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—
Chair

The Honourable Hedy Fry

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• (1130)

[English]

The Vice-Chair (Mrs. Patricia Davidson (Sarnia—Lambton, CPC)): Committee, I call the meeting to order.

I'd like to welcome Carmela Hutchison. She'll be with us this morning. For those who have been on the committee before, she's a familiar face and we welcome her back.

I'm sure the new members will enjoy hearing from you as well. I'll now turn it over to you for your 10-minute presentation.

Ms. Carmela Hutchison (President, DisAbled Women's Network of Canada): Good morning, everyone. I thank you very much for the opportunity to appear before you. I also want to acknowledge the Kabeshinàn people on whose traditional lands we are welcomed here today.

As some of you do or don't know, it was short notice, so I hope to be prepared and smooth. I'm going to quote heavily from two reports, because I think they are very succinct and speak very much to many of the issues. Then I'd like to make some anecdotal comments, and also some comments with respect to EI and the NGO industry and labour in general. Then we'll conclude.

At this point, I just want to talk a little bit about the statistics. The people who are the most impacted by EI regulations are people who are newly disabled and people with episodic disabilities. People who are newly disabled, if they don't have access to short-term disability benefits, will find themselves needing to access social assistance programs within the province and EI medical as the initial step when they need income support and they don't have employer benefits.

Twenty per cent of all Canadians will experience an episode of mental illness in their lifetime, and that is basically one in five; two million Canadians have diabetes; 63,000 Canadians are living with HIV; and four million Canadians are affected with arthritis and other rheumatic conditions—and those numbers are expected to double by 2020. As we can see, this issue affects tens of thousands of people, and so that's a very important thing to know. Basically, the whole premise of what happens is very interesting.

The first report I'm quoting from is called *Navigating the Maze: Improving coordination and integration of disability income and employment policies and programs for people living with HIV/AIDS—A discussion paper*. In here, they talk about some of the statistics with respect to employment insurance. Some of the things surprised me a little bit. Basically, a disability can, of course, last longer than the benefits that employment insurance provides—30% of EI

sickness benefits recipients exhaust all their 15 weeks. So more than 30% of people are sick for longer than 15 weeks.

For people living with HIV/AIDS and other disabilities such as multiple sclerosis and mood disorders, the episode of inability to work can last longer than 15 weeks. And then, according to the 2004 EI monitoring and assessment report, 10% of all the people who used all 15 weeks of EI sickness benefits received CPP disability benefits afterwards. This finding suggests that 15 weeks of EI sickness benefits may not be enough.

At this point, it is unknown how many of the claimants who exhaust EI sickness benefits may not have a package through their employer that would provide the income support for the period of time there was CPP de-coverage and the extended health benefits needed, such as medication and rehabilitation services. Whether it's CPP disability, EI, or a provincial social assistance program, and even some of the best programs, which would be like DB2 in British Columbia or AISH in Alberta, which is assured income for the severely handicapped, or ODSP in Ontario—those are specific provincial plans for people with disabilities—none of those achieve LICO. So people are, right at the get-go, having a lot of expenditure and not the income to meet it. That's one of the things that are really quite important.

• (1135)

An excellent policy paper as well is *Canadians Need a Medium-Term Sickness/Disability Income Benefit*, by Michael J. Prince. It's from the Caledon Institute of Social Policy. He has an excellent analysis of all the benefit plans for people with EI and the CPP disability. On page 21 of that paper, he has several recommendations.

He has proposed an EI sickness benefit that would be extended so that the population coverage would be EI clientele, virtually all employed persons. The eligibility entry would be 600 hours of insurable work. The definition of disability would be "Continuing serious illness that results in a 60% loss in earnings capacity". Rehabilitation and employment services are partly in place but would be expanded. The income replacement rate would be on the EI basis of 55% of weekly insurable earnings. Benefit duration would go from 20 to 35 weeks beyond the existing sickness benefits, so you would be looking at 35 weeks. This would be administered through HRSDC, through the EI program.

The second proposal is a medium-term income program that would have EI or CPP clientele covered. The eligibility entry would be 600 hours of insurable work. The definition of disability would be "Chronic illness or disability that results in a 60% loss in earnings capacity". Rehabilitation and employment services would need to be linked with expanded services in EI regular and special benefits. The income replacement rate would be on the EI basis, 55% of weekly insurable earnings. The benefit duration would be 50 weeks maximum over a two-year period. Again, the federal department of HRSDC would be seen as the administering body for that.

His last recommendation is for partial disability benefits within CPP itself. This would cover CPP clientele, which is virtually all employed persons and the self-employed. The eligibility would be contributions to CPP in four of the last six years. The definition of disability would be "Partial disability of a prolonged nature" and "Modified concept of severe so as to incorporate a continued partial capacity to work". Minimal and voluntary vocational rehabilitation in place would need to be expanded and with regular assessments. The modified CPP basis is 60% of the earner's wage loss up to an average income ceiling. It's paid until the recipient returns to full-time work; until disability ends, the condition worsens, and the recipient qualifies for full CPP disability benefits; or the recipient turns age 65. Again, that would be administered through the federal department of HRSDC through the CPP program, and provinces would have the option to create a similar and autonomous plan.

Those are the three recommendations. As I sat on the plane last night, I was really thinking about this, and I want to toss out fourth and fifth possibilities.

The fourth possibility would be a guaranteed annual income for all citizens, which I know is not a new concept. It's certainly something that has been around, but maybe it's worth considering. If people had a basic stable income that allowed for a minimum standard of living and every citizen had access to that, perhaps it would not be such a major crisis when people were in a situation where they'd lose everything if they became ill.

• (1140)

The other is about covering some of the gaps we encounter. There's more and more focus on part-time work and contract work, and neither of those really pays benefits. So maybe there should be tax incentives to employers to pay benefits.

There also needs to be some way for people who are self-employed and people who are working on contract to make some kind of contribution. Let's say it's a \$10,000 contract, and the employer who hires that person must pay 10% towards CPP or EI. That's one of the things we see a lot in the NGO industry, and I know it's in many other industries. It's particularly difficult in ours when we don't have the ability to pay benefits. We're facing a situation right now where we have one employee who will be eligible for EI medical, but another who was working on contract has nothing to resort to.

The Vice-Chair (Mrs. Patricia Davidson): I'm sorry to interrupt, but your time is over. Do you have much left in your presentation?

Ms. Carmela Hutchison: No.

The Vice-Chair (Mrs. Patricia Davidson): Okay, we can get your comments through the questions then.

Ms. Carmela Hutchison: Absolutely.

The Vice-Chair (Mrs. Patricia Davidson): Thank you very much.

We will go to our first round of seven minutes with Madame Neville.

Hon. Anita Neville (Winnipeg South Centre, Lib.): Thank you.

Thank you very much for coming, particularly on short notice. We appreciate your making the effort to do that.

I have lots of questions. You certainly do fall through the cracks in a whole host of ways.

You promoted two options of your own and three that came from the Caledon Institute. In your last one you talked about EI benefits for the self-employed, and we've been talking about EI benefits for the self-employed related to maternity and parental leave. But I'm hearing you say to extend it much beyond that. That certainly requires looking at.

Of the three options you presented from the Caledon Institute, in your mind and your experience, working where you do, what merits would one have over the other? Which one would be preferable, or what are the merits of each?

• (1145)

Ms. Carmela Hutchison: Of the Caledon ones, option two is probably the best quick win option for the government to implement. The reason for that is that 600 hours of insurable work is more achievable by people with disabilities than the four or five years of continuous work it would take to qualify. It would at least give a year of benefits, which is better than nothing. If these were my only three choices, I would pick option two for that reason.

Hon. Anita Neville: Do you have any additions or modifications to option two? You say that reluctantly. Can option two be enhanced, from your perspective?

You said that for 30% of people on EI, benefits run out while they're ill. Do you have any actual hard numbers on EI exhaustees? How many go on the Canada Pension Plan and then go back to work and accumulate EI? I guess I'm looking for a cycle.

Ms. Carmela Hutchison: I don't think there's any on a long-term cycle. The first paper I quoted from doesn't really say who has ongoing benefits. They basically say that 30% of recipients of EI sickness benefits exhaust all 15 weeks. Then 10% of those go on to CPP disability, but they don't know who goes on to long-term benefits.

Hon. Anita Neville: You're saying we don't know who goes back to work and reaccumulates.

Ms. Carmela Hutchison: That's right.

The other modification would be in here. When they've got the benefit duration, it's 50 weeks maximum over a two-year period. If you have an episodic disability such as multiple sclerosis, you could quickly exhaust your 50 weeks over the two-year period. Then, what happens in the third year?

Hon. Anita Neville: Thank you.

The Vice-Chair (Mrs. Patricia Davidson): Madame Zarac, you have three minutes.

Mrs. Lise Zarac (LaSalle—Émard, Lib.): Thank you.

You've mentioned that 15 weeks is not enough. I imagine you're welcoming the five weeks that the budget is presenting now, but will another five weeks be enough, in your opinion?

Ms. Carmela Hutchison: Five weeks probably won't be enough. I think that when most people start on a disability process, they usually end up at six months and then try again. Sometimes it doesn't work out, so I think it definitely needs to be longer than 20 weeks.

The other thing that's very important is the enhancement of medical benefits and people having access to those benefits.

Mrs. Lise Zarac: Could you talk to us about the impact of not receiving EI? What is the impact? Is it that you can't afford your medication? Can you give us more details?

Ms. Carmela Hutchison: People can't afford medication. If treatments are not covered, they can't afford them. The first thing that happens immediately is that even on EI, income goes to 60% of what you were making. Right away you're into your rent, your car payment, or your children's activities. You're into all those things, so you're immediately at risk. A drop to 60% of the usual income for somebody in Calgary would put that person at immediate risk of homelessness.

Mrs. Lise Zarac: Would it affect also your condition? Do you think it also affects your condition?

Ms. Carmela Hutchison: Yes, the stress definitely has a tremendous impact on the condition. For somebody with diabetes who is required to follow a diet or do regular testing, lack of access to those things would have severe health impacts.

• (1150)

Mrs. Lise Zarac: You talked about a quick fix, a quick way to implement that would be very easy. Could you give me more information on what could be done very quickly?

Ms. Carmela Hutchison: I think option two would be the quickest win from the EI standpoint. If you're looking beyond that, then definitely there was some talk about pharmaceutical plans, and I know that provinces are implementing them. If there is any ability for the federal government to assist the provinces in doing that or in providing enhanced health benefits, those would be some of the greatest things that could go forward. Disability support, home support, and that kind of support work are all essential.

Another very important thing would be for government to make it so that there's cooperation and one level of benefit doesn't negate another. That way, if someone is eligible for CPP disability and they're on AISH, instead of deducting dollar for dollar, let people at least achieve the minimum of LICO with a combination of both programs. That would be another very quick win that could be achieved like that. I know in my own—

The Vice-Chair (Mrs. Patricia Davidson): I'm sorry, but I have to interrupt you there. The time is up.

We'll move on to Madame Demers, please, for seven minutes.

[Translation]

Ms. Nicole Demers (Laval, BQ): Thank you, Madam Chair.

Good day, Ms. Hutchison. Thank you for coming here. First of all, can you tell me what the acronyms AISH and LICO stand for?

[English]

Ms. Carmela Hutchison: AISH is the assured income for the severely handicapped. It's the same as the Ontario disability support program or DB2 in British Columbia.

Ms. Nicole Demers: What is LICO?

Ms. Carmela Hutchison: LICO is low income cut-off. For a single person it's about \$15,000. I apologize; I think it's about \$32,000 for a family of four, but that's off the top of my head.

[Translation]

Ms. Nicole Demers: I see.

The more I listen to you, Ms. Hutchison—earlier, you quoted all of these statistics—the more I'm convinced that while it's nice to collect EI benefits for 20 or 25 weeks along with medical benefits, do you not think that a more holistic approach would be preferable, one that takes into account the different aspects of life that are affected when a person becomes ill? I'm thinking here about assisted living facilities. Is it easy for you or for persons with disabilities to access assisted living facilities? Are there similar programs in place to help you access such facilities?

Regarding employment, Quebec has a program to help persons with disabilities find and keep a job. That's not always easy. Under the program, employers receive a subsidy that covers a portion of the employee's wages, so that they can keep their job for a longer period of time. Even with this program, it's hard to keep these persons employed long enough for them to qualify for EI benefits. After a while, employers feel that they are not getting their money's worth, even with the subsidies, because the work skills of the person with the disability are deemed inadequate, even when the output corresponds to the amount the employer must pay out of pocket. Would it be possible to develop programs to help persons with disabilities who can work to hold on to their jobs? Being able to work and to have a social life, instead of staying home and doing nothing, is very important, in my view, in terms of increasing one's self-esteem. Of course, it's important to ensure that these persons have access to EI benefits immediately when they encounter some physical problems, regardless of the nature of these problems.

I don't know where to begin. It's a very complex issue and there are so many problems that need to be addressed when a person suffers from a disability or from a degenerative disease. It's so complex that even I don't know where to begin. During economic hard times, everyone is looking for some help. The need is real, but where do we begin?

• (1155)

[English]

Ms. Carmela Hutchison: One of the learnings the Alberta government had when they did their cutbacks in the nineties was that it was a false economy to cut back disability benefits. Over time they enhanced them greatly, and I think that is one very important thing.

People with disabilities, inasmuch as we consume resources, are also economic drivers. One hundred per cent of our income gets turned back into the economy. Employment is provided when people are hired to assist us. Whether it's as an employment aid or as a personal care aid in the providing of disability supports, it all creates jobs. That drives the economy, so it's an important thing.

You've said so many exciting things, and I'm hoping I capture them all.

With respect to Emploi-Québec, I have to say that DAWN Canada has utilized that resource. It is a model for Canada. Everyone should be doing it across the country. What happens in Emploi-Québec is that a person comes in with a disability, and it's determined, perhaps, that the person who's working with a disability is 60% disabled. They will fund the salary to 60% of what we would be paying. This allows us as an employer an opportunity to hire somebody with a disability whose effectiveness might be reduced, but there's a saving on the salary end. It's an excellent program, one that would be lovely to have across the country. You are right that even with that program it is very difficult for people to accrue enough benefits.

The other thing you talked about was physical housing, which is also a huge issue. I know there are other government programs addressing housing; we just need more of them.

One of the things that are terribly important is the amendment of the building code, which includes features for disabilities, encouraging, at the minimum, visitable housing—that is, certain structures that allow a house to be modified over time. But really, it's accessible housing by percentage: every development would have to have a certain percentage of accessible housing. This is really very important.

I was lucky enough—I always say I'm a princess with a disability—to have a home, a husband, and a vehicle. We were told, with our home, that if we modified the height of the cupboards it would devalue our home and we might have to come up with more down payment. I didn't have the ability to come up with more down payment. So basically, now I have beautiful, accessible cupboards at 39 inches high. That is one of the impacts that sometimes happen from this.

We were misquoted on the elevator that needs to go into the house. Now I can't get to my basement. Funding for accessibility is as much of a personal issue as it is for any other public building where accessibility is an issue.

The Vice-Chair (Mrs. Patricia Davidson): Thank you very much. We'll move on now to Madame Boucher for seven minutes.

[Translation]

Mrs. Sylvie Boucher (Beauport—Limoilou, CPC): Thank you very much for coming here on such short notice.

My comments are somewhat along the same lines as those of Ms. Demers. This issue is very important to us. Quebec has many programs in place, as my colleague noted. You're from Alberta, I believe. Are their support programs in Alberta for persons with disabilities?

Our government and Status of Women Canada provide substantial support to women. I was in Montreal on Friday where it was announced that Action des femmes handicapées de Montreal would be receiving \$285,340. Quebec women with disabilities are forging partnerships. Often, when a person is disabled, resources are scarce. We try and help these women. The aim of this project is to improve their management, leadership and entrepreneurial skills so that they can start their own business or micro-business, identify the challenges they face and devise some positive, long-term solutions. This money will be used to organize a variety of activities such as workshops on business networking, financing, management, new technologies—because that's the wave of the future—, promotion and marketing. Women with disabilities will also be introduced to some mentoring activities. Disabilities in this case can be visual, mental or physical in nature.

Do you think this kind of funding could help other women with disabilities? When this type of direct assistance is provided to women, do you think it opens up employment opportunities for them?

• (1200)

[English]

Ms. Carmela Hutchison: I think these types of programs are all very important. Certainly, across the country, I can point to the opportunities fund as one other resource that has been used country-wide. There is supported entrepreneurship and there is also supported employment.

The supported employment programs that I'm most familiar with are SPHERE-Québec, and the BUILT Network, which has six project sites across Canada. It's a seven-week training program for mentally ill people that has been highly successful, exceeding all of its targets. The program covers customer service training and some rudimentary computer training, and it helps people to manage their mental illness in the workplace.

All of these resources are extremely important in helping to develop women's ability to become more economically successful. From the experience of the National Network for Mental Health—which is not only for women, but for men as well—supported employment has been more successful than supported entrepreneurship, simply because the struggles and stresses of managing one's own business when one has a disability, and without other backups.... If you are a sole proprietor, it can be somewhat of a risk. So more people there supplemented their incomes rather than getting off the system altogether.

Having said that, I also know there was a federal program for training people in web design. I know a woman from B.C. who is starting her own web design business from home, and she is having some success with it. It's in the building or start-up phase, but is coming along, and she is getting contracts.

I hope that helps.

Mrs. Sylvie Boucher: Thank you.

The Vice-Chair (Mrs. Patricia Davidson): [*Inaudible—Editor*]

Ms. Carmela Hutchison: Well, I certainly think access to assistive technologies is also extremely important, and that's one thing we really need to make sure of. With these assistive programs, the dollars need to follow the person. And these programs should be needs-tested as opposed to income-tested, because you sometimes find people who really could benefit from them and become productive, but if their incomes are too high, they won't get access to the program.

So I think that if we're going to follow the principles of universal health care, all disability and medical supports should really be needs-tested rather than income-tested.

• (1205)

[*Translation*]

Mrs. Sylvie Boucher: The federal government can help you. In Quebec, women are fortunate to have access to a range of programs. Are you as fortunate in Alberta? I'm not very familiar with that province. Could you tell me more about the support programs in place there, particularly for women with disabilities?

[*English*]

Ms. Carmela Hutchison: In Alberta, there are certainly disability-related employment supports. There is nothing for women specifically. The ministry for women there has been placed under the Child, Youth and Family Enhancement Act, so it's not even its own ministry anymore. That is of particular concern to those of us in the province of Alberta because we don't have our own ministry for women, and that makes it very difficult for disabled women in particular.

However, what do exist are disability-related employment supports. There's also access to the federal programs we've been talking about throughout our time together here. Also, there is the ACE program, the Alberta community employment program, which used to be jointly administered between the federal and provincial governments, and then it went to the provincial government. It was different from Emploi-Québec and less helpful to us, because when we were using the program as an NGO we couldn't promise permanent employment and, therefore, sometimes didn't get workers. Another time, when we had actually done a hiring process and had two highly qualified workers, they ended up being cherry-picked out of our program. They were told, no, no, you guys can work full-time, and they were put into that stream and out of ours.

The Vice-Chair (Mrs. Patricia Davidson): Thank you very much.

Now we'll move on to Madam Mathysen, for seven minutes, please.

Ms. Irene Mathysen (London—Fanshawe, NDP): Thank you, Madam Chair.

It's wonderful of you to come back and provide your wisdom to this committee. It's good to see you again.

I was quite interested in your solutions and your additions to what was proposed by the Caledon Institute. You mentioned a guaranteed annual income. Now, there are those who would say that's too expensive, that Canadians wouldn't support such a policy. How would you respond to that? What would you say to them?

Ms. Carmela Hutchison: While I know that it's a controversial issue, I think it still bears consideration.

One of the largest stressors that come for people being productive and for people who are trying to achieve employment.... I'd like to sort of quote MLA Alana Delong. She and I worked for quite some time on the low-income review committee. She said that they found that the best way for people to come off the system was to slowly, slowly come back and to have as few bumps as possible. I think she's very accurate in that. Having a guaranteed annual income for every citizen would mean that people are not stressing that they are going to lose every single benefit they have. A lot of things happen. For example, if someone is sick and still wants attachment to the workforce, if that person reduces work hours with the employer, what immediately happens is that if he or she then has to go on long-term disability, the full-time employment the person started out with is lost. He or she will lose that full-time benefit, and the long-term disability carrier will only pay the reduced rate.

That's one obstacle right there. People work until there's nothing left. They stay longer when they maybe should have been on disability or maybe should have been on reduced hours. Then we have a situation where people can't move in the system because they're going to lose their medical benefits, they're going to lose their extended medical benefits that provide for other disability support, or they're going to lose the job itself. That also poses other problems.

If there was a guaranteed annual income, people would feel safer because they would not lose that base. I think we'd see a whole lot of creativity and different things happening.

• (1210)

Ms. Irene Mathysen: You said in your testimony during the last Parliament that disabled women make significant contributions to the Canadian economy. Could you please reiterate what you told the committee in regard to the important contributions made by disabled women?

Ms. Carmela Hutchison: If I miss something, please add it to the record. Certainly, first of all, women are half the family. They're making a lot of the purchasing decisions for the family. There's a larger proportion of single-parent families, especially among disabled women. Again, the major dollars spent are being decided upon by women with disabilities.

As I've said over and over, look at people with disabilities as economic drivers. Look at us as customers and potential markets, because there's a whole array of everything from government programs to job creation. One thing that doesn't go away during economic fluctuations is disability. Whether the market is bull or bear, I am as disabled as I was the day before and the day after. Therefore, that's something that's constant in our economy.

Again, the more we're seen as drivers of the economy and drivers of industry, the more it certainly makes good economic sense to provide supports. If you're looking at an economic stimulus package, then rebuilding some of the closed hospitals and filling the nursing shortages and medical personnel shortages makes really good economic sense.

Ms. Irene Mathysen: We know that with the EI benefit comes a training component, for some people at least. Are disabled women eligible for EI training, or are there problems in regard to the disabled securing that training? Are there any barriers you could describe?

Ms. Carmela Hutchison: I haven't really seen a lot of barriers posed through the system of EI training. I would think that the barriers are systemic and related to the lack of supports with respect to things like child care, accessible transportation, and provisions of those basic supports and health benefits. If a woman has to take all day in order to maintain her home and her children, then there isn't energy left over for work.

I thank you very much for the fact that I'm allowed to travel here with an attendant to help me with my disabilities. If I had had to pack my own suitcase and drag in my own luggage, I wouldn't have had an opportunity to be dressed appropriately. When my scooter got off the plane and they had dismantled the battery case, if my husband hadn't been there as my attendant to fix that, I couldn't have gotten to the ground to fix it, and I would have been stranded at the airport without a mobility device on very tight timelines. If you translate that into a work situation, then a woman who doesn't have those kinds of supports is not going to be able to show up for a job.

Ms. Irene Mathysen: I take it that, beyond coming here, travel is very expensive and challenging for you, then.

Ms. Carmela Hutchison: It is always very expensive, and the challenges are constant. I think that's something that also really needs to be looked at. In the NGO sector in particular, it is very difficult because some of the national organizations don't have the budget to provide attendant care.

In the workplace I think that is also important, because again, attendant care isn't something that is easily or readily available. It's a definite gap in our—

• (1215)

The Vice-Chair (Mrs. Patricia Davidson): Thank you very much.

We'll now move on to Madam Zarac, for five minutes, in our second round.

Mrs. Lise Zarac: Ms. Hutchison, when you start collecting EI for a disability, are you penalized for the first two weeks also?

Ms. Carmela Hutchison: Yes. And that's one thing—thank you. Elimination of the waiting period is essential.

There was one other...*[Inaudible—Editor]*...and it's because we, as employers, didn't understand that if a person had utilized their whole sick bank before going on EI, then they automatically had to have the waiting period, whereas if they even had just one day in their sick bank, then they didn't have to have the waiting period. But we should eliminate that waiting period.

The Vice-Chair (Mrs. Patricia Davidson): You wanted to ask something, Anita?

Hon. Anita Neville: Can I just pick up on that?

I didn't know that. And do you, as an advocacy group for the disabled, make that well known to your communities?

Ms. Carmela Hutchison: We have not made it well known in that it was an anecdotal experience that happened in one of the 12 NGOs I'm involved with. It happened to a woman, and she brought it to my attention as a person on board. We had put so much thought into our human resource policy, and we didn't know it either. Sometimes there are those unintended consequences, so I'm glad to have this opportunity to bring it forward.

Again, one other interesting piece is that even to speak about employment, we were not funded nationally. We had three strategic plans. We had housing, violence against women, and employment, and we were not funded for the employment piece. So that also hampers our ability in drilling down into some of these issues.

Mrs. Lise Zarac: Thank you.

When you started your testimony, you mentioned that the most impacted are the newly disabled. Could you tell me why this is?

Ms. Carmela Hutchison: For newly disabled people, it depends on several things. And it's like the lottery. A person comes in and you have to look at their whole situation. So a person comes in, and if they're young—say they have schizophrenia and they're disabled at age 18—they haven't worked long enough to acquire CPP. They maybe haven't even worked long enough to acquire EI benefits. So therefore they're automatically on the welfare system.

Then you have other people. Our roommate, for example, has bipolar illness, and he had a job with a major pharmaceutical company. He was a rep. He was pulling down probably between \$60,000 and \$100,000 a year in income. When he started to have trouble, his employers wanted him to go on long-term disability. His employers were supportive of his going on long-term disability, and his psychiatrist and his doctor were *not* supportive of his going on long-term disability. He was subsequently fired, and he now lives on CPP disability. And it's taken years to find somebody who will be supportive to get him on AISH. So he has to pay for all his own medications out of \$800 a month. He doesn't even have access to those benefits. So it's a very serious issue.

Then you have other people who had benefits and were resisting going on long-term disability. One woman in particular had access to long-term disability and she didn't want to go on it, so she tried to stick it out. She was fired. Two months later she was diagnosed with MS, and then there's no way to access her benefits, right? That's all gone. She lost her benefits.

This is one of the things that can be particularly risky if people are afraid to disclose any medical issues or if they're unaware, because when you're first getting diagnosed you're not aware of what's happening to you. So that's also a problem, and then people lose their benefits.

Mrs. Lise Zarac: Why would somebody not want to go on long-term disability?

Ms. Carmela Hutchison: Why they would not want to? Because they are worried about stigma. We all have good work ethics, and there's a lot of guilt and shame when we suddenly can't do what we used to do. When that happens to us we're puzzled; we can't figure out why it is.

I know in my own life I couldn't figure out why all of a sudden I couldn't do my case notes—

• (1220)

Mrs. Lise Zarac: So in your mind you want to work?

The Vice-Chair (Mrs. Patricia Davidson): Mrs. Zarac, that's the end of your time.

We'll now move on to Ms. Hoepfner, please.

Ms. Candice Hoepfner (Portage—Lisgar, CPC): I want to thank you so much, Ms. Hutchison, for being here.

On a personal note, I have six sisters, and one of my sisters has a disability that prevents her from working. She is also diabetic. I can relate to a lot of the challenges you're speaking about, because of my family.

What I keep thinking about, and I think this is our challenge, is that a lot of the solutions are under provincial jurisdiction. You talked about pharmacare and health benefits. You talked a lot about the social programs. You talked about Quebec having a good program.

As a federal government, we have a constitutional obligation to not interfere in the province's delivery of some of those services. So for the purpose of this committee, we are really trying to find out how the EI program specifically affects women, and today we're talking about disabled women.

I'm hoping we can find ways to better support disabled women and men, Canadian citizens, while at the same time still be responsible to the taxpayer and to the private sector. Some of the questions I want to ask probably have more to do with how we can get disabled women back to work, as you mentioned, maybe not outside their home, but maybe in their home, in a home business or something of that nature.

I do want to make a quick comment on the waiting period. EI is an insurance program, so the waiting period acts more like a deductible. A former Liberal minister actually agreed with that. It was Jane Stewart, former Minister of Human Resources. Back in 2003 that

was her comment, that the two-week waiting period is like a deductible in an insurance program; it is there for a purpose. Again, that's a bit of a struggle. Maybe there's a provincial program that could kick in during that two-week waiting period.

What we're trying to articulate here and find out is how we can implement the employment insurance program to best help and support disabled Canadians, disabled women.

DAWN was first founded, as I understand, in 1985. At that point, during the research, one of the most important issues that came to light was self-image. I'll just quote from the DisAbled Women's Network Canada: "A strong self-image is essential to gaining access to the world of work, to developing strong, egalitarian intimate relationships, to effective parenting, and to resisting the violence that pervades our society."

That was 20 years ago. Do you still think that's an issue with disabled women in terms of getting back to work or building a business at home? You talked about guilt and shame and some of those things. Is that still an issue? How can we be more aware of that and how it affects disabled women?

Ms. Carmela Hutchison: The sad thing is that it's as much of an issue, if not more, than it ever was. Look at the fact that there really hasn't been much change in the rate of violence against women with disabilities. That's an automatic one-down situation where a person feels guilt and shame because the abuse is put on them.

But overall, there is a value that every one of us as human beings... Sigmund Freud talked about the two pillars of life being love and work. Well, what gets most shot down when a person has a disability? Love and work. A lot of marriages end. The only example I can pull off the top of my head is from nursing school, that two-thirds of all marriages with MS ended in divorce. That's a pretty heavy thing, and that's just one illness.

When you look at that and you look at the loss, the trauma of all of those things, and then you add the disability on top of it, there are some things that are very hard. I have to tell you that even in my situation—because I will never work again—I have had some of the most stigmatizing experiences in the last year, which is shocking to me.

I took a class in how to give a presentation. All of you have had me here before. I'm wearing the same clothing as I wore when I appeared in front of you three times before, and I was told that it was not appropriate. I was chastised for that. I don't have money to go out and buy new clothing. I had to find a seamstress to get things made. It's been a year, just that process alone, finding somebody who will do that kind of tailoring at a price that I can afford.

These are some of the things that happen.

• (1225)

The Vice-Chair (Mrs. Patricia Davidson): We're going to have to move on to the next presenter, but Catherine will speak to you for just a second.

Okay, now we'll move on to Madame Demers for five minutes, please.

[Translation]

Ms. Nicole Demers: Thank you, Madam Chair.

Ms. Hutchison, I can't believe someone commented on the way you were dressed. I'm completely shocked.

Earlier, Ms. Mathysen spoke to you about the guaranteed minimum annual income. Did you know that when the Bélanger-Campeau Commission was struck in Quebec in 1990, the Fédération québécoise anti-pauvreté presented a brief entitled "Pour que disparaisse la misère au Québec: le Ragui", which touted the GIA as the solution to ending poverty in Quebec. The brief called for a universal, indexed minimum annual income. The calculations made at the time were quite telling.

In any event, I was fascinated to read that programs like employment insurance and social welfare could be eliminated and replaced with a program that provided everyone with a guaranteed minimum annual income. The program would allow students, among others, to pursue an education without having to hold down two or three jobs to make ends meet, and would allow men and women to choose between staying at home to care for their children and going out to work.

Earlier, you mentioned that the Caledon Institute had given some thought to this feasible, innovative solution. One thing is clear, and that is that no government would dare propose this kind of policy. Yet, considering solutions like the ones you are advocating is a worthwhile exercise because the system can no longer continue to function as it has been. The government can no longer continue arguing that it is doing everything it can, while knowing full well that you are receiving only the bare minimum and not what you really need.

As an MP, I have had it with seeing people come here and tell us what they need, and with realizing the little we can do for them. I am aware of our limitations. I would like to see us, as parliamentarians, make decisions that have to do with people, not just with power. I have to say that I've had it with these kinds of decisions.

You stated that all programs are in need of funding. However, it's true that the federal government cannot interfere in areas under provincial jurisdiction, and that is how it should be.

[English]

The Vice-Chair (Mrs. Patricia Davidson): There won't be any time left for any answer soon.

• (1230)

[Translation]

Ms. Nicole Demers: It's not a problem. Thank you, Madam Chair. I think Ms. Hutchison understands.

However, the federal government could in fact allocate funds to the provinces to help them finance the different programs.

Briefly, what do you think about that, Ms. Hutchison?

[English]

Ms. Carmela Hutchison: I have a very short answer, and it's one I've been telling governments at every level.

The government, in many ways, has legislated away its powers. It needs to take its power back and use its power to make those positive decisions Madame Demers has spoken so eloquently about.

The Vice-Chair (Mrs. Patricia Davidson): Thank you. You have 20 seconds left.

Ms. Carmela Hutchison: In that case, I'll eat up those 20 seconds very quickly by saying that much of what you've said I absolutely agree with. Also, I think no level of government would refuse money, so I think that certainly is one other thing. And I think there is no problem in designating it.

The Vice-Chair (Mrs. Patricia Davidson): Thank you. We'll move on.

Madam Mathysen, please.

Ms. Irene Mathysen: Thank you, Madam Chair.

Madame Demers asked in part a question I wanted to ask. You talked about the problem with governments and the mantra of smaller government and government not interfering in the lives of individuals. It seems to have been crammed down our collective throats quite audaciously in the last little while.

And it doesn't make sense, I quite agree with you. Government is there to fulfill the needs of the people within the country. It is not a business, it is not a corporation; it is the government of the people. So I thank you for that comment.

You also talked earlier about your fifth recommendation, that being that employers be compelled to pay employment insurance and CPP. In my riding, and I'm sure that this is universal across the country, we have more and more of these temporary agencies, and they hire older workers, women, the disabled—and they're there for three months and then they're thrown away and they have no access to employment insurance or benefits. And that's the whole point—that they can be discarded, and there's no conscience involved; there's no support system.

I want to come back to what Madame Demers said. She's quite right, the federal government absolutely has the ability to transfer money to the provinces to improve our health care system and extend universal health care. We could include home care, long-term care, and prescription drug care. If the federal government took its responsibilities seriously and moved in that direction, would it make the kind of difference we keep talking about? Would it be real for the people you are talking about?

Ms. Carmela Hutchison: Absolutely. Just to touch on what another speaker here said, it would go a long way towards reducing that stigma. When you can afford to live and to participate in the fabric of Canadian society in a way that doesn't make you visible as a disabled person, that goes a long way to reducing shame and stigma.

Ms. Irene Mathysen: You talked about child care. Does Canada need an affordable, regulated, accessible national child care system? We most certainly don't have one now. Do we need one? How would it help?

Ms. Carmela Hutchison: It would absolutely help. We talk all the time—and it alarms me, because a third of my caseload, when I was working, was child and adolescent psychiatry.... We have people quibbling about the cost of taking care of the most precious resource we have: our youth. That's the most precious thing we have: the young people of this country coming up, whom we want to raise to be good, proud Canadians and law-abiding citizens. Yes, a national child care is very important.

I'm going to speak anecdotally about the situation of a young boy, eight years old, wanting to take his life. He wanted to take his life because he was getting up in the morning.... Well, he just knew that he was sad. But this young man was getting up in the morning, and his mother was already at work; at eight years old he was a latchkey kid. He was coming home and trying to make himself lunch, but he didn't know how to cook. So he'd eat raw bacon and Kool-Aid without sugar in it, and then he was sick over the noon hour at school. How can anybody say that child support—support for his care—is not essential? These are the kinds of things that are so very important.

So also is housing for women who are disabled and who have children. Very often those women, if they stumble in their housing.... They are exposed to abuse, they're trying to keep housing any way they can get it, and when they can't keep it, their kids are in care because they can't provide a home.

• (1235)

The Vice-Chair (Mrs. Patricia Davidson): You have 10 seconds.

Ms. Irene Mathysen: Oh, dear. Well, I'll use my 10 seconds to say thank you very much. I appreciate your wisdom and your insight. And perhaps we can indeed make the improvements that we so desire.

Ms. Carmela Hutchison: I'm just very excited to be here, and I really have enjoyed these discussions.

The Vice-Chair (Mrs. Patricia Davidson): We have one more speaker.

Ms. O'Neill-Gordon, please. You have five minutes.

Mrs. Tilly O'Neill-Gordon (Miramichi, CPC): Thank you. We're glad to have your presentation here this afternoon.

First of all, I want to congratulate you on making a note that women are the main purchasers. That is so true. We are the ones out there buying the groceries and the clothing and making our decisions for home renovations. We are the prime drivers in purchasing a lot of things. I congratulate you for making that comment and making it known, because it is a very true fact that we're always there purchasing and making decisions.

I assure you that our government is working to improve the lives of Canadian women. That is why, in our economic action plan, we've just committed to invest \$75 million in the construction of social housing for people with disabilities. Can you explain how that will help the ladies in your area have access to better housing?

Ms. Carmela Hutchison: Again, it's going to depend on how it rolls out. There needs to be provision for a certain percentage of units. Most of the units for people with disabilities are built for people who are single. They're one-bedroom or studio apartments. They're not built for a woman with two children and where the woman is disabled as opposed to the child. It's very important that a certain number of long-term housing units be made available.

Also, it's very important for battered women's shelters, homeless shelters, that type of housing as well, that the proper accessibility and disability supports are brought into play. That's another essential thing. For any area of disability, and especially for the mental health sector, home support and independent living support certainly has to be part of any social housing program. You can't have one without the other.

Mrs. Tilly O'Neill-Gordon: However, the \$75 million is a good thing. It will help some, but a few circumstances have to be met in the process. Is that what you're saying?

Ms. Carmela Hutchison: Absolutely.

Mrs. Tilly O'Neill-Gordon: It's good to know that the \$75 million is helpful.

The other thing is that I'm not really sure what you mean by the two-week waiting period. Could you explain? If you've been working and you get your last cheque, do you then have to wait two more weeks before getting employment insurance? How long is that term?

Ms. Carmela Hutchison: It's two weeks from the date that you apply for your EI. I think the idea of it is that they're worried that there's any vacation earnings or anything like that. That all has to be exhausted. I think that's the premise behind it. That's the idea behind it.

It's also sort of a disincentive. You're not just going to automatically go and take your disability or EI benefits. It's hoped that people who lose their jobs suddenly will immediately go out and get another job. That's also what the waiting period does.

Mrs. Tilly O'Neill-Gordon: I was thinking in terms of your getting your cheque today and then being off, and then you'd have to get your holiday pay and so on. If you applied for your employment insurance right away, would it be more than two weeks? Would it be longer than if you were working and got your cheque today and then waited another two weeks for your next cheque? What would be the difference between getting your cheque every two weeks and getting this employment insurance cheque at the end? Would it be about three weeks maybe?

• (1240)

Ms. Carmela Hutchison: Yes, and also—

Mrs. Tilly O'Neill-Gordon: Or is it much longer? I'm just weighing the fact of our government having attached the five weeks on the end as opposed to having changed it at the beginning. Which would be better for our women? That's what I'm trying to get at in regard to the system.

Ms. Carmela Hutchison: Right. It would be better to do both.

Mrs. Tilly O'Neill-Gordon: Sometimes you just have to have one or the other.

Ms. Carmela Hutchison: If there's a choice of one or the other, add the five weeks at the end.

Mrs. Tilly O'Neill-Gordon: Okay. That's good to hear.

Ms. Carmela Hutchison: But it would definitely be better to do both.

Mrs. Tilly O'Neill-Gordon: I know what you're saying.

Ms. Carmela Hutchison: Maybe it would be better to do both in the case of medical reasons. If a person is able to work, they can perhaps have the waiting period, but if people are ill, it kind of proves the point. You can't market yourself when you're sick.

Mrs. Tilly O'Neill-Gordon: That's why I was wondering about the two weeks. I know we have two weeks, but how long would that two weeks sometimes extend to?

Thank you.

The Vice-Chair (Mrs. Patricia Davidson): Okay. There are about 15 seconds left. Did you want to take that quickly?

[*Translation*]

Mrs. Sylvie Boucher: I was also shocked that some people commented on the way you were dressed. I think you are dressed quite appropriately and that you look fine. Some people have no manners whatsoever.

Do you feel that women with disabilities—

[*English*]

The Vice-Chair (Mrs. Patricia Davidson): Okay. That ends our second round of questions.

Again, I want to say thank you very much. I hope we haven't put you through too gruelling an experience here this morning, being the only witness. I know we've expected a lot of you, and you've given a tremendous amount.

Ms. Carmela Hutchison: It was my tremendous privilege. I liked being the only witness. I really enjoyed the discussion. It's been tremendous. Thank you.

The Vice-Chair (Mrs. Patricia Davidson): Thank you again.

May I have a motion to adjourn, please?

Madame Zarac, seconded by Madame Demers, moved the adjournment of the meeting. Everybody's in favour?

Some hon. members: Agreed.

The Vice-Chair (Mrs. Patricia Davidson): This meeting is adjourned.

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