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Chair: Mr. Sean Casey

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

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• (1550)

[English]

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

Welcome to meeting number 42 of the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities.

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

Pursuant to Standing Order 108(2) and the motion adopted by the committee on Tuesday, February 2, 2021, the committee will resume its study of the impact of COVID-19 on seniors.

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

[Translation]

Our first witness today is Serge Séguin, chief executive officer of the Association québécoise de défense des droits des personnes retraitées et préretraitées.

[English]

From the Manitoba Association of Senior Centres, we have Connie Newman, executive director of the age-friendly Manitoba initiative.

For the benefit of our witnesses, I'd like to offer the following additional comments.

[Translation]

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

We will begin with Mr. Séguin.

Welcome to the committee, Mr. Séguin. You have the floor for five minutes.

Mr. Serge Séguin (Chief Executive Officer, Association québécoise de défense des droits des personnes retraitées et préretraitées): Thank you very much, Mr. Chair.

The Association québécoise de défense des droits des personnes retraitées et préretraitées, commonly called the AQDR, was established on May 1, 1970. It is incorporated as a not-for-profit organization under part III of Quebec's Companies Act. We currently have 25,300 members across AQDR's 41 sections in 16 administrative regions of Quebec.

Today the committee is studying the impact of COVID-19 on seniors. The timing is good because the AQDR also surveyed its members on the same subject in late 2020. From October 30 to November 8, 2020, we conducted a survey of our Internet-connected members, approximately 17,000 out of a total of 25,000. Some 1,214 members answered 96 open and closed questions. The open questions elicited 4,000 comments from respondents. The research firm Infrac, in Lévis, Quebec, has certified that the survey was 90% representative.

From the survey answers, we developed an analytical report in which we stated 15 demands and 31 recommendations for the Government of Quebec, more particularly its department of health and social services and Quebec's minister for seniors and caregivers, Marguerite Blais. We grouped those demands and recommendations together under four headings. The first two, quality of life and health and social services, are two components involved in maintaining quality of life and health and social services during the pandemic. The third theme is improving health and social services after the pandemic, and, lastly, the fourth is acknowledging and supporting caregivers.

All survey documents are accessible on the home page of our website at aqdr.org. We have provided the committee with the URL so it can access the documents from our survey on the impact that COVID-19 has had on our members.

To date, we have met the three persons responsible for seniors for the three opposition parties in the National Assembly of Quebec. We have also met the minister responsible for seniors and caregivers to discuss our survey and recommendations to the government. We have requested a meeting with Quebec's minister of health and social services, Christian Dubé, but unfortunately have not yet received any responses, although the minister has received our survey report and that of Infrac.

In addition to the recommendations that have come out of this survey, we request that an estates general be held to determine seniors' needs and the services that must be provided to them in the next few years and to prepare ourselves for any future pandemics.

Thank you.

The Chair: Thank you, Mr. Séguin.

[English]

Next we're going to hear from the Manitoba Association of Senior Centres.

Ms. Newman, welcome to the committee. You have the floor for five minutes.

Ms. Connie Newman (Executive Director, Age-Friendly Manitoba Initiative, Manitoba Association of Senior Centres): Thank you, and thank you for the experience. This is very interesting.

I'm Connie Newman, executive director, as you're aware, of the Manitoba Association of Senior Centres' age-friendly Manitoba initiative. I work with a team of six older consultants as we connect with 60-plus member centres throughout the province and over 90 age-friendly communities throughout Manitoba.

Today I am a caregiver for three people whose homes are personal care homes—three different homes, three different residences. I'm fortunate; my three special friends—they're not family—all survived COVID. I have experience. I'm also one of many my age who are tech savvy, sort of.

I'm going to share with you a collection of thoughts, both my own and from others who I connect with on a regular basis.

Personal care homes are institutions. They are supposed to be homes. Why do they present as hospitals and/or institutions? Collectively, we must improve regulations, provincially as well as nationally. Regulations must be monitored. Funding transfers to the provinces must have standards attached.

For families with loved ones in personal care homes, challenges were heightened when in-person visits became impossible due to COVID-19 restrictions. There was, in some cases, almost total isolation from one another and periods with no visits. Visits were shorter, less frequent and with encumbered conversation connections.

Caregivers and volunteers pre-COVID provided much-needed support to their loved ones, family and friends. COVID hit, and that support was left to staff, who did not have the time to focus on the person as caregivers and volunteers did.

Now to community: 93% of older adults are living in the community, often known as aging in place. I became involved in the age-friendly concept early in my career. It takes an entire community to raise a child. I believe it takes an entire community to look after its own older adults.

In 2008 the World Health Organization told us to get ready for the change in population. It is 2021 today. We have more older adults than we have teenagers. There's a population shift. Many are living longer than ever, many of us healthy and trying to maintain

our health. Many older adults do not have family in their communities. The community is a social connection. We all know that social participation is a determinant of one's own health, no matter what age. COVID hit, and we were not ready for the population shift. We sure were not ready for isolation.

I'm an age-friendly champion. In many daily connections, I am constantly involved with age-friendly domains: social participation, communication, housing, transportation, community health, building outdoor spaces and civic participation. When I think about them in a community in Canada, where there is an age-friendly focus, COVID was there. The community was working together for each other of all ages. When looking back at these domains, underlying COVID impacted seniors with transportation or a total lack of it. Programs for those aging in community—that's 93% of us—must be maintained, enhanced and encouraged.

In Manitoba we have support coordinators by community and district, who are tasked with connecting individually to older adults and assisting, where they can, in connecting them to services. During COVID they did their best in attempting to maintain some sort of connection. Zoom connections saved many where good Wi-Fi existed; 211 by phone became a lifesaver.

People with dementia and their caregivers are among the most valuable in our communities, and the COVID-19 pandemic has put those families at even greater risk.

● (1555)

Persons with dementia and caregivers were negatively impacted by the gap left by the suspension of formal programs. We have adult day programs that stopped running. Lower-income seniors living on their own or in congregate settings.... We need to ensure that their basic needs are being met—Maslow's hierarchy for those seniors.

On Internet access, who is responsible for ensuring equal access to the World Wide Web? Is it fair, if a person lives in a rural or remote area, that they do not have the same quality of access to information? Why is it that low-income housing in an urban setting does not have Wi-Fi access today? Devices are cheap. Training is a minimal cost. Wi-Fi for equal access must be an all-government focus.

We must continue to collaborate with the World Health Organization on the “Decade of Healthy Aging”. Since COVID hit, I have spent several mornings listening to those wise ones from all over the world. We must learn from each other. We know that COVID has impacted older women living in rural and remote areas, and the data today is impacted or under-reported. Many more are suffering mental health issues and more significant anxiety and depression from prolonged isolation. We're seeing now, today, a lot of hesitancy to get back and involved.

The opportunity for social connection and engagement is limited by going virtual. Many older adults have limited Wi-Fi access or may choose not to use it.

• (1600)

The Chair: Ms. Newman, could I get you to wrap it up there, please? There will be a lot of time to expand on your remarks during the questions and answers.

Ms. Connie Newman: Thank you. I'm sorry.

With regard to COVID, seniors and elder abuse, 8.2% of older adults are experiencing abuse. Justice at all levels of government must pay attention to existing laws, education and the meaning of those laws. We need to watch for ageism. We, as a civil society, along with governments setting policy, must work together to ensure that no one is left behind, no matter what age. The failures of COVID must be lessons learned moving forward.

Thank you.

The Chair: Thank you, Ms. Newman.

We're going to begin, now, with rounds of questions, starting with Ms. Falk, please, for six minutes.

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Thanks, Mr. Chair.

Before I start my time, I'm just wondering if you can confirm that, for the total of seniors meetings, today counts as half of a meeting versus a full meeting.

The Chair: That's confirmed.

Mrs. Rosemarie Falk: Thank you.

I'd like to thank both of the witnesses for coming here today and contributing to this study, and for their advocacy on behalf of older Canadians. Thank you for that. As we gain a fulsome understanding of the impact of the pandemic on seniors, your testimony will help paint a clear picture of how we can better support seniors.

Ms. Newman, I would have to agree with you. I am a member of Parliament for a rural riding, and I believe that access to the Internet is imperative. We need that, especially when everybody is locked in their homes and kids are doing school and seniors can only FaceTime or Zoom with others. I absolutely agree with you.

We have heard about the importance of choice and autonomy in helping seniors age and live with dignity. Ms. Newman, could you share with this committee what role, if any, age-friendly communities played in supporting seniors throughout the pandemic?

Ms. Connie Newman: Definitely. In the smaller, rural communities in Manitoba, I know that support coordinators, along with oth-

ers in the community, connected with each other. In large urban centres like Winnipeg, those same seniors support coordinators were able to make the connections and be visible by phone or online with those who were isolated. It's the network aspect of age-friendly communities; it's who is talking to whom.

Mrs. Rosemarie Falk: Sure. That completely makes sense.

Are there lessons to be learned from the pandemic on how to better create age-friendly communities to combat pandemic consequences like social isolation?

• (1605)

Ms. Connie Newman: The short answer is yes.

One of the principles of age-friendly is communication, and what communication exists between all the stakeholders in a community, in a town, in a village or in a city. That, to us, is one of the critical pieces—who are the stakeholders, who's working with whom—so that we're all looking for the best for all.

Mrs. Rosemarie Falk: Could you suggest what role the federal government could play in supporting age-friendly communities, or how the federal government could assist in that?

Ms. Connie Newman: I'm a member of the Public Health Agency of Canada's age-friendly reference group, and we're talking about that across Canada on a monthly basis. We have different ideas. It has become the Canada-wide place to go for information.

On lessons learned, we can all learn from each other. I get on those meetings once a month, and I hear about good things in B.C., Quebec and a few others—P.E.I. and New Brunswick. We need to share with each other.

The federal government, in my mind, right here, right now, needs to look after that aspect of the Public Health Agency of Canada's age-friendly reference group.

Mrs. Rosemarie Falk: What's so great about that, too, is that you're connecting with people from across the country. Even though regionally it may be different, there may be similarities or items or things you can glean from it that then can be implemented where you are, which I think is great.

I'm wondering if you could touch on how services offered by seniors centres changed, or how the needs of seniors changed during the pandemic.

Ms. Connie Newman: It depends upon the income level is the first thing. We all got shut down across this country. For those seniors—and the data shows it—who are tech savvy, seniors centres, many of them, went to Zoom programming two or three times a day. I have a seniors centre in Manitoba that had 75 people doing exercises on Zoom on a weekly basis: a daily basis within the week, for six programs a week. There was that flip in a lot of cases, if you had good Wi-Fi access, to Zoom programming.

We did a lot of promotion around 211, which gave older adults information. Communication is huge all the time, but the pandemic made it even more so.

Low-income seniors don't have Wi-Fi access. They can't afford it, in many cases. They're living in the community. To me, one of the biggest hits, and we have to remember that, is that 93% of older adults are living in the community and aging in place, and they're connecting to centres if they have the money for the device and Wi-Fi—

Mrs. Rosemarie Falk: That's if they have access to the Internet.

Mr. Séguin, quickly, did your organization's study on the impact of COVID reveal commonalities among your membership on how the pandemic impacted their mental health and well-being?

[Translation]

The Chair: Please answer briefly.

Mr. Serge Séguin: The biggest problem has been the confinement and isolation of seniors, who haven't seen their relatives, caregivers and families. That has had a major impact on us in Quebec, at both the CHSLDs, the residential and long-term care centres, and seniors' residences.

[English]

The Chair: Thank you, Ms. Falk.

Next we will go to Ms. Young, please, for six minutes.

Ms. Kate Young (London West, Lib.): Thank you very much, Mr. Chair.

Thank you very much to our witnesses today. There was a lot of good information.

Ms. Newman, I want to go back to you.

You just started, near the end of your presentation, to talk about ageism. We know that it's a long-standing issue that we've had to deal with. In your opinion, what are the best ways to counter ageism and promote age-friendly communities?

• (1610)

Ms. Connie Newman: That's a tough one, because ageism starts with me in part. We're all aging, but sometimes we forget that, and I think there has to be a concerted effort by those of us who are older to not use—and I get caught—the idea that it starts with, which is I have gray hair; I'm getting old and the bones are getting rickety.

It also starts with businesses that are promoting frailty. Not all seniors are frail. We have policies around ageism at all three levels of government. Just because I'm 73, why should I be treated differently from how a 40-year-old is treated? That's something governments need to look at. We've heard during COVID that some doc-

tors in ICU units were very concerned about having to make the decision about who gets the ventilator—a 40-year-old or an 80-year-old. It is terrible to put anybody in that position.

I'll stop there.

Ms. Kate Young: That's a very good point, and it's tragic when those decisions are made.

You have maybe considered, if I can say that, intergenerational initiatives. Are those something you think is really key here? Do we need to see more of them?

Ms. Connie Newman: Absolutely. When I think about age-friendly communities, there is no age for those. They are birth to the end of life, and if a community of, say, 800 is connected through intergenerational activities, through community events, we can do that by districts within a city. That's one of the principles we're pushing in Manitoba as we move forward: getting community stakeholders to connect with each other to see about community events and bringing everybody together. Some of our first nations are very good at that, and it's cross-generational.

We have age silos in policy, in government and in the school system. Those don't help when we get hit with a pandemic. They counteract age-friendliness.

Ms. Kate Young: At the beginning you mentioned that you cared for three COVID survivors, so I take it the three of them had COVID.

Ms. Connie Newman: No. One had COVID.

Ms. Kate Young: What did you learn from that experience that would help us as we go forward, as far as how seniors with COVID are treated?

Ms. Connie Newman: For me, it goes back to communication, and I'm a communicator. I'm a communicator with all three of those housing places, those homes, and the moment I got the call that she had tested positive, the communication became paramount to our ensuring her quality of life. I can't stress that enough.

I've been fortunate. I'm tech savvy and I'm on Zoom meetings every day, sometimes twice a day. With personal care homes, we need to find a way, first, to ensure that they have Wi-Fi access. I'm starting to nag now, but if a personal care home has Wi-Fi access, that is part of the solution. It's not the paramount one.

For one of my friends in a personal care home, we ended up buying special Shaw Internet cable access for his room to ensure he could read *The Globe and Mail* and *The New York Times* online. When we think about that and his quality of life, he's stuck in there and his health got him there. I think of other people in there. He's fortunate that he has family. As decision-makers, we all need to remember that there are many older adults who don't have family living in their community, and that's why I have three of them who are not family but friends.

• (1615)

Ms. Kate Young: A good friend you are, and thank you so much.

Mr. Chair, do I have any more time?

The Chair: You don't have enough for a question and an answer. If you want to make a closing observation, there might be time for that.

Ms. Kate Young: I just want to thank both of the witnesses for the fact that you're working so closely with seniors. I really thank you for what you're doing and what you're able to tell us to help us with this report.

Thank you again.

The Chair: Thank you, Ms. Young.

[*Translation*]

Ms. Chabot, you have the floor for six minutes.

Ms. Louise Chabot (Thérèse-De Blainville, BQ): Good afternoon, Mr. Chair.

Greetings as well to the witnesses, Mr. Séguin and Ms. Newman, and thanks to them for their testimony.

My question is for Mr. Séguin.

We're quite familiar with the AQDR. We're aware of its influence in Quebec, where it operates in virtually all regions, including my own, the Laurentians.

Mr. Séguin, you talked about the survey conducted in 2020. You had the time to tell us about your recommendation that a public investigation for seniors be conducted in Quebec. However, I'd like to hear more about the impoverishment of seniors in your other recommendations and your survey.

As you know, the government has decided to take action and increase old age security benefits for seniors 75 and over starting in 2022. According to the testimony we've heard as members, seniors are still furious. We feel there's no justification for discriminating based on age.

Do you have any recommendations or a specific opinion on this issue?

Mr. Serge Séguin: We discussed that when we met with people from the office of the federal Minister of Seniors, and we asked them why the increase applied solely to seniors 75 and over. They implied that it was because people 65 to 74 years of age were financially better off.

Ms. Louise Chabot: Do you agree with that?

Mr. Serge Séguin: That's a false impression, at least for Quebec. I don't know how it is in the rest of Canada, but statistics in Quebec show that 60% of those 65 and over have incomes of less than \$30,000. Consequently, it's a misconception to think that 65-year-olds are better off than 75-year-olds, at least in Quebec.

Ms. Louise Chabot: In addition, I have to tell you I also tried to find conclusive data backing that up. The figures you cite for Quebec aren't far off those we received in writing yesterday. We learned, for example, that 59% of people 75 years and over have incomes of less than \$30,000, compared to 50% for those 65 to 74.

So what's the reason for discriminating against a 65-year-old relative to a 75-year-old who earns the same amount?

Mr. Serge Séguin: There's one statistic that shouldn't be overlooked: 52% of workers in Quebec don't have an employer pension plan. Some of them may be able to put money into an RRSP or a TFSA to create their own pension plan, but 52% is a lot. Not everyone works for the Quebec or federal government. Not everyone works for a school board or in the health and social services system, where you can join a good government pension plan.

In my board meetings, I often remind directors that we can't just consider people who have an employer or government pension plan. We also have to think of the 52% of workers who don't have a pension.

• (1620)

Ms. Louise Chabot: Thank you.

Mr. Séguin, as you know, the National Assembly of Quebec is unanimously seeking health transfers equal to 35% of health spending from the federal government. We don't need additional national standards in Quebec; we need additional funding to deliver necessary resources, particularly for seniors.

Do you have a position on that?

Mr. Serge Séguin: We don't really see ourselves as opposing the federal government, but we want the funding allocated to Quebec for those expenditures actually to be used to fund the services that are delivered, particularly in home care and home support.

When the Liberal government was in power and Dr. Barrette was minister of health and social services, all services were reorganized and home care services were changed. An employee used to be able to go and provide a service to a senior at that person's home and to provide a subsequent service there as well. Now everything's calculated. An employee provides a single service, and if the senior needs another service, he or she must request it. However, why pay three or four employees to provide different services when you can have a single person do it all and avoid spending a lot of money doing it?

Ms. Louise Chabot: Did your survey address home support for seniors? We've discussed it at length in committee. The home support issue obviously became more pressing for seniors during COVID-19.

Mr. Serge Séguin: We've seen that many more seniors in English Canada stay at home, whereas more Quebec seniors live in CHSLDs or RPAs, the private seniors' residences.

We've been privatizing home care services for some years now by transferring them to private seniors' residences. There have also been cuts to home care services. So let's invest in care because people want to stay in their homes.

Of course, some people in their 60s really like RPAs. Once their children grow up, leave home, marry or settle in another region to pursue their education, for example, parents find themselves alone in a large house. So they decide to sell and move to paradise, to an RPA.

At the start of the pandemic, however, you would have thought RPAs were prisons that residents couldn't escape. Once they started going out for a little air, many residents decided to move and go back to living in private accommodation because they felt they were losing their independence in an RPA during an event like that.

So a change is under way. I can't give you the exact figures, but this is an emerging trend in Quebec. When a promoter building a new seniors' residence has to start advertising and going door to door, that means the option of renting in an RPA is becoming less appealing.

The Chair: Thank you, Mr. Séguin and Ms. Chabot.

[English]

Next we have Ms. Gazan, please, for six minutes.

Ms. Leah Gazan (Winnipeg Centre, NDP): Thank you so much, Chair. My first question is for a fellow Manitoban, Connie Newman.

Thank you so much for your testimony so far. It's so nice to have you in committee today.

My first question relates to public ownership. I'm wondering if you feel that Wi-Fi should be a publicly owned utility, something that's deemed as essential for everyone as water, for example, as a public utility.

I ask that because you spoke a lot about Wi-Fi and the fact that many seniors don't have access to Wi-Fi. Actually, I wanted to mention article 27 of the UN Universal Declaration of Human Rights, which states, "Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits."

One of the concerns I've had in Winnipeg Centre for many seniors is that because they can't afford the Internet, they've been very isolated as a result of not having access, even if they have the skills and know how to use computers and iPhones. Do you feel it should be a public utility?

• (1625)

Ms. Connie Newman: I think that might be a loaded question.

Ms. Leah Gazan: It is a bit of a loaded question. I'm not going to lie.

Ms. Connie Newman: Personally, I believe it should. We're in the new age. We can't be doing things that we did 30 years ago and have policy and rules from 30 years ago. We need to get with the times, and the times and COVID showed us that Internet access is a utility.

Should it be common out there? Yes. Now, would some of my political friends of all stripes agree with me? Probably not. That's where the "loaded" comes in.

To my witness friend from Quebec, a lot of what he was saying is so very true in Manitoba too. People who had reasonable incomes through COVID may survive through it all, but those who did not.... Housing was an issue. Transportation is an issue. The day when I have to think twice about whether I'm paying for the pills that some doctor has prescribed for me, or paying for Internet and those kinds of things, there's a real problem. It's a societal problem, and it's a political problem. You can put me on a soapbox doing this.

Ms. Leah Gazan: Well, I'm going to keep you on your soapbox, because I agree with what you're saying.

One of the things I've been pushing for is a guaranteed livable basic income. We have income guarantees; for example, OAS is an income guarantee. I'm arguing that it's not livable, for the very reasons you're talking about. I'm pushing for a guaranteed livable basic income for all, including for seniors, in addition to current and future government programs and supports. For example, if the pharmacare bill that our party put forward passed, it would be in addition to having full coverage for medicine.

Do you think a guaranteed livable basic income would make a difference for seniors, lifting them out of poverty?

Ms. Connie Newman: It's not only seniors. When we look at the homelessness that's happening today because of COVID, and the number of older adults who are homeless because of COVID, guaranteed income of some sort should help to negate that.

Ms. Leah Gazan: Yes, I agree. Going beyond just guaranteed income, I think we need to make sure that it's livable and accounts for regional differences as well.

Getting back to income, in the 2021 budget implementation bill, the government proposed providing a one-time payment of \$500 in August 2021 to OAS for those 75 years of age or older, and increasing OAS for individuals 75 years of age or older by 10% as of July 2022.

My particular concern relates to women. Many women don't have pensions, because they worked their whole life, for example, as caregivers. Many women are living in poverty as they age.

To both of you, do you have an idea as to why the government has excluded seniors aged 65 to 74 from an increase to OAS?

Maybe I can put that question to you, Mr. Séguin.

[*Translation*]

The Chair: I would ask you to answer the question briefly, Mr. Séguin.

Mr. Serge Séguin: Of course.

We'd really like to know. The only answer we've received is that 65-year-olds are better off than 75-year-olds.

The Chair: Thank you, Mr. Séguin.

[*English*]

Thank you, Ms. Gazan.

Next we're going to go to Mr. Tochor, please, for five minutes.

• (1630)

Mr. Corey Tochor (Saskatoon—University, CPC): Thank you very much.

Thank you to our witnesses.

We were talking about the unfairness of some of the decisions about age 75, making the cut-off lower, or not having a cut-off for seniors, which I would agree with. It is unfair.

At the start of the pandemic, we knew that seniors were going to be the unfortunate target of this virus. After we turn the corner and in the years to come, we'll look back at some of the decisions we made. It's not about pointing fingers, but we should have bubble-wrapped our seniors. The seniors were the ones who were going to be affected the most by this virus. I don't think we've done enough for seniors.

Ms. Newman, you remind me of my mom, a lot. I appreciate your testimony so much, with your straight-shooter demeanour. I very much appreciate it. I'm from Saskatoon. I've spent a fair bit of time in Winnipeg. I'm a prairie boy, as well. Some of the struggles we have out here are probably very similar to those in Manitoba.

Can you expand a bit on your awareness of the differences in care during this pandemic in rural Manitoba versus in Winnipeg, where I believe you live?

Ms. Connie Newman: There is a big difference. Between access to care in urban Winnipeg, Regina or Saskatoon versus access in rural areas, the difference is like night and day. That's why I'm a real proponent of our support coordinators, who are all over this province. We have more than 103 of them in various communities throughout the province. They're the go-to; they're the people who have a group of seniors, and because they're in rural Manitoba, everybody knows everybody else. They knew to go and check on Mrs. Smith, Mr. Jones, etc.

The biggest thing is, when we went into shutdown.... Home care has a set of rules. There are many people in rural and remote Manitoba who have no family. First, they were left in destitute situations, partly because nobody knew. Second, they were afraid, because they weren't all that healthy to begin with. How do they get to testing? How do they get to their vaccines? If it weren't for our support

coordinators out there, I'm not sure that we would be where we are today with vaccinations. There's still a problem there, and I need to deal with it after I finish with this.

It goes back to communication and who knows what out there. To me, it's a big one.

Mr. Corey Tochor: You spoke about vaccines and that's the next thing you're turning to. I think it has been well documented that delaying second doses is prolonging the restrictions out there. Have you heard any stories from Manitoba on the deliveries of vaccines? We all get that it's delayed getting into Canada, but are there any creative programs running right now in Manitoba to get seniors vaccinated in rural or urban areas that you can share with the committee?

Ms. Connie Newman: The short answer is no. I don't know that there are any creative programs, because what I hear is when people get into trouble. They will phone me and say, "Connie, what do I do about...?" or "Mrs. Smith is living in a.... How does she get to a vaccine site?" I communicate and I connect, so I know which button to push to solve that problem.

We all—including everybody on this line—need to understand that as we age, we become more isolated. Our friends pass away; we're disconnected; family is not there and we don't know who to call.

One of the friends I referred to has a son in New Zealand, so every now and then I get the phone call because his mother is in a personal care home. When you go to rural Manitoba, the need for community connection is huge. We know that if a small town in Manitoba is having a fair, everybody is there. Everybody knows each other.

That same thing happens across Canada. We haven't done fairs and events. My favourite, even in Winnipeg or if you go to rural Manitoba, is to ask, "Where are all the trucks?" All the trucks will be by the coffee shop, and that's where communication happens. That set of trucks takes care of everybody, and that is sadly missing. Here we go again: We don't have Wi-fi to connect those people when they can't connect themselves.

• (1635)

Mr. Corey Tochor: Yes.

I will just briefly wrap up, Mr. Chair, I know I'm running out of time.

As a Conservative, I support equal access to the Internet, and you'd find an ally in me as an MP for that. The Blue Bombers are only going to be Grey Cup champs for a few more months, so enjoy that.

Ms. Connie Newman: Oh, oh! That's what you think.

Mr. Corey Tochor: Yes.

The Chair: Thank you, Mr. Tochor.

Next is Mr. Dong, please, for five minutes.

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

I want to thank both panellists for spending time with us this afternoon and offering us great insights and perspectives on the challenges that lie in front of us right now.

First of all, I absolutely agree with you that access to the Internet is essential. We've seen our senior population utilize that technology to stay connected with the world, with the outside, with the community and with their loved ones.

I have a story to share myself. Both my parents are turning 75, and my mom has always been afraid of technology. With the advancements, she had a minimal interest in digital technology. However, I've seen her evolve, and she's now using different apps. Other than out of necessity, much of that has been influenced by her friends.

Ms. Connie Newman: Yes.

Mr. Han Dong: She's a very active member of her local community centre, and they did morning exercises every day before the pandemic hit. They find ways to connect, so access to the Internet is absolutely essential. I agree with you.

The other thing I want to share with you is that I represent a Toronto riding, North York. It's in Toronto, but it's a very settled, mature community. You have various seniors groups coming together to support each other. I've seen a lot of inspiring leadership coming out of facing the challenges.

I can say that I personally helped three groups in their applications by giving them some guidance and information about the new horizons program, which has seen a huge increase during the pandemic. They took advantage of it. They brought those classes online—just like you said—keeping the recreational activities high.

To both panellists, what's your experience with or what have you heard about communities using the new horizons program during the pandemic?

We'll start with Monsieur Séguin. He's been quite quiet for some time.

[*Translation*]

Mr. Serge Séguin: Thank you very much, Mr. Dong.

I couldn't say whether that program's been used. There's usually a call for projects, but we haven't seen any in Quebec during the pandemic. Normally, when the federal government issues a call for projects for seniors, a lot of Quebec agencies submit proposals. Even our association has previously submitted proposals to the federal government to develop various activities for seniors.

I don't know the situation in other provinces, but we were confined and we teleworked in Quebec during the pandemic. It was more difficult because we couldn't see each other. Our sections are nevertheless still working with seniors by telephone or videoconference.

As Ms. Newman said, the major problem is a lack of Internet access for seniors in all regions of Canada. While we don't have that problem in urban centres, in rural regions, either there's no Internet or it's low-speed access, which is hardly any better. It's better not have any access at all than to have low-speed access. The telecommunications companies, Bell and others, don't want to expand the network because it costs too much and isn't profitable.

• (1640)

Mr. Han Dong: Thank you, Mr. Séguin.

[*English*]

I want to get Ms. Newman's feedback on the new horizons program.

Ms. Connie Newman: “Keep them coming” is the short answer.

Mr. Han Dong: I love that.

Ms. Connie Newman: I've been part of a team on an older Winnipeggers' social engagement project for five years now in new horizons. It's been excellent in bringing five organizations together to collaborate and work together for low-income seniors in Winnipeg. We also received, in this last call, money for an age-friendly resource team on how to mobilize communities on communication.

I would say to keep them coming. My big thing is that you want older adults to fill them in and to be part of it. It's a good thing that I'm an older adult and can fill them in on behalf of our team. Some groups don't have that expertise, and it's a difficult application to fill out.

The Chair: Thank you, Ms. Newman and Mr. Dong.

[*Translation*]

Ms. Chabot, you have the floor for two and a half minutes.

Ms. Louise Chabot: Thank you, Mr. Chair.

I'm going to ask a quick question, then give both witnesses a chance to answer it.

We're obviously conducting this study on seniors in order to take stock of the situation. We know that seniors were hit hard by the pandemic, from financial, health and social standpoints. As parliamentarians, we're trying to determine what programs should be enhanced and what solutions put forward so we can considerably improve the living conditions of our seniors.

I'll let you answer that, Mr. Séguin.

Mr. Serge Séguin: It would be very helpful if the federal government, regardless of the party in power, could understand that 65-year-olds are in as much financial difficulty as 75-year-olds. I don't see why seniors should be divided into two citizen classes.

Ms. Louise Chabot: Thank you.

Ms. Newman, I heard your remarks about the Internet. You're right. In 2021, there are still Internet access problems in Quebec and elsewhere in Canada, in both rural and urban areas.

[*English*]

Ms. Connie Newman: In terms of solutions, all three levels of government need to work together to get the Internet and Wi-Fi aspect across this country solved. To me, from a Government of Canada point of view, human rights, equal aspects and equal access to information are paramount. All three levels of government have a variety of programs looking after a variety of ages, but if we don't know about them, how do we access them? To me, that's huge.

The Chair: Thank you, Ms. Newman.

[*Translation*]

Thank you, Ms. Chabot.

[*English*]

Ms. Gazan, you have two and a half minutes, please.

Ms. Leah Gazan: Thank you so much, Chair.

I agree with Madam Newman that the new horizons for seniors program certainly is of benefit to my riding.

Not to be negative, but talking about something that isn't of benefit, I was asking you, Monsieur Séguin, about the pension, and I know you didn't have enough time to answer. What are your thoughts on that? Do you have any ideas on why the government has excluded seniors aged 65 to 74 from the increase in OAS? I have concerns, because we know that many seniors live in poverty in this country. It's no different from 65 to 74 and older.

• (1645)

[*Translation*]

Mr. Serge Séguin: We're just as concerned as you are, Ms. Gazan. We would have liked to hear a valid reason from the minister's representatives. We have a lot of questions. I find it hard to see how you can put people 65 and over in a separate category, especially when, as I mentioned, 60% of them have annual incomes of less than \$30,000.

Two retired economists sit on AQDR's income and taxation committee. They've determined how much a senior has to pay to live in an urban area in Quebec. In Montreal, for example, a senior needs \$28,000 to live. Do you think the federal and Quebec old age security pensions are enough for a senior to be able to live in Montreal? The total maximum amount of those pensions is far less than \$20,000; it's \$18,000. So that person is \$10,000 short of being able to live in Montreal.

[*English*]

The Chair: Thank you, Ms. Gazan.

Ms. Leah Gazan: Thank you so much, Chair.

The Chair: Do you want to offer a couple of comments on that, Ms. Newman? Go ahead.

Ms. Connie Newman: We all have to remember—in support of Serge over there—that when we start to open up, we need to look at who's working during the day at the low-income jobs. At Tim Hortons, Walmart and some of the other big box stores, a lot of those

are people who have to work. They don't get enough dollars through their pension, or they don't have a retirement pension plan. We see that in Manitoba. I'm sure the same thing exists in Montreal, Quebec.

Look around. It doesn't take much to figure out. They were also hit the hardest, because all those jobs disappeared when we went into shutdown.

The Chair: Thank you, Ms. Newman.

Mr. Vis is next, please, for five minutes.

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Mr. Chair, I was under the impression that after one hour we were going to move to clause-by-clause.

Mr. Stéphane Lauzon (Argenteuil—La Petite-Nation, Lib.): I can use the time if you don't want to use it, Mr. Chair.

The Chair: Okay.

Mr. Vis, we have the full two hours, so I was going to finish out this second round. It appears that the Liberals are keen to ask another round of questions.

I'll cede the floor to you or one of your colleagues for five minutes.

Mr. Brad Vis: I'll pass on my time. Thank you.

The Chair: Okay.

Does anyone else on the Conservative side have questions for the panel?

Ms. Gazan? You're with the NDP.

Ms. Leah Gazan: I know, but I'm just saying that if nobody else wants it, I would gladly ask many questions.

The Chair: Okay.

Ms. Falk, I see that your hand is up. Go ahead, for five minutes.

Mrs. Rosemarie Falk: Wonderful. Thank you very much.

I would like to follow up with you, Mr. Séguin. You had a very short amount of time to respond to my question, which was in regard to your membership and how the pandemic has impacted their mental health and well-being. I'm just wondering if you have anything further to add to that.

[Translation]

Mr. Serge Séguin: Yes, Ms. Falk, the pandemic was very difficult for Quebec seniors. They suffered enormously from the confinement. There was a social split, if I can use this term even though I know it's not the right one. In other words, they were kept alone and isolated from their families. There may have been images like these shown elsewhere in Canada but in Quebec, on television they were showing people crying and trying to speak through a window. Often, the senior on the other side of the window did not understand what was happening. So it was very difficult for seniors. Even those who were mentally well balanced suffered. Some even decided to move out of their residences so they would never have to experience anything like it again.

Our association has been around for 42 years, but the CHSLDs and RPAs date from the 1960s and 1970s. We've been complaining for a long time about the fact that services are inadequate, that there is not enough staff to care for the elderly, and that the government claims they've heard our complaints. Nevertheless, it would seem that it took a pandemic for them to really become aware of what was happening, because suddenly the media started saying just how terrible and awful things were. And yet our organization has been there for 42 years and has for a long time been condemning these situations without anyone listening. All of a sudden, because of the pandemic, it's as if it were something brand new and people began to react. In any event, it's time for us to do something. We'd better be ready in case there's another pandemic, because we think it could be worse than the one we've just been through.

Does that answer your question, Ms. Falk?

• (1650)

[English]

Mrs. Rosemarie Falk: Yes, for sure, and I think you bring up a good point too. For those seniors who may have Alzheimer's or dementia, just that transition when everything went into lockdown mid-March 2020— not knowing what's going on, not being able to see those who are familiar, routines being changed—is detrimental to not only the physical health of the individual but also their mental and emotional health, which I think is so important to recognize through all of this.

I'm just wondering, too, did the needs or priorities of your membership change during the pandemic?

[Translation]

Mr. Serge Séguin: According to our survey, seniors are demanding more services in residences. They want more autonomy and they want services that meet their expectations. They want to be listened to. They no longer want to be treated like children.

We often receive complaints from people in residences, and you'd swear sometimes that our seniors are in prison. Recently on the news, a case was reported about how two seniors were prevented from leaving their residence because of an outbreak. They even called in Quebec's provincial police to prevent them from leaving. Calls had to be made to Quebec's health and social services ministry asking them to intervene. They were finally allowed to leave the residence and stay with their loved ones until the outbreak was over.

[English]

Mrs. Rosemarie Falk: Yes, and I think, too, that it's just so important to recognize autonomy. Just because you're aging and getting older doesn't mean that you want to give your autonomy away.

I think it's so important, when it comes to aging in place, that we recognize that it's not just where you live. It's shovelling the snow, food preparation and house cleaning. There are so many other aspects to making sure Canadians can age in place safely and healthily.

The Chair: Thank you, Mrs. Falk.

[Translation]

Mr. Serge Séguin: If I may, Mr. Chair, I would like to reiterate Ms. Newman's comments. Seniors living in rural areas often lose their autonomy more quickly because their relatives live in cities that are not anywhere near them. Seniors live alone in their home or in a seniors residence. They have no access to the Internet and are left on their own.

We'll see what happens after the pandemic, but based on current Quebec statistics, 50% of people living in a CHSLD are never visited by their relatives or friends. Of the remaining 50%, only 25% receive occasional visits, at times like Christmas, Mother's Day or Easter. The farther apart they are without any family members nearby, the more isolated and less autonomous they become.

• (1655)

The Chair: Thank you, Mr. Séguin.

[English]

I see your hand up, Ms. Newman, but we're well past time for this round. However, we have one more person who will pose questions, so hopefully you'll be able to get your point across.

[Translation]

Mr. Lauzon now, for five minutes.

[English]

Mr. Stéphane Lauzon: Thank you, Mr. Chair.

I'd like to thank both witnesses for their remarks and for being here today.

[Translation]

I'll begin with Mr. Séguin.

The Premier of Quebec and the Prime Minister of Canada jointly announced some good news, and that is that in Quebec, everyone is going to have access to affordable high-speed Internet.

Are you aware of this? If so, have you told the members of your association that by September 2022, everyone will be connected to the Internet, including people living in rural areas.

Mr. Serge Séguin: I'm sorry, Mr. Lauzon, but we haven't heard about that. Even if we had, it wouldn't have changed much. So many promises are made in politics that sometimes we wonder what's really happening. I'm not trying to be sarcastic and not aiming at any particular political party; I'm not interested in playing politics. What I'm interested in is everyday realities. For example, Quebec promised us 15,000 social housing units not so long ago, and we're still waiting for them.

If it ever happens, then so much the better. I think that the seniors who live in rural areas, far away from cities, are those who would benefit the most, because they could stay in touch with their loved ones.

Mr. Stéphane Lauzon: Right. I have a lot more I could say about this, but will continue on another subject.

Your organization has done some very important work. We had an opportunity to meet, Mr. Séguin. I was with the minister when we met. We are well aware that you had many challenges to deal with during the pandemic. In the midst of it, we came to the assistance of the most vulnerable seniors of all ages by paying out \$1,500 per senior couple. We discussed this.

Was this money helpful to the seniors you represent during the pandemic?

Mr. Serge Séguin: Unfortunately, we didn't ask them about that in the most recent survey we conducted of members of our association in the spring. We are now analyzing the results of the survey. We have a number of figures to analyze, because the survey was divided into several parts.

At the moment, we're getting a lot of calls and emails about the increase in Old Age Security beginning at 75 years of age. Those aged 65 to 74 are very unhappy and have the impression they are being overlooked by the federal government.

Mr. Stéphane Lauzon: I understand.

You say that the only answer you received at the meeting I attended was that 65 year-old seniors had more money than those who were 75 years old.

Mr. Serge Séguin: Yes.

Mr. Stéphane Lauzon: That's what you understood. However, we also mentioned that according to our studies, people aged 75 years and over spent more time in hospital and needed an increasing amount of health care. Do you remember that part? That's what our statistics show. The minister also told you that 57% of seniors 75 years of age and over were women and that almost half of them were widows. Do you remember that as well? Those are the statistics that the minister reported at the meeting.

You also said that you were in favour of this 10% increase for seniors 75 years of age and over, but that you would have liked to see it extended.

Do you remember the minister presenting these figures to you?

Mr. Serge Séguin: It's possible. I don't remember everything that we discussed, but I know that the data don't necessarily represent Quebec. I understand that you have some data, but it doesn't necessarily reflect our perception of things.

In fact, this increase is welcomed by people 75 years and older. We won't be asking you to take these funds away from them. However, allow me to repeat that you shouldn't have abandoned those in the 65 to 74 age group because it creates a separate category of seniors. We believe that they all deserve to receive some of what you made available to seniors.

• (1700)

Mr. Stéphane Lauzon: I see that the time is going by very quickly, and so would like to return to another subject.

Seniors were the focus of the programs that your organization supported. Have you noticed which services in particular, in the Quebec community you represent, were used most by seniors since the beginning of the pandemic?

Does your organization have trouble ensuring that services meet the needs of seniors and that it is easy for all of them to gain access?

How did the organizations you are familiar with ensure that the services were appropriate and accessible?

Mr. Serge Séguin: Access to health care and social services was definitely difficult during the pandemic. It was hard to make a doctor's appointment. All kinds of minor and major operations that had been scheduled, such as hip replacements or knee problems, were postponed. Elderly people often have conditions like these. The specialists have been saying that delays in all of these operations are going to have a harmful impact on people's health.

Mr. Stéphane Lauzon: I'd like to ask one last question.

The Chair: I'm sorry, but that's all the time we have.

Thank you very much, Mr. Séguin and Ms. Newman. We are extremely grateful for your testimony and for being here today, and also for the work you are doing in your respective provinces and communities.

[English]

To both of you, we very much appreciate your being here. Thanks for being so generous with your time and advice, and for the excellent work you're doing in your communities. It will be of great assistance to us in our work.

We are now going to suspend, colleagues, because we have a couple of people joining us for the clause-by-clause examination.

To both of our witnesses, you're welcome to stay, but you're free to leave. Thank you so much for being with us today.

The committee stands suspended.

• (1700)

(Pause)

• (1700)

The Chair: I call the meeting back to order.

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

Before we begin clause-by-clause consideration, I would like to welcome Benoit Cadieux from the special benefits, employment insurance policy, skills and employment branch of the Department of Employment and Social Development, who is available as a resource to us to answer any policy-related questions in the context of the bill. I'm also pleased that we have with us Philippe Méla, legislative clerk, for any legislative, technical or legal matters that may arise.

With that, we will proceed with clause-by-clause.

Colleagues, please use the “raise hand” function to be recognized.

Pursuant to Standing Order 75(1), consideration of the short title and the preamble are postponed until the end. I therefore call clause 2.

(On clause 2)

The Chair: Ms. Dancho.

Ms. Raquel Dancho (Kildonan—St. Paul, CPC): Thank you, Mr. Chair. I have a couple of quick things.

I want to thank the Bloc Québécois for bringing this bill forward. I think it signifies a real step forward in EI benefits for those who really need them.

I wanted to make a comment. My Conservative colleagues and I, on this committee and in caucus at large, have been working quite hard internally to put forward a policy, which was resoundingly adopted at our recent policy convention, to extend sickness benefits to 52 weeks.

We're taking the perspective that in Canada, having a full year to have sickness benefits, whether you're dealing with a significant illness or a horrific injury that you need rehabilitation for, really sends a very clear message on our special benefits in this country and I think would mean a lot to all Canadians who really need that time. There's something about a full year, I think, that is quite important. It's something we can really hang our hats on and say we've accomplished as lawmakers.

For that reason, I'd like to move that Bill C-265 in clause 2 be amended by replacing line 2 on page 2 with the following: “tine is 52”. The full amended clause would read: “because of a prescribed illness, injury or quarantine is 52”.

Mr. Chair, that's my amendment.

• (1705)

The Chair: Thank you, Ms. Dancho.

Clause 2 of Bill C-265 seeks to amend paragraph 12(3)(c) of the Employment Insurance Act, to increase from 15 to 50 the maximum number of weeks for which benefits may be paid because of illness, injury or quarantine. The amendment attempts to extend the benefits to 52 weeks.

House of Commons Procedure and Practice, third edition, states the following at page 772:

Since an amendment may not infringe upon the financial initiative of the Crown, it is inadmissible if it imposes a charge on the public treasury, or if it extends the objects or purposes or relaxes the conditions and qualifications specified in the royal recommendation.

In the opinion of the chair, the amendment proposes an extended period of benefits, which imposes a charge on the public treasury. Therefore, I rule the amendment inadmissible.

Madame Chabot.

[*Translation*]

Ms. Louise Chabot: Ms. Dancho moved her amendment and you ruled on it, Mr. Chair. However, I had my hand up first, and that wasn't what I wanted to comment on, but rather the bill itself.

I would like to point out that the proposed amendments to the Employment Insurance Act, in clauses 2 and 3 of the bill, are perfectly consistent with a motion that was adopted in the House of Commons in February of last year. I would also like to thank all of the opposition parties for having agreed to the principle that the maximum number of weeks for benefits be increased to 50. That is precisely the intent of Bill C-265, which we have supported throughout the work of the House, and which is now before our committee.

We received two opinions from the Parliamentary Budget Officer on the matter of the 50 weeks and associated costs. You'll recall that in our committee's study of employment insurance, there was consensus on 50 weeks among the witnesses who came to offer solutions on how to enhance the employment insurance system.

I also appreciate all the work that was done by members of the Conservative Party and for their proposal of a 52-week benefit period. I believe this came up during their virtual convention. It's a significant proposal. It clearly demonstrates Conservative support for workers who are sick. The message of this bill is that 15 weeks is not enough. Even a benefit period of 26 weeks does not go far enough, because 77% of workers would be left out.

The bill being studied by the committee proposes increasing the benefit to 50 weeks, in compliance with everything that has been put forward from the outset. That's what we want to see adopted and we are sticking to our position.

Mr. Chair, you have just ruled that the amendment is inadmissible, for the reasons you gave us. I would like to ask you what legal opinion your decision is based on.

Beyond these considerations, I would ask all of my colleagues to debate amendments with the proposed 50 week period in mind, which is almost a year. It would certainly be consistent with the testimony we heard on Tuesday and with other testimony that we may have heard.

Thank you.

• (1710)

The Chair: Thank you, Ms. Chabot.

[*English*]

Ms. Gazan, please go ahead.

Ms. Leah Gazan: Thank you, Chair.

I want to echo my support for this amendment, and certainly what Madame Chabot indicated as well.

I think we've had lots of testimony. I know you're the chair and you've made a ruling, but it's unfortunate that we weren't able to address this further in the committee.

The Chair: Mr. Vaughan, please.

Mr. Adam Vaughan (Spadina—Fort York, Lib.): I listened with great interest as people dissected arbitrary numbers. Just so I understand, why is one advocacy position 50 and the other 52? What are the additional two weeks metricized on, beyond just the symmetry to the calendar?

I'm also curious to understand the cost implications between the two, if Ms. Dancho has that estimate.

The Chair: Ms. Dancho.

Ms. Raquel Dancho: Thank you, Chair.

I appreciate the remarks from Madam Chabot and the support from Madam Gazan. I'm glad to see that we can work together across partisan lines, towards a common good.

Mr. Vaughan, I think you have really great questions. I would just say that the Bloc bill is very good at 50 weeks, but from our perspective and the work we've been doing internally with our party, it's just been 52. That one-year rounding out is a really nice symbolic gesture for those who really need the support. That's the motivation behind our amendment.

The chair has ruled it inadmissible. I understand his ruling, and we won't be challenging the chair on this, but we do wish we could have made it 52 weeks.

Again, we thank the Bloc for its work on this.

Mr. Adam Vaughan: Did you model the cost differential? I'm just curious.

Ms. Raquel Dancho: I'm not sure what the cost would be compared with 50 weeks. I would assume it would be a little more. From the testimony I've heard, and from the consultations we've done with our party, particularly in Quebec, a year sends really a strong signal that we support people who really need the recovery time. We stand by that 52-week period.

Mr. Chair, are we allowed to debate an amendment that's not admissible?

Mr. Adam Vaughan: I was just curious.

Ms. Raquel Dancho: Yes.

I'm just wondering. I don't want to waste time. If it's not admissible, it's not admissible.

The Chair: I appreciate your remarks, Ms. Dancho. The advice you're giving me is the same as what I'm getting from the clerk by text.

If there are any other interventions with respect to clause 2, we'll hear them now.

Hearing none, does clause 2 carry?

(Clause 2 agreed to)

The Chair: Is there any discussion with respect to clauses 3 and 4?

I believe we have consensus.

(Clauses 3 and 4 agreed to)

The Chair: Shall the preamble carry?

Some hon. members: Agreed.

The Chair: Shall the short title 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.

• (1715)

The Chair: We will go to Madam Chabot, please.

[*Translation*]

Ms. Louise Chabot: Colleagues, I am deeply moved. I'd like to thank you for all this work. We didn't do it for ourselves; we worked across partisan lines and did so on behalf of the workers we would like to help. I think that this bill will be very important going forward. I can't thank you enough for having taken part in the process that got us to where we are now.

On another topic, since I didn't have the time to say so last time, I'd like to take this opportunity to thank you for the work done to prepare the report on the study of employment insurance, which was done diligently and rigorously under the sterling stewardship of our chair. I felt proud seeing it tabled in the House today. Moreover, Mr. Chair, I'd like to thank you for having told us when you were going to table the report in the House.

I'd like to thank all my colleagues for having worked so collaboratively on all matters before this committee.

And I'd like to thank you once again, Ms. Dancho. The next time, we will add another two weeks to the benefit period.

The Chair: Thank you, Ms. Chabot, and congratulations.

[*English*]

Ms. Dancho, please.

Ms. Raquel Dancho: Thank you, Madame Chabot, for those kind words. I want to echo what you said. It was great to see some collaboration today.

I wanted to conclude with one question for our Liberal colleagues about whether they're aware if their government will be providing a royal recommendation so that this can become law. I think that would be great to know and a great way to end today's work.

The Chair: I don't know if anyone knows enough to respond to that at this stage.

Are there any further interventions or is there any other business to come before the meeting?

Ms. Raquel Dancho: Mr. Chair, I would ask that perhaps the Liberal members get back to us next week, if we meet, about the royal recommendation, so that Madame Chabot and the rest of us can know whether this will have a chance to survive and be made into law.

The Chair: You can ask that, but I'm not sure that the royal recommendation is the prerogative of the people in this group. You can consider the question asked.

Mr. Adam Vaughan: You have no idea how much more I want to know about what cabinet is up to.

[*Translation*]

The Chair: Ms. Chabot, please.

Ms. Louise Chabot: You are in a good position in terms of public relations, so we will rely on you, our Liberal Party colleagues, to

get an answer to this excellent question about a royal recommendation. I know that we cannot, as a committee, adopt a motion that requires royal recommendation for the bill to become law, but, as was mentioned, I think that some forms of action might be possible.

Can we expect the bill to be tabled very soon in the House? Is it in the realm of the possible, given the program? Can you give us a hint as to when this might be?

The Chair: I'll be ready to table it in the House Monday. If the bill meets all the requirements, I'll do it the next time I'm in the House.

Ms. Louise Chabot: Thank you. Excellent.

[*English*]

The Chair: Is there any further business to come before the meeting?

Is it the pleasure of the committee to adjourn the meeting?

Excellent.

Thank you very much, colleagues. Thank you, Mr. Cadieux and Mr. Méla, for your presence. I'm grateful we didn't have to work you any harder, but we certainly appreciate your being here.

Have an excellent weekend, everyone. We'll see you back here on Tuesday.

● (1720)

Mr. Adam Vaughan: Safe travels, Leah.

The Chair: We're adjourned.

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