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• (1100)

[English]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): Welcome to meeting number 48 of the House of Commons Standing Committee on Health. Today we meet for two hours with the sponsors of Bill C-224 and Bill S-203.

Today's meeting is taking place in a hybrid format, pursuant to the House order of June 23, 2022. The folks who are online are well aware of the rules of hybrid proceedings. Just as a reminder, please don't take any screenshots or photos of your screen.

The proceedings today will be made available on the House of Commons website.

The tests have been conducted for those participating online and everything is functioning in terms of audio and video.

It is now my absolute pleasure to finally welcome Sherry Romanado, who has joined us today to talk about her private member's bill, Bill C-224, an act to establish a national framework for the prevention and treatment of cancers linked to firefighting.

Mrs. Romanado, thank you so much for clearing your schedule to be here with us today. I invite you to make an opening statement of up to five minutes. You have the floor.

[Translation]

Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.): Good morning, everyone.

[English]

Colleagues, I'll be making my remarks in both official languages, so anyone requiring interpretation may want to put on their headsets.

Mr. Chair, I'm honoured to be here today to speak about Bill C-224, my private member's bill.

Before I begin, I'd like to take a moment to thank the Canadian Association of Fire Chiefs, whose president is here with us today, as well as the International Association of Fire Fighters for their collaboration and their wise counsel in the preparation of this bill.

Canada has an estimated 126,000 firefighters working in some 3,200 fire departments across the country. Each and every day, these brave men and women put their lives on the line to protect their fellow Canadians and keep our communities safe. We all recognize that the work these emergency responders do is essential

and that their job is dangerous, but the larger risks that they face in the line of duty linger long after the fire has been put out.

[Translation]

Because they are exposed to smoke and toxic chemicals, firefighters are at four times the risk of suffering from cancer than the general population.

[English]

I believe it is our duty as parliamentarians to do everything in our power to protect the health and safety of our firefighters.

This bill seeks to do just that, Mr. Chair. Its goal, in short, is to save lives.

Are you aware that over 85% of all duty-related deaths among Canadian firefighters are caused by occupational cancers or that a firefighter's cancer diagnosis may or may not be recognized as job related, depending on where he or she lives in the country?

• (1105)

[Translation]

The idea of this bill came to me after I was contacted by a member of the agglomeration of Longueuil's fire department who had been diagnosed with work-related cancer. He wanted to make me aware of the increased risk that firefighters face on a daily basis. He also mentioned that some of his colleagues had a type of cancer that other provinces recognized as being linked to firefighting, but not Quebec.

[English]

In researching my bill, I was shocked to discover the disparity in the number of cancers that our provinces and territories recognize as linked to firefighting, as you can see in the map before you.

Multiple studies have shown that firefighters are at an increased risk for different types of cancer due to the smoke and hazardous chemicals they are exposed to in the line of duty. In June of this year, the World Health Organization's International Agency for Research on Cancer reclassified firefighting as a group 1 carcinogenic profession.

The research is there. We need to promote awareness, information-sharing and education on best practices for prevention, and recognize that occupational cancers in firefighting exist. That is where Bill C-224 comes in.

Imagine, Mr. Chair, if we could share information on best practices, data and research, so all firefighters across Canada know the risks and, more importantly, know how to take the necessary precautions.

[*Translation*]

The aim of this bill is to promote education and awareness, by making the month of January firefighter cancer awareness month.

[*English*]

It is also to establish a national framework to promote research, information-sharing and knowledge-sharing relating to the prevention and treatment of cancers linked to firefighting.

Countless local fire departments across the country have reached out to me to voice their support for the legislation. We aim to work together across all jurisdictions to improve the health and safety of Canada's firefighters.

[*Translation*]

Many municipal councils, such as that of the municipality of Saint-Donat and of the RCM of Matawinie, have passed resolutions indicating their support for Bill C-224.

[*English*]

At the Canadian Fallen Firefighter Memorial service I attended on September 11 of this year, a family member of Fire Chief Leo Grant Sabulsky of the Chetwynd Volunteer Fire Department in B.C. who had succumbed to cancer linked to his service, said this: "Throughout the years, I was prepared for the possibility of a disaster involving an explosion, collapsing buildings or falls. I never imagined that his life would be cut short through slow, continuous exposure while doing the very thing that he loved the most. It is my hope that monumental progress will be made to protect our young firefighters from making the ultimate sacrifice in such a terrible way."

Colleagues, firefighter line-of-duty deaths attributed to cancer may not be as sensational as those caused by fire or ground accidents and they may not make the same headlines, but the level of sacrifice is just the same and firefighters and their families need to know the risks, how to mitigate their chances of developing cancer through best practices and, should they develop an occupational-related cancer, have the supports they need and that they deserve.

I look forward to your questions.

[*Translation*]

Thank you.

[*English*]

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

We're now going to begin with rounds of questions, starting with the Conservatives for six minutes.

Mr. Lewis, welcome to the committee. You have the floor.

Mr. Chris Lewis (Essex, CPC): Thank you, Mr. Chair. It's an honour to be here this morning at the health committee for the first time. It is probably one of the most unique opportunities for me as a member of Parliament to truly bring some experience to committee.

With that, I will, first and foremost, say congratulations to Ms. Romanado. I am so incredibly proud of you on so many fronts. You represent both volunteers and professional firefighters. As far as I'm concerned, they're the exact same. Smoke is smoke and fire is fire. I want to say thank you so much for bringing forward this very well-thought-out bill, a bill that I not only completely endorse but that I also believe is so vitally important.

I probably won't have a lot of questions for Ms. Romanado, but I do want to share a couple of stories. Over the last five weeks, I was at the Kingsville retirees dinner. I was part of the Kingsville fire department and I was at their retiree dinner. I ran into a gentleman by the name of Mr. Art Voakes. He served 32 years. He just retired about two months ago. Mr. Voakes shared a story with me that he had no idea he was walking around with prostate cancer, and he did give me permission to tell this story this morning. He had no clue he had it.

I didn't know this until this morning, but, generally speaking, men are on a scale of zero to five for their prostates. He was at 19.1, Ms Romanado. He was basically walking dead, which is what the doctors told me. Thank goodness, the doctors removed his prostate and saved his life. He said, "Chris, I think testing should be done for firefighters every five years, both firefighters who are working today and also the retirees." That's just one example.

There is a second example I would give as to why this bill, Bill C-224, is so vitally important. I was at the Windsor fire retirees dinner a month ago and I sat next to the chief health officer. He said, "Chris, are you aware that now Parkinson's disease has been linked to firefighting?" I said I had no idea. So the very folks whom we rely on, whom we scream for help to when the cat's caught in a tree, pardon the pun, or when our house is burning or when somebody is dying of a medical emergency, are the exact same ones who go out there and run to our assistance and do it with service. It's no different from this House. These are the same folks who, I'm going to suggest, are too embarrassed to even say that they're struggling through this, that they're fighting these illnesses. If we can, at the very least, make January firefighter awareness month, specifically with regard to cancers, my goodness, that would be about the biggest slam dunk in the whole world.

My question would be, through you, Mr. Chair, to Ms. Romanado—and I don't want to stall this bill. As a matter of fact, I wish this bill was done eight months ago. Can I ask you, is there something else in this bill you would like to see perhaps that would enhance it even further?

• (1110)

Mrs. Sherry Romanado: I know that Christmas is coming, MP Lewis, and I think firefighters across the country want to see parliamentarians come together, as we have, on this bill to get this done. As for what I would like to see in this bill, I would like to see this bill passed—for them.

I didn't say thank you to you.

Thank you for your service, but also thank you for standing by me on this one and giving me counsel as a firefighter. I want to thank you for that, because, while my father was a firefighter and my husband was a firefighter, I did not serve. I'm a family of one, but having that first-hand experience and counsel has been enormously helpful to me, and I appreciate everything you've done to help with this bill. If I had anything to ask for for Christmas, it would be that this bill gets reported back to the House before we rise.

Mr. Chris Lewis: Thank you.

Mr. Chair, how much time do have I left, please, sir?

The Chair: You have one minute.

Mr. Chris Lewis: Thank you.

I'll just wrap up my thoughts here. I'm going to build on Ms. Romanado's comment with regard to family.

We firefighters can't do this by ourselves. We come home from a long day's work—which everybody does—carrying a whole bunch of stress and a huge load in our minds and our hearts. I've said it before and I'll say it again, and I'm proud to say it. If I don't talk about it, then shame on me: I still get recurring dreams about car accidents that I have been to and folks we've pulled out of fires. I'm not embarrassed to say so—it's the truth.

With regard to the awareness that we are trying to raise by passing this bill here, is there something else specifically regarding mental illness, maybe a new private member's bill or something else, we can do to support our firefighters, our families? It's not just specifically to support the firefighters themselves, but also the husbands and wives who have to live with firefighters, who have to sleep with them, who wake up because, quite frankly, some of us are having nightmares. Is there something else you can see?

Thank you, Mr. Chair.

• (1115)

Mrs. Sherry Romanado: I would say too that I was very happy to be one of the first members of the government to support Bill C-211, Todd Doherty's private member's bill in the 42nd Parliament with respect to PTSD for first responders. I think showing cross-party support for PTSD for those who respond, whether it be military, firefighters, police or emergency responders, is vital. I think we've demonstrated we can work together to get things done.

Thank you.

Mr. Chris Lewis: Thank you, Chair.

The Chair: Thank you, Mr. Lewis and Ms. Romanado.

Next is Mr. van Koeverden, please, for six minutes.

Mr. Adam van Koeverden (Milton, Lib.): Thank you, Mr. Chair.

Thank you, Sherry. Thank you for being here. Thank you for all of your work on this and for being a champion for people like your father and your husband and for over 100,000 firefighters across the country, people who have served, people who are serving, and people who will serve. Firefighting is—to rank them—one of the

most important roles in our communities. Firefighters don't just put out fires. They're always there for us, whether it's a car accident or a cat in a tree as Mr. Lewis said. Whatever it is, firefighters are heroes. I'm very proud of all of my friends. A lot of paddlers, a lot of people who used to do sport, chatted about this the other night at the reception, about how many people who used to do sport gravitate towards a team environment and want to keep supporting their community members.

I didn't know that firefighting was linked to so many chronic illnesses until I was 17 years old. When I was 17, I was here in Ottawa. The national championships were here, and there was an award for a new trophy. It was called the Jean Fournel trophy. Jean Fournel was an amazing Olympian in my sport. His two kids, who I got to go to the Olympics with a couple of times, Hugues and Émilie.... However, Jean died from leukemia way too young. He was a firefighter. He was also a Montreal Olympian. He got to go to the Olympics at home. He was an amazing guy. My coach.... I went to the Olympics with him, and he said his arms were the size of his legs. He was an incredible guy.

I remember, back in 1999 here in Ottawa, sitting on that podium and listening to the announcer talk about Jean in a long story. We got the long version of it when the trophy was awarded the first time, and we just sat there and we cried. We cried with these two little kids—I think they were 10 and 12 at the time—Émilie and Hugues. We didn't know that nine years later we were going to be at the Olympics together. Émilie and Hugues are two of my closest friends. I never got to know their dad, Jean, but there are a lot of stories, and he was an amazing guy.

This past weekend in Milton, I attended the celebration of life for James Finn. Jim Finn was born and raised in Milton, and he spent his entire life giving back to the committee. He worked for the Town of Milton in the operations department for over 44 years. For a lot of that time, we only had volunteer firefighters, and he served alongside the brave men and women in the Milton fire department for 47 years. We didn't really get into the specifics of James' illness, but he died from cancer at the age of 76, and he leaves behind his wonderful kids. This is a big family. His nephew taught me in high school. It's a big family with a lot of teachers and a lot of firefighters.

We know that firefighters quite literally take their work home with them. When I visited the new fire station with Chief Gatto in Milton a couple of weeks ago, I wanted to talk to some firefighters about this bill. They told me more than I ever knew was possible about how many dangerous chemicals are involved in the field of firefighting, about how much contamination is on their uniforms when they get off the job and are coming back from a work site from putting out a fire and being around noxious chemicals, and about how much is probably on their clothes when they go home, too. I know that you have a lot to say about this bill. We've talked about it a lot. I'm just going to open the floor to you. I know you have more to say than you had the time to say. I just want to say thank you to you, your staff, and everybody who helped and to the firefighters who provided such great advice and recommendations to this bill. This bill is going to change and save lives.

Thank you, Sherry.

Mrs. Sherry Romanado: Thank you so much, Adam.

One thing you mentioned.... I want to be clear. Chris, also—sorry, I'm going to use your first names because we're all colleagues here—I want to be really clear. Whether a career firefighter, a volunteer firefighter or an on-call firefighter, a firefighter is a firefighter. They are exposed to the same chemicals. I want to be clear that this bill covers all firefighters—indigenous firefighters, firefighters in the Canadian Armed Forces, firefighters across Canada—because cancer doesn't discriminate, and neither does fire.

The important thing is talking about this. If we know that there are 19 cancers recognized as linked to service in Manitoba, Manitoba has information that, perhaps if we get everyone around the table to share what information they have, what research, which data.... This is where we're going to start talking about prevention, understanding that in terms of decontamination, big city fire departments in Toronto have the resources for decontamination at the site of a fire. However, when you are a volunteer firefighter and you keep your bunker gear in your car and you haven't decontaminated it, that is the same trunk that you put your family groceries in. This is what I'm talking about.

The pride we had when we were kids growing up.... I remember putting my dad's boots on. The boots were covered in soot. I would put on his bunker gear, his jacket, and it would drag on the floor because I was so little. Firefighters took pride in how dirty their uniforms were, right? You worked harder.

Today, that would be unheard of because it is contaminated with toxic chemicals. We know now that you need to wipe down. Don't get into the vehicle with your contaminated gear. Exposure through the skin is actually probably more dangerous. Because you wear your SCBA, self-contained breathing apparatus, you're not breathing it in as much, but you're exposed to it. That's what this is about. It's about bringing awareness through the designation of January as firefighter cancer awareness month but also through best practices, through knowing to please not carry your bunker gear in your car, to change the hood after every fire, to not wash your equipment in your family washing machine or in a public laundromat. That's what this is about.

I learned so much in the course of researching this bill of which I myself had no idea. I remember that, at the second hour of debate at

second reading, I said that one thing I'm really proud of is that “[t]here are now 338 members of Parliament”—representing every Canadian—“who [now] know that firefighting” is a carcinogenic profession.

When we talk to firefighters in our respective ridings, we can make sure and ask, “Are you aware? Do you know? Are you taking the proper precautions?”

That's what this bill is about.

● (1120)

The Chair: Thank you, Mrs. Romanado.

[*Translation*]

We go now to the Bloc québécois.

Mr. Champoux, welcome to the meeting.

You have the floor.

Mr. Martin Champoux (Drummond, BQ): Thank you, Mr. Chair.

Ms. Romanado, thank you for being here with us today. Before the meeting started, we had a chance to chat and we were saying that it is a special thing for a parliamentarian to appear before a committee to speak about his or her private member's bill. I have to say that you have been doing a great job up until now. Congratulations.

I think that all my colleagues here, as well as all Quebeckers and Canadians, admire firefighters greatly. We all have a story to tell about firefighters. I won't go into detail, but I think that all little boys and girls grow up dreaming about becoming police officers or firefighters. These are jobs that children idealize. That wasn't my case, however. My admiration for firefighters came much later. At the time, I was working as a seaman on a cruise ship. At one point, I was told that I would have to take firefighting training the following Saturday. The training was very short and was nothing like the fulsome training of professional firefighters, but we still had to take it. That day, I understood what firefighting meant. I had a tiny glimpse of what it means to have to go fight a fire. Obviously, you understand that we weren't really sent into a house where there were people to be saved. That day, I understood the impact of the job, or rather of the calling, because it's more of a calling than a job. I have much admiration for the profession since that day.

Afterwards, I spent a good chunk of my career and life working in the media. Every time there was an event where we had to raise funds for a cause, the firefighters were there lending a helping hand. Every time there was an emergency or need within the community, firefighters were always the first ones to show up.

For me, it is inconceivable to not be full of admiration and gratitude towards these men and women that are always there to protect us and always answer the call as soon as we need them.

I am happy that you brought up the issue of volunteer firefighters, because they constitute the vast majority of firefighters in Quebec. It is good that you spoke about their concerns, especially the fact that they often bring their equipment back home in their car. That is an important point that I wanted to talk about.

However, to start on a lighter note, can you please tell me if you knew that your bill would garner so much attention and support from the get-go? Were you expecting this when you introduced Bill C-224 in January?

• (1125)

Mrs. Sherry Romanado: Thank you very much, Mr. Champoux.

Honestly, I was not expecting it. I was really surprised by the tremendous amount of support that I have received not only in the House of Commons, but also from everywhere in Canada, and even in the United States. Americans have contacted me to say that they, too wanted to talk about the fact that the profession of firefighting has inherent health risks.

Often, people understand perfectly well that firefighters are at a greater risk of contracting lung cancer because of the smoke exposure, but there are also many other types of cancer that are linked to the job. When I was doing my research, I contacted many firefighters from all regions to get their advice. I even had the opportunity to work with chiefs from the International Association of Fire Fighters. Honestly, I was really touched by the fact that people were ready to come and see me to talk about their own situation. Some people told me very personal things. And yet, as Mr. Lewis stated, very often the guys do not want to talk about their injuries, which are not only physical, but also psychological. I was therefore very touched that people came to talk to me about their personal circumstances, for example the death of a fellow firefighter due to a type of cancer which was work-related.

Mr. Martin Champoux: If you had known that you would be given this forum, are there any other things that you would have included in Bill C-224? There are perhaps things that you didn't include because you thought they weren't relevant or that they weren't really part of your mandate. Is there something the committee could contribute right now?

The Joint Emergency Preparedness Program, which helps to replenish the inventory of equipment used by firefighters for training and work in Canada, comes to mind. Do you think it would be useful to add that to Bill C-224?

Mrs. Sherry Romanado: You are bringing up something which is quite interesting.

As I said earlier, the bill is very much oriented towards strategies that would increase awareness about all types of information relevant to the health of firefighters. For example, it could be meetings between the provinces and territories as well as stakeholder individuals and organizations to discuss current data and needs in the area of prevention. That would be the start of a discussion that would allow us to see if we have all the equipment and all the tools necessary to prevent these illnesses. This is a discussion that we have to have. If you have any suggestions, I am listening.

Mr. Martin Champoux: I get the impression that almost all the MPs around the table as well as the other MPs in the House of Commons are quite receptive to the idea of improving the bill, if it is possible to do so.

Thank you very much, Ms. Romanado.

The Chair: Thank you, Mr. Champoux.

[English]

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

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chair.

First of all, Sherry, I want to thank you for bringing this legislation forward. Parliament is at its best when it's bringing before all of us important legislation that will make a real difference in people's lives, and I think everybody....

I'm sorry.

Mr. Majid Jowhari (Richmond Hill, Lib.): We're getting French translation in the English channel.

Mr. Don Davies: That might be an improvement.

Voices: Oh, oh!

Mr. Don Davies: It probably would be.

The Chair: All right. In your earpiece, are you getting French now? You're getting English. Okay.

Mr. Martin Champoux: I'm getting French.

Voices: Oh, oh!

The Chair: Perfect.

We'll restart the clock.

Mr. Davies, go ahead.

Mr. Don Davies: Thank you, Mr. Chair.

As I was saying, Sherry, I just want to thank you and congratulate you on this legislation. Again, Parliament is at its best when it's bringing forth legislation that will make a real difference in people's lives, and everybody from all sides of the aisle recognizes it. I know there are a million issues that you could have brought forward—and many that are important—but this is a really critical one that I think we all look forward to passing as soon as possible.

Being from British Columbia, I had the good fortune to go through the firefighter training school for a day. Now, I always admired firefighters, but after that experience, I was a changed person. I was certainly a changed politician. I knew it was a tough job, but I didn't know the full scope of that.

Firefighters don't just put out fires. They have to deal with electric car accidents where there's complicated chemical and electrical stuff going on; downed wires during storms; difficult rescues in extraordinarily tight spaces, I found; accident response and—where I come from in Vancouver—even first response in overdoses.

What I was amazed by was the vast degree of knowledge, experience and skill sets they have to bring. They are true heroes, and I want to put that on the record. They are unbelievably well-trained professionals who exhibit a high degree of knowledge and professionalism every day.

I've been fortunate to be on this committee for seven years—since 2015—and one thing that has really come to dominate my thinking is the importance of prevention. I don't think we spend enough time on that in health care. We wait until people get sick or hurt, and then we have a pretty good system for dealing with it. However, I think we have to put way more money, time and resources into preventing that in the first place.

Before I get to some specifics, I do want to mention that I am blessed by having the guidance and wisdom of some of the best firefighters in the country. Gord Ditchburn, Rob Weeks, Lee Lax and Dustin Bourdeaud'huy are all wonderful people in British Columbia who have played a significant role in this as members of Local 18. I want to give them a shout-out.

They told me that, in the IAFF database, 84 B.C. professional firefighters have died from occupational cancers, and those are ones who have been recognized as being covered under WorkSafeBC. Interestingly, most of those cancers—40%—are colon, brain and lung cancers, and there are many cancers, I understand, that are occupationally caused and for which firefighters are at risk.

I think that significantly—and maybe grossly—understates the extent of the real situation because there are many more, I think, who have suffered from and maybe passed due to cancer who are not caught by these statistics.

Do you have any comment, Sherry, about the state of statistics right now? Are we capturing the extent of the problem, in your view?

• (1130)

Mrs. Sherry Romanado: Thank you so much, and thank you for your support on this.

I just want to clarify that—when you mentioned my bringing the legislation and so on—this isn't about me. This is about the people behind me right now and those like them.

You bring up a really good point. When I was doing the research for this bill, I compared each jurisdiction and which cancers they recognize to see if there are some commonalities.

[*Translation*]

Quite surprisingly, I saw there was a type of cancer that only the Province of Quebec recognizes.

[*English*]

This cancer is laryngeal—of the larynx—and Quebec is the only province that recognizes it. It has information that others don't.

It's by sharing that expertise, so if B.C. or Manitoba already recognize 19, but they don't recognize laryngeal...there are more out there.

Mr. Don Davies: Right. I want to move on to a few other issues.

One issue that I think is square in federal jurisdiction—that is preventative, too—is the issue of toxic chemicals that are connected with flame retardants in furniture. The NDP caucus wrote a letter to the Minister of Environment and Climate Change in 2021. We know that these toxic chemicals are commonly used in flame retardants, and they're in a wide variety of products, including upholstered furniture. They threaten the environment and coastal marine life, but they affect the human body and are linked to numerous health problems such as cancer, particularly when they're combusted.

One thing I'm wondering about is whether you think we need to work together to get strong, enforceable regulations to get these dangerous chemicals out of products, with firefighters being included in the classification of vulnerable populations when assessing chemical safety. If we can get those chemicals out of things like furniture, we can prevent some of these cancers as well.

Do you have any comments or thoughts on that issue?

• (1135)

Mrs. Sherry Romanado: Thank you so much.

In August 2021, the government announced exactly that. Firefighters are exposed to toxic substances, including harmful flame retardants. As part of initiatives, the government is moving forward to have some of these chemicals banned. I think that's an opportunity for cross-party support.

Also, in terms of updating the national building code—which was supposed to be updated in 2020, but was delayed due to the pandemic—one of those asks was to make sure that we look at flame retardants in furniture, buildings and so on.

There's definitely some work to be done there, and I look forward to working with you to see if we can get some of that done.

The Chair: Thank you, Mr. Davies.

Next up is Mr. Steinley, please, for five minutes.

Welcome to the committee, sir.

Mr. Warren Steinley (Regina—Lewvan, CPC): Thank you very much, Mr. Chair.

Sherry, thank you very much for bringing this bill forward.

I wasn't sure I was going to say very much, but I want to piggyback on a bit of what Mr. Davies said.

I meet with the Regina firefighters quite often. It's more than most people do, because I have one at my supper table over the holidays. My brother-in-law is a firefighter in Regina, so we have a lot of conversations around safety and some of the concerns he has. I have some good conversations, as well, with the good union guys, including Tyler Peckam.

I'd be remiss if I didn't talk about what their biggest concern is—that is what Mr. Davies brought up—which is flame-retardant materials in furniture. They tell stories about coming back from fires. They wash off and see all the black wash off in the shower, and then they still have the itching and the scratching.

Firefighters have families at home. They take that home with them and their fear is that it's rubbing off their skin and onto their families' and their kids'. It's a very big concern.

I read the August 2021 report. Could you give a bit of an update on what the process would be to get some of these chemicals out of furniture to make them less harmful for our brave firefighters, who go out into harm's way?

Is it through Health Canada, because I think that might be a part of this? This may be an opportunity for Health Canada to weigh in and make sure that this is happening more quickly, because they know the harm this is causing our firefighters.

Mrs. Sherry Romanado: Thank you so much.

First of all, please thank your brother-in-law for his service. Thank the complete family because, as you know, when they serve, the whole family serves along with them.

I think you brought up a great topic of study for this committee. This is a great idea, and maybe it could be something that the health committee looks into in terms of advancing the conversation about flame retardants used in Canada. I know California has some expertise in this field, and there's definitely some room for some research and working together to try to see if we can get this dealt with.

I think you've brought up an absolutely great topic of study. Unfortunately, I only get one private member's bill, so...

Mr. Warren Steinley: Thank you very much.

A few of the other concerns.... I saw the map. I was an MLA in Saskatchewan, as well. We added some more cancers to the list when I was an MLA. Firefighters continue to champion this. It's the only thing Manitoba beats us in right now.

I would ask, for Manitoba, what are some of the ones that Manitoba has coverage of that the other provinces could have coverage on?

This is so we can go back home and talk to some of our colleagues in the provincial legislatures to see how we could push them along and maybe make sure Manitoba isn't at the top of the heap. It is a good thing, but we should all try to get there, so that we can support and promote awareness of some of these cancers that should be covered by the provincial legislatures.

Mrs. Sherry Romanado: That's an excellent question. I'm glad I have my little, trusty Excel sheet here.

Saskatchewan has recognized pretty much most of the same cancers as other provinces.

Also, I just want to give a special shout-out, because one area where we are starting to see more cancers is among female firefighters, and we don't talk a lot about it because only about 10% of firefighters in Canada are female. We are noticing that there are about eight provinces that recognize that female cancers in firefighters are elevated—ovarian and cervical cancer—so there's definitely work to be done there.

Knowing that a female firefighter is at a higher risk for these types of cancers means that they can talk to their family practitioner, say they are a firefighter and ask to be screened for ovarian and cervical cancer because they are at a higher risk. That's what we're talking about. It's about prevention.

● (1140)

Mr. Warren Steinley: I just want to get one other thing on the record here too.

Mr. Davies talked for a second about one of the biggest things our men and women are doing, which drug overdoses. I was meeting with our firefighters in Regina—they're firefighters and first responders—and they're going to some of the houses two or three times a night. Tyler told me about one house he visited, the same house, and giving NOC to three different people in the same house in the same night. They're going through this.

Please, when we're talking about this, and when it gets passed, the mental health problems our first responders are going through is something.... They take the fire-retardant material home with them, but they take this home with them as well. We have to keep in mind, when we have a firefighters' cancer awareness month, that it's a mental health situation as well, so thank you very much for all you're doing.

The Chair: Thank you, Mr. Steinley.

Next we have Dr. Hanley, please, for five minutes.

Mr. Brendan Hanley (Yukon, Lib.): Thank you, Sherry, for your work and for your advocacy.

Thank you, Mr. Lewis, as well, and all who have stood behind you literally or sat behind you.

I'll give a shout-out to all firefighters, volunteer and otherwise, in my own constituency of the Yukon and around the country.

I have a few questions for you. They are going to be a little off the cuff for you as they are for me.

When we look at the Yukon, we see that it is one of the more inclusive jurisdictions. It was not the first to have legislation; it was the eighth, but I think, through revisions in the Workers' Safety and Compensation Act in 2021, several cancers were added. So Yukon now has 19 cancers recognized as linked to firefighting.

What can we learn from what each jurisdiction has put in place to inform the national strategy?

Mrs. Sherry Romanado: Yes, Yukon is definitely leading the way in terms of the recognition of cancers linked to fire service. I think that basically the part of this bill that's so important is that we know there are 19 cancers linked to firefighting and more, based on research and science from other provinces that have the details, and thus have been able to institute that at the provincial level. They have the information, so in bringing partners together at the table to say this is how they based their decision on this is not only about the recognition but also how we can mitigate the risk and what the best practices are for those specific cancers that firefighters can be doing to make sure they mitigate the risk as much as possible.

That's what this is about, bringing together the stakeholders to ask what information they have, sharing it and, at the end of the day, the provinces and territories will decide what they would like to do in their own respective jurisdictions, but it's about bringing together the information. Even when I was preparing for this bill, I was pulling information from various resources, but imagine sharing it with the common cause and the common goal of saving lives.

Mr. Brendan Hanley: A segue to that—and I forgot to set my timer, so I'll be relying on the chair here—would be what would it mean to, for example, Yukon firefighters who already have pretty inclusive legislation in place to see a national framework?

Mrs. Sherry Romanado: First of all, firefighting in Yukon is probably very different from downtown Toronto. It's also not the same in terms of climate change, and the types of emergencies that may be in my riding of Longueuil.

As you said, more and more firefighters are responding to different kinds of emergencies. They're more first responders than firefighters. What would be beneficial is talking about the kinds of calls they respond to, the kind of exposure those unique calls put to them, and also about the increased risks.

It really is about the sharing of information in terms of prevention. This is an ongoing study, because we're seeing more and more what's happening. We've just heard from Mr. Lewis about the possible link to Parkinson's, so it's part of a larger and continuing conversation.

• (1145)

Mr. Brendan Hanley: On that note, and also picking up from Mr. Steinley's observations about mental health, it's really to address some of these other occupational hazards. In this process of developing a national framework for cancers linked to firefighting, what else have you learned and what else can we do?

I'll give you an example. In 2011, and this is public information, the Tagish fire chief, Kurt Gantner, died at age 49 from a heart attack while driving 24 hours after fighting a large house fire. That brought to light the relationship between heart disease and smoke exposure, as well as carbon monoxide exposure.

The importance of fitness, prevention, and awareness to prevent some of these other occupational hazards, as well as stress and mental health, particularly for part-time and volunteer firefighters, is critical.

Could you comment on some of those aspects?

Mrs. Sherry Romanado: When we were doing the compilation of the list of cancers, we read through all of the workmen's compensation for each province and territory. You will see the numbers on the map that are specific to cancers, but often, in the same workmen's compensation legislation with respect to recognizing cancers, many of them also list sudden heart attack. Many provinces already recognize that as an occupational death from firefighting, but not all.

While this bill is specific to cancer, there's a lot to be said about prevention as you mentioned, including good mental and physical health. We can do research on how many firefighters have high blood pressure, diabetes, or other illnesses that may be contributing factors from the work that they do.

Mr. Brendan Hanley: Thank you.

The Chair: Thank you, Mr. Hanley.

[*Translation*]

Mr. Garon, you have the floor for two and a half minutes.

Mr. Jean-Denis Garon (Mirabel, BQ): Thank you, Mr. Chair.

As I have just arrived, I will take the opportunity to greet my colleague as well as the firefighting chiefs who are here with us today.

Ms. Romanado, I'm going to be honest with you: your bill gave me a chance to learn quite a bit about the working conditions of firefighters and the risks that come with the job. I realized that my knowledge on the subject was lacking. I would like to thank you for giving me the opportunity to learn more. I think there is work to be done and I am committed to learning more.

Your answers to the questions that my colleague Mr. Hanley asked show how much you care about prevention. Setting aside the context of the bill, and looking at the issue more generally, it is obvious that you care tremendously about firefighters' health and the work-related illnesses that they suffer from. This is to your credit.

I was very surprised to learn that even the equipment that firefighters wear contains toxic substances, such as perfluoroalkylated and polyfluoroalkyl substances. Firefighters are wearing these toxic products on their person.

Do you think the federal government should increase funding for research on cleaning and decontaminating firefighters' clothing and equipment after a fire, given the fact that they are exposed to cross-contamination? I was wondering if this was an area in which Canada could become a world leader in the longer term.

Mrs. Sherry Romanado: Thank you very much for the question, Mr. Garon.

Indeed, when we were doing research for the bill, we read the same reports about firefighting equipment and the possible link with chemicals contained in that equipment. That is part of the prevention aspect and the discussion that we need to have.

When all stakeholders come together to talk about cancer and other illnesses that firefighters suffer from, the issue of prevention is a prevailing one. How can we prevent cancer? Is it linked to the equipment? Is it linked to training and procedure?

Before you arrived, I spoke of the importance of decontaminating equipment after a fire, before the firefighters get into their vehicle. My father never did that in his day. He put his equipment in the trunk of the car and brought it home. Nowadays, we know that shouldn't happen.

We have to see what the causes of the problems are, what strategies we have to adopt and what the possible avenues for prevention are. That is part of the discussion we need to have.

• (1150)

The Chair: Thank you, Mr. Garon.

[*English*]

We have Mr. Davies, please, for two and a half minutes.

Mr. Don Davies: Thank you, Mr. Chair.

Sherry, I'm really glad that you mentioned the national building code. I know it's outside of the purview of your legislation, but I've been here for 14 years, and firefighters have been lobbying on this Hill every year for the last 14 years—and probably before that—for enforceable national building standards.

Again, it's a preventative measure. When we're building skyscrapers and homes, it has to be part of our structure and culture that we design and use materials that have firefighters' safety in mind. I think we still have a long way to go in that regard.

I want to speak for a minute about presumptive cancers and get your feeling of where we're at on that. I know that in B.C. we cover, under the Workers Compensation Act, presumptive cancers for brain, bladder, colorectal, kidney, ureter, testicular, lung, esophageal, non-Hodgkin's lymphoma and leukemia. I think it's been extended a bit. It's been extended, as you point out, to heart disease and certain mental health disorders.

I'm just wondering if you can give us a bit of a flavour nationally. Who has the best list in the country? Do you know? Do you see a role for the federal government in working with the provinces and territories to make sure that the best standard in this country becomes the floor standard in this country?

Mrs. Sherry Romanado: As an MP from Quebec, it's hard for me to choose any province other than my own.

Some hon. members: Oh, oh!

Mrs. Sherry Romanado: That's part of this bill. Look, it's about who has what information. Can we bring everybody to the table and say that there are 19 and we think that now it's 20...? We know that Quebec has cancers linked that are not linked anywhere else in the country.

It's about bringing that information together and letting provinces decide what they would like to do in their own respective provinces. It's about making sure they have the information. We all know it's there. Let's not redouble our efforts or redo the work. We know that the information is there and the research is there.

As much as I'd like to give B.C., which I think is at 18 now...but they're also one of the provinces that recognizes female cancers. I can't emphasize that enough. This is something that's very emerging.

Mr. Don Davies: I'm glad you mentioned the gendered aspect. I think that's an important part of it as well.

The Chair: Thank you, Mr. Davies.

Next is Dr. Ellis, please, for five minutes.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thank you very much, Mr. Chair.

Thank you, Sherry, for being here. As we get closer to Christmas, maybe we'll have something to celebrate. I think that's important.

I don't know about other regions, but in Nova Scotia at this time of year there's a multitude of events at local fire halls. It's always great to get out and see the local firefighters.

I want you to know that across my riding in Nova Scotia the firefighters are very thankful for and very aware of what's going on with this bill. I think it means a lot to them, and I think it has been pointed out very clearly to their families, which we can never forget.

The other thing that I think is very clear across the country, which is heartwarming, is that we do know that fire halls are at the centre of communities, and not just when things go sour. We know that's an important thing. We saw that during hurricane Fiona in Nova Scotia. Many fire halls were comfort centres even if they weren't a designated comfort centre. The style and the quality of a person who we attract to be a firefighter in a small community means that even if they're not designated as a comfort centre, they're there anyway.

They know that they have a great presence in the community. They're givers to all communities. I think it's important to highlight that. They're there whether they're formally asked to be or not. I think that to highlight this is also very important. I've had a long association with the Village of Bible Hill fire department. That's been a great thing for me. It's always a pleasure to serve them.

I've gone to each of the fire halls over this season just before Christmas, and one of the things that I do want to highlight is the number of medical first responder calls for firefighters. It would appear that—certainly in my area of Nova Scotia—it's taking up almost 50% of the call time for firefighters these days.

I'm very happy that we have this bill and that we're talking about prevention. I would like to hear your opinion with respect to medical first responder calls and the potential for prevention there. In my mind, we originally weren't asking firefighters to do that type of work, so the preparation that might be required and the treatment for symptoms related to coming upon incredibly horrific scenes are perhaps not there. Could you comment on that? I know it's not totally related, but I know that it's part of your heart.

Thank you.

• (1155)

Mrs. Sherry Romanado: Thank you so much.

Please thank your local firefighters for me.

A few of you mentioned the important community service that firefighters and fire halls play all over this country. Whether it be volunteering for Christmas basket donations or local funding and food drives and so on, firefighters do more than just put out fires, as you said.

There's a changing face of firefighting in Canada where we're now actually seeing that putting what they call "water on fire" is less and less of what they do. When it comes to the changing face of firefighting, this bill and Todd Doherty's bill—I don't want to say Todd Doherty's bill, because it's a law—are a bit of a blessing and a curse, because with the increased awareness of PTSD and cancers in firefighting also comes the difficulty in recruitment and retention.

I was talking to the Canadian Association of Fire Chiefs about the reality that people may not consider a career in firefighting because they don't want to get cancer or PTSD. Bringing out this awareness also brings out some challenges. We can also say with those challenges that we're doing something about them. Whether it be the road to mental readiness resiliency training that we see in the Canadian Armed Forces—which many firefighters and first responders are now following—or saying that we recognize cancer in firefighting and we're doing something about it with this national framework to bring people together around the table to figure out how we prevent it, I think will alleviate some of people's fears in considering a career in firefighting.

As our previous colleague had mentioned, growing up everyone wanted to be a firefighter or a police officer. Fortunately nobody ever said, "I want to be a politician."

Some hon. members: Oh, oh!

Mrs. Sherry Romanado: Often, firefighters are given a lot of respect in their communities. Going through this bill, I have not had one person say to me that they don't think this is the right thing to do.

Mr. Stephen Ellis: Chair, perhaps I might get one more plug in.

We might think about the nomenclature around paid and volunteer firefighters, because, let's be honest: They're all professionals.

Thank you for the indulgence, Chair.

The Chair: Thank you, Dr. Ellis.

The last round of questions is for Mr. Jowhari, please.

Mr. Majid Jowhari: Thank you, Mr. Chair.

As you said, I'm the last person, and I'm going to ask for your and my colleagues' indulgence. Today is a very special day for me. We'll get to that shortly.

I want to start by congratulating and thanking Sherry. Often, we say we are honoured and privileged to represent our riding, but through this bill and through your advocacy, we—as the 338 members of this House—are truly honoured and privileged to be able to represent 126,000 firefighters and their families and, on that note, most probably the whole of Canada. Thank you very much.

I'm quickly acknowledging the 189 members of the Richmond Hill Professional Fire Fighters Association, local 1957, led by fire chief, Bryan Burbidge, and Tim Sparks and Jeff Voisin who are the secretary and president of the IAFF local 1957.

Every night or early morning when I arrive in Richmond Hill on my drive from Ottawa, as I turn from Highway 404 to Highway 16, one of the very few lights that is on is at my local firefighters' station. Every Monday morning when I leave, at 2 or 3 in the morning—to make sure that I'm here for 9 in the morning on Mondays—one of the few lights that is always on is at the firefighters' station. I want to thank them. Indeed, they are in the heart of our community.

My experience with the firefighters is a bit different from dealing with fire itself, but indeed has to do with cancer and with the support that I received. It's a funny thing; today, it is 19 years since I lost my father who was in palliative care and didn't survive his cancer. It was around 9:30 at night, when I was sitting beside him, that he fell to a heart attack. We called 911, and guess who was the first one at our door? The firefighters were the first ones who came to our door.

At that time, they immediately proceeded to start with the resuscitation process. I later on noticed they were in full contact with the paramedics who were driving to our house, who arrived probably five minutes after them. The firefighters were there within a minute. Then, we had the police come—because there was a death, and it was in the home—probably about a half an hour later. When the paramedics arrived, the resuscitation process was handed to the paramedics, but the firefighters did everything they could.

I can tell you that later on they provided all of the supporting information on the circumstances of the passing of my father to the police, and they were very supportive. I can tell you this: I'll never forget that. They were the first ones in my house helping me, and they were the last ones who left my house. For that, I'm indebted to all firefighters, especially those firefighters who were there with me and with my family on that day. I salute their families for supporting them every day and every night.

As I'm celebrating the memory of my father, I would like to ask you if you can talk about the memorial grant program that has been rolled out since 2018, and the impact that it has on this bill?

Thank you.

• (1200)

Mrs. Sherry Romanado: Thank you, Majid, for sharing your story. Sharing is exactly what makes this so special for me. I'm probably the luckiest MP in the House right now. I have colleagues like you. All of you have supported me in this, and it's not about me. You can imagine what that says to the 126,000 firefighters across Canada. They are seeing politicians come together, regardless of political stripe, and we're all fighting for them. They are the first ones in the house and the last ones to leave. They're asking us to be there for them, and that's what this is about.

I love the fact that you brought up the memorial grant program established in 2018. It provides families of first responders, including firefighters, who die as a result of their duties, with a one-time lump sum, tax-free direct payment of \$300,000. The purpose of this grant.... The program includes the loss of life resulting from occupational illness attributable to employment.

How it works in terms of its criteria is that a presumptive list of occupational illnesses and related years of service, based on established provincial and territorial practices, is maintained. In terms of eligibility, the grant will look at the province of practice for firefighters. Depending on which cancers are part of the presumptive list, they would be eligible for this program.

Obviously, as you saw from the map, there is no consistency among the provinces as to which cancers are recognized or linked to firefighting, so the program is currently applied unevenly across the country. The research doesn't change, Majid, when we cross the border into a different province. Hopefully, as part of this, we'll be looking at the memorial grant to see if it could be applied more evenly across the country.

The Chair: Thank you, Mrs. Romanado.

Thank you, Mr. Jowhari.

That takes us to the top of the hour.

Mrs. Romanado, thank you so much for being with us. It's evident that you've put your heart and soul, and all of your professional talent in preparing and bringing this forward. You've also succeeded in doing something that only a few people can, and that is uniting people on all sides of the House. Congratulations and thank you.

We will suspend for four minutes to allow Mrs. Romanado to take her leave, and Mr. Lake to get himself set up.

Thank you.

• (1205)

(Pause)

• (1210)

The Chair: We are back in session.

I'd like to welcome Mr. Lake, who has joined us today to talk about the Senate public bill which he is sponsoring in the House, namely Bill S-203, an act respecting a federal framework on autism spectrum disorder.

Mr. Lake, thank you so much for being with us. I know that it was on short notice, but I also know this is your life's work and you

probably didn't need much notice. It's a pleasure and honour to have you here.

You may take up to five minutes for your opening statement.

Hon. Mike Lake (Edmonton—Wetaskiwin, CPC): Thank you, Mr. Chair.

I appreciate the committee. For those of you who weren't here the other day, I subbed in on Tuesday and wound up presenting on Thursday. I was asked if I was ready, and after 15 years, yes, I'm ready.

It's kind of a metaphor, because I probably could have been more ready. I probably could have prepared more for two months before a committee hearing, but that's kind of the nature of where we're at with the national autism strategy, too. There's been a lot of conversation over years and years. We're never going to have unanimity on every single aspect of what would go into a national autism strategy. At some point you have to move forward with the knowledge that you have based on the shared wisdom that we have across the country. You move forward in a way that, hopefully, organic. We're learning more every day through the process and hearing from more people, and just getting better and better.

That's the spirit with which I come here.

I'll touch on the technical details of the bill quickly for a second. Largely, what I am looking forward to today is just a conversation that we can all have. I've had a couple of conversations on the side. I want people to feel comfortable just asking anything they want. I'm good with that. I'm not an expert. I'm not a scientist. I'm not autistic myself. There are folks who are scientists and folks who are autistic themselves who will share their stories over time. I would encourage you to reach out and have those conversations. But I am the parent of a 27-year-old son with autism who was 10 when I was first elected. I learn from him every single day.

I will talk about the technical details before I get into talking about Jaden, because I'll talk about my son a lot over the next 50 minutes or so.

Technically, this is a bill that's a federal framework. It's called "An Act respecting a federal framework on autism spectrum disorder". Really the bill itself is about accountability and timelines. The bill doesn't lay out a national strategy; it is just putting forward some accountability.

We've been having this conversation about a national strategy for years and years. Senators Housakos and Boehm really got together in a non-partisan, cross-partisan way and put forward an idea to put a framework around a timeline for establishing a national strategy, some basics around how we could get there, and then also an accountability framework for how we could evaluate how that strategy is working once we have it. It charges the minister with some responsibility to meet the timelines.

The government at this point in time has signalled that we're going to have a national strategy within.... I believe and am hoping that by 2023 we'll have a national strategy in this country. Really this is pushing to build some accountability around that.

Lots of times people will ask this: What would be part of a strategy? Why has it taken so long? This will be probably a large part of the conversation as we move forward.

I think part of the challenge is finding that common ground. We've had this seemingly interminable conversation over all of the different aspects. You have some pretty strong opinions on some things. Where I've found the common ground in 15 years as we've gone around and had conversations—and really this is common almost around the world—is the need for diagnosis, an early diagnosis, and the need for early help. They call it “therapy treatment intervention”. There's always debate over terminology, and all the words seem to be subject to some debate. I like to think of it as just the “help” that's needed.

Then there's education, and what the education system looks like for autistic Canadians.

After their early education, as someone moves into adult years, what do their employment prospects look like? What does housing look like?

The sixth area that I always reference in finding common ground as family members when we're talking about autism is what happens when we're gone as parents? I guarantee you that we as family members are all seized with this. What happens when we're not there? Who is going to care for our loved one the way we cared for and supported our loved one?

I think a national strategy.... As we move forward we're trying to get to a point where we have a society that is loving and caring and helping in whatever way it can, in whatever way the evidence base shows to get us to where we need to be.

I have so many more notes here that I could reference. I'm a politician. Whatever you ask, I'm going to work what I want to say into the answers anyway.

Voices: Oh, oh!

• (1215)

Hon. Mike Lake: Let's just have a conversation and hopefully....

I love the conversations we've had so far. I love the conversation that happened before this one, where we're able to get around a table like this as members of Parliament from all parties, and more importantly, we get beyond our parties as human beings. We're almost, in a sense, setting aside political labels to have a conversation as human beings who are trying to make our country a better place...and not only for people who need help.

I'll close my comments with this: We get so focused on the help that we fail to realize that when we put the right system in place, there are unbelievable skills, abilities, talents and potential that we're going to unlock as we move forward, which is going to make life better for all of us in this country.

With that, I look forward to your questions.

The Chair: Thank you, Mr. Lake.

The conversation is going to begin with Dr. Ellis for five minutes, please.

Mr. Stephen Ellis: Thank you, Chair, and through you to Mike, I really appreciate you being here. I know this is obviously very personal, but it has become very public and is now a national strategy. I thank you for that.

Very clearly, we know that we have these significant differences across our great nation. I think of a story from Nova Scotia where a plastic surgeon who had a child with autism spectrum disorder chose to leave our province and actually go to Alberta because there were more supports and a more well-defined framework there. I think that's tragic. It's tragic for families to have to consider doing those things, so thank you for doing this work.

One thing I think about is that obviously there are a multitude of people with disabilities who exist in Canada. To expand a bit on that, is it possible that a framework such as this...? In my mind, the six points you touched on would also be a useful framework for anybody who struggles with a disability.

Maybe you can talk about the specifics of autism spectrum disorder. Is this actually an idea around people with disabilities and the families who support them in general?

Thank you.

Hon. Mike Lake: I have two comments.

First of all, I'll point out that one thing the legislation we're discussing right now, Bill S-203, does is lay out some measures to be provided. It says, “The framework must identify measures to provide” and it has a list. It's different from the list that I said. I explained my list based on my experiences. One thing I like about it is that while they went through the Senate process, they moved amendments to add at the end, “anything else that the Minister considers appropriate in relation to autism spectrum disorder.” It's really important to do that.

On the stakeholder side, they added a similar clause about consultations that says, “anyone else that the Minister considers appropriate”. It's so important that this is organic and that we move forward, in a way. We've constantly learned over the decades and we're going to be continuing to learn how to have these conversations.

Jaden was two and a half years old when he started his autism program in 1998. In Alberta, one of the real strengths of the program—it's different from other places—is that it's family support for children with disabilities broadly. It's not an autism-specific program in Alberta.

In Alberta, Jaden went through a multidisciplinary team review. Back then, they determined what his needs were, set a budget for that and then we worked to find service providers who could meet his needs as assessed. It was a fantastic situation. You rightly point out that people move from across the country to Alberta to access that level of support.

I think a national strategy takes a look at the Alberta situation and every other jurisdiction in the country, the evidence about what works and doesn't work, and brings that knowledge base, that evidence.... There are things that other places do better than Alberta was doing. Other countries will do things better than we might be doing in any jurisdiction in Canada.

You want a strategy. You want a system that is gathering the very best evidence from around the world, bringing it to Canada and then sharing it with the autism community and the disability community across the country, so governments in their jurisdiction can make the very best decisions that they can based on the best evidence of the day as we're constantly learning.

The beautiful part about that is that as we do that and establish a world-class national autism strategy, we'll also be able to share with the world what we're learning in Canada as we move forward.

One point I'll make in closing this answer is that while we have a long way to go in Canada, we are a long way ahead of where many places in the world are, as well.

• (1220)

Mr. Stephen Ellis: Thank you very much for that, Mike. I appreciate it.

Again, through you, Chair, we realize that this is about individuals and families.

However, it's illustrative for folks if you have some numbers, Mike, to talk about the costs associated with getting a child assessed who may have autism spectrum disorder, as well as the care costs, etc. I think it's important that Canadians understand how difficult this can become for families in terms of the financial difficulties experienced, not to mention the other struggles that are associated.

If you have some of those, Mike, that you might share, I would appreciate it.

Hon. Mike Lake: It's interesting, because I can share a bit about what the circumstance was for us. In every province, it's a bit different right now.

Back then, we were able to get a diagnosis within, I believe, a couple of months. That's not the case right now in most places in Canada. We were able to get Jaden the help that he needed within a month or two. That's not the case right now in most places in this country. That time frame is so important.

Jaden's program back then, in 1998 dollars, I believe was in the neighbourhood of about \$70,000 a year. If you're going to be making the types of investments that we need to make in this area, you have to make sure that you're leaning on the very best evidence that we have available to us now.

In 2022, with this circumstance, the program in Alberta would be different from how it was in 1998. We've learned a lot of things about how we help people. I'm sure that in the rest of the conversation, I can get to some of those points.

The Chair: Thank you, Dr. Ellis.

We'll go to Dr. Powlowski, please, for six minutes.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Thank you.

Thank you, Mike, for bringing this important legislation forward. You mentioned that your concern and the concern of all parents of autistic kids is, "What's going to happen when I'm gone?"

I think in this position, in Parliament and with this bill, you have a unique opportunity to materially affect that. This legislation will presumably outlive you.

With that in mind, I wanted to ask what the federal government can do in order to ensure that services are maintained for autistic individuals when we know that most health care is a provincial jurisdiction?

As you may or may not know, the Ford government in Ontario has been heavily criticized for drastically cutting services for autistic children. I don't expect or want you to start criticizing Ford and the Ford government, but health care and this kind of funding are generally provincial.

I think you would like to see and ensure that, for example, your child continues to have those services when you're gone. You've been a federal politician for a fair bit.

What can we do, given the jurisdiction issue, to try to ensure that autistic people across Canada continue to have those services?

Hon. Mike Lake: You've touched on an important point. My approach on working with governments....

I'll point out this. The reason Michael Coteau is seconding this from your side is because I've known him for a long time. I've known him for a long time because when the Wynne government was getting things wrong on autism, I reached out and helped them behind the scenes, just like I do with any provincial government of any stripe.

In my experience, provincial governments always start on the autism file by getting it wrong. Always. My hope is that a national strategy helps to alleviate that situation, so that when a new government is elected, whatever the political stripe, that government has an evidence base that it can turn to and an expert base that it can turn to that includes autistic Canadians, researchers, the health community, families, stakeholder groups and a community that comes together to find common ground and communicate it in a way that makes sense to governments.

Too often, right now, governments come into a context that is politically polarized in every way, but in the autism community, it can be hard to make sense of what the evidence base is right now. I think a national strategy would work to bring that evidence base together.

The other thing I'll say about provincial governments broadly, though, is that every one of them wants to get it right. I've found that when I'm having conversations with them behind the scenes—I tend to have those conversations behind the scenes with an attitude toward helping—there is a real spirit of wanting to get it right.

This is what I'm hoping. This is where I think a national strategy comes into play in helping in that regard.

• (1225)

Mr. Marcus Powlowski: Thanks.

The second question is on the cuts by the Ford government to funding for services for children with autism. It would seem to me, and I've heard from some people, that there is often funding for children with autism, but how about when they become adults? Does that funding continue, and how much support is there for people, grown-up individuals, with autism, particularly related to, for example, their job situation? For everyone a major part of life is having a job and keeping on with that job. I think that would probably be harder for an autistic individual.

Furthermore how much support is there for autistic people when they start to get older? When you're young—even with your son in his twenties, he still has mom and dad around, family members, but how about in another 40 or 50 years when you're not there? How much support is there for elderly people with autism?

Hon. Mike Lake: There are a lot of questions worked into that one question. I've been on this committee with you long enough to know this isn't the first time. You know what? It seems that there was a real focus on young people and early intervention and those kinds of things back in the early 2000s. The wave of real awareness of that has now moved into adulthood. There was a point in time when we talked about people sort of falling off the cliff when they turned 18. That's a real experience for a lot of people.

As we move forward, we talk a lot about inclusive education and what that looks like. Getting inclusion right in education is important, but we're also talking a lot now about inclusive workplaces.

What does inclusive housing look like? We are better off when we're surrounded by people who are different from us, when we're surrounded by the full diversity and range of humanity in Canada. That goes not just for education but in every way. I often say to people—and I said it in my speech to the House—that when I'm surrounded by people who are exactly like me, then there's no one to compensate for my weaknesses, and my strengths aren't strengths anymore because everybody around me has the same strengths that I have.

There is a real question and a real opportunity for us as we move forward to build a more inclusive society not only in the school system but also in workplaces, housing and beyond.

The Chair: Thank you, Mr. Lake.

[*Translation*]

Mr. Garon, you have the floor for six minutes.

Mr. Jean-Denis Garon: Thank you, Mr. Chair.

Mr. Lake, thank you for being here with us today, this time as a witness.

Partisan lines are always very in evidence at Parliament, but here in committee meetings we meet extraordinary people who fight long and hard for wonderful causes that are truly admirable. Today, we are hearing two parliamentarians that fall into this category: Ms. Romanado and yourself, Mr. Lake. Please note that I admire the work you do greatly, and I say that sincerely.

I took the time to discuss with people who work with families who have autistic children. I don't know any such families, so it's not something I know a lot about. Two workers told me the same thing: when efforts are made to integrate autistic children so that they can function and attain their full potential and be the best they can be as human beings, the problem does not stem from the children, but from us. The problem is the way that we perceive and treat these children, and it's our own lack of adaptability.

I would like to know what you think. In concrete terms, what is it like for a family that lives with autism?

• (1230)

[*English*]

Hon. Mike Lake: That's a great observation.

When I think about conversations I've had with people who have autism or autistic Canadians—well, autistic people from around the world—there are a couple of things that come up. There are many things that come up, but the conversation is around the inclusion piece, and then there's a conversation around autonomy.

The autonomy question is always tricky for me, because it's difficult to imagine Jaden being fully autonomous, because Jaden doesn't understand danger. My son is very significantly affected. He's non-speaking. There's terminology that gets tricky for people, non-verbal, non-speaking, whatever terminology you use. Some people would say non-verbal. He's verbal with “ba ba ba ba ba”, and when he's doing that, oftentimes it sounds silly, but I'll look him in the eyes, and I'll go, “ba ba ba”, and he'll go, “ba ba ba ba ba”. It's the most engaged he ever is with me on a personal level. I don't know what we're talking about, but he does, and it means something that we're having that conversation.

Autonomy for Jaden.... What I've been really challenged by self-advocates on is that I walk away from those conversations, and my first instinct is to say, “Well, Jaden can't be fully autonomous”. I get a little bit defensive as a Dad, I think, in a sense. When I walk away from it, I think that he could be so much more autonomous than he is. We can give him more choice in what it is that he wants to do. We need to learn to be patient with him.

With Jaden—he's shorter than I am—I'll get down to his level. If he's sitting down, I'll sit down beside him and try to get down to his level. I have to read his skin tone, his facial expressions and his eyes when he's talking to me. Sometimes if he's nervous, he'll shake, but he'll never tell me how he's feeling. That's a really abstract communication. We really have to spend the time to really try to understand and be patient with him.

One of the challenges with him is that we almost always, in our impatience, decide for him or try to guess what it is that he wants when, oftentimes, if we just wait on him a little bit, he'll type it into his phone, or he'll point to something. There are times when he is trying to tell us something, and he goes, “ba ba ba ba”, and we're just too busy trying to move on with things, get in the car, whatever it is, and race away, and you realize that he's telling you that you forgot your iPhone back there. He noticed it, and he goes, “ba ba ba ba”, and you're discounting what it is that he's saying, and he has something he's trying to say.

We just need more patience, and as we learn to communicate with Jaden, we learn how to better communicate with everybody else around us, too. We become better for what we learn in that process. These are things that I've learned from listening to self-advocates, listening to autistic Canadians talk about what life is like and listening to autistic people from around the world who way too often are not listened to, even as we've been having conversations over the years on what to do to help people with autism. We haven't listened to people with autism as we're having those conversations.

[*Translation*]

Mr. Jean-Denis Garon: I only have a minute left, but I think my question will take longer to answer.

I don't want to weigh into the areas of federal and provincial jurisdictions. I don't want today's discussion to be about that, but the issue of jurisdiction remains. So I'm going to quite naively ask you the following question.

If tomorrow morning, you woke up as the premier of a province and that province was to be the model for all the others, where would you start?

[*English*]

Hon. Mike Lake: I would recognize those areas that I've talked about.

With my own knowledge base, if I were the premier of a province, I would start by recognizing that you have to take a look at the lifespan. You have to talk about across the spectrum and across the lifespan and deal with all of those things at the same time.

The ideas of inclusion and autonomy kind of crosscut all of the different things that I was talking about.

Six main areas is not a big number. You have to recognize that if you get the diagnosis piece right, you're going to be helping people earlier. This goes for anybody. All of us were better off when we got help with things we were challenged with or when we got reinforced on things that we were good at. We're better off when someone started early with us. It's no different, but then you're going to

lead to better outcomes in the education system. You're going to lead to better outcomes in employment and in housing.

I think that probably where it starts is just making sure that you start by getting really good information from the community around you, which includes autistic Canadians, experts, scientists, researchers and families, and that you're having that conversation, but not waiting for unanimity.

The problem in Canada right now is that everybody is waiting for unanimity, and you're never going to have it. We have to move. There are a lot of things that we know work, and we have to move.

• (1235)

The Chair: Thank you, Mr. Lake.

Mr. Davies, you have six minutes.

Mr. Don Davies: Thanks, Mr. Chair. Thank you so much, Mike, for not only being here today and sponsoring the bill but also for your many years of great work in this area.

Mike and I share something. My youngest daughter has a developmental disability. It's not autism, but it's allowed me to experience many of the same things Mike has experienced. More importantly, it's allowed me the privilege of meeting people in the diverse needs community and to be exposed to the love, skill, and talent that is there.

In the last election, the NDP committed to a national autism strategy. I know the Conservatives made a very strong election commitment in their 2021 platform. The Liberals provided \$15.4 million over two years in the 2021 budget to create a national autism strategy. Bill S-203 was adopted unanimously by the Senate at third reading on May 12, 2022. There's a great consensus in Parliament across party lines. I'm really pleased to see this bill come forward.

I have some specific questions, Mike.

What steps are you aware of that have been taken to seek input from the autistic community with respect to this legislation to date?

Hon. Mike Lake: The Public Health Agency just had a two-day session, where there were many autistic people who were part of the panels. That was way better than I've seen in the past. I know that the Canadian Academy of Health Sciences has been working for almost two years. It came out with a 400-plus-page report in May that is going to be the foundation moving forward from where we are right now. There was a lot of autistic input into that report, more than there has been in the past.

We're seeing some people with autism now who are researchers weighing in on some of these conversations. In fact, during the committee study at the Senate, there was a researcher who had autism himself and who weighed in and was a part of that consultation. In fact, there were several autistic Canadians who were part of the Senate hearings, if you take a look at the two days of hearings.

Mr. Don Davies: By my count, there were 13 witnesses that appeared before the Senate standing committee. That evidence improved the bill. One change that was inspired.... The original bill, in the preamble, described autism as a lifelong neurodevelopmental impairing disorder. It caused the Senate to take out the word “impairing”.

Do you have any thoughts about the word “disorder”?

There are elements in the autistic community that perhaps don't share the view that it's a disorder. Maybe it's a condition.

Do you have any thoughts about the terminology used in the bill in that respect?

• (1240)

Hon. Mike Lake: I generally avoid the word “disorder” myself. There was a lot of conversation. If you take a look at the testimony at the Senate or at the discussion around amendments at the Senate, you'll see that there was significant discussion about the word “disorder”. The Senate decided to leave it in, in the sense that it's a medical term that is actually defined.

The feeling in general was.... In terms of this particular bill.... Remember, this bill is not establishing the national strategy. The bill is to set accountability and timelines around.... The argument was made that we'll let the government, as it establishes the strategy, let autistic Canadians and stakeholders weigh in on those types of conversations. It was a significant point of conversation during the hearings.

I just try to use the word “autism” when I'm talking. I will point out that the Canadian Autism Spectrum Disorder Alliance recently changed its name to the Autism Alliance of Canada for that very reason.

Mr. Don Davies: Mike, you've touched on the incredible diversity across the spectrum. Again, you can have profound non-verbal Canadians with autism all the way to exceptionally gifted and highly verbal autistic Canadians.

Do you see the strategy as being able to embrace that full diversity across the spectrum, and do you have any pointers or thoughts on that?

Hon. Mike Lake: Absolutely.

I talk time and time again about getting out of this mentality that everybody with autism only needs to be helped, and everyone without autism are the helpers. That is not the way the world works. We are robbing ourselves of incredible potential in our country to solve some of the big problems we're dealing with in this committee, in other committees, or with the government all the time. If we get this right, we cultivate skills and abilities that we're short of right now in our country.

I think there is a full range. There's a very common saying that “If you've met one individual with autism, you've met one individual with autism.” There is a real range of diverse skills. There are obviously some commonalities that lead to a diagnosis. There's a reason there's diagnosis for it. We could have conversations about that, but, by and large, the biggest thing is the takeaway that there's a huge potential to getting this right.

The Chair: Thank you, Mr. Lake.

We have Mr. Zimmer, please, for five minutes.

Mr. Bob Zimmer (Prince George—Peace River—Northern Rockies, CPC): Thank you, Mr. Chair.

Thanks, Mike, for being here, and for laying the groundwork for a conversation about this. I've been here since 2011. You've been here longer. Ever since I've been here, you've been talking about the needs for autism. Really, awareness is probably the most important thing, but that's backed up with this question: Now what?

Diagnosis is one big part of that. Once you're diagnosed, then what? Parents want to know what to do with a child of theirs who they love and happens to have autism of some sort along the spectrum, whether they're higher functioning or lesser functioning.

I know you're dealing with this first-hand with your son. I really like what you're doing in the bill, but I think what matters to you and matters to us is outcomes. It's nice to have a pretty bill with a bow on it, but you want it to function. You want it to work.

I'm going to dig down into some of the terminology:

Measures to be provided
timely and equitable access
financial support
support for caregivers

and

a national research network

I know you're limited in what a private member's bill can actually do. I know. What does “timely and equitable access” mean? What does it mean to you? That's my specific question. What does “financial support” mean to you? What does “support for caregivers” mean to you? What does “national research network” mean to you?

I'll end my preamble. I've seen what you've done in B.C. You've always been an advocate for funds for local and provincial entities, but you've faced headwinds. I saw it in 2016 and 2017. You asked the government for about \$20 million to fund autism across the country in a network, and it didn't make it into the budget. This needs to be backed with some kind of action for this work.

I'll get back to my questions. What does “timely and equitable access” mean? What does “financial support” mean? What does “support for caregivers” mean? Those are three simple questions. What do they mean to you?

• (1245)

Hon. Mike Lake: I'm going to try to remember them as I go. You worked a lot in there.

“Timely and equitable access” is the easiest one, right? People are waiting way too long to get their start. In Jaden's case, we knew he had autism around the time he was two. It was around his second birthday. This was fast relative to where we are now.

It took a few months before we were able to start a program with him. That program completely changed his ability to communicate with us. It completely changed his ability to understand the world, seemingly, and our ability to connect with him. We all know how important connection is to things like mental health and, actually, physical health. Our connection level increased almost immediately, within weeks of him starting his program. It kept increasing.

Every young person is going to progress on a different path, but I believe that he is much more able to connect with the world around him because of the help he got. If we had waited for that, if it had taken too long.... We know there are windows where that help is going to be more effective.

If you take a look at diagnosis, there now are adults who are diagnosed with autism. They're in a different place on the spectrum, but there are adults who are diagnosed with autism. Their life changes once they have a diagnosis and the understanding that comes with that diagnosis. It's a different form of help that may be available to them. Again, it's to mitigate challenges and to help them unlock potential. That's what "timely" is.

The "equitable" part of it is dependent on where you live. The circumstances have been completely different across the country over time, and that's obviously a significant challenge.

On the jurisdictional question that Jean-Denis was asking, I'm from Alberta. Jurisdictional issues are important to folks in Alberta as well. What B.C. is doing is different from what Alberta did, which is different from what Ontario is doing. Right now, if you talk to families in those provinces, most of them are often fighting for a continuation of the program they're used to, even though those programs are completely different in each of those places. They're fighting for at least a continuation or for an extension of those programs to families who don't have the help in the first place.

Equity is about providing an evidence base so governments can make those decisions and, hopefully, so people get the help they need. That's without—as Stephen was saying—having to move halfway across the country to get that help.

Mr. Bob Zimmer: That amount, \$20 million roughly in 2017, establishing this framework, if this is to be achieved and successfully achieved, and Mike Lake sits back and says it worked, here it is and it's functioning, how much is it going to cost? What's your estimate? What is it going to look like? It's obvious from what you've laid out here what that looks like, but maybe just explain what the cost is going to be, because I think the government.... I was going to ask you, too, are you confident that the money will follow this framework?

Hon. Mike Lake: There's no money attached to this specific proposal. Let's be clear where credit is due for the work on this proposal. It's not my work. It's Senator Housakos and Senator Boehm's, and then the Senate committee who did great work at making some of the modifications that Don talked about.

In terms of the cost, the cost of the programs across the country are largely borne by the provinces. For a national autism strategy, the cost of a strategy relative to the cost of delivering those programs, is very minimal.

What success looks like to me is governments across the country—and not just provincial governments, as there are decisions made by municipalities and police forces and a lot of people in this country who need better evidence to be able to make those decisions—having the strongest evidence base in the world and making that known to decision-makers so they can make the best decisions in whatever area they're in, so we have a better understanding in the justice system, the mental health system and the education system.

I believe the number is still in the eighties for the percentage of people with autism not being employed. That is a complete loss to us as a country, a complete negative for us as a country. Everybody has a contribution to make.

I talk a lot at universities about moving from inclusion to contribution. Everyone has a contribution to make and we as a country are not enabling that because we're not taking the steps we need to take. That's what success looks like.

• (1250)

Mr. Bob Zimmer: I applaud you for your efforts and I know you'll get it done. You put your shoulder to the wheel and it's been for however many years and I hope you arrive soon at your goal. Thanks, Mike.

The Chair: Thank you, Mr. Zimmer.

Mr. van Koeverden, please, for five minutes.

Mr. Adam van Koeverden: Thank you, Mr. Chair.

Welcome back, Mike. It's nice to have you at HESA, as always. Thank you for your leadership on this and other files as well.

We've been friends since before I ever got involved in politics and despite our small political differences, I don't know if I've ever said this in public or on the record before, but you've always been extremely encouraging. When I called you and told you that I was considering running, you encouraged me to. Knowing that I wouldn't be running with blue signs on lawns, you still encouraged me. I want to thank you for that.

The reason I called you back then was to talk about autism. I'm on your fundraising email list—not your partisan ones, but the ones that I get for the organized fundraising you do with Jaden. I've learned a lot through that and from you, including once about what "people first" terminology was all about and where we're at now, which is a little bit different from that. I really welcome that, so thank you for bringing me along and helping me learn a little bit more.

The other person in my life whom I've learned a lot from, and there are a couple—and we've talked about our speech language pathologist partners, Don and I—is Emilie. She is doing a Ph.D. on literacy and was engaged at a school board level as a speech language pathologist assessing the needs of kids with a lot of diverse needs. One of the main ones she was working on was autism. She helped me understand more fully that it's a spectrum, as has been described today. There are a lot of diverse needs within the autism community.

The other person who helped me realize that was a guy named Andrew Sabino, who's a good friend of mine in Milton. He has somewhat of a superpower as an autistic individual: He remembers everything. He worked at No Frills until recently, and he remembered every SKU. He didn't have to look up anything. It was the same when he banged on doors with me; he wouldn't have to write anything down. He'd be like, "Okay, are you ready?", and he'd say what happened at 15 doors in a row and exactly what response he got at each door because he doesn't forget a thing.

I want to ask you a little bit about the homogeneity of how some governments treat autism supports. Obviously, Jaden and Andrew have completely different needs when it comes to how they are going to live their lives. The underpinning aspect of that—and obviously that support will be provincial—according to Emilie and other practitioners I've spoken with is that the people being assessed, and I won't just say youth but autistic individuals, tend to get much better service when they come from wealthier families because it's expensive service. The cohort of individuals she and a lot of researchers are most worried about is autistic youth who are in families from a socio-economic background that not going to be able to afford that \$70,000 worth of annual support.

I'd also like to know if the \$15 million in budget 2021 to develop the strategy is adequate?

That's where I'll leave it with you.

Hon. Mike Lake: It is \$15 million to develop a strategy. We'll see what the budget for the strategy is. Hopefully, maybe in budget 2023, we'll see that. I don't know.

I totally remember our first conversation, because I was in Katowice, Poland, and I got this phone call from you. I didn't even know you had my number. I don't know that we'd actually really talked much, other than at an event way back when we were in government.

• (1255)

Mr. Adam van Koeverden: I recall that.

Some hon. members: Oh, oh!

Hon. Mike Lake: No. I would say we had a great conversation that night. I say "that night", because it was at two or three in the morning for me, and you had come across somebody in a nomination at a door and you had some questions for me about autism. You thought of reaching out to me, and I appreciate that.

Hopefully, the relationships we have as they relate to helping people, in whatever world we're in, transcend our politics. I appreciated that conversation. It was a fairly long conversation, and we've had many conversations since then.

Autism supports across the country should be funded by governments. Those are the core autism supports, early intervention, the education system and what that looks like, inclusion in the education system and all of those things.

You talked about the person who you know who is so fantastic in the work world, or whatever the case is. One of my favourite things is a video we use in our presentations. CTV National News came out and did a story when Jaden was in his senior year of high school. It was his grade 12 year. Jaden had been included in a regu-

lar classroom with a full-time aide for his whole K-to-12 schooling. Because he was included, these kids got a chance to see what he was good at. They remembered that he was good at times tables. He always finished his times tables. He got 100% on his spelling tests or anything visual. He was great at puzzles and word searches, and those kinds of things.

They started to try to figure out where they could include him. They included him in musical theatre. He was surprisingly better than they thought he was going to be at learning some of the dance steps and things like that. He has a few motor issues, and that's a bit of a challenge. They then started to think what Jaden would be good at.

They included him in the school library. He worked in the school library, and he's amazing. CTV did this report. It's on my Facebook page, if anybody wants to see it. It's two minutes of him, scanning the books in the computer systems and putting them on the shelves. He was walking around with a pile of books that he had in order. He put them on the shelves way more quickly than any of us. He was running to put them on the shelves. If he was running by a shelf, he would grab a book off the shelf that some kid had put in the wrong place, as he's walking by and without skipping a beat, and put it in the right place.

It would shock you, because we would completely underestimate him. No one would think that he's that good at that type of thing, but he is. He's that good at it. Even to this day, you see him do a puzzle and he has his tongue out. He's super intense. With the systematic way that he does things like puzzles and those kinds of things, there has to be room in our society for someone like Jaden to contribute in those ways.

We're going to have to mitigate a few things, because Jaden is so excited in the library to put books away. If he's working in the public library, he'll run over a senior citizen with his cart because he's so excited to put the books away. You have to mitigate those things. Surely, we can do that to take advantage of full potential.

I know that your time's probably almost up. I'll take a quick second to give a shout-out. I have a staff member back here, Courtney, who works in my office. She's on the autism spectrum. She is amazing.

Some hon. members: Hear, hear!

Hon. Mike Lake: She also works for the Canadian Association for Supported Employment. She works 22.5 hours a week there. She works six hours a week in my office. She has a master's degree in critical disability studies. I'll say it into the microphone, so that it gets into the record. She's invaluable.

Don, she also speaks at many conferences, as an autistic voice, from her perspective, which is in a very different place than Jaden is on the autism spectrum. Both have contributions to make, if we just pay attention.

The Chair: Thank you, Mr. Lake.

We're going to do two short rounds from Monsieur Garon and Mr. Davies before we wrap it up.

[*Translation*]

Mr. Garon, you have the floor for two and a half minutes.

Mr. Jean-Denis Garon: Thank you, Mr. Chair.

I won't go over the two and a half minutes. But it all depends on Mr. Lake.

Subclause 2(3) of the bill provides for consultations that will lead to a federal framework on autism. The subclause talks about consulting the provinces, health ministers, stakeholders and so on. This seems to me quite an ambitious process, given the context.

Are you confident in the minister's capacity to set up a federal framework 18 months after the bill is passed?

[*English*]

Hon. Mike Lake: It's been a long road. One of my colleagues talked about going down that road in 2017 and basically having what would have led to a national strategy, the Canadian Autism Partnership, rejected in the budget in 2017. Confidence is a tricky thing.

I am. I think we're in a different place today, though. I think we're in a place where the government has signalled that we are going to have a national strategy. There has been a 19-month study done by the Canadian Academy of Health Sciences, led by people I know and who I think are absolutely capable of guiding this discussion. There has been a lot of work done. It's not 18 months starting from now, by any stretch. This is an accountability framework to make sure it happens.

Some people might ask, "Why do you have confidence in ministers at the provincial level in health, children's services and education?" I have confidence that there's a will to get this right. Clearly, we haven't gotten it completely right, over the years, but I think there is a will to get this right. It takes leadership at the federal level. That's what a national strategy is all about. I think, by working together, we're going to get there this time around.

I'm so thankful this bill has come forward to set an accountability framework around that.

• (1300)

[*Translation*]

Mr. Jean-Denis Garon: Thank you.

[*English*]

The Chair: Thank you, Mr. Lake.

Go ahead, please, Mr. Davies, for two and a half minutes.

Mr. Don Davies: I have two questions, Mike.

Under the Canada Health Act, one of the principles is that every Canadian is supposed to have relatively equal access to quality services across the country. It's one of the core principles. We know—and I think you touched on this—that each province and territory offers autism diagnostic and support services that vary quite a bit, in terms of supports, delays and disparities.

One, how do you view that, in terms of developing a national strategy? Two, how can we ensure that autistic Canadians have relatively equal access to the supports they may need?

Hon. Mike Lake: Those are big questions for a two-and-a-half-minute time frame.

Mr. Don Davies: You have 30 seconds.

Voices: Oh, oh!

Hon. Mike Lake: First off, recognizing that most provinces.... No province deals with it exclusively in the health jurisdiction. It's education and social. This is common, though, almost everywhere. In the States and other parts of the world, you see the same thing: health, education and children's services. The ball gets tossed among them. I think this is where that leadership piece comes in at the federal and provincial levels. It's a recognition that this is the spirit of the Canada Health Act.

Mr. Don Davies: Can I interrupt you, Mike, and ask whether you see a role for federal money? Is the only way we're going to get progress through the federal government kicking in a significant amount of money to make the services real?

Hon. Mike Lake: Absolutely. I think we've seen that in some places. Ready, Willing and Able, for example, is the employment program started by Jim Flaherty. It has been continued and renewed by this government. It's a partnership with Inclusion Canada and now the Autism Alliance of Canada.

Certainly, we haven't even touched on indigenous communities in this country. The federal government has a huge role to play. I think we made progress with the last iteration of conversation around indigenous communities and voices being heard on this—conversations around military families, tax policy and the justice system. There are a lot of places yet.

Mr. Don Davies: That's where I was going next. I know I won't have time.

I was going to get into the issue of intersectionality, because autism intersects with many other identities, such as gender, sexuality, race, ethnicity, culture, socio-economic status, rural and urban. We have a lot of work in front of us.

Hon. Mike Lake: I will note that it's mentioned in the bill. I think that's very important. Even though the bill doesn't lay out the strategy, the fact that it's mentioned in here and that they left room to add other areas—wherever the conversation might go, from here—is an important part of this.

Mr. Don Davies: That's a great place to end.

Thank you, Mike.

The Chair: Thanks, Mr. Davies.

Dr. Hanley asked for 10 seconds to thank you. I'll extend the courtesy to the other parties, as well.

Dr. Hanley, go ahead.

Mr. Brendan Hanley: Thank you.

I just want to thank you on the record, Mike, for your eloquent testimony today and your advocacy.

Voices: Hear, hear!

Hon. Mike Lake: Thank you. I appreciate it.

Some hon. members: Hear, hear!

The Chair: Is there anyone else?

Go ahead, Mr. Zimmer.

Mr. Matt Jeneroux: [*Inaudible—Editor*]

Mr. Bob Zimmer: Obviously, in my last minutes, I spoke about how this has been a long-term thing.

Mike, as a dad, member of Parliament and colleague, I really applaud your efforts to keep going on this. Again, I hope you get across the finish line sooner than later. I wish you all the best and thank you for your efforts today.

Hon. Mike Lake: I appreciate the member of Parliament from the town I grew up in and the member of Parliament from my neighbouring riding competing over the mike there.

Thanks, everybody.

The Chair: Mr. Lake, I had a classmate in law school who has an autistic son, and he did a TED talk in 2014. He also spent some time in public life. His name is Danny Graham. If you google

“Danny Graham TEDx talk”, the title of his talk was “Those least like us have the most to teach us”. That theme came over and over again, and, as I listen to you provide your testimony, I couldn't help but think about Danny's TED talk. I hope you get a chance to google it.

Thank you so much. This is obviously something that you're very passionate about and extremely knowledgeable about, and your advocacy is extremely effective and compelling. Thank you.

Go ahead, Mr. Davies.

• (1305)

Mr. Don Davies: I just want to say thank you as well and that I can't think of any parliamentarian better suited to sponsor this bill in the House of Commons, Mike, so thanks for that.

Some hon. members: Hear, hear!

Hon. Mike Lake: I'll just say thank you to all of you, because I had a chance to serve on this committee before, and it's nice to come into a situation where, although I get nervous when I'm speaking and it's weird to sit in this spot at the table, I know that I'm coming to a committee that, notwithstanding political labels, is one that I really enjoyed serving on when I was here. I knew that we would have a great conversation. Thank you for the great questions.

The Chair: The second-last word goes to Mr. Garon.

[*Translation*]

Mr. Jean-Denis Garon: I just wanted to say that there are lots of people who have causes that are very dear to their hearts, but they fall into two categories: those that talk the talk and those that walk the walk. You fall into the second category, Mr. Lake, and you have my respect.

Thank you very much for your testimony.

[*English*]

The Chair: Is it the will of the committee to adjourn the meeting?

Some hon. members: Agreed.

The Chair: We're adjourned.

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