daughter delivered my first grandchild, my granddaughter, two and a half years ago. To have someone dedicated to her and focused on her, especially on the day of delivery, was fantastic for her. She raves about it.

Madam Hébert, could you tell me the difference between a midwife and a doula? That would be helpful.

Ms. Emmanuelle Hébert: That's a good question and an important one actually.

[Translation]

People often confuse these two roles.

In French, we also use the word “accompagnante”. That person has no clinical responsibility. She helps the mother, the family and the spouse, and plays a supportive role during childbirth. She can also provide breastfeeding support, while the midwife, who has four years of university training, is a true health care professional responsible for monitoring a pregnant woman during her pregnancy, labour and up to six weeks after delivery.

Does that answer your question, Mr. Young?

[English]

Mr. Terence Young: That's very helpful. Thank you. I understand that fully.

Again, Madam Hébert, I recently read something written by Dr. Aaron Caughey who is chair of obstetrics and gynecology at Oregon Health and Science University. He said there was no proven benefit to the 60% increase in C-section births in the United States between 1996 and 2009. They were not accompanied by a decrease in rates of death or disease in newborns. The rates for C-sections have been heading back down since 2009.

Could you please comment? Why were they doing all these C-sections if there was no proven benefit?

Ms. Emmanuelle Hébert: That's a really good question again. Maybe we need to ask them.

[Translation]

I will give you a very personal answer.

I think that there has been an overmedicalization of childbirth for several years now. I am convinced that the people whose decisions led to this process had good intentions. They meant to save more women and babies, and believed that the interventions that were appropriate for at-risk situations were also appropriate for lower-risk pregnancies.

Unfortunately, we have seen that these interventions often cause a chain reaction. They start by using certain anaesthetics during labour, which might make it necessary to use forceps to deliver the baby, might lead to the use of medication to restart the contractions, which can cause distress in babies and therefore lead to higher rates of caesareans. This is what we call a cascade of interventions. This is increasingly being acknowledged in obstetrics.

I don't think all of this was motivated by bad intentions. I think all the doctors had the commendable intention of trying to save lives and babies. However, it did not achieve the desired results and people worldwide now question these interventions.

• (1615)

[English]

Ms. Ellen Blais: I would just like to add to that. The World Health Organization recommends about a 15% C-section rate internationally. We're seeing much higher rates than that now, of course.

Mr. Terence Young: Are they coming down in Canada, in your experience, Madam Blais?

Ms. Ellen Blais: Definitely with midwives the C-section rates are coming down, but they are not in general.

Mr. Terence Young: Madam Blais, you mentioned that in first nations, most women give birth outside the communities and you mentioned an evacuation policy. Could you please tell the committee whose policy that is? I am unfamiliar with that term.

You also mentioned that in Hudson Bay, because of the birthing centres—91% of births were outside the community—that number is now down to 9%. Can you tell us what has changed?

Thirdly, what is British Columbia doing that is different?

Sorry, it's three questions in one.

Ms. Ellen Blais: Could you please repeat the first part of the question again?

Mr. Terence Young: Whose policy is the evacuation policy?

Ms. Ellen Blais: Well, we're not entirely sure. We believe it is a federal policy, but we don't know where it originated from. It is hard to find that data sometimes. But the policy across Canada is that women leave their home communities around 36 to 37 weeks of pregnancy and are flown out to many thousands of kilometres away. It depends on where they live.

Mr. Terence Young: That sounds like the answer I just got from Madam Hébert. I'm not sure where it came from, but it had unintended consequences. There were good intentions but unintended consequences.

Ms. Ellen Blais: That's right.

Mr. Terence Young: The second part was about the 91% that went down to 9%. How did that change happen?

Ms. Ellen Blais: That is because in northern Quebec a treaty was made with the federal government allowing Inuit midwives to work within their own communities, and I believe, to be paid by the federal government through a mechanism within the treaty process. Those Inuit midwives are working in their communities, and because of the relationship that is formed between the midwife and the client herself, very often we have fewer interventions taking place. So those women stay within their communities and they're not flown out, because they have a normal vaginal birth and there's no reason to fly them out.

Mr. Terence Young: What is British Columbia doing that is different?

Ms. Ellen Blais: They now have a tripartite agreement so federal dollars flow to B.C., which then flows that money directly onto reserves, and then they make those choices regarding who the care providers on reserve will be.

Mr. Terence Young: Madam Hébert, do you recommend or do midwives recommend a birth plan? If so, how much, if any, resistance to a birth plan do expectant mothers get from the medical profession?

Ms. Emmanuelle Hébert: Midwives do continuity of care with clients, so normally during pregnancy they will discuss the couple's preferences for the birth.

So it's quite different, because we don't necessarily go to a hospital. If the couple chooses to go to a hospital, we will be responsible for that birth with them unless we transfer the care. When we transfer the care, we don't necessarily ask them to have a birth plan because then we get into complications. We transfer the care because it's not about trying to protect a normal birth. When we transfer the care, it's because it's getting into interventions so it's quite different.

During the pregnancy, we do discuss with the couples we are following their preferences and what they want for the birth. Decision-making is an important part of how we work. We call it *le choix éclairé* or informed choice. They can decide on a lot of the different details of what is going to happen and how it is going to happen in their birth, starting with where they are going to give birth.

• (1620)

Mr. Terence Young: Many thanks.

The Chair: I think that's it. Thank you very much.

We are pretty well up against the time, because we do have a few things to do. Does anybody in the committee have any final thoughts or comments they'd like to make?

Ms. Nash, do you have a quick question or a quick comment? We can give you that.

Ms. Peggy Nash (Parkdale—High Park, NDP): I would appreciate that.

The Chair: Please go ahead.

Ms. Peggy Nash: I want to thank Madam Doré Lefebvre for bringing the bill forward.

Thank you to the witnesses.

I actually have many questions but if I get only one short one, I guess it would be this, and it may be similar to Madam St-Denis' question. We know that access to midwives and midwifery is uneven across the country, especially for first nation communities. I have been to a NACM midwives conference, which was very moving. Given the differences in services, would recognition of a national day of the midwife help promote midwifery and encourage provinces and women across the country to perhaps seek greater access to midwifery services? How can we as parliamentarians support you in that important work?

[*Translation*]

The question is for both witnesses.

Ms. Emmanuelle Hébert: I think recognizing midwifery through a national day gives great visibility to the profession and also provides a certain authority that will enable women and various professional associations to work on introducing regulations in the various provinces where the profession is unregulated. I think it will be an important lever in that respect and will provide visibility we cannot ignore.

Ms. Peggy Nash: Thank you.

[*English*]

Ms. Ellen Blais: Thank you for the question, Ms. Nash.

I think Ms. Hébert answered your question. Yes, to the extent that it would give greater visibility across Canada to the profession, giving greater visibility would then add further support to our communities across Canada. It would help with that support.

Ms. Peggy Nash: I look forward to supporting you in that work.

Ms. Ellen Blais: Thank you.

Ms. Peggy Nash: Thank you, Mr. Chair.

The Chair: Thank you.

Mr. Lunney.

Mr. James Lunney: Very briefly, I think congratulations to you are in order for having attracted the 2017 global midwifery conference to Toronto. I understand that it will be in Toronto. There will be a great opportunity between now and then to seek to advance your work in Canada, where obviously there is a need for expanded services. Congratulations.

Ms. Emmanuelle Hébert: Thank you, everybody.

Ms. Ellen Blais: Thank you very much.

The Chair: All right. We have to get down to business now and go through the clause-by-clause consideration. We have our legislative clerk here to make sure that I don't make any mistakes. She will elbow me if I'm wrong.

Pursuant to Standing Order 75(1), the consideration of the preamble and clause 1, the short title, is postponed.

(Clauses 2 to 4 inclusive agreed to)

The Chair: Shall the short title carry?

Some hon. members: Agreed.

The Chair: Shall the preamble carry?

Some hon. members: Agreed.

The Chair: Shall the title carry?

Some hon. members: Agreed.

The Chair: Shall the bill carry?

Some hon. members: Agreed.

The Chair: Shall the chair report the bill to the House?

Some hon. members: Agreed.

The Chair: Thank you very much. I think that is everything. Those were all the tough questions I had.

Thank you. Congratulations. We're going to suspend here for a few—

Yes?

• (1625)

Ms. Libby Davies: Could I again suggest this and see if the chair is interested in writing a letter for the committee on the issue of the occupational classification at the Treasury Board? Is that possible?

The Chair: Okay. Anything is possible, yes. Thank you, Ms. Davies.

Ms. Libby Davies: Thank you.

The Chair: Thank you to our guests and our witnesses. We're going to suspend for a couple of minutes and then come back. Just to show you how flexible this committee is, we're now going to study the pest control act.

Voices: Oh, oh!

The Chair: We'll be right back.

• (1625)

_____ (Pause) _____

• (1630)

The Chair: We're back in session.

We'll now move on to a statutory review of the the pest control act.

Today our witnesses are from the Pest Management Regulatory Agency: Mr. Aucoin, Mr. Flint, and Ms. Moase.

Mr. Aucoin, go ahead, sir, when you're ready.

Mr. Richard Aucoin (Executive Director, Pest Management Regulatory Agency, Department of Health): Thank you, Mr. Chair.

[*Translation*]

Good morning, Mr. Chair and honourable members of the committee. My name is Richard Aucoin, and I am the executive director of Health Canada's Pest Management Regulatory Agency.

I am very pleased to be here today to provide some opening remarks about the Pest Control Products Act as you begin your review.

I am accompanied today by my colleagues from PMRA, Connie Moase, director of the Health Evaluation Directorate, and Jason Flint, director of the Policy, Communications and Regulatory Affairs Directorate.

PMRA regulates pesticides in Canada under the Pest Control Products Act, on behalf of the Minister of Health, with the primary objective of preventing unacceptable risks to both people and the environment from the use of pesticides.

This is achieved, first and foremost, through a comprehensive science-based pre-market assessment and approval process. In addition, the act provides for post-market activities, such as cyclical re-evaluations, special reviews, monitoring, and compliance and enforcement activities.

The current act was revised in 2002 and was brought into force in 2006. There were three main objectives for the new PCPA: to strengthen health and environmental protection; to provide a very transparent regulatory system; and to strengthen the post-registration control of pesticides.

I would like to take a minute to give examples of how these objectives are met by the PCPA.

[*English*]

Mr. Chair, in 2006 the act was strengthened to provide the authority to regulate pesticides through their entire life cycle, including the removal of pesticides that can no longer meet modern scientific standards. Pesticides can be inherently hazardous substances, so we must take particular care in how we do our scientific reviews to ensure that there are no unacceptable risks. For example, we are required by the Pest Control Products Act to take into account potential pesticide exposure from all sources, including food, air, and water. This gives us the most accurate picture of the potential risks associated with the use of pesticides.

Some Canadians, such as children, pregnant women, and the elderly, may be more sensitive to the effects of pesticide exposure. As such, the Pest Control Products Act requires that additional margins of safety be applied to protect these potentially vulnerable populations.

Science is continually evolving, and new risk assessment methods are being developed all the time. It's important that we keep up to date on these new approaches so that we can ensure the highest degree of protection for Canadians. While the act is very prescriptive in its approach to health and environmental protection, it also provides for some flexibility to incorporate new science and new processes in a rapidly changing regulatory environment. It also allows us to more quickly and efficiently establish food safety

standards. For example, we establish maximum residue levels for pesticides in food under the Pest Control Products Act directly.

A second important area in which the current law was updated is in the area of transparency and openness. Very specific provisions of the act mean that our regulatory activities at PMRA within the department are very accessible to the public. We hold over 30 public consultations each year on all our major regulatory decisions. For example, before we make a major regulatory decision on a new pesticide, we post for consultation the outcome of our scientific reviews and consult with the public to see if they have concerns, comments, or additions. As well, the public can inspect the scientific test data and the information on which we base those decisions. Through these mechanisms, Canadians have the opportunity to voice their opinions and concerns regarding proposed regulatory decisions. The PCPA also contains mechanisms that allow any member of the public to ask for reconsideration of a major decision, provided, of course, it's based on scientific grounds.

Canadians can also search our electronic public registry for a wide range of information on approved pesticides. The registry contains records of PMRA's decisions and consultations on the approved products; the strict conditions of use that we impose on pesticides; the product labels, which are a required part of our approval process and highly prescriptive; and our regulations, our policies, our guidelines, and our directives.

● (1635)

The third important area in which the regulation of pesticides was strengthened under this act was specific provisions of the act that support our ability to monitor any effects of pesticides after they've been registered and are being used under real-world conditions, and to take regulatory action as necessary.

For example, under the act there's an obligation to re-evaluate all pesticides on a 15-year cycle. This allows us to assess whether they meet the most current environmental and health standards, and to mitigate any new risks identified. This can include changing the allowable uses of a pesticide. That is, we can withdraw specific uses of a pesticide if it no longer meets our standards.

The current PCPA also has extensive regulation-making authority that allowed us to introduce new regulations regarding the collection of post-market information on pesticide use and effects, through mandatory sales and incident reporting. Manufacturers have been reporting sales volumes of their products since 2008. Sales data like this can be used to estimate national use patterns or trends, and this information is very highly useful in the post-market assessment and monitoring of products.

Our incident reporting program, in which the manufacturers are required by law to report incidents, has been in place since 2007. Members of the public can also report to us through the Internet or other means if they are aware of specific incidents. The program gives PMRA valuable information on any unintended effects of pesticide use, and allows us to take action when risks are identified. Incidents are often the result of the intentional or unintentional misuse of products, and patterns in incidents can help us plan the best course of action. This information can lead us to engage in outreach activities and perhaps clarify label requirements to make consumers more aware of the importance of using the correct products, and using them according to very specific label directions.

PCPA allows PMRA to carry out a robust compliance and enforcement program that gives us the power to inspect anyone regulated under the act, including manufacturers, users, and retailers; and the capacity to enforce compliance with our regulations using measures appropriate to each situation. That can mean anything from education and outreach campaigns, to very significant monetary penalties.

Today, Mr. Chair, the Pest Control Products Act continues to afford PMRA the flexibility to adapt to changes in the regulatory climate both at home and abroad. As science evolves, new products are being developed, new risk assessment and new risk management approaches are being developed cooperatively in multiple countries. Joint science reviews are the norm when it comes to evaluating new pest control products. In fact, Mr. Chair, approximately 50% of the work that we do in evaluating brand new pest control products in Canada is done in collaboration with one or more OECD countries such as the United States, Australia, the U.K., etc. This international regulatory cooperation creates efficiencies in getting the most innovative and safest products to market faster, and I think importantly ensures Canada has both access to and contributes to the best science in the world when it comes to pest control product risk assessment. Developments in information management and technology are also facilitating registration, data sharing, monitoring, and stakeholder engagement.

The Pest Control Products Act provides authority to protect health and the environment, to monitor pesticides under real-world conditions, and to take action when the risks are identified. Through the transparency provisions of the act, Health Canada is accountable to all Canadians, who are relying on and counting on a strong pesticide regulatory framework.

In conclusion, Mr. Chair, we believe that the current PCPA continues to be a solid foundation for the delivery of a pesticide regulatory system that is protective of both the health of Canadians and their environment.

Thank you.

● (1640)

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

We're going to go to our question and answer session now.

Ms. Davies.

Ms. Libby Davies: Thank you very much.

Thank you very much, Mr. Aucoin, for coming here today with your officials. As a committee, we want to make sure that we have a proper evaluation of the act because that's what we're required to do.

I have a couple of basic questions first off. The act actually didn't come into force until 2006.

Mr. Richard Aucoin: Correct.

Ms. Libby Davies: So it's not quite 10 years yet. Is there any information through your directorate that tells us that pesticide use is on the increase in Canada, or is it decreased?

Mr. Richard Aucoin: First of all, as I indicated in my opening remarks, we do have sales reporting requirements for the manufacturers. We have been collecting that information since at least 2008.

The trends in pesticide sales and use in Canada very much follow trends in agriculture, since that's perhaps the major sector using pest control products. In some years there are increases in pesticide use, based on agricultural production. In some years, for example, use of specific types of pest control products such as agricultural fungicides tends to increase. For example, in a very wet growing season sometimes more fungicide types of pest control products are required than was the case in previous years.

Ms. Libby Davies: Maybe I could phrase it slightly differently. Do you look at overall trends, even globally, of which Canada would be a part, that show us that the use of pesticides is generally increasing? Is there more attention or more public pressure to actually decrease usage? I'm just wondering whether something like organic farming, for example, is having an impact in Canada, where supposedly pesticides aren't used. I'm just curious to know where this is going. Are we seeing more and more reliance on pesticides, or are other alternative means being used?

I know, for example, in some of the hothouse farming in B.C. they try to use alternative methods for tomatoes, cucumbers, and other things. What is it like overall in Canada in agriculture?

Mr. Richard Aucoin: Certainly as a trend over the last 10 years in Canada there has been a very large move to introduce many more non-conventional types of pest control products into the mix. For example, there's been quite a substantive increase in the use of biological pesticides, ones that have a much safer profile for the environment in general. Interest in organic agriculture, as you're probably aware, has increased significantly in Canada over the years, so we've had to adapt some of our approaches to make sure we can still respond to the need for certain types of products in organic agriculture.

● (1645)

Ms. Libby Davies: In 2013 you did your online consultation. I'm just curious, is there a summary of that consultation that we can look at? Are there any commonalities coming out in terms of what industry, environmental groups, and consumer groups are calling for? You did the consultation. Is anything being acted upon as a result of that consultation? What have you heard?

Mr. Richard Aucoin: Perhaps I can ask my director of policy, Jason Flint, to answer the question, Mr. Chair, since he was my lead person on that consultation.

Mr. Jason Flint (Director, Policy, Communications and Regulatory Affairs Directorate, Pest Management Regulatory Agency, Department of Health): The online consultation we had, in which we looked at the application of the act and how it was being administered, looked at both how the act itself was doing and then how our process was working. It was done at the same time we were looking at our cost recovery initiative, which is moving forward. We looked at what sorts of things stakeholders were looking for us to do.

Generally they felt that the act was meeting the needs they had seen. At that time they were pushing us to invest more in certain areas—for example, operations, trade, and international food standards. They were looking at alignment of policies and scientific approaches. They also looked at some of the outreach activities we do and tried to encourage us to do more of those, and they looked at the IT infrastructure that we have.

A lot of what we got back from our consultations was focused on how we actually operationalize or how we administer the act more so than on the act itself. Generally the feedback we got on the act was that it was a fairly solid piece of legislation.

Ms. Libby Davies: In terms of the consultation, were there divergent views, so that maybe from industry you heard one thing and from others you heard something else? Are there opposing views at all in terms of what the act should be doing?

We're here to do a review of the legislation. You know it better than we do. I'm trying to get at the kinds of changes that have been suggested. Are you recommending to the committee any changes? This is what this review is about.

Mr. Jason Flint: We were not proposing any changes to the legislation at the time. Most of the feedback we got from stakeholders was that they looked at little things here and there that they thought they might improve, but overall they thought it wasn't worth actually opening the act and making any changes at this time. That was the feedback we got, so we went with that and said okay. There are always little things you could do, but generally the belief was that the act was sound and it was working for our purposes at the time.

Ms. Libby Davies: So officially you're saying there's nothing in the act that you're recommending to the committee that needs to be looked at in more detail to be changed...?

Mr. Jason Flint: Not at this time, no.

Ms. Libby Davies: Okay.

How does our act compare to other jurisdictions, in the U.S., say, or in Europe? Would you say that we're tougher on pest control or are we on par with others? Where are we at?

Mr. Richard Aucoin: My assessment of my counterparts in other countries is that our legislation is very much in line with that of major OECD countries, including the United States, the U.K., and Australia.

The Chair: Thank you, Ms. Davies.

Ms. Adams, you're up.

Ms. Eve Adams (Mississauga—Brampton South, CPC): Thank you very much.

As we begin the statutory review, it's important that we have a detailed understanding of your work. When it comes to regulating substances like pesticides, many Canadians have concerns. The question sometimes arises about whose interests are being served when new pesticides are registered. How does your agency make decisions about pesticides? What gets approved? How are they allowed to be used? At what point would something be removed from the market?

Mr. Richard Aucoin: Mr. Chair, as I indicated in my opening remarks, the process that's supported by this legislation is a very rigorous scientific risk assessment, both for human health and for the environment. We take a completely science-based approach to our decision-making. It's based on a foundation of data and information requirements that spans literally 200 studies or more that must come forward in support of an application to register a new pest control product.

We do an extensive risk assessment that is very similar to the approach used by major OECD countries around the world. Major players, including Canada, work very closely together through fora such as the OECD to make sure that we're aligned in the data and information requirements and the science we must have in order to approve a new pest control product.

At the end of a very detailed, long, scientific assessment, we ensure that we don't have any unacceptable risks, that we know exactly how these products are going to be used in the real world, and that there are no unacceptable risks both on the human health side and on the environment side. Every pest control product has a very prescriptive label on how it absolutely must be used; it's a legal document. We have a very robust compliance and enforcement program as well in Canada, which ensures that any pest control products used are used within that framework.

I think Canadians can be confident that Canada, like major countries—like the United States EPA, which is kind of our counterpart—takes a very close and detailed look at a pest control product pre-market, before it gets into the marketplace, to make sure that it meets our standards of safety before it is allowed into the environment.

• (1650)

Ms. Eve Adams: Are there any examples that you could point to where you have taken action to remove products from the marketplace?

Mr. Richard Aucoin: Yes. As part of the framework we operate under, the legislation requires us to do re-evaluations of older pesticides on a cyclical basis. We have been looking at a body of older chemicals, older pesticides that have been registered long before this legislation was in place. As we went through those products, we ensured that they were up to modern scientific standards.

Originally, I think there was a group of about nearly 400 older chemicals that we went through. As we went through it, about 25% of those chemicals did not meet our modern scientific standards and were either withdrawn by the manufacturers or, for a percentage of them, some of the uses were dropped off those chemicals because they no longer met our safety standards, so the way they were used was modified or the labels were changed.

Certainly, from an older chemicals perspective, we go back and make sure they meet our modern standards. We take action to make sure that they don't stay on the market if they don't meet them.

Ms. Eve Adams: I sat on the corporate board of an electricity corporation. We had many substations for our transformers across two municipalities. I guess back in the 1950s it seemed to be a reasonable practice to use arsenic as weed control, so you'd go around and dig up the arsenic from the soil that remained there 40 years later. Practices certainly do evolve. Our understanding and our best scientific practices obviously do evolve.

I guess Canadians just want to be assured that we're monitoring things continuously, that we have the very best available science.

I know that my colleague from the NDP asked how we are positioned in comparison with some of the leading international partners. Could you give me a sense of what the top nations would be? Is Canada among the top nations in reviewing pesticides and ensuring consumer safety?

Mr. Richard Aucoin: I guess the short answer would be yes. Canada is one of the top countries.

We participate, for example, in an OECD working group. We are active in other international fora, including Codex, and the WHO. In fact, Canada chairs an OECD working group on pesticides that looks very carefully at all the data information requirements being requested by OECD countries to ensure the safety of products.

We're not only contributing; we're there at the table. We're very much playing a leadership role in trying to coordinate some of the international reviews of the science for pesticides to be sure we're all on the same page and we're all benefiting from each other's oversight on pesticides.

Ms. Eve Adams: Thank you.

The Chair: There's a minute and a half left, if you like.

Ms. Eve Adams: Sure. Are there any emerging trends you'd like to make us aware of?

Mr. Richard Aucoin: As the new science evolves, we have to spend some time keeping up with that new science, making sure we are abreast of new developments, whether we're talking about, for example, the introduction of new technologies or new biological pesticides. Nanotechnology, as you've probably heard in other discussions, is one of the technologies that are starting to make inroads. We have no doubt it's a technology that will be used in the pest control product field—not yet, but probably down the road—so we have to keep an eye on that.

We're very active in some of the 21st-century toxicology discussions with other countries, looking at non-animal testing and whether we can expand our use of non-animal testing in a bigger way, yet still provide the safety we need.

• (1655)

Ms. Eve Adams: Finally, Canadians are very concerned about neonics and their impact, in particular, on bee populations. Can you update us on your best advice and guidance when it comes to neonics?

Mr. Richard Aucoin: In the context of neonics, first of all, globally there is a concern for pollinators and the troubles that pollinators like bees are having in terms of population declines globally. There is a concern about that. That concern is based on potentially a lot of factors, from climate change to diseases, pests of bees themselves, and possibly pesticides. Canada like all OECD countries, including at the OECD where we chair a working group, is having discussions about whether or not we can tease apart what is happening to the pollinator populations. If pesticides are a part of that, what can we do about that?

Within Canada itself we have had some bee mortality incidents with neonics, but they've been very much restricted to really high, intense corn and soybean growing regions of southern Ontario and a few in Quebec. We believe those incidents are probably the result of some of the agricultural practice that has resulted in dust going off those corn and soybean planting areas from seeds that were treated with the neonics possibly harming the bees.

We're working with stakeholders to try to mitigate that link. In the last couple of years we've worked very closely with agricultural stakeholders—the growers, the manufacturers, the beekeepers, the provinces—to come up with ways to mitigate those risks to bees. So far we've had some success. Last spring, for example, we saw about a 70% reduction in the bee mortality rate we had seen in the previous spring. We've had some success. We still have a lot of work to do to make sure we're protecting bees.

Together with the United States EPA, the California Department of Pesticide Regulation, and our international counterparts, we have been doing an extensive scientific reassessment and re-evaluation of these neonic pesticides right across their use spectrum to make sure they can continue to be used safely.

As I say, the only direct link at the moment is with corn and soybeans in southern Ontario.

Ms. Eve Adams: Is there any jurisdiction that you're aware of that has—

The Chair: Ms. Adams, we're over, thanks.

Ms. Eve Adams: Thank you.

The Chair: Ms. St-Denis, go ahead.

[Translation]

Ms. Lise St-Denis: Thank you, Mr. Chair.

Mr. Aucoin, in 2013, you carried out an online consultation regarding the Pest Control Products Act. What was the general outcome of that consultation?

[English]

Mr. Richard Aucoin: As my colleague had indicated, the consultation on the act itself did not invoke any really strong reactions from any of the different stakeholders. I think for the most part, our stakeholders thought the act was relatively modern. I think they understood that some key provisions were in there. In terms of protecting environment and health, those were very solid. In terms of the openness and transparency, for example, before we make any big regulatory decision we do have to consult with the public on what's the basis for that decision, what was the science that we received so that we're proposing to approve this pest control product.

I think, writ large, the answer is that most stakeholders are satisfied with the administration of the act as it stands today, and we're not proposing any significant changes to it. Certainly when we looked at our analysis there are a few administrative places where you could say, "well, you know, maybe it would be better if this was clearer, or if that was clearer", but we also arrived at a conclusion that some of the things people were asking for we could deal with through policy changes rather than legislative changes.

• (1700)

[Translation]

Ms. Lise St-Denis: Are people aware of public health? Do you play a role in raising people's awareness when it comes to pesticides? Are people in favour of them, are they against them and do they react to this?

They reacted to the bees, but let's talk about other things.

[English]

Mr. Richard Aucoin: From a more general perspective, not specifically the consultation on the act itself, I guess, yes, we deal in an area where there are quite a bit of opposing views on whether pesticides are safe or not. We do have a job to do in terms of communicating to the public the nature of the regulatory role we have, the extent of the science that we take in order to make our decisions, and the process that we use to ensure that when those pest control products are out there, there are no unacceptable risks to both people and the environment. It is absolutely clear that there are opposing views. There are very different viewpoints from different stakeholders. We endeavour to make sure that we can communicate to the public as much as we can, what the job is that we have, how we do it, and that it's based on the best science available both here in Canada and globally.

[Translation]

Ms. Lise St-Denis: How do you react to this opposition? Does it change things? Do you adopt different methods? How important is the public's concerns to you? Does that change anything?

You mentioned that a lot of people are against this and disagree with it. Does it change anything in your behaviour or in your practice?

[English]

Mr. Richard Aucoin: All our consultations are with the public. We get a lot of responses back from industry of course, from users, retailers, lots of different sectors, but we very much listen to the public. We have to base our decisions on the best science that we have, but we do very much understand that the public has a view,

and often the public has provided some very good information and direction for us. I guess what I'm trying to say is we base our decisions on science, but we still hear people. We do understand where their worries and concerns are. Sometimes that helps direct some of our communications and public outreach with folks, to make sure they do understand. If people are concerned about children, and perhaps vulnerable populations, perhaps sometimes we can explain better what exactly we do in PMRA to consider that. If children are going to be exposed to a pest control product, how did we take that into consideration in our decision?

[Translation]

Ms. Lise St-Denis: In other words, is the industry's perspective more important than the public's when it comes to your behaviour on these matters?

[English]

Mr. Richard Aucoin: No. Our primary mandate at the PMRA and of the Pest Control Products Act is health and environmental protection. That's our primary mandate.

The Chair: Okay?

Ms. Lise St-Denis: Okay.

The Chair: Thank you very much.

Mr. Wilks.

Mr. David Wilks (Kootenay—Columbia, CPC): Thanks, Mr. Chair.

Thank you to the witnesses for being here today.

If you have a copy of your report, I wonder if you could refer to page 7. With regard to maximum residue limits, I have a question. In looking through that report quickly, I see that the "PMRA is actively involved in ongoing [maximum residue limits] initiatives" and that "[t]hese ongoing projects should also assist in further aligning MRLs for major and minor uses of pesticides to minimize trade barriers of pesticide-treated commodities between global partners".

I wonder if you could elaborate on precisely how these MRLs will benefit our trade relations with global partners going forward.

Mr. Richard Aucoin: Certainly.

For MRLs, as I indicated in my opening remarks, the PMRA does set, under the Pest Control Products Act, the maximum amount of pesticide residues that can legally be allowed to be found on a food commodity. We recognize too, though, that because Canada sets these MRLs, as do other countries around the world, if we have a different numerical standard than some of these other countries, there can be issues in terms of the movement of food commodities between countries.

We have been doing quite a bit of work with, for example, Agriculture Canada. We've been doing some work with them to try to understand whether or not where, when, how, and if these MRLs are causing potential trade barriers around the world. This can have an impact for market access for some of Canada's exports, for some Canadian agricultural producers trying to export their commodities to other markets around the world, which is hugely important for them. As you know, it's truly a global marketplace now.

What we've tried to do is provide our scientific expertise on the nature of these maximum residue levels, the nature of the data, information, and science that Canada has behind setting its standard, and to help share that information with other countries that may have different data, or information, or a food safety standard-setting process, so that we can align how we set these standards with other countries and try to resolve some of these differences.

Very often, the differences in these maximum residue levels between countries are actually very small, and they don't represent any kind of true safety difference between countries. A lot of the time, these are simply irritants because they're small differences. To be honest, sometimes some countries try to exploit those small differences to create these trade barriers or maybe to create a business risk that there might be a trade issue if commodity X is exported to another country. We've been providing a lot of scientific expertise, both to agriculture and through our other network of contacts in OECD countries, as well as the Codex forum on food safety standards, to try to help alleviate some of these trade barriers that truly aren't necessary.

• (1705)

Mr. David Wilks: When it comes to other countries and these minor irritants, as you've said, how do you educate these countries with regard to our standards? As I heard you say earlier, we have one of the higher standards in the world. How do we go about educating other countries with regard to those standards that Canada has?

Mr. Richard Aucoin: I think one of our key mechanisms is to continue to be at the table with those other OECD countries, exchanging information and working closely together on the registration process and the re-evaluation process for chemicals. As we go through that process, we align with each other on our policy approaches to things like setting maximum residue levels. We can challenge each other as to whether we're using the best and most up-to-date science to set those kinds of standards.

That's our approach. It's to make sure we're at the table with our colleagues and we can challenge each other. This is truly an appropriate science-based standard.

Mr. David Wilks: Another important part as a regulator is reaching out and speaking with the industry that you affect. How good a job is PMRA doing right now of engaging with the pest control industry, as well as with farmers and Canadians?

Mr. Richard Aucoin: I guess I'd like to think that we're doing the best job we can in making sure that we're engaging all our stakeholders. Certainly, we have a good relationship with all our stakeholder groups. Whether we're talking industry or other environmental organizations, we try to maintain a very good relationship with all our stakeholders, and with the public who are importantly trying to express their concerns.

We routinely meet with different industry associations including CropLife Canada to make sure we understand each other in terms of what our needs are. We meet with all the major grower associations very frequently, such as the Canadian Horticultural Council. We meet frequently with all the different agricultural groups. We work closely with Agriculture Canada under a number of initiatives to make sure that we understand the agricultural use of pesticides and the interests of that sector. Even internationally, we engage

frequently with the international industry sector to ensure that we understand what the global dynamics are with pesticides, both in terms of what's coming down the pipeline and what the international issues are with pest control products.

• (1710)

Mr. David Wilks: Just quickly, Mr. Chair, if I may on page 12 of your report it indicates, "In 2013-2014, the PMRA carried out approximately 1500 enforcement responses aimed at correcting non-compliance within the regulated community." Then at the bottom of the paragraph it says, "Most enforcement activities took place in the provinces of Ontario, Quebec and British Columbia."

Does that have a lot to do with border transactions between the United States and Canada, because those are probably the most significant three provinces that deal across borders, or is there a reason why those three provinces were highlighted?

Mr. Richard Aucoin: I think it's in part based on the population, but you're right there is a significant amount of border movement of products and commodities through those three provinces. That's part of it. What it also says in a way is that we have obviously a huge geography in the middle there, in terms of the prairie provinces in terms of agriculture. We have a lot of very intense agriculture of certain types in provinces like Ontario and British Columbia, horticultural crops for example. There's that, whereas in the Prairies, we have a relatively smaller number of larger major crops. That might explain a little bit of the difference there. I think most importantly with this is that we actually have a very high level of success in bringing back to compliance those situations where we find non-compliance. We find educational letters and outreach campaigns are hugely successful in bringing folks back to compliance.

On the agriculture side, for example, there's a real understanding there that pest control products need to be used in a very specific way, and there's not any tolerance there for anything different. We know we can bring people back to compliance because of the way we set up our compliance and enforcement programs in the country. It's a big country; there are a lot of different sectors. There are a lot of commodity groups and organizations that we need to look at compliance with, but we will go sector by sector and if we find some non-compliance in a sector we'll take action as needed. We'll cycle back to those areas of higher risk, or those areas of non-compliance, and make sure that they are coming back to compliance.

Mr. David Wilks: Thank you very much.

The Chair: Thank you very much.

Ms. Moore, please go ahead.

[*Translation*]

Ms. Christine Moore (Abitibi—Témiscamingue, NDP): Thank you, Mr. Chair.

My question relates to the list of products that have been approved for use. Mr. Aucoin, could you please tell me how many are permitted in Canada but not in the United States, or the opposite, how many products are banned in the United States but not here?

Is the process for approving a product in the United States comparable to ours? Does the process take roughly the same time as in Canada? And does the act give you some power to prohibit the import of products grown using pesticides banned in Canada? PMRA bans crops grown using certain pesticides. However, if products grown in other countries using pesticides that are banned by your agency because they are not considered safe are imported into Canada through the back door, Canadians might still consume them.

[English]

Mr. Richard Aucoin: Certainly, and I probably shouldn't know this number, but I do know the number. We have about 7,000 pest control products approved for use in Canada, even though probably a much smaller number than that are actually being used. There is an approval for about 7,000 different pest control products in Canada. I think that in the United States it's more in the 12,000 range of pest control products, with 11,000 or 12,000 products. We have to appreciate that there's a difference between the chemical active ingredients in those products and the number of products. There can be various versions and formulations of the same kind of pesticide, so there are about 7,000.

Under the legislation, no one can import, sell, or use a pest control product in Canada unless it has a federal approval under the Pest Control Products Act, which is what we do and administer. No one can use any product in Canada that does not have our approval. No one can import a product from the United States into Canada if it does not have Canadian approval. There is a very small number of products that have some sort of minor use exemptions, but for the most part it's prohibited to do that—

• (1715)

[Translation]

Ms. Christine Moore: Excuse me, but I would like to clarify my question.

It had to do with products that had been grown. For example, is it possible to find on the market in Canada carrots that have been grown using pesticides that are not permitted in Canada?

[English]

Mr. Richard Aucoin: We do set maximum residue levels for each pesticide. There is a maximum residue level set for each pesticide and each type of crop grown in Canada, and it is essentially the standard that we set. That is enforced by the Canadian Food Inspection Agency. Produce coming in from another country has to meet our standards. Similarly, produce going from Canada into the United States has to meet their standards. There is a very specific standard required before it can move across the border. Within Canada, you can only use a specific pesticide on a specific crop or product such as carrots if it has that specific approval from us on the label of the product.

[Translation]

Ms. Christine Moore: What are the consequences for people who grow products that exceed the limits?

[English]

Mr. Richard Aucoin: As I say, with our compliance and enforcement program, we have a range of tools that are usually very specific to the situation. It depends on the level of risk posed by

those situations. For example, we can start with a farmer who has done this unintentionally. There can be warning letters, but it can go up to very significant monetary penalties if there are repeat violations of the Pest Control Products Act. There is a range of responses that are based on the specific situation.

The Chair: Mr. Young.

Mr. Terence Young: Thank you, Mr. Aucoin.

You seem to be getting a lot of questions in a row, so if you want to take a drink of water, please go ahead, because I need to ask you a couple more.

Mr. Richard Aucoin: I'm okay.

Mr. Terence Young: Thank you.

This committee just completed a study of Vanessa's Law, which is now the law of Canada and is all about transparency and openness with regard to keeping Canadians safe when using prescription drugs. That will empower researchers, doctors, and even patients to get the information they need to keep themselves safe or keep their patients safe. What has the PMRA done to increase transparency and openness to help keep Canadians safe?

Mr. Richard Aucoin: Well, as I think I indicated in my opening remarks, there are a lot of good provisions—some really good, solid provisions—and obligations in the Pest Control Products Act for us to be transparent and open with Canadians. Not only do we have to consult with Canadians on the data and the science we've used to make our regulatory decisions for new chemicals, but also for older chemicals, when we're looking at them, what we're finding, and how that science influences our decisions.

We also have been really open with, for example, what we are currently looking at in PMRA. What pesticides are being proposed for use in Canada? We have a public registry where you can find that information and ask what PMRA is doing right now and what they are looking at. A lot of information is on there now in terms of us having a compliance and enforcement program. What are we finding? Are there violations of the Pest Control Products Act? What are we doing about those?

As I forgot to mention right at the outset, I think this committee has received a copy of our annual report. That alone is a full disclosure of all our activities through the year, including, for example, our incident reporting program, what we are seeing every year in terms of the nature of the pesticide incidents that are being reported to us. We're very transparent and open in terms of what they were and what some of the actions are that we're taking as a result of those incidents.

• (1720)

Mr. Terence Young: That's very interesting. Thank you for explaining that.

I want to ask you a question about brown bats. I think a brown bat can eat a kilogram of mosquitoes in a day or something like that. Mosquitoes are a problem in a lot of communities. The bats are dying off in droves because of a white fungus they get on their noses.

Are there any pesticides that help deal with mosquitoes when we're facing this fact that brown bats are dying off? Also, are there any potential treatments to help stop this fungus so the bat population doesn't disappear?

Mr. Richard Aucoin: There are certainly pest control products available for mosquito control. There are only a certain number of situations in which they're used extensively anymore. I think there's been a lot of public concern with the widespread use of those products. Some of you folks are probably aware that some areas such as Winnipeg and some other cities have had to resort to using certain products because frankly you can't go outside your house some days in some parts of this country if some kind of control measures are not used.

There are a number of alternative products on the marketplace for controlling mosquito larvae, for example, in ponds. As you can appreciate, mosquito larvae develop in standing water. There are quite safe chemicals now that can be used for that. Sometimes they're expensive but there are chemicals available for that. As far as the bats and the fungus go, I think you'd have to talk to some sort of more veterinary professionals who could likely help you out on that.

Mr. Terence Young: Okay. I just wondered if you had any insight into it, because it struck me as a serious problem.

What will your key challenges be in the coming two years?

Mr. Richard Aucoin: There is certainly communication. I have to say, to be very frank and candid, that at worst, communications with the Canadian public are a challenge. We're a scientific organization. The data and information we use to make our pesticide decisions are very complicated. They really are. I think one of my biggest challenges over the next couple of years is going to be to try to enhance communications with the public.

As I explained earlier, it's one thing to be transparent and open with the public. You also have to pay attention to whether you are reaching them. Are you truly communicating with Canadians? For us to put out a lot of scientific information is one thing, but we want to make sure Canadians actually understand better the basis for our decision-making. That's both a challenge and a priority for the next year or two.

A lot of what we do does not change from year to year. It's very solid health and environmental protection. We take very prescribed approaches to our work in terms of the data and information we need to do it. It's not going to change radically over the next couple of years. I would say communication is very important and it's very consistent with where our department is going.

Mr. Terence Young: So if there's no danger, people lack interest, and then if they read an article in a magazine or there's a TV special on a certain risk, everybody wants to know all at once about the risk, right?

Mr. Richard Aucoin: That's correct.

The Chair: Thank you.

Mr. Kellway.

Mr. Matthew Kellway (Beaches—East York, NDP): Thank you, Mr. Chair.

Thanks to the witnesses for being here today.

Mr. Aucoin, in your description of the act it seems to me you stressed a couple of things. One is that it's a kind of scientific rigour and that it's very much science- and data-driven. The other aspect is the practice of international cooperation and exchange with the science.

I want to look at the issue of neonics and test how science is used under the act. It seems to me that although the science is pretty well known—and I'm sure there's more developing all the time—I'm sure everybody knows what the state of play is in the science with these international efforts, and yet different jurisdictions have responded to that science with different actions. We see the European Union doing a two-year ban and I think South Korea is following a two-year ban. Australia has its own response. The U.S. has a federal strategy on pollinators and neonics, as I understand it. Even within Canada, Ontario is removing neonics from 80% of corn and soy crops. If it's all about the science and the data and the international exchange, how is it that all these jurisdictions have responded to this issue in a way that is different from the way the federal government here in Canada has responded?

• (1725)

Mr. Richard Aucoin: Certainly in Canada and in the United States we're very much aligned on the science, and as I think I indicated, for the neonics we'll be working very closely with the U.S. EPA and with California over the next year or two to completely re-evaluate and reassess all that science behind the neonics. I can't really speak very much for Europe, but I think in Europe there were some incidents as well, and Europe chose a path to deal with those incidents through simple suspension of those products. We didn't take that path and we're not proposing that path in Canada until we've fully assessed all the science.

In southern Ontario—it's very specific to southern Ontario—and a few places in Quebec, the incidents appear to be directly related to the pre-treated seeds for soybeans and corn. We've been working to mitigate those risks and mitigate those issues and we had some success certainly last spring. That's been our approach federally.

Ontario has put out a proposal to reduce the use of treated seeds to a very high degree. It is a proposal. It's certainly not based on the scientific assessment, which is not complete.

Mr. Matthew Kellway: So if the science is the science is the science, what is it about the act then that explains the different responses? There's clearly discretion somewhere in that act, so it's not entirely scientifically based. Someone has to make an assessment. Is it this notion of unacceptable risk that's in the act?

Mr. Richard Aucoin: The act, as you may be aware, lays out that we must do a scientific risk assessment, but it does not specify that it has to be done according to a very specific methodology. It has very specific provisions in there such that, for example, we must add safety margins for vulnerable populations. We must take into account certain things, but as for the actual scientific risk assessment that occurs, there's a certain amount of flexibility in there. That's why countries like Canada and the United States and most OECD countries are trying to align the work we do together at OECD.

Mr. Matthew Kellway: Given that in different jurisdictions there are different responses to the science, are you comfortable with that flexibility in making decisions about what to do or about how to respond to the risk that certain pesticides obviously pose?

Mr. Richard Aucoin: Our approach has been to work with as many regulators and as many scientific organizations as possible so that we can get the best information and the best collective understanding of that science.

The Chair: Thank you very much.

Mr. Lunney, go ahead very briefly.

Mr. James Lunney: I wanted to ask about viral pesticides. Do those fall under your purview as well? There was an attempt a few years ago to use baculovirus, a virus found in insect gut and also found in human liver and kidney cells. There was some concern because they were going to load it with a scorpion venom gene. It wasn't approved, thank goodness. Are there other examples of viruses being used as pesticides that have been approved in Canada?

Mr. Richard Aucoin: There are a number of viruses and biological organisms that are approved for use as pesticides in Canada. They are subjected to a very specific kind of risk assessment.

Mr. James Lunney: Can you give us an example of a virus being used?

Mr. Richard Aucoin: I don't have a name of a specific product for you.

Mr. James Lunney: I know modified bacteria are used as pesticides, but I was wondering about viruses in particular.

Mr. Richard Aucoin: I could ask my colleague Connie Moase in case she happens to have that answer on the tip of her tongue.

Ms. Connie Moase (Director, Health Evaluation Directorate, Pest Management Regulatory Agency, Department of Health): It would probably be better if we got back to you with specific products.

Mr. James Lunney: I'd appreciate it. Thank you.

The Chair: Is that it, Mr. Lunney?

• (1730)

Mr. James Lunney: Yes, thank you. That will suffice.

The Chair: Thank you very much.

I think that was a good one-hour discussion. We got a lot of information in here and a lot of questions packed into one hour. That will do it for today.

The meeting is adjourned.

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