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HEARD ON THE HILL BUZZ

Artist paints Queen, other prominent people, wants a national portrait gallery



You don't say: Queen Elizabeth, oil on canvas, by artist Lorena Ziraldo. Ms. Ziraldo said she got fed up that Ottawa doesn't have a national portrait gallery, so started her own, kind of, or at least until Nov. 22. Read HOH p. 2. Photograph courtesy of Lorena Ziraldo

NEWS LEGISLATION

Feds to push ahead on anti-terrorism, budget bills

By Rachel Aiello

The Conservatives plan to wrap up second reading

debate on their controversial new anti-terrorism legislation, Bill C-44, and swiftly move it to committee when the House

returns on Monday, as the race begins to move bills through the Parliament before it adjourns in four weeks on Dec. 12, ending the scrappy, boisterous legislative year for good. All the political parties are preparing for the next federal election.

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NEWS SENATE

Nolin, Eaton, Andreychuk considered top contenders for next Senate Speaker

By Abbas Rana

Prime Minister Stephen Harper has not announced yet who is going to succeed Senate Speaker Noël Kinsella when he retires on Nov. 28, but three prominent Conservative Senators—Pierre Claude Nolin, Nicole Eaton and Raynell Andreychuk—are in the

list of top contenders, say Conservative Senate sources.

Whoever is appointed the Senate Speaker will have to take a leadership role to deal with Auditor General Michael Ferguson's upcoming and unprecedented audit of all Senators' expenses expected to be

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OPINION CLIMATE

'Canada has run out of excuses for failing to reduce emissions'

By David Crane

TORONTO—The need for action on climate change is getting closer to home and Stephen Harper, Tom Mulcair and Justin Trudeau are running out of places to hide.

Continued on page 23

NEWS HARASSMENT

MPs like 'kings, queens in their little domains,' contribute to 'culture of silence': Clancy

By Laura Ryckewaert

An arm's-length process needs to be established to deal with allegations of misconduct or harassment—sexual and otherwise—on Parliament Hill, say experts, as the culture on the Hill is more conducive to inappropriate behaviour than the average workplace.

"The combination of power and testosterone often leads, unfortunately, to poor judgment, especially in a system where there has been no real process to date," said Nancy Peckford, executive director of Equal Voice Canada, a multi-partisan organization focused on getting more women elected.

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NEWS HARASSMENT

Campbell, Proctor call on two unnamed NDP harassment victims to speak up publicly

By Abbas Rana

A Liberal Senator and a former NDP MP say the two unidentified NDP MPs who have accused two now-suspended Liberal MPs of "serious personal misconduct" should identify themselves publicly and share their experiences with Canadians, arguing that it is not only a question of fairness, but would also be helpful to address the issue in a transparent fashion.

"It's hard for me, as a male, to perhaps suggest this, but maybe in

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Vancouver Liberal Sen. Larry Campbell and former two-term NDP MP Dick Proctor are encouraging NDP MPs to publicly share their accusations. The Hill Times photographs by Jake Wright

THE FULL NELSON PARLIAMENT

Time to reinvigorate Parliament, right now



NELSON WISEMAN

staffers tell MPs what to do and say, and MPs lack the information they need to be effective legislators. Watching parliamentary proceedings is depressing. Pierre Trudeau once said MPs are "nobodies" once they leave the Parliamentary Precinct. Now, they are nobodies in Parliament as well. Kevin Page, the former

TORONTO—Parliamentary debate is lacklustre, Question Period is a travesty, unelected

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HILL CLIMBERS

Infrastructure Minister Denis Lebel hires veteran staffer Agop Evereklian. **PAGE 57**



HEALTH

This week's policy briefing. **PP. 27-45**

SHOEBOX PROJECT

Caroline Mulroney Lapham on the Shoebox Project on the Hill. **PAGE 47**



ED BROADBENT

Why Robert Reich is the keynote speaker at this year's Progress Gala. **PAGE 24**



FEATURE BUZZ



HEARD ON THE HILL

BY MARK BURGESS

Artist paints Queen Elizabeth, other prominent people, wants national portrait gallery

Artist **Lorena Ziraldo** said she got fed up that Ottawa still doesn't have a national portrait gallery, so she started her own, kind of. Ms. Ziraldo has an eclectic exhibit on at Wallack Galleries on Bank Street in Ottawa featuring 58 oil and mixed media paintings ranging in price from \$450 to \$3,500 until Nov. 22. She paints everyone from **Queen Elizabeth**, which sold last week for \$3,200, **Laureen Harper**, **Stephen Harper**, **John Baird** and throws together unlikely characters, including Prime Minister Harper and Mr. Burns, the scrooge boss from *The Simpsons*, in one painting. "I'm not a huge Harper fan," Ms. Ziraldo told *The Hill Times*.

Born in Italy, she grew up in Toronto and came to Ottawa in 2005 after studying at the Nova Scotia College of Art and Design. "I find it sad that Canada does not have a portrait gallery. A portrait gallery is a must. When I arrived in Ottawa in 2005, I was so looking forward to visit it. The big sign on Wellington Street drew me in and then it was shut down," Ms. Ziraldo said,



referring to the old U.S. Embassy building on Wellington Street, which was supposed to be home to the National Portrait Gallery, but was kiboshed by the government. "I couldn't believe the Harper government killed it. It's the one museum Canada should have for Canadians—Liberal, Conservative, NDP—who cares."

Asked what inspires her, Ms. Ziraldo said, "life."

Young Tories seeking Blue Skies for Ontario's centre-right movement

A group of young Ontario Tories is gathering in Ottawa this week to put their heads together about what's ailing the province's blue movement.

The Blue Skies Initiative, organized by a collection of 30-something lobbyists and former Hill staffers, will meet Nov. 22 to brainstorm the way forward for Ontario's conservatives.

"It's a young group of people that have been involved, that want to see things improve and get people talking and start building a bigger coalition for 2018," **Katlyn Harrison**, a consultant at Summa Strategies, told *The Hill Times*.

"Really we're just trying to get the word out to small-c conservatives—people that used to be involved in the party but for whatever reason aren't anymore, or people that are involved in the party but are feeling disengaged following the last campaign. It's a broad scope."

The organization is looking to Canada 2020, the think tank founded by a group of former federal Liberals, as a model for bringing people together and talking about big ideas. The Ottawa event will feature a speech from **Reg Downs**, a senior adviser to Saskatchewan Premier **Brad Wall**. Mr. Downs will talk about Saskatchewan Party's advertising compared to the Ontario PCs, Ms. Harrison said, and look at "how you can take a party from relative obscurity or, in Ontario's case, extreme electoral defeat, and turn it into a positive and get people re-engaged and interested again."

The event will also include two breakout sessions: the first will deal with movement-building—how to get more members and recruit better candidates—and the

second will be more visionary, dealing with what participants would like to see from an Ontario conservative government.

The initiative isn't affiliated with the PC party or with any leadership campaign. All of the candidates for the leadership, which will be decided in May, attended a Toronto event in September but they'll likely be absent from the Ottawa session as there's a leadership debate in northern Ontario the next day.

Some of the other Blue Skies organizers are **Leif Malling**, a former adviser to **Maxime Bernier**, now an associate director at Turner and Townsend in Toronto; **Jamie Ellerton**, also a former ministerial Hill staffer who's now at Conaptus in Toronto; **Dan Mader**, a former senior staffer to **John Baird** and **Julian Fantino**, who's now at Strategy-Corp in Ottawa; and **Ginny Movat**, a consultant at Crestview Strategy in Ottawa.

The session will be held Nov. 22 from 10 a.m. to 4 p.m. at the National Arts Centre's Fountain Room.

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CORRECTIONS:

The Hill Times

Regarding last week's front page story, "Sexual harassment dialogue reveals cultural, systemic problems on Hill," (*The Hill Times*, Nov. 10, p. 1), we incorrectly reported that there are 15,000 House employees. There are approximately 1,500 House employees. *The Hill Times* apologizes for this error.

Regarding the photo caption in "When politicians actually do work together, positive policy," (*The Hill Times*, Nov. 3, 2014), we incorrectly identified Industry Minister James Moore as the minister responsible for Canadian co-operatives. Conservative MP Candice Bergen, the minister of state for Social Development, is the minister responsible. *The Hill Times* apologizes for this error.



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A pioneer in brain research, Professor Peter St George-Hyslop led the discovery of genes responsible for early-onset Alzheimer's disease. This landmark discovery is enabling a global effort to develop new treatments and therapies for Alzheimer's and other neurodegenerative disorders. For his contributions to neuroscience, Professor St George-Hyslop received a 2014 Dan David Prize, an internationally prestigious prize for research in the sciences, arts and humanities.

Professor St George-Hyslop is one of many U of T health researchers to receive distinguished awards this year. Learn more at www.utoronto.ca.



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NEWS HILL HARASSMENT

NDP staffer's harassment lawsuit was brewing before other revelations

A former NDP Hill staffer's complaint against her MP had reached the boiling point several days before Liberal Leader Justin Trudeau suspended two Liberal MPs.

By TIM NAUMETZ

A former NDP Hill staffer's complaint against her MP had reached the boiling point of likely court action several days before allegations of serious improper conduct by two Liberal MPs toward two NDP counterparts shocked Parliament Hill earlier this month, *The Hill Times* has learned.

Former NDP staffer Fabiola Ferro's legal action against her former boss, NDP MP Sylvain Chicoine (Chateauguay-St. Constant, Que.), was headed for the courts by Oct. 24, four days before an NDP MP shocked Liberal Leader Justin Trudeau (Papineau, Que.) with allegations of "improper personal behaviour" by one of his MPs.

Mr. Trudeau (Papineau, Que.) made that allegation and another by another woman, both NDP MPs, public by suspending Liberal MPs Massimo Pacetti (Saint-Léonard-Saint-Michel, Que.) and Scott Andrews (Avalon, Nfld.) from the Liberal caucus on Nov. 5.

Mr. Trudeau had first learned about one of the allegations while attending the Oct. 28 Hamilton funeral for Cpl. Nathan Cirillo, who was shot to death at the National War Memorial on Oct. 22 by a gunman who only minutes later was shot inside Centre Block and killed by RCMP and Commons security officers after he breached Parliament Hill security.

"Earlier today, I informed the Speaker of the House of Commons that I have suspended Massimo Pacetti and Scott

Andrews from the Liberal Party caucus pending the outcome of an investigation," Mr. Trudeau told a news conference in the Centre Block's Charles Lynch media briefing room at about 12:30 p.m. on Nov. 5.

"These two Members of Parliament have been accused of serious personal misconduct by Members of Parliament from another party. In one of the cases, that information was conveyed to me personally and directly by one of the affected MPs from another party on October 28th," Mr. Trudeau said.

Mr. Pacetti and Mr. Andrews have both denied doing anything wrong.

But action on Ms. Ferro's case appeared inevitable before Mr. Trudeau had been informed of the allegations.

An Ottawa labour lawyer representing Ms. Ferro filed a statement of claim on her behalf against Mr. Chicoine on Nov. 7, alleging Ms. Ferro had vainly attempted to get the NDP and Mr. Chicoine to acknowledge what she said was a year of employment harassment by a senior staffer in Mr. Chicoine's office.

The legal action against Mr. Chicoine is based on Ms. Ferro's allegation not only of harassment by the other staffer, David Cimon, but primarily on Mr. Chicoine's alleged treatment of Ms. Ferro throughout the episode and his refusal to rein in Mr. Cimon, according to her statement of claim.

The lawyer for Ms. Ferro, Andrew Lister, told *The Hill Times* last week that by Oct. 24, four days



Quebec NDP MP Sylvain Chicoine. Photograph courtesy of the NDP

before the unidentified NDP MP surprised Mr. Trudeau with her information about alleged harassment by a Liberal MP, Mr. Chicoine's lawyer was aware that court action in the case was likely inevitable.

As the legal back-and-forth was getting nowhere, the lawyer writing Mr. Lister on behalf of Mr. Chicoine, Montreal attorney James Duggan, a member of the New Democratic Party's legal committee, wrote Mr. Lister on Oct. 21 to pass on the message that Ms. Ferro had been dismissed.

The letter is cited in the court claim Mr. Lister filed on behalf of Ms. Ferro.

Mr. Duggan is unable to practice law in Ontario, since he is not registered with the Law Society of Upper Canada, and his son, Alexander Duggan, is representing Mr. Chicoine in the court action.

Mr. Lister emailed the senior Mr. Duggan three days later with

wording that made it clear legal action would take place without a negotiated settlement.

"I can't speak to their state of mind. As of the 24th I think that their lawyer at the very least could have suspected that in the absence of a negotiated settlement, litigation might ensue. I think that's a fair way of putting it," Mr. Duggan said in an interview.

The Hill Times asked NDP Leader Thomas Mulcair's (Outremont, Que.) spokesman, George Smith, if he could disclose when Mr. Mulcair first became aware that the communications between Mr. Lister and Mr. Duggan had reached the stage of the pivotal Oct. 21 letter advising Mr. Lister that Mr. Chicoine had dismissed Ms. Ferro.

The claimed grounds for dismissal were that she had abandoned her post while taking leave during the dispute and during a joint management-union review that had dismissed her complaints. Mr. Chicoine's media assistant was a member of the committee that conducted the review, which Ms. Ferro's statement of claim argues made the committee biased.

The Oct. 21 letter effectively guaranteed no avenue for Ms. Ferro other than legal action.

"This matter is before the courts," Mr. Smith said in an email response to the questions from *The Hill Times*.

"The leader was not briefed on the details of this labour dispute," Mr. Smith said.

Mr. Trudeau's Nov. 5 press conference announcing the suspensions prompted immediate but temperate responses from NDP MPs and their leader, Thomas Mulcair, about the need for a safe and respectful Parliament Hill workplace for all women.

But by the end of that first day, after the initial New Democrat

response when both parties ended their caucus meetings around noon, the NDP reaction to Mr. Trudeau's revelation escalated to dramatic heights with caucus whip Nycol Turmel (Hull-Aymer, Que.) telling the CBC's Evan Solomon the two women had been "victimized a second time" because Mr. Trudeau, without identifying the complainants, had made the allegations public when he announced the suspension of the two Liberal MPs.

Mr. Mulcair's statement outside caucus came before Mr. Trudeau's but after the Huffington Post's Althia Raj had reported the suspensions and also posted a letter Liberal MP and party whip Judy Foote (Random-Burin-St. George's, N.L.) had sent to Commons Speaker Andrew Scheer to alert him about the claims.

After his initial response to Mr. Trudeau's actions following the Nov. 5 caucus meetings, Mr. Mulcair, like Ms. Turmel, ramped up the criticism of Mr. Trudeau significantly, based on Mr. Trudeau's public suspension of the two MPs and the attendant media coverage.

At a Nov. 6 federal byelection appearance in Whitby, Ont., where Mr. Mulcair was campaigning for the NDP candidate, he also accused Mr. Trudeau of re-victimizing the two NDP MPs by publicizing their complaints, even though he had not named them.

"Our number one concern was to make sure that they got the help they needed and that their wishes were respected," Mr. Mulcair told reporters.

"Those wishes included a very strong desire to keep this confidential. That was their request and we were not about to override that and make them victims a second time," he said.

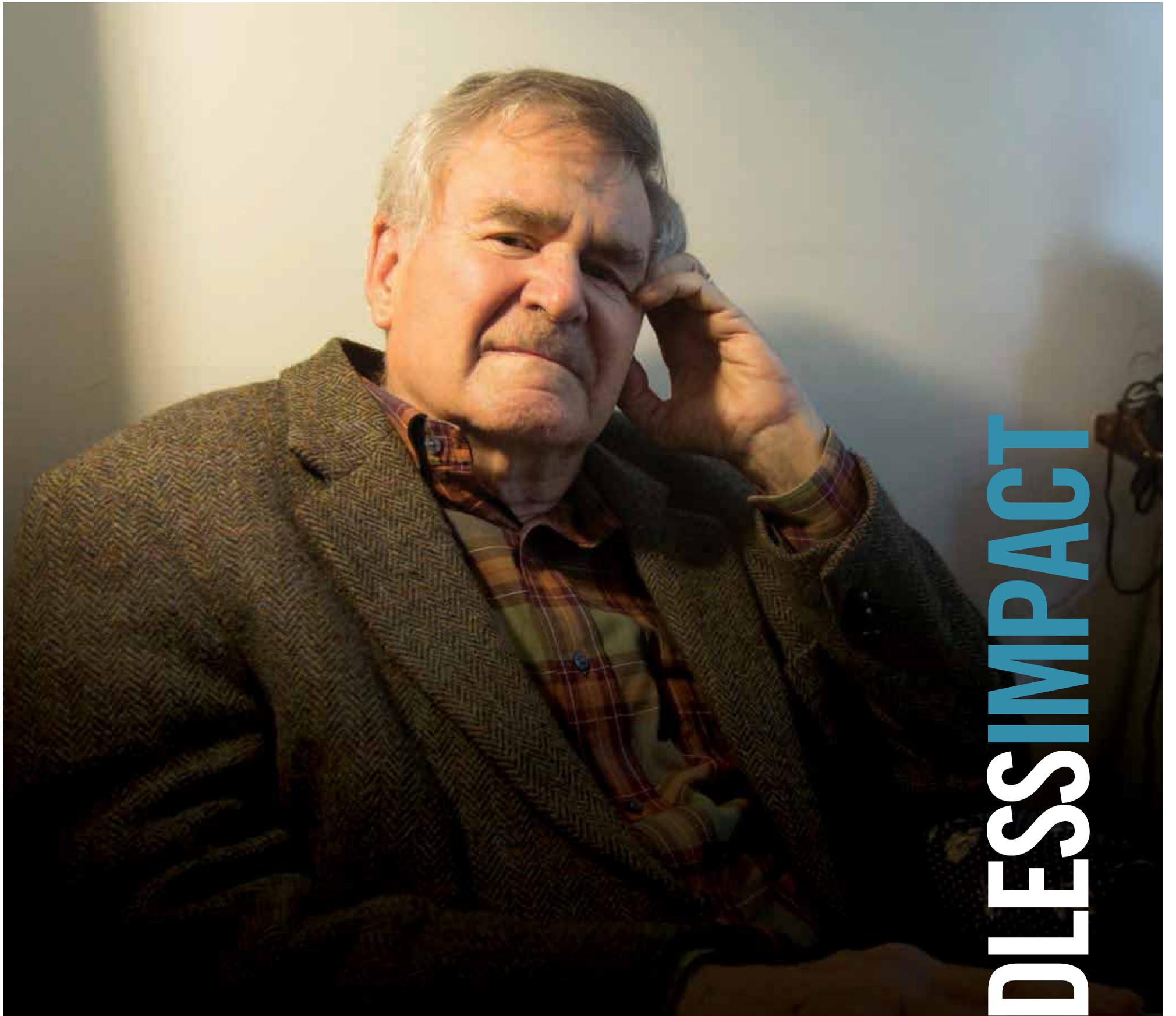
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Professor Hacking is one of many U of T social sciences and humanities scholars to receive distinguished awards this year. Learn more at www.utoronto.ca.



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NEWS SENATE SPEAKER

Nolin, Eaton, Andreychuk considered top contenders for next Senate Speaker

Continued from page 1

released in March. It will be up to the Senate Speaker and the powerful Senate Internal Economy Committee to react to the AG's report.

The Governor General appoints the Senate Speaker on the advice of the Prime Minister. Sen. Kinsella (Fredericton-York-Sunbury, N.B.), who has been in the top post since 2006, is also the chair of the powerful Senate Internal Economy, Budgets and Administration Committee that makes key decisions about Senate finances, administration and security. In addition to major official ceremonial duties, the Senate Speaker presides over the Senate proceedings including debates, votes, and rules on issues related to questions of Parliamentary privilege and procedure.

A former senior foreign service official, Sen. Kinsella was appointed to the Senate by former prime minister Brian Mulroney in

1990. When Conservatives formed the government in 2006, Prime Minister Stephen Harper (Calgary Southwest, Alta.) named him Senate Speaker. Before that, he served as Conservative Party leader in the Red Chamber.

Government Senate Leader Claude Carignan (Mille Isles, Que.) declined an interview request. The PMO did not respond to an interview request.

Three Senators have been suspended, including former Conservative Senators Patrick Brazeau, Pamela Wallin, and Mike Duffy, and Liberal Senator Mac Harb resigned over his Senate expenses. Meanwhile, Sen. Duffy's criminal trial into his Senate expenses begins in April.

Meanwhile, Liberal Leader Justin Trudeau (Papineau, Que.) booted out all Liberal Senators from the national caucus and a number of Senators have been concerned that the Red Chamber's relevance, credibility, and public trust have been significantly

damaged. In the last few months, a number of Senators on both sides of the Red Chamber have been pushing for Senate reforms, including electing the Speaker. The Senators are fighting for legitimacy and relevance.

Before the summer recess, some Conservative and Liberal Senators also held meetings at the Westin Hotel in Ottawa to come up with ideas on how to reform the Senate.

In March, New Brunswick Liberal Senator Pierrette Ringuette put forward a proposal in the Senate on how to modernize the Senate proceedings including the election of the next Speaker. In May, Sen. Nolin (De Salaberry, Que.), who is also Speaker *pro tempore*, or deputy Speaker, tabled a motion calling on his colleagues to strike a special committee to modernize the proceedings of the Senate.

In June, Nova Scotia Liberal Sen. Terry Mercer introduced a constitutional amendment asking for the Speaker to be elected. Meanwhile, Manitoba Conservative Sen.

JoAnne Buth, who resigned from the Upper Chamber in August, conducted an informal survey of all Senators in June about who should become the next Speaker. But she never made the results of her survey public.

Senators, who are in favour of electing the Senate Speaker, say that since the House has an elected Speaker, the Senate should also. Currently, unlike the House Speaker, the Senate Speaker can attend national caucus meetings. On the House side, the Speaker casts the deciding vote in the event of a tie, but on the Senate side, the Speaker cannot.

Sen. Nolin was not available for an interview last week, but he's considered the top contender to get the Senate Speaker position. A former leading Quebec organizer for prime minister Mulroney, Sen. Nolin was appointed to the Upper Chamber in 1993.

Most of the 11 Senators from both parties interviewed for this article said that they're expecting Sen. Nolin to become the next Speaker, but everyone said nothing is final until it is officially announced by Prime Minister Harper.

"I don't know who it is [next Speaker]. I'm hoping, at least my hope is that Sen. Nolin will be the next Speaker. He has the experience; he has been Speaker *pro tempore* and has done a good job. He understands the Senate; he's well-versed in rules. I mean, he's respected by everybody," said Vancouver Liberal Senator Larry Campbell in an interview with *The Hill Times* last week.

Some Conservative Senators also expressed similar sentiments about Sen. Nolin, but declined to say it on-the-record because they're not authorized to speak on the subject by their party leadership and out of respect for Sen. Kinsella who is going to be in office for two more weeks. They, however, expressed concern that Sen. Nolin is battling cancer and that might hinder his ability to keep up with the duties of the Senate Speaker. An assistant to Sen. Nolin told *The Hill Times* that his "health is good," but declined to elaborate.

And a Conservative Senator said: "People are concerned about his health but, you know what, his health is always better when he's working. He knows the rules," said the Senator who spoke to *The Hill Times* on a not-for-attribution basis for not being authorized to speak on the subject.

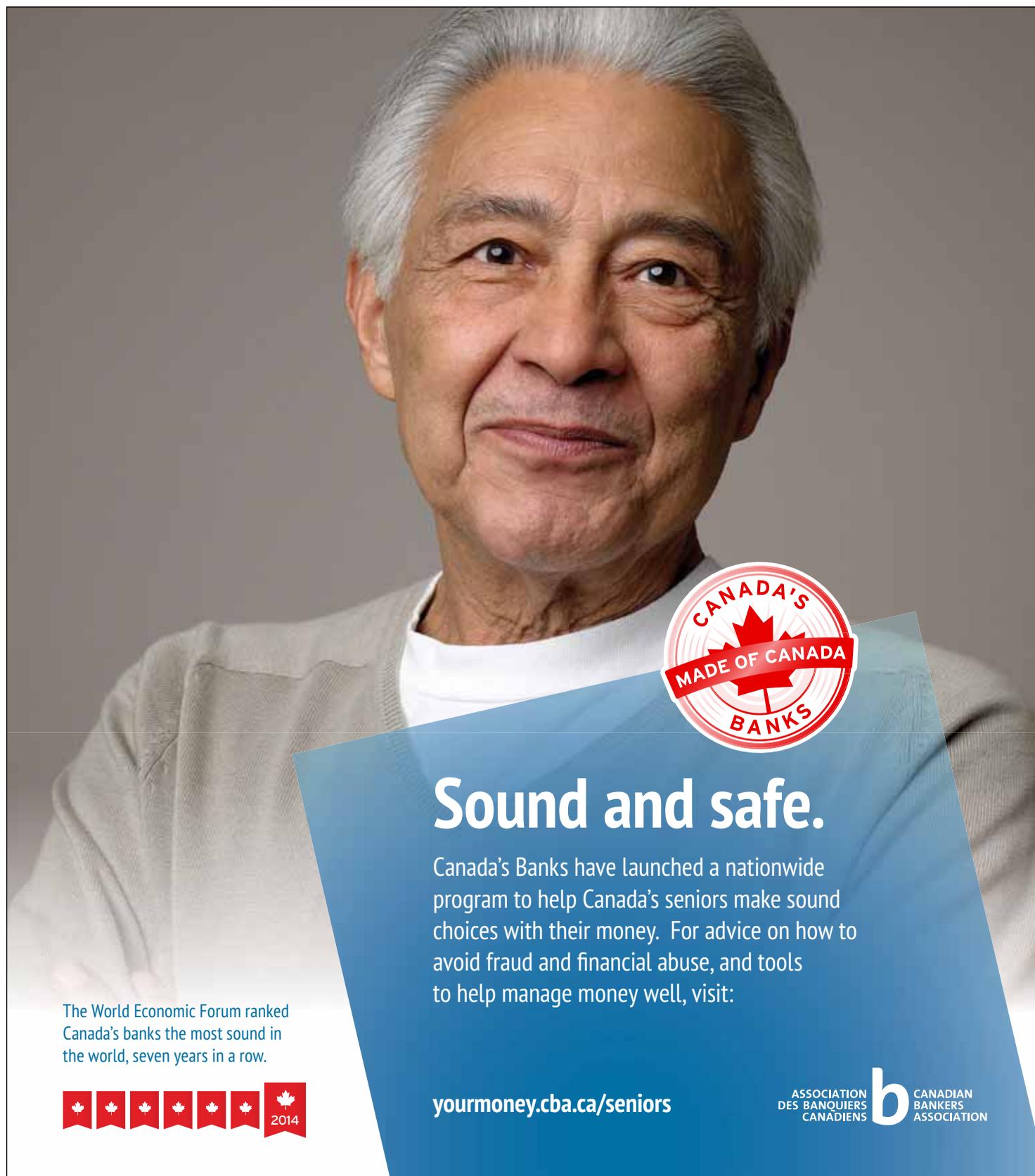
Sen. Andreychuk (Saskatchewan), a former diplomat and judge, currently chairs the Senate Standing Committees on Foreign Affairs and International Trade and Conflict of Interest for Senators. As a diplomat, she served as Canada's high commissioner to Kenya, Uganda and ambassador to Somalia and Portugal between 1987 and 1993. Following her diplomatic appointments, Mr. Mulroney appointed her to the Senate in 1993. Sen. Andreychuk did not respond to interview requests from *The Hill Times*.

A former director of the PC Fund of Canada, Sen. Eaton (Ontario), was appointed to the Senate in 2009 by Prime Minister Harper. She also served as a director of the Conservative Fund of Canada following the merger of the now defunct Progressive Conservative and Canadian Alliance parties in 2003. Sen. Eaton chaired the founding policy convention of the Conservative Party in 2005 in Montreal and the 2008 policy convention in Winnipeg, Man. She is currently a member of Human Rights, Library of Parliament and National Finance committees.

"It's time for a woman Speaker. We haven't had a woman Speaker for quite some time in the Senate," one female Conservative Senator told *The Hill Times* last week.

In the history of Senate of Canada, only two women have been appointed as Speakers—Mauriel Ferguson who served from 1972-1974 and Louise Lapointe who served from 1974 to 1979.

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BOUNDLES

EDITORIAL HARASSMENT

The Ghomeshi effect

Some are calling it the Jian Ghomeshi effect: women and some men are suddenly speaking up publicly about being harassed, sexually harassed, or sexually assaulted in and outside of the workplace. On Parliament Hill, Liberal Leader Justin Trudeau recently suspended two Liberal MPs, Scott Andrews and Massimo Pacetti, over allegations of "serious personal misconduct." He also announced that their candidacies for the Liberal Party for the next federal election were suspended pending the conclusion of an investigation. It was later confirmed that the allegations of harassment came from two female NDP MPs. Mr. Andrews and Mr. Pacetti both denied any wrongdoing. Ian Capstick, a former staffer who first worked for the Liberals and later the NDP, told CBC two weeks ago that he was sexually harassed by two MPs when he worked on the Hill. He said that he never officially filed a complaint. And on Nov. 7, former NDP Hill staffer Fabiola Ferro filed a lawsuit against her former boss, NDP MP Sylvain Chicoine, alleging a colleague in the MP's Hill office verbally abused her because of her gender and that she was fired after making an unsuccessful complaint.

Last Monday, Sheila Copps, a former veteran Cabinet minister and a former deputy prime minister, revealed in her regular weekly column in *The Hill Times*, that she had been sexually assaulted when she was an MPP at the Ontario legislature and that she had been raped by someone she knew. "Unlike most workplaces, when harassment or assault does occur on Parliament Hill, aggrieved parties do not have the same access to due process as they would

anywhere else. The Hill workplace is not subject to provincial labour laws, which offer protection in every other place of employment in Ontario."

So, if there's a silver lining in all this, it's that the House will establish a process to deal with harassment among MPs and that harassment of any kind will end.

There is absolutely no doubt that there should be a harassment code in the House Standing Orders, or rules, and that Parliament needs the type of mediation in place that "normal workplaces" have, as NDP MP Mylene Freeman, who, along with other female and male MPs publicly called for an established process to deal with the issue after the two Liberal MPs were kicked out of caucus. But as Ms. Freeman, quite rightly points out, the House Affairs Committee and the Board of Internal Economy, which are mandated to set up this type of system, may not be the best to lead. "These are places where, in the past, this as a priority has been difficult to push. Hopefully, there will be a lot more reception to the need to put these processes in place in the future," Ms. Freeman said.

MPs and Senators told *The Hill Times* that the national dialogue that has followed the shocking stories about Mr. Ghomeshi has emboldened victims of sexual harassment to come forward and speak up publicly.

Green Party Leader Elizabeth May, who worked as a ministerial staffer in the 1980s, said stories of sexual harassment were common, though she didn't experience it herself. She said the solution is to be able to talk about it, name it, and make sure that people who think they can harass either men or women know that they can't. Period.

LETTERS TO THE EDITOR

Thank you, Sheila Copps, for speaking up: reader

Re: "I was sexually assaulted when I was an RMPP, and I've been raped: Copps," (*The Hill Times*, Nov. 10, p. 1). Sheila Copps is approximately the same age as myself. As a result of the recent events regarding the CBC, I have taken the courage to talk about the events I experienced while working in our public hospitals regarding sexual harassment and sexual assault.

Please thank Ms. Copps for taking the courage to publicly help future generations.

I took the courage to add to the conversation by writing to *The Toronto Star* and to the CBC. It is important we all enter into the conversation. I never expect public acknowledgement or for it to be published. I never expect any response. However, I made a promise to myself that I would never abandon the victims.

Robert F. Gilmour
Toronto, Ont.

Parliamentary interfaith breakfast group offers respect: reader

We quite naturally expect our Parliamentarians to function honourably and in an exemplary fashion with full respect to our basic morals and ethics, especially in Parliament Hill's workplace.

The very fact that there is no formal Parliamentary mechanism to deal with harassment and sexual harassment between

MPs is an indication that it is expected that "all should go soundly well."

A forum that could help channel resolution is the regular parliamentary interfaith breakfast group that gathers in goodwill and towards high moral standards.

Roman Mukerjee
Ottawa, Ont.

More than one-fifth of Canada's children still live in poverty

How callous I must sound asking whether or not we should cheer a falling child poverty rate. Of course we must cheer it—fewer and fewer children are below the poverty line, and our rates fell during the recession while those of other countries rose.

Our child poverty rate fell from 23 per cent to 21 per cent, according to UNICEF, who credits this drop to federal and provincial initiatives. Yet, while our duly-elected politicians pat themselves on the back and raise glasses of champagne to their success, at \$100-a-plate fundraisers we are left with the stark dividend that more than one-fifth of Canada's children still live in poverty. Now one-fifth in poverty is better than nearly a quarter, but it still leaves around one million children in poverty. In a class of 30 students easily six of them come to school hungry every day.

A million kids going to school hungry, not having adequate housing or a strong hope for the future. A total of 10 per cent to 15 per cent of Canadians, overall, live in

poverty still. More than one-third of single parent households live in poverty and that number is growing. Canada ranks steadily at 24th out of 34 OECD countries. It means that even though our child poverty rate has decreased, marginally, compared to others our rates are still than those of other countries according to Citizens for Public Justice.

Of course, these statistics can only be achieved by independent organizations, mere surveys to give us an idea not an exact number. Thanks to the abolition of the long form census back in 2011—our government can't even be sure it knows about its citizens, let alone their real welfare.

With numbers like these it's unconscionable for our "leaders" to tout how much they've done when they've barely scratched the surface on child poverty, let alone poverty in general. How can we cheer, we haven't made any great significant changes.

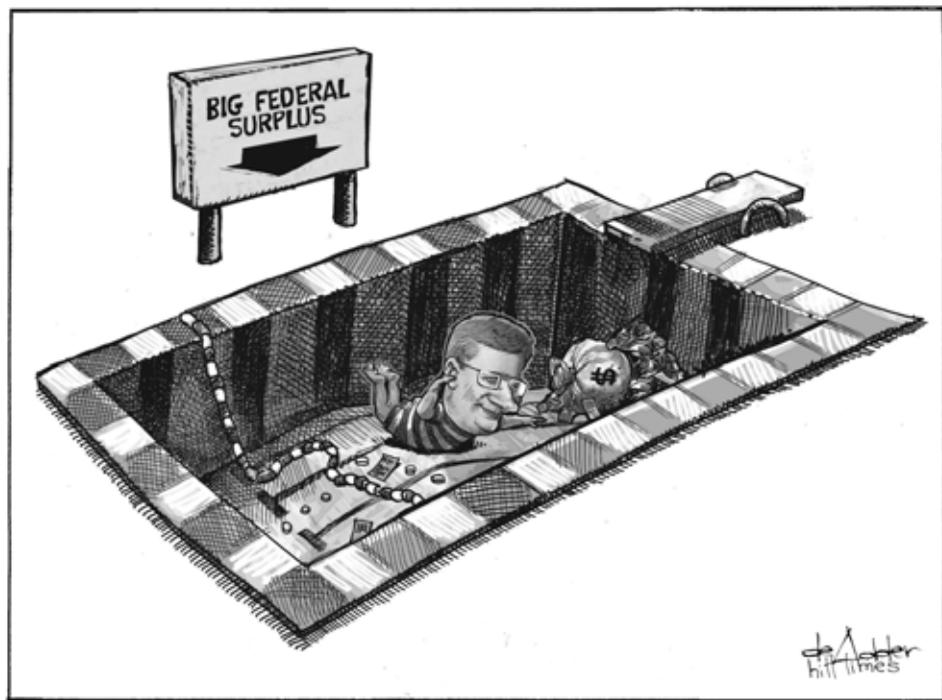
Brendan Edge
Arnprior, Ont.

Most investors seem unaware of risk, parallels with 2008 subprime mortgage

Thanks to Mark Carney, former governor of the Bank of Canada and current governor of the Bank of England, for his warning that the "vast majority" of the world's oil and coal reserves will never be used due to advancing climate change. The value of these reserves is factored into the share prices of the world's fossil fuel companies, so this represents a significant risk to pension funds

and other investors. Yet, most investors seem unaware of the risk. The parallels with the subprime mortgage meltdown of 2008 are striking. Central bank governors are very careful with their words, but there can be no mistaking the message: "Investors, you have been warned."

Blaise Salmon
Victoria, B.C.



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A high-angle, low-altitude photograph of an F/A-18E/F Super Hornet fighter jet in flight. The aircraft is white with dark grey accents and is carrying several missiles on its wings. The cockpit canopy is visible, and the aircraft is banking slightly to the right. The background shows a blue sky with wispy white clouds.

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RAYTHEON NORTHROP GRUMMAN GENERAL ELECTRIC BOEING

Why *The New York Times* should like Harper

That's the point *The New York Times* is missing. If, like Harper, the Republicans ever deem it to be in their political self-interest to limit the ability of 'big money' to influence elections, they'll do it.



GERRY NICHOLLS

.....
OAKVILLE, ONT.—If I could ever work up the energy, (highly unlikely) I'd send *The New York Times* a letter to the editor urging the paper to be less despondent about America's election finance laws.

And believe me, when it comes to such laws, *The Times* editorial board is glummer than a turkey on Thanksgiving Day.

Indeed, this arch-liberal newspaper, no doubt stinging at the thrashing the Democrats took in the mid-term U.S. election, recently ran an editorial which seemed to suggest the Republican Party's success was due to unregulated independent political ad spending.

Wrote *The Times*: "The next Senate was just elected on the greatest wave of secret, special-interest money ever raised in a congressional election."

And just to press the point home with a little less subtlety, *The Times* editorial noted that the next Senate majority leader, Republican Mitch McConnell, "benefited from

\$23-million in unlimited spending from independent groups like the National Rifle Association, the National Association of Realtors and the National Federation of Independent Business."

Darn those nefarious realtors! But what truly saddens *The Times* is, given how the right-wing Republicans will soon control Congress, the chances for limiting the ability of "big money" to influence elections is, as the paper put it, "more distant than ever".

So what would I say in my letter to *The Times* to make their editorial writers feel a little better?

Well, I would point out that just because politicians are supposedly "right wing" doesn't necessarily mean they won't one day favour limiting non-political party election speech.

As proof, I would point to Canada's own Stephen Harper, a politician whom many on the ideological left consider the Canadian equivalent of a right-wing Republican.

Harper, in other words, is exactly the kind of politician who, like his Republican cousins, would supposedly benefit if gun owners and big corporations and Christian groups and other conservative "special-interest" organizations had the unregulated freedom to campaign during elections with paid political ads.

After all, such groups would naturally support Harper's Conservative Party, right?

Yet the fact is Harper seems perfectly content to keep and to enforce laws that serve to squelch independent political voices on both the right and left.

Consider, for instance, how he has failed to repeal or even to reform what I call Canada's "election gag law."

This gag law, enacted in 2000, basically imposes severe legal restrictions on how much money independent groups or citizens can spend on election advertising.

These restrictions are so tight, in fact, they make it virtually impossible for any independent organization in Canada to run effective election ad campaigns to support or oppose a political party or candidate.

The New York Times would love it!

Additionally, Harper has unleashed the Canada Revenue Agency on registered charities to ensure they are respecting this country's strict rules governing partisan activity. (In Canada, charities can spend no more than 10 per cent of their resources on activity deemed "political".)

The CRA has gotten so aggressive in this regard that the



Prime Minister Stephen Harper, pictured on Nov. 11 at the Remembrance Day in Ottawa, with Vice Admiral Tim Laurence, left, and Laureen Harper, right, and Sharon Johnston, far left. *The Hill Times* photograph Jake Wright

left-leaning Broadbent Institute has argued the tax agency, in an effort to chill opposition to the Harper government, is perhaps unfairly targeting environmental and anti-poverty charities.

And the Broadbent Institute might be right.

Certainly it's not unreasonable to suggest that Harper understands how gag laws and tax regulations can silence his opponents.

That's the point *The New York Times* is missing.

If, like Harper, the Republicans ever deem it to be in their political self-interest to limit the ability of "big money" to influence elections, they'll do it.

Sadly, free election speech is one right all politicians, regardless of ideological stripe, seem willing to sacrifice.

Gerry Nicholls is a communications consultant.

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The Hill Times

Q. What are the economic benefits of energy efficiency?

- A** It's a job creator and makes Canadians more productive
- B** It saves energy costs for homeowners
- C** It saves energy costs for businesses
- D** All of the above

A. D: The global energy efficiency services market is worth over \$310 billion. CEEA knows energy efficiency means business.

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Efficiency Matters on the Hill
 November 18, 2014



CANADIAN
 Energy Efficiency Alliance

LETTERS TO THE EDITOR

Patchwork program not the solution for refugees' health benefits

The Canadian Pharmacists Association was pleased when Citizenship and Immigration Minister Chris Alexander announced on Nov. 4 that the federal government would be implementing temporary measures to reinstate almost all of the coverage for supplemental health benefits for refugees under the Interim Federal Health Program.

Unfortunately, these temporary measures leave out certain classes of refugees from drug coverage resulting in a patchwork of drug coverage amongst refugee classes, increased levels of confusion for health care providers regarding eligibility and a program structure that will likely lead to increased costs to the health system. This approach helps nobody, including the government, and more importantly, compromises a very vulnerable population who require care.



Citizenship and Immigration Minister Chris Alexander, pictured in this file photo, announced on Nov. 4 that the federal government would be implementing temporary measures to reinstate almost all of the coverage for supplemental health benefits for refugees under the Interim Federal Health Program. Unfortunately, these temporary measures leave out certain classes of refugees from drug coverage resulting in a patchwork of drug coverage amongst refugee classes, writes the Canadian Pharmacists Association's Jane Farnham. *The Hill Times photograph by Jake Wright*

If the government wants to find solutions to make the IFHP a more fair, effective, and cost efficient program, we are willing to help. The first step toward such a solution is for the government to abandon its legal appeal and sit down with the health-care providers

who actually deliver the program to ensure that the IFHP is meeting the health needs for whom it was intended.

Jane Farnham,
Chair, Canadian
Pharmacists Association
Ottawa, Ont.

Canadian 'economic diplomacy' critical to competing globally

Two Canadian fighter jets took to the skies recently to provide contracted air training to the German Armed Forces showing that the sky is the limit for Canadian companies who strive to compete against the world's best.

It's also a terrific example of the success of the Government of Canada in supporting Canadian businesses attempting to break into promising international markets through initiatives such as the Global Markets Action Plan.

This marks the first deployment of a fleet of seven McDonnell-Douglas A-4N aircraft that Discovery Air Defence Services will send overseas to provide fast-jet air training services to the German Armed Forces over the next five years.

In these types of training scenarios, Discovery Air fighter pilots play the role of an enemy force, which military pilots in training must pursue and engage. It provides excellent, cost-effective training for pilots as they experience real-time, real-world scenarios that they may one day face in an operational theatre.

In Canada, we have proudly flown more than 47,000 accident-free hours, saving the Government hundreds of millions of dollars. Opera-

tionally, Canada is known worldwide for setting the 'gold standard,' which our allies strive to replicate on similar programs today.

Demand for the service is growing for three reasons: As our Western allies face increasing budgetary pressures, they are seeking out cost effective solutions to reduce their defence spending while maintaining high operational readiness; 4th generation fighter jets built in the 1980s and 90s, like the F-18, F-15 and F-16 are aging around the world, making them an even more precious asset, not one you want to "age" flying in a non-operational role; and newer 5th generation, advanced aircraft like the F-22 Raptor and F-35 Lightning II, require even more robust training support due to their very advanced capabilities and on-board systems.

Discovery Air Defence Services is in the process of bringing to market F-16 aircraft in the advanced aggressor role. Once this is accomplished, it will allow us to give unmatched training support to Canada and her allies. Becoming the first civilian operator of F-16s in the world is no easy task, and I would like to thank the Government of Canada for its support.

Under the Global Markets Action Plan, the Government of Canada committed to use "economic diplomacy" to focus trade, development and foreign policy efforts on international markets that hold the greatest promise for Canadian business.

Our contract with the German Armed Forces is an example of the kind of wins Canadian companies can achieve when they take advantage of this type of support and concentrate on core objectives that play to their strengths. In our case, that means relying on our experience and expertise to appeal to governments around the world that are experiencing similar pressures on their defence budgets yet seek world-class training.

Canadian companies can compete and win against the best in the world, creating more prosperity and job opportunities here at home.

We are proof of that, and of the fact that when it comes to Canadian businesses finding success abroad, even the skies are not the limit.

Jacob (Koby) Shavit
President and CEO
Discovery Air Inc.
Toronto, Ont.

We need better in Parliament, says reader

The recent problems in Parliament only serve to further alienate voters. Approximately 40 per cent of us do not bother voting. Is this apathy, or do we realize elections only change team rosters and standings while the partisan game continues? If this same 40 per cent could come out and vote for "none of the above," there would be a good chance these mythical candidates, all with the same name, could form the next government.

I wonder how the politicians would react? Would they cry foul and state

that the majority of voters did not vote for "none of the above," so how can this party, in good conscience, form a government? Would they push for electoral reform to ensure this situation never happens again? To win votes away from "none of the above," would they cease extreme partisan behaviour designed only to get or keep power? Would they, through moderation, compromise and negotiation, find solutions to problems facing us all?

Graeme Gardiner
Sidney, B.C.

Stop culture of contempt: reader

In the wake of recent allegations and revelations of harassment at the CBC and on Parliament Hill, when will Canadians everywhere repudiate once and for all the culture of contempt and abuse epitomized by our current government, its leader and his staffers? Canadians have a right to a culture of respect. Make that right the defining issue of the next federal election.

P.J. Robertson
Morrisburg, Ont.

GREEN FILES TAR SANDS

Investing in dirtiest, most expensive oil carries financial risk

But as the Carbon Tracker report makes clear, there are financial reasons to divest as well, which is why the Carbon Tracker suggests that companies, pension plans, and funds move their money out of the tar sands.



DALE MARSHALL

TORONTO—Lately, we've been hearing more and more about the risky nature of investing in the tar sands. That's not surprising, given how expensive it is to produce tar sands oil. This past year, the financial risk has been highlighted three times as major projects have been shelved by companies—Shell, Total, and Statoil—with deep pockets. And those projects were cancelled mostly before the recent downturn in the price of oil.

Now that oil prices have taken a nosedive, the tar sands are looking even less viable. A new report, released this month by the Carbon Tracker Initiative found that 92 per cent of new tar sands projects need the price of oil to be at least \$95 per barrel in order to justify such risky investments. The price of Brent crude oil dropped below \$80 last week. The report's authors suggest that shareholders of other companies should question why their projects are still being developed rather than abandoned, when the cost of oil isn't high enough to justify the investment.

On top of the cost risk, a different shareholder risk was in the spotlight again this month as the UN-backed Intergovernmental Panel on Climate Change (IPCC) released its report on the science and economics of climate change. The IPCC report reinforced an earlier finding that, in order to keep average global temperature from rising to dangerous levels, at least 75 per cent of the known fossil fuel reserves need to stay in the ground.

Many things affect the share price of an oil company, but one of the biggest influences is its oil reserves, the amount of oil that is in the ground but that a company can economically drill and recover. What happens to oil companies' share prices when investors realize that three-quar-

ters or more of the companies' assets must stay in the ground and, from an investment point of view, are essentially worthless? (This situation, i.e. companies having an inflated value because their fossil fuel reserves are over-valued, is sometimes referred to as the "carbon bubble.") Companies and their shareholders should expect a pretty big hit to their bottom lines in the future.

This "carbon bubble" warning to coal, oil, and gas companies and their investors isn't just coming from climate scientists. Leaders in finance have also been raising the alarm. Last month, Mark Carney, the governor of the Bank of England, told a World Bank seminar that avoiding dangerous levels of global warming means that the "vast majority of reserves are unburnable."

These two risks—the vulnerability of oil reserves and the cost risk—are highest for companies in Alberta, given that oil from the tar sands is significantly dirtier and more expensive than conventional oil. Around the globe, a growing movement is divesting from the tar sands and other fossil fuels. The movement is driven by concerns for our shared climate, which of course is also the motivation for Environmental Defence's work.

But as the Carbon Tracker report makes clear, there are financial reasons to divest as well, which is why the Carbon Tracker suggests that companies, pension plans, and funds move their money out of the tar sands. This is one of the many instances where economic and environmental interests are aligned. Shareholders holding stocks in companies operating in the tar sands should heed the warning, expect more projects to be cancelled, and rethink where they're putting their money.

Environmental Defence is co-sponsoring a Canadian tour for James Leaton, research director at Carbon Tracker. He will be speaking in Calgary, Edmonton, Ottawa, and Toronto the week of Nov. 24-27. Dale Marshall is national program manager at Environmental Defence.

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COPPS' CORNER **VIOLENCE AGAINST WOMEN**

Violence against women was never simply a political construct for me

Perhaps I am cowardly in not wanting to reveal the identity of the Member of Provincial Parliament who assaulted me those many years ago. But I don't see what my outing would accomplish.



SHEILA COPPS

I had no idea what a storm my column would provoke last week. I assumed that since both personal experiences happened more than three decades ago, they would be viewed from the obscured prism of time and distance.

But, it was almost as though my comments opened floodgates of pain and remembrance for others.

I received dozens of supportive emails and phone calls, some from friends whom I had lost touch with and others from strangers who had also been victimized.

In one instance, I was reconnected with a next-door neighbour whom I have not seen since the age of five. Former prime minister Brian Mulroney took the time to send a very supportive and poignant message, which I appreciated very much.

Perhaps the most heart-wrenching were the messages I received from other Canadians who had also carried their dark secret alone.

My decision to speak for the first time about the rape I experienced was much more cathartic than I realized it would be.

The years, in which I had kept the wound inside, had pushed the incident so deeply into my subconscious that it was almost as though it had happened to somebody else.

When I finally spoke about it for the first time to my husband, the recollection brought shivers of pain and anxiety to the fore.

The response from my children and stepchildren was equally touching. They were all experiencing my pain and in addition, they felt sadness that I had carried this secret all these years without sharing it.

In retrospect, I probably should have said something years ago. But because the incident occurred so long ago and so far away, it just seemed as though it played no role in my life. For sure, it shaped how I felt about issues on a political level. Violence against women was never simply a political construct for me.

In our first term in government, I was chair of the social policy committee of Cabinet.

As we were all in the throes of program review, which could mean a 25 per cent budget cut in most departments, ministers were looking for savings in what we euphemistically called non-core programs.

One of the first on the chopping block was federal health funding program for women's shelters.

Then health minister David Dingwall was to appear before the committee I chaired to seek approval to abolish the multi-million-dollar fund.

I was distressed, and said so. But my colleague replied that core health programs could not take a back seat and he had no choice.

Cabinet committee secretary Alex Himelfarb agreed with me that this important program had to be saved. We peddled the idea of additional financing to several other departments and eventually cobbled together enough money to save the funding. Dingwall was not very happy because he felt that we should simply have endorsed his decision. But I was vehement about securing federal government support for women's shelters.

In retrospect, my personal experiences probably gave me cause to fight even harder for other women who did not have my platform or opportunities.

To every yin there is a yang. Some are now critical that by not naming my assaulter, I am victimizing every man who served on the committee with me. If I put myself in their shoes, I would probably feel the same way.

But my revelations were not intended to reignite a criminal investigation or wreak revenge. They were meant to remind us all, including myself, that incidents of sexual harassment and even rape occur every day in this country.

Sexual violence is not a gender specific issue.

While women are certainly most victimized, I received a flood of responses from men who had been assaulted in their workplace by a superior. There are no winners in the circle of sexual violence.

Perhaps I am cowardly in not wanting to reveal the identity of the Member of Provincial Parliament who assaulted me those many years ago. By my reckoning, was he alive, he would be in his eighth decade, and I don't see what my outing would accomplish.

Perhaps the ambivalence and shame that kept me quiet all those years contributes to the notion that, in this specific instance, I would prefer not to reveal his identity.

To former colleagues who may feel further victimized by my decision, I apologize for casting a net that is obviously far too wide.

When one is dealing with the aftermath of a sexual assault, everyone loses.

Sheila Copps is a former Jean Chrétien-era Cabinet minister and a former deputy prime minister.

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End of online anonymity? Ontario Police and Conservative Senator support mandatory identification reforms

OPP officer Scott Naylor likened internet access to obtaining a driver's licence or a marriage licence, noting that we provide identification for many different activities, yet there is no requirement to identify yourself when using the internet.



MICHAEL GEIST

If you could change or enact one internet law, what would it be? For some Canadians, it might be new rules to promote greater competition among internet providers or increased copyright flexibilities matching the U.S. fair use provision. For others, it would mean toughening online privacy protection or examining whether Canadian net neutrality rules are sufficient.

When Scott Naylor, a detective inspector with the Ontario Provincial Police was asked the question during a Senate hearing earlier this month on Bill C-13, the government's lawful access legislation, he responded that he would eliminate anonymity on the internet. Naylor likened internet access to obtaining a driver's licence or a marriage licence, noting that we provide identification for many different activities, yet there is no requirement to identify yourself (or be identified) when using the internet.

While acknowledging that a universal identification system is impractical, he said would ideally like a mandatory digital fingerprint for internet users that would identify them sitting behind the computer. Naylor's comments were quickly greeted with support from Conservative Senator Tom McInnis, who lamented the use of assumed names and agreed that identifying the identity of online users would be a good thing.

Law enforcement support for the elimination or erosion of online anonymity is particularly ironic since the Supreme Court of Canada just emphasized its importance in a landmark ruling on internet privacy. The Spencer decision is best known for affirming that internet users have a reasonable expectation of privacy in their subscriber information.

The implications of that ruling are that law enforcement officials now have little choice but to obtain a court order to obtain subscriber information from Internet providers. Moreover, internet providers who were previously willing to voluntarily disclose basic subscriber information without court oversight have abandoned the practice.

While the decision altered the landscape of internet privacy, it is important to recognize that the court pointed to online anonymity as particularly important in the context of internet use. In fact, it identifies precisely the kinds of cases of importance to law enforcement as the reason to preserve online anonymity.

For example, it notes that there may be situations where police want the list of names that correspond to identification numbers on a survey. In such situations, "the privacy interest at stake...is not simply the individual's name, but the link between the identified individual and the personal information provided anonymously."

Anonymity can create a challenge for law enforcement (though one that is frequently surmountable through digital detective work), but it also plays an important positive role for the police. Anonymous tip lines or information from anonymous individuals are frequently an important source of information for investigators. Eliminating anonymity would run the risk of hampering age-old investigative techniques.

The importance of online anonymity extends far beyond law enforcement, however. Corporate whistleblowers, women in abusive relationships, visible minorities, and a myriad of other people are emboldened by anonymity to speak out in a manner that would otherwise be unavailable if they were forced to identify themselves.

The Supreme Court's recognition of anonymity as a particularly important

component of Internet privacy will not come as a surprise to millions of internet users to rely upon it to varying degrees to exercise free speech rights and to preserve their privacy. What is surprising—or at least discouraging—is that the OPP and a Canadian Senator would seemingly jump at the chance to bring it to an end.

Michael Geist holds the Canada Research Chair in Internet and E-commerce Law at the University of Ottawa, Faculty of Law. He can be reached at mgeist@uot-tawa.ca or online at www.michaelgeist.ca.

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WO Kevin Daly, Rideau Hall ©OSGG-BSGG, 2013.

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NEWS HARASSMENT

There's a culture of 'casual sexism' on the Hill, says Equal Voice's Peckford

Calls for new harassment process abound as Hill culture goes under the microscope.

Continued from page 1

"The working environment on Parliament Hill is particularly unique, especially given that it sits right into the evening, the Parliamentary sessions are particularly intense, individuals are away from their families for a significant amount of the year ... and the absence of process and clarity around what it means to be accountable for certain behaviour, I think, has contributed to that," she said.

The issue of sexual harassment is far from new, but it's taken on a new life in recent weeks.

From a viral video released by non-profit organization Hollaback, depicting the harassment a woman experienced while walking through New York City, to widespread social media discussions of experiences of sexual harassment sparked by shocking allegations of sexual violence levelled against former CBC personality Jian Ghomeshi and further prompted by the creation of a hashtag #beenrapedneverreported, a more open discussion of harassment has taken place in Canada and made its way to Parliament Hill earlier this month. Some have referred to it as the 'Ghomeshi effect,' and it's shed new light on the lack of an independent, formal process for MPs to raise complaints.

On Nov. 5, Liberal Leader Justin Trudeau (Papineau, Que.) revealed that two Liberal MPs, Scott Andrews (Avalon, Nfld.) and Massimo Pacetti (Saint-Léonard-Saint-Michel, Que.), were being suspended from caucus in light of allegations of "serious personal misconduct" from two MPs of "another party," which Mr. Trudeau said he had been approached about personally. It's since been reported that the complaints were raised by two female NDP MPs. It's unclear what took place beyond the description of "personal misconduct."

The matter has been referred to House Speaker Andrew Scheer (Regina-Qu'Appelle, Sask.) or investigation and will be discussed by the House Board of Internal Economy, an all-party, closed-door committee of MPs.

Two days after the Liberal suspensions, a former NDP staffer, Fabiola Ferro, filed a lawsuit against NDP MP Sylvain Chicoine (Châteauguay-Saint-Constant, Que.) over allegations that a fellow staffer in the MP's office abused her verbally, discriminated against her because of her gender and that she was fired after filing an unsuccessful complaint.

Ian Capstick, a former NDP and Liberal staffer who worked



Michele Austin

**Former ministerial chief of staff
Senior adviser at
Summa Strategies**

"This is not exclusively a male-female issue, this is a male-male issue, this is a female-female issue. Let's not just keep this at sexual harassment, I mean I have seen alcohol abuse in Members of Parliament offices' where staff would come in and there would be blood, bottles broken across everything. So this cannot just be capped at sexual abuse, they have to look at abuse, generally."



Sheila Copps

Former Liberal deputy prime minister

"There are some specific problems in the Parliamentary process that you're looking at, but it is a societal challenge.... I think it occurs in a lot of workplaces. I've heard from people across the broad spectrum, amazingly, I even got an email this morning from a retired police officer who was assaulted in a retirement home, and it was a man by another man, so it's obviously very widespread."



Nancy Peckford

**Executive director
of Equal Voice**

"The combination of power and testosterone often leads, unfortunately, to poor judgment, especially in a system where there has been no real process to date."



Mary Clancy

**Former Liberal MP from
1988 to 1997**

"Sexual harassment between MPs basically didn't exist. Was there sexual harassment to staffers? You bet. ... I often said that being in the House of Commons was like being locked up in a rather unruly boys school."

on the Hill from 2002 to 2008 and is now president of MediaStyle, recently said on CBC's *Power & Politics* that he was sexually harassed by one male MP and sexually touched by another male MP when he worked on the Hill. He said he told the latter MP his actions were "inappropriate," but said he never reported the incidents out of a feeling of powerlessness.

The National Post's John Ivison wrote about the experience a former Hill intern to an unnamed Liberal MP who alleges her supervisor in the MP's office sexually harassed her and undermined her in the workplace when she declined to go on a date with him. Ms. Ali said she complained to her MP, but the only thing that happened was the termination of her own employment.

In a column in *The Hill Times* on Nov. 10, former Liberal minister and deputy prime minister Sheila Copps revealed that she was sexually assaulted by a male MPP during her time in the Ontario legislature and had been raped by someone she knew. Ms. Copps said she did not report the incident, instead "chalking the incident up to personal misjudgment."

In an interview last week with *The Hill Times*, Ms. Copps, who served in the House from 1984

to 2004, said the response to her column has been a surprise and "pretty overwhelming" in a positive way.

"People have told me about their experiences, some of whom have never stated them publicly either," said Ms. Copps. "It's been very heartwarming to get messages from across the country, literally.... I got an email from Brian Mulroney, which was very surprising, a wonderful email."

Ms. Copps said these messages have highlighted how sexual harassment occurs in all kinds of workplaces.

"I've heard from people across the broad spectrum, amazingly. I even got an email this morning from a retired police officer who was assaulted in a retirement home, and it was a man by another man. So it's obviously very widespread," said Ms. Copps. "It's a societal phenomenon, it's not a Parliamentary phenomenon."

But Ms. Copps said that Parliament needs to establish a process to deal with harassment that is designed to "parallel the public process," available to people working in the private sector or Crown corporations. Ms. Copps said she's aware of an example of a staffer quitting their job after

finding doors closed and feeling there was no recourse to raise a sexual harassment complaint.

Former Liberal MP Mary Clancy, a founder of the Women's Parliamentary Association and the Liberal Women's Caucus, recalled how a former male MP called her and two other female MPs—Ms. Copps included—derogatory names in the course of debate. Ms. Clancy, who served in the House from 1988 to 1997, said as a result, new sanctions were put in place for MPs who used "sexist, pejorative language" in the Chamber.

"I often said that being in the House of Commons was like being locked up in a rather unruly boys' school," said Ms. Clancy.

But in the halls of Centre Block, Ms. Clancy said, "sexual harassment between MPs basically didn't exist."

"Was there harassment to staffers? You bet," she said.

Ms. Clancy said caucuses tried to address this harassment and there was sensitivity training. She made it clear to her staff that her door was always open, but she said, based on recent stories involving former staff or MPs on Parliament Hill, "we don't appear to have made a whole lot of progress."

Ms. Clancy said MPs are

"pretty well kings and queens in their little domains," which contributes to the "culture of silence" and highlights the need to have a formal process on the Hill.

Parliament Hill is a unique work environment. MPs are considered the employer, and a hierarchy exists dividing MPs, ministers and Senators and their staff. The Canada Labour Code does not cover individuals employed on Parliament Hill, though it does cover federal departmental staff, staff at Crown corporations or similar federal agencies.

The House of Commons, including administration, procedure, security and maintenance services, as well as the Library of Parliament, are subject to the Parliamentary Employment and Staff Relations Act, which includes processes to raise grievances and resolve disputes, but this does not extend to MPs or their staff, or to Cabinet ministers' staff. In 2001, the House Board of Internal Economy approved a new policy dubbed Prevention and Resolution Harassment in the Workplace, again for the approximately 1,800 House administration staff.

Those working for a minister,

Continued on page 15

NEWS HARASSMENT

MPs call for formal process to deal with harassment

Continued from page 14

known as exempt staff (and considered public office holders) are subject to rules and procedures set by the Treasury Board Secretariat, which includes a policy on harassment prevention and resolution, as well as a guide and a directive on the harassment complaint process.

NDP Hill staffers are unionized and have a collective agreement, which lays out processes for filing a grievance or a complaint of harassment with a member of the union executive or a union steward (fellow staffers). If the grievance or complaint can't be informally mitigated, a committee is formed of the members of the union executive and management (senior staff in the OLO and party research bureau are considered management and are not under the collective agreement) to examine and investigate the issue and produce a report, which includes recommended remedies. A complainant is able to appeal this decision.

As well, anyone to whom House resources are made available is able to bring complaints to the House of Commons' Chief Human Resources Officer. There are no stipulations preventing MPs from doing so.

MPs discussed existing options for those on the Hill to raise harassment complaints during a study of sexual harassment in the federal workplace that was concluded last year.

House Clerk Audrey O'Brien told MPs that each party has its own way of dealing with such concerns from staff, but usually the whip of the party is responsible.

Asked whether staff are briefed on options and opportunities that already exist for them to raise complaints on the Hill, Ms. O'Brien said, "the short answer is no."

"We don't have any role to play in making the staff of Members aware of what their rights might be and how to operate if they have a conflict, or a harassment situation, or what they view as an abuse of power situation," said Ms. O'Brien, adding some explanation is given to MPs about their responsibilities as an employer.

"I think for many members who come in after an election it is a huge leap to actually run an office and manage a group of people here and in the constituency. Very often they are terrifically vulnerable to whoever they hire as their chief of staff. You end up in situations, which as you say, are sometimes very unfortunate," she said.

Michele Austin, a former Conservative ministerial chief of staff and now senior adviser at Summa Strategies, said you see a lot of "mistakes, misconduct and miscommunication" on the Hill every day, but she said the issue is one of inappropriate or abusive behaviour, not exclusively sexual

harassment, and not necessarily male-on-female either. Ms. Austin said the worst abuse she's seen was male-on-male.

"I have seen alcohol abuse in Members of Parliament offices where staff would come in and there would be blood, bottles broken across everything. So this cannot just be capped at sexual abuse.... The worst I did come across was alcohol abuse and abuse to staff based on the person being consistently drunk," said Ms. Austin, adding these were things she witnessed in the 1990s.

In response to the recent stories of harassment on the Hill, she said: "I can't say I was surprised. I was disappointed in how it was handled by everyone, but I wouldn't say that I was surprised."

"Everybody has a unique experience, right, because essentially MPs—if they're not in Cabinet—are doing the hiring and firing, they're the managers and they set the tone. It's a little different when you are in Cabinet. Because you are working so closely with the civil servants, a lot of their policies bleed in to the day-to-day workplace," she said.

For this reason, Cabinet ministers have more options than regular MPs in looking for help with complaints of harassment, she said.

Ms. Austin said an MP's staffer would likely take a complaint either to the party, or, if "you were brave enough," off the Hill.

The best practices for dealing with complaints of harassment in the private sector should be made available to MP offices, she said, and more training and information should be given to MPs, Senators and staff on the Hill in terms of what they can do.

Ms. Peckford said Equal Voice launched a campaign in May called Respect Her, because of "the fact that there was a culture of casual sexism on the Hill." She said Parliament is unique in terms of disproportional gender representation in a workplace, and said getting more women elected to Parliament—more than the current 25 per cent of seats—will help change the culture.

A fair, independent process to deal with concerns and complaints on the Hill needs to be established and needs to "go beyond the Speaker."

Anyone in Canada can file a human rights complaint under the Canada Human Rights Act and be heard by a tribunal. Complaints under the act can only be filed on the basis of certain circumstances, but sex-based discrimination is included.

Liberal MP Judy Sgro (York West, Ont.) said filing a complaint with the Human Rights Commission seems to be "the avenue of last resort."

"Many women I have talked to, women who often raise these issues, just say that they weren't going to put them-

selves through that when the chances of success.... It's the employee against the employer," she said.

On Nov. 13, NDP Leader Thomas Mulcair (Outremont, Que.) sent an open letter to Mr. Trudeau and Prime Minister Stephen Harper (Calgary Southwest, Alta.) calling for all three parties to work together to develop and implement new procedures and policies to protect Parliamentary staffers and MPs, and proposing a formal code of conduct, the "nomination of an independent non-partisan third-party officer of Parliament," among other things.

Lior Samfiru, a Toronto-based labour and employment lawyer who's represented both complainants of workplace harassment and defendants, said any mechanism to deal with complaints needs to be seen as "being open minded and neutral."

"There has to be a process of investigation and who's going to investigate at that point is very important: if it's going to be done internally, in which case there's always a presumption of bias, or is there going to be someone that's more removed," said Mr. Samfiru.

"If there's no mechanisms to deal with that, I would expect that someone is going to feel very uncomfortable raising a concern," he said.

Mr. Samfiru said the Parliamentary Employment and Staff Relations Act (PESRA) offers House of Commons administration staff the same protections as other public servants. Other staff on the Hill—working for MPs or ministers—are able to file a complaint under the Canada Human Rights Act, said Mr. Samfiru, and they can also take the matter to court.

Mr. Samfiru said past court decisions, specifically in the case of Canada v. Vaid, have established that Parliamentary privilege does not apply to the management of employees. The Supreme Court ultimately only threw out the case because the staffer in question, Mr. Vaid, who had worked as driver to the House Speaker, was found to come under PESRA, which sets out its own process to deal with such matters. Mr. Samfiru said even then, the door was left open for other staff under PESRA to be heard by future courts. But he said this decision isn't necessarily "applicable to MPs themselves."

"I don't think court would be possible but they would potentially be able to file a human rights complaint against somebody," he said.

But for staff, taking a complaint to court or to a human rights tribunal is a big, bold step, and Mr. Samfiru said Parliament "absolutely" should establish an arm's-length formal complaint and investigation process that's applicable to everyone on the Hill, akin to a commissioner's office.

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LIST

Stories of harassment on the Hill

• Liberal Senator Colin Kenny faced complaints of sexual harassment, workplace harassment, and abuse of authority from his former assistant, Pascale Brisson. A Senate investigation cleared Sen. Kenny on all three counts in April.

• In 1997, Liberal MP Raymond Chan was cleared of accusations that he sexually harassed Maria Trinh, a 29-year-old staffer in his office.

• A 1997 Angus Reid survey of more than half of all the women sitting in Parliament and in provincial legislatures at the time found that one-third of Canada's female politicians had been sexually harassed by their colleagues. Sixty per cent said they had been subject to inappropriate or demeaning remarks related to their gender. Twenty-one per cent said they knew of female colleagues who had used sex to advance their careers.

• In 1998, stalking charges against Liberal MP Ian Murray were dropped. He had been charged with criminal harassment of his former lover, Victoria Hensler, who had worked as his receptionist before he entered politics.

• On Nov. 5, Liberal MPs Scott Andrews and Massimo Pacetti were suspended from the national Liberal caucus in the face of allegations from two female NDP MPs. The allegations, reportedly brought to Liberal leader Justin Trudeau by one of the MPs, have been vaguely described as "personal misconduct," and the matter has been referred to the House Speaker for investigation and will be studied by the Board of Internal Economy.

• On Nov. 7, a former NDP staffer, Fabiola Ferro, filed a lawsuit claiming her former boss, NDP MP Sylvain Chicoine, contributed to a toxic work environment. Ms. Ferro claims that shortly after she began working for Mr. Chicoine in September 2011 she began being harassed by her male colleague and treated unfairly, and that when the issue was raised with the MP nothing was done to address her concerns. She said she was fired after filing a grievance with the NDP staff union in April 2013, but her colleague was not. In her lawsuit, Ms. Ferro claims Mr. Chicoine demonstrated a sexist and misogynistic attitude toward her.

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Tories keenly guarding Flaherty's legacy

To campaign against the memory of a revered political icon, one must poke gingerly around the edges.



TIM HARPER

To campaign against the memory of a revered political icon, one must poke gingerly around the edges. No one wants to be accused of tarnishing the statue or knocking the official portrait askew.

In Whitby-Oshawa, where voters go to the polls Monday, the race to replace the late Jim Flaherty is rendered more difficult for Liberal and NDP candidates who are trying to simultaneously pay homage to the former finance minister while trying to yank down his legacy.

Flaherty was known in Whitby as a tireless constituency worker. His widow, Christine Elliott, is part of the local dynasty as MPP and front-runner in the provincial Progressive Conservative leadership race.

Conservatives have the machinery in place and a candidate with high name recognition in former Whitby mayor Pat Perkins, who says she is zealously guarding the Flaherty legacy. They have the timing they wanted for the byelection and now, courtesy of Prime Minister Stephen Harper, a package of tax cuts and enhanced baby bonus payments to run on.

As an exclamation point, the government named the finance building in Ottawa after Flaherty during the race to replace him.

In short, Liberal Celina Caesar-Chavannes, New Democrat Trish McAuliffe and Green party candidate Craig Cameron are trying to push a noodle up a mountain.

One of them appears to be having more success than expected.

Flaherty, who represented the riding provincially before his jump to federal politics, won here with almost 60 per cent of the vote in 2011.

But here's the wild card—Flaherty is also remembered here as the man who blew the whistle on income-splitting, a program that independent analysts believe would benefit 15 per cent among us, providing nothing for the other 85 per cent of the population.

"It benefits some parts of the Canadian population a lot and other parts of the Canadian population, virtually not at all," Flaherty famously said two months before his death.

Caesar-Chavannes, a 40-year-old businesswoman and researcher, says there are 6,000 single-income families in the riding, parents who both work at jobs with similar incomes and others trying to get their kids off to university. None will benefit from what the government calls its Family Tax Cut.

"You'd be hard-pressed to find the 15 per cent here in Whitby," she says. "For those reasons, I think, Jim didn't like that."

Harper capped the tax savings under the program at \$2,000 and showcased it along with the enhanced child benefits, a package that will cost the government \$4.6-billion annually and has helped drain an expected surplus.

As a mother to six-year-old Johnny, 10-year-old Candice and 15-year-old Desiray, Caesar-Chavannes stands to benefit from the Conservatives' increase in child benefits herself.

"They're using my own money to bribe me," she says. "Maybe they can use someone else's money next time."

McAuliffe, a longtime General Motors employee and union official, points to a



In Whitby-Oshawa, where voters go to the polls Monday, the race to replace the late Jim Flaherty, left, pictured in 2013 with Prime Minister Stephen Harper, is rendered more difficult for Liberal and NDP candidates who are trying to simultaneously pay homage to the former finance minister while trying to yank down his legacy. *The Hill Times* photograph by Jake Wright

waiting list of 4,000 for regulated daycare spots and grandparents in the riding who are babysitting as a full-time job for working parents. Families need two incomes here, she says.

"If the Conservative policy is meant to keep women at home, I'm not meeting women who want to do that," she says.

But, still, she hesitates to criticize Flaherty, glancing downward as she says: "It's touchy, but I have to say, sorry Jim, but some people have been left behind here."

Perkins and her campaign did not respond to numerous requests for an interview for this column, but she is telling voters she could not let this riding go to another party "particularly so quickly on the heels of his passing."

She is doubtless running a classic front-runners campaign but there are always pitfalls to such a strategy.

According to a Forum Research poll, Caesar-Chavannes has crept up on her in what Forum calls a statistical tie, given the margin of error.

The Liberal is grabbing NDP support while Perkins' strong name recognition and support has remained static.

Byelection polling is notoriously unreliable and the numbers have spawned skepticism.

At the very least, Liberals will have road-tested a campaign, a ground game and a data strategy before storming this riding again in the 2015 general election.

Conservatives are expected to easily hold the Alberta riding of Yellowhead in Monday's other byelection.

But if they ever fumbled Flaherty's riding in a byelection, after raising the drawbridge on his fiefdom, they would have not just allowed the statue to be tarnished, they would have allowed it to be stolen from under their noses, in broad daylight.

Tim Harper is a national affairs writer for The Toronto Star. This column was released on Nov. 14.

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The Hill Times

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The College of Family Physicians of Canada (CFPC) is pleased to announce its 2014–2015 President, Dr Garey Mazowita

Dr Mazowita's diverse medical career spans over 35 years. Currently, he is a Clinical Professor with the Faculty of Medicine at the University of British Columbia, where he has been actively involved in family medicine teaching, clinical care, and research. Since 1992, Dr Mazowita has provided family medicine representation on several provincial health care initiatives.

Dr Mazowita became a Board Member of the Manitoba College of Family Physician's Executive Committee in 1996, and served as Chapter President in 1998. He became a member of the CFPC's National Executive Committee in 2012 as Honorary Secretary-Treasurer and became President-Elect and Chair of the Board in 2013.

Dr Mazowita's goals for his term as President include enhancing member services, streamlining CFPC governance, and continuing to advance family medicine in Canada.



Please join us in welcoming Dr Garey Mazowita as the CFPC's new President!

LEGISLATION

ROBERT REICH

Feds to push ahead on anti-terrorism, budget bills

Government House Leader Peter Van Loan said Bill C-44, the Protection of Canada from Terrorists Act, will be debated for the third time on Tuesday.

Continued from page 1

After Christmas break, when MPs and Senators return the week of Jan. 26, they will be down to 15 sitting weeks to wrap up legislative business before the House rises for the summer and the writ is scheduled to be dropped in September for the fixed election date of Oct. 19, killing all legislation left on the Order Paper.

During his rundown in the House before the constituency break of what the government has planned for the week of Nov. 17, Government House Leader Peter Van Loan (York-Simcoe, Ont.) said Bill C-44, the Protection of Canada from Terrorists Act, will be debated for the third time on Tuesday.

"Since all parties support committee examination of the bill, I would expect that the opposition will agree to let that start after next Tuesday's debate," he said in the House.

Also beginning next week, the House Citizenship and Immigration Committee will begin studying pieces of the government's second budget implementation act, **Bill C-43**, the Economic Action Plan 2014 Act, No. 2.

By the end of last month, multiple committees in the House and Senate had studied various elements of the budget implementation bill. They'll submit their reports to the Senate by Nov. 27 in an effort to have the 458-page bill digested and passed before the House rises for the Christmas break. The government has indicated that passing the budget bill before the break is a priority.

The Senate Legal and Constitutional Affairs Committee will begin its study of **Bill C-13**, the Protecting Canadians from Online Crime Act, otherwise known as the government's cyberbullying legislation. It was referred to committee at the end of the last sitting week, on Nov. 5.

Also up on the order paper this week is **Bill C-18**, the Agricultural Growth Act, which will start the report stage and has time scheduled in the House on Monday and Wednesday. Following Question Period on Monday, **Bill C-27**, the Veterans Hiring Act, will also begin report stage. On Thursday and Friday the House will resume debate on **Bill C-26**, the Tougher Penalties for Child Predators Act, which is currently at second reading.

As for the remaining two opposition days, Mr. Van Loan wasn't able to specify when they would be scheduled, other than "sometime" in the remaining four weeks.

Of the 25 private members' bills at various stages in the House—10 of which are Conservative-sponsored, six NDP, four Liberal, four from the Senate and one from the Bloc Québécois—a few have been given a heightened profile, given their political traction. Most recently debated in the House at second reading on Nov. 7 was Liberal MP Ted Hsu's (Kingston and the Islands, Ont.) **Bill C-626**, an Act to amend the Statistics Act to appoint a Chief Statistician and re-instate the long-form census, which brought back the conversation in the Commons over the National Household Survey and the role of Statistics Canada.

NDP MP Dan Harris' (Scarborough Southwest, Ont.) **Bill C-597**, an Act to amend the Holidays Act to make Remembrance Day a statutory holiday, received cross-party support. The bill passed second reading earlier this month and has now been referred to the Canadian Heritage Committee for study.

Also of note, on Oct. 30, the Procedure and House Affairs Committee began its study of Conservative MP Michael Chong's (Wellington-Halton Hills, Ont.) Reform Act, **Bill C-586**.

Earlier this session, Senate Liberals raised concern about

some controversial private members' bills that were beginning to be called forward for debate after being in limbo for some time. Those included **Bill C-377**, an Act to Amend the Income Tax Act (requirements for labour organizations), from Conservative MP Russ Hiebert (South Surrey-White Rock-Cloverdale, B.C.), which is still at first reading in the Senate, where it has been since 2013; **Bill C-290**, an Act to Amend the Criminal Code (sports betting), sponsored by NDP MP Joe Comartin (Windsor-Tecumseh, Ont.), which in October entered second reading in the Senate; and **Bill C-525**, the Employees' Voting Rights Act, sponsored by Conservative MP Blaine Calkins (Westaskiwn, Alta.), which has been labelled an "anti-union bill" and also moved to second reading in the Senate in October.

These bills all still have a ways to go before passing and at their current pace it is unlikely they will move significantly before 2015.

Five new bills have been introduced so far this sitting, beginning with **Bill C-41**, the Canada-Korea Economic Growth and Prosperity Act first read on Sept. 23; **Bill C-42** the Common Sense Firearms Licensing Act, first read on Oct. 7; **Bill C-43**, the Economic Action Plan 2014 Act, No. 2, introduced on Oct. 23; **Bill C-44**, the Protection of Canada from Terrorists Act, first read on Oct. 27; and most recently one Senate bill; **Bill S-7**, the Zero Tolerance for Barbaric Cultural Practices Act, introduced on Nov. 5.

All four of the House bills that were in the senate at the beginning of the Fall session have now reached Royal Assent: **Bill C-6**, the Convention on Cluster Munitions Implementation Bill; **Bill C-10**, the Trafficking in Contraband Tobacco Bill; **Bill C-17** the Protecting Canadians from Unsafe Drugs Bill; and **Bill C-36**, the Protection of Communities and Exploited Persons Act, the government's new prostitution legislation.

Eight pieces of government legislation have not moved from their place on the legislative agenda since the House resumed sitting on Sept. 15. Most notable is **Bill C-21**, the Red Tape Reduction Act, which after being debated three times this session, most recently on Nov. 6, is still at second reading despite Mr. Van Loan saying it was going to be a priority for the Conservatives this session. Although, it is on Monday's Order Paper.

The other bills that haven't moved are **Bill C-26**, the Tougher Penalties for Child Predators Act; **Bill C-32**, the Victims Bill of Rights Act, **Bill C-2**, the Safe Injection Bill; **Bill C-11**, the Priority Hiring for Injured Veterans Bill; **Bill C-12**, the Drug-Free Prisons Bill; and **Bill C-33**, the First Nations Control of First Nations Education Act.

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SCHEDULE

The Week Ahead in Parliament

Monday, Nov. 17

- The House Citizenship and Immigration Committee will meet to discuss committee business and begin studying Bill C-43, the government's second Budget Implementation Act clauses 172, 173, 183 and 184.
- The House Environment and Sustainable Development Committee will meet to study Bill S-5, an Act to amend the Canada National Parks Act (Nááts'ihch'oh National Park Reserve of Canada).
- The House Public Safety and National Security Committee will meet to discuss committee business and study Bill C-2, an Act to amend the Controlled Drugs and Substances Act. This meeting will be televised.
- The Senate Official Languages Committee will meet to study Bill S-205, an Act to amend the Official Languages Act and will hear from Marc Tremblay, acting assistant deputy minister of governance, planning and policy sector at the Treasury Board of Canada Secretariat. The committee will also study the application of the Official Languages Act and hear from Mr. Tremblay on that, as well as Daniel Watson, chief human resources officer at the Treasury Board of Canada Secretariat.

Tuesday, Nov. 18

- The House Government Operations and Estimates Committee will meet to discuss committee business.
- The House Justice and Human Rights Committee will meet to continue studying Bill C-32, the Victims Bill of Rights Act.
- The House Public Accounts Committee will hold an in-camera meeting to discuss "Chapter 8, Meeting Needs for Key Statistical Data-Statistics Canada."
- The Agriculture and Agri-Food Committee will present to the House its first report, "Canadian Agriculture and the Canada-European Union Comprehensive Economic and Trade Agreement."
- The House Board of Internal Economy, will meet to discuss how to handle the allegations of "personal misconduct" involving two suspended Liberal MPs Scott Andrews and Massimo Pacetti.
- The Senate Aboriginal Peoples Committee will meet to study challenges relating to First Nations infrastructure on reserves and will hear from Cameron Alexis, Alberta regional chief, and Irving Leblanc, acting director, Housing and Infrastructure of the Assembly of First Nations.
- The Senate National Finance Committee will meet to discuss the supplementary estimates for the fiscal year ending March 31, 2015. The committee will hear from Comptroller General of Canada Bill Matthews; and Marcia Santiago, executive director, expenditure management, at the Treasury Board of Canada Secretariat.
- The Senate Transport and Communications Committee will meet to study Bill C-43, the government's second Budget Implementation Act divisions 2, 6, 10, 11, 16, and 21 of Part 4.

Status of Government Business

House of Commons

- C-2 Safe Injection Bill (committee)
- C-11 Priority Hiring for Injured Veterans Bill (second reading)
- C-12 Drug-Free Prisons Bill (second reading)
- C-18 Agricultural Growth Bill (report stage)
- C-21 Red Tape Reduction Act (second reading)
- C-26 Tougher Penalties for Child Predators Act (second reading)
- C-27 Veterans Hiring Act (report stage)
- C-32 Victims Bill of Rights Act (committee)
- C-33 First Nations Control of First Nations Education Act (on-hold, committee)
- C-35 Justice For Animals in Service Act [Quanto's Law] (second reading)
- C-40 Rouge National Urban Park Act (report stage)
- C-42 Common Sense Firearms Licensing Act (second reading)
- C-43 Economic Action Plan 2014 Act, No. 2 (second reading)
- C-44 Protection of Canada from Terrorists Act (second reading)
- S-2 Incorporation by Reference in Regulations Act (committee)
- S-3 Amend the Coastal Fisheries Protection Act (committee)
- S-4 Digital Privacy Act (committee)

The committee will hear from Industry Canada's Director of Business and Regulatory Analysis Adam Scott, and from Spectrum Management Operations Policy Analyst Amy Jensen and Director Lynne Fancy. From Transport Canada, it will hear from Acting Assistant Deputy Minister of Safety and Security Donald Roussel; Acting Director General of Civil Aviation Shari Currie; the Marine Policy Director General Joyce Henry; the Director of Port Policy Tamara Rudge; and the Director General of Crown Corporation Governance, April Nakatsu. The committee will also hear from Helen C. Kennedy, director general, broadcasting and digital communications at Canadian Heritage.

•The Senate Energy, Environment and Natural Resources Committee will meet to study Bill C-43, the government's second Budget Implementation Act, divisions 3, 28, and 29 of Part 4 and will hear from Ben Brunnen, manager, fiscal and economic policy, and Alex Ferguson, vice-president, policy and performance at the Canadian Association of Petroleum Producers; President of Inuit Tapiriit Kanatami Terry Audla; Jonathan Fitzpatrick, president; and Vince Frisina, vice-president, Chalk River professional employees group of the Professional Institute of the Public Service of Canada. The committee will also discuss the consideration of a draft agenda, and future business.

Wednesday, Nov. 19

- The Senate Legal and Constitutional Affairs Committee will begin its study of Bill C-13, the Protecting Canadians from Online Crime Act, and will hear from Lianna McDonald, executive director at the Canadian Centre for Child Protection; Leo Russomanno, member and criminal defence counsel; and Michael Spratt, member and criminal defence counsel of the Criminal Lawyers' Association; Monique St. Germain, general counsel from the Canadian Centre for Child Protection; Andrea Slane, associate professor at the University of Ontario Institute of Technology; and Michael Geist, law professor at the University of Ottawa.
- The Senate Banking, Trade and Commerce Committee to discuss the Divisions 9, 12, 18, 22, 26, and 27 of Bill C-43, the government's second Budget Implementation Act and will hear from Finance Minister Joe Oliver.
- The Senate Aboriginal Peoples Committee will meet to study challenges relating to First Nations infrastructure on reserves and will hear from Charmaine McCraw, Economic and Resource Development Unit Manager at the Nishnawbe Aski First Nation.

Thursday, Nov. 20

- The Joint House and Senate Scrutiny of Regulations Committee to review Statutory Instruments 1-11.
- The Senate Internal Economy, Budgets and Administration Committee will meet to discuss administrative and other matters.

- S-5 Nááts'ihch'oh National Park Reserve Act (committee)
- S-6 Yukon and Nunavut Regulatory Improvement Act (second reading)

Senate

- C-3 Safeguarding Canada's Seas and Skies Bill (committee)
- C-8 Combating Counterfeit Products Bill (second reading)
- C-13 Online Crime Prevention Bill (committee)
- C-22 Energy Safety and Security Act (awaiting first reading)
- C-33 First Nations Control of First Nations Education Act (pre-study)
- C-41 Canada-Korea Economic Growth and Prosperity Act (committee)
- C-43 Economic Action Plan 2014 Act, No. 2 (pre-study)
- S-7 Zero Tolerance for Barbaric Cultural Practices Act (second reading)

Received Royal Assent

- C-10 Trafficking in Contraband Tobacco Bill
- C-6 Convention on Cluster Munitions Implementation Bill
- C-17 Protecting Canadians from Unsafe Drugs Bill
- C-36 Protection of Communities and Exploited Persons Act

OPINION HARASSMENT

Mulcair letter calls for political parties to work together, draft formal code of conduct

On Nov. 13, NDP Leader Thomas Mulcair and NDP Whip Nycole Turmel sent a letter to Prime Minister Stephen Harper and Liberal Leader Justin Trudeau with suggestions on how to address recent allegations of harassment on Parliament Hill. The other party leaders, whips and House leaders were also copied. Below is a transcript of the letter.



TOM MULCAIR AND NYCOLE TURMEL

Recent events, both here in Parliament and elsewhere, have brought significant public attention to the problem of harassment in Canadian workplaces. The reality of a hostile work environment is one that is far too common for many Canadians, especially Canadian women. I know that we are all keenly aware of the responsibility we share in ensuring harassment-free workplaces, both in our workplace here in Ottawa and in the wide variety of places of work across this country, and in showing leadership for addressing this issue in a respectful, effective and lasting manner.

The first thing we must do is get our own House in order. We believe that, working together across all party lines, we can unite behind the development and implementation of procedures and policies that can provide Parliamentary staff and Members of Parliament with a respectful work environment that will conform to the particular conditions of the legislature. I think we can also agree that addressing harassment in Parliament is not only a priority, we also have an obligation to show to Canadians that we can do better.

To those ends, we believe a new approach must include the following considerations: a clear definition of harassment—to be communicated to all Members and employees—making it clear that there shall be no harassment, sexual or otherwise, tolerated in Parliament; a new, formal Code of Conduct around harassment, which could amend the Standing Orders or other rules that govern Parliament; the nomination of an independent non-partisan third party officer of Parliament responsible for: reviewing incidents in a timely manner, advising complainants on the processes and services available to them—including those provided by the Criminal Code and by human rights legislation—undertaking investigations where appropriate, and proposing remedies; a confidential and fair process to be followed when a complaint arises, which provides protection and support to those making a complaint; the unencumbered right of victims to maintain control over their complaint and the process, including the right to have their privacy respected; a system of training and education for members and employees, including ensuring all staff and members are aware of complaints procedures; the bringing into force of appropriate parts of the Parliamentary Staff Relations Act, Part II, particularly Article 86, to provide for greater protections for employees.

Our hope is to find the most appropriate procedures and policies for the unique environment that is Parliament, which can, at the same time, work as a model for other workplaces. Any less would be unacceptable.

There are many existing codes from which we can draw inspiration. For example, the Treasury Board Policy on Harassment Prevention and Resolution, which came into force on Oct. 1, 2012, emphasizes discretion and confidentiality and sets guidelines for expected behaviours. New Democrats are also informed by our own rules and procedures—which are written into the collective agreement with our staff.

We propose that a meeting be convened at the earliest convenience, preferably within the next week, with representatives of each party and the Speaker's office, to begin the process of developing a framework for dealing with these issues both now and going forward—demonstrating to Canadians that all Members of Parliament are committed to creating a safe and respectful working environment free of harassment.

NDP Leader Thomas Mulcair represents Outremont, Que., and NDP Whip Nycole Turmel represents Hull-Aylmer, Que.
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The Hill Times



NDP Leader Tom Mulcair and NDP Whip Nycole Turmel say the House must get itself in order first to demonstrate to Canadians that all MPs are committed to creating a safe and respectful working environment free of harassment.
The Hill Times photograph by Jake Wright

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OPINION FIRST NATIONS

AFN chooses a new national chief: a critical decision for First Nations and Canada

Since the sudden resignation of national chief Shawn Atleo in May, the AFN has not been a relevant force in national politics.



BRUCE CARSON



AFN Leader Ghislain Picard has tried to get the federal government's attention on education but has been rebuffed by Aboriginal Affairs Minister Bernard Valcourt. *The Hill Times* photographs by Jake Wright and courtesy of Ghislain Picard

have been successfully implemented in Nova Scotia by the Mi'kmaw which could serve as a template. There must be flexibility and First Nations must ultimately control their own education. The federal government must realize that First Nations themselves have the most at stake here and failure is not an option. In addition to establishing the structure, adequate funding is required to support the new structure and allow it to flourish.

On education and on the proposal for an Inquiry into missing and murdered Aboriginal women and perhaps other issues, the new chief will have allies in both federal opposition parties. Both the NDP and the Liberals support the Inquiry and will also support the establishment of an education system that represents the teachings, values, customs and heritage of First Nations with appropriate funding. The new national chief should exploit these divisions wisely ensuring that these matters become election issues should the federal government ignore his demands.

One matter which the federal government as well as the provinces cannot ignore is the role that First Nations play in the development of Canada's oil and gas resources and in the proposed pipeline infrastructure. Given the recent decision of the Supreme Court of Canada in the B.C. Williams Lake case, it is doubtful that much of the necessary pipeline infrastructure can be built without consent of First Nations. The new national chief will have a crucial role advising and supporting First Nations in their dealings with governments and industry. The words of former National Chief Atleo still apply in that prior, informed consent of First Nations is necessary before any energy development may proceed as well participation in the project.

While the new national chief and the AFN have much to accomplish in the next year, it is an election year and the opposition parties can be useful allies ensuring that First Nation issues become national election issues in 2015 especially if they are ignored or rejected by the Conservative government. This is a unique opportunity for the national chief and the AFN as Canada enters an election year. Used effectively the issues confronting First Nations should be at the forefront of policy discussions throughout the election campaign.

Bruce Carson as a former member of the Research Branch of the Library of Parliament served as researcher, writer and advisor to the Penner House of Commons Committee on First Nations Self Government (1983) and to the House Committee and the Senate Committee of the Whole on the Meech Lake Accord. He was a policy advisor to the Right Honourable Joe Clark when he was Minister of Constitutional Affairs and as such was involved with the Charlottetown Accord. He served as Senior Advisor to Prime Minister Harper from 2006-2009 and during this period co-chaired with Shawn Atleo the Task Force on Specific Claims. He currently publishes a daily political newsletter, The Morning Brief. brcarson11@gmail.com

The Hill Times

On Dec. 10, in Winnipeg more than 600 First Nation Chiefs will gather in assembly to elect a national chief of the Assembly of First Nations and that decision will profoundly affect the future of its own organization and tangentially the future of the three federal political parties as they move towards the 2015 federal election.

There have been a number of provincial elections in the past few months some of which have had results, which resonated nationally. The combination of the failure of the NDP to hold onto government in Nova Scotia, its poor showing in British Columbia and Ontario, and now the Selinger Cabinet revolt in Manitoba have some wondering what traction the federal NDP has outside Quebec. The Wynne victory in Ontario, McNeil in Nova Scotia and Gallant in New Brunswick could be helpful to the Trudeau Liberals in those provinces. And one election, which to date has had the most impact federally, is the Couillard Liberal party victory in Quebec over the Parti Québécois, led by Pauline Marois as the threat of separation has fallen by the way-side as an issue to contend with by all three federal leaders.

One can just imagine the ongoing debate should the separatists have been successful as to which of the three leaders could best put Marois in her place and counter what would have been resurgent calls for a referendum. But the effect of these elections on the fortunes of the three federal parties in 2015 may be negligible when compared to the potential effect, either positive or negative, of the December 10 choice of national chief and decisions made by the assembly on restructuring and the mandate of the AFN.

Since the sudden resignation of national chief Shawn Atleo in May, the AFN has not been a relevant force in national politics. AFN Leader Ghislain Picard has tried to get the federal government's attention on education but has been rebuffed by Aboriginal Affairs Minister Bernard Valcourt. And who could blame Valcourt, he thought he finally had a deal on the education bill so why go down that road again with the interim national chief?

At least since the Mulroney years, the AFN has been a very effective organization, but its effectiveness has been bound together with the strength, personality, and the strategic political sense of the national chief. One of the

main reasons for the failure of the Meech Lake Accord was that it did not address the issues facing First Nations. It was not good enough that their issues took a back seat to the reconciliation of Quebec to the patriated Constitution. So when Brian Mulroney and Joe Clark determined that there would be a wide-ranging response to the failure of Meech, it was then-AFN national chief Ovide Mercredi who worked tirelessly to ensure that the Charlottetown Accord put First Nations in the best possible position going forward. The accord, had it been approved in the October 1992 referendum, would have established First Nations as a third order of government alongside federal and provincial governments.

Later, AFN national chief Phil Fontaine was one of the authors of the ill-fated Kelowna Accord and worked with Paul Martin then the Stephen Harper government on the residential schools settlement as well as the establishment of the Truth and Reconciliation Commission. During Fontaine's term as national chief a Federal-AFN Task Force was established to find a more effective and efficient method to address specific claims and its recommendations found their way into legislation. Also during the Fontaine period, Harper delivered the Residential Schools Apology and aboriginal leaders were invited to the 2009 First Ministers' meeting which specifically addressed increased stimulus funding for infrastructure projects on reserves and other aboriginal lands.

Shawn Atleo succeeded Fontaine as national chief in July 2009 becoming the first national chief not to attend a residential school. He brought with him a detailed agenda: treaty implementation, land claims resolution and implementation, infrastructure, particularly clean water, and building schools, education and economic prosperity through participation in Canada's resource industry. He also had a long-term plan, which would see the repeal of the Indian Act. As time went on he concentrated on education, economic prosperity gained through First Nations partnership in the development of natural resources and a public inquiry into missing and murdered aboriginal women. Two of his main accomplishments came when he convinced a reluctant Harper government to sign on

to the United Nations Convention on the Rights of Indigenous People and with the Governor General and the Prime Minister convened Canada's first Crown Gathering of First Nation leaders. The gathering devised a detailed work agenda and progress was to be assessed annually. Atleo's term as national chief was cut short by his resignation when his leadership on education was questioned and undermined by a number of First Nation chiefs.

This trip down AFN memory lane is important as it demonstrates the impact the AFN and its leadership can have on federal policy addressing the myriad issues that have plagued Canada's First Nations since the Royal Proclamation of 1763. The national chief must be a master politician and strategist as he can't get too close to the federal government, but needs the cooperation of that government and funding to advance many AFN initiatives.

However, the national chief cannot be seen by his own constituency to be too close to government, being a sell-out or in the pocket of government. In recent memory, Fontaine was the most successful in straddling this fence. For example, in 2006 in the middle of negotiations regarding infrastructure, health and education improvements for those living on reserves, Fontaine turned Canada's National Aboriginal Day into "A Day of Action" closing highways and generally disrupting commerce in order to focus attention on First Nations' issues.

Whoever becomes national chief on Dec. 10, has all of the matters set out above as background upon which to build, but also has to choose his own path as he tackles the opportunities and challenges ahead. He will also have to determine what type of leader he will be: transactional, transformative, confrontational, cooperative or a combination of all of these. His dealings with the federal government will be vitally important, but how he approaches First Nation members across the country will define his leadership. The new national chief takes on this role at a troubled time for the AFN. He must determine early on how he will relate to the AFN membership.

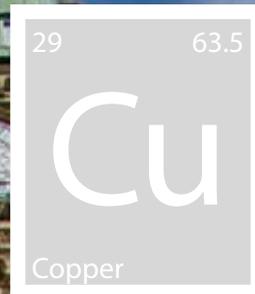
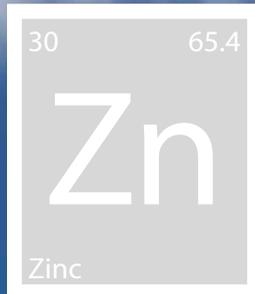
The AFN to maintain any semblance of a national organization addressing the many, varied issues confronting its members cannot be subject again to the in-fighting

and petty jealousies that resulted in the end of Atleo's leadership. It must be a strong, united organization ready to advance the cause of First Nations regardless of the issue or the group it is dealing with. Hopefully by the time the Assembly in Winnipeg ends, chiefs will have determined how the grass roots are to be involved in decision-making, and how the new national chief is to conduct the affairs of the AFN. The new national chief must have a mandate and the authority to deal with governments, but there must be a reporting and approval mechanism put in place, which balances the national chief's authority with the need to connect back with AFN membership. Also the role of the national chief and the AFN vis-à-vis treaty nations and their chiefs must be resolved. An additional challenge that needs to be addressed is funding for the AFN. If it is to be a truly effective organization dealing with government, it must not be dependent on the federal government for its core funding.

If the national chief and the AFN are to have a legitimate and influential role dealing with and advocating to government and other entities the matters outlined above must be decided by the assembly.

The new national chief will have to address three issues almost immediately. They are the need to resolve First Nations education with the federal government, the demand for a National Inquiry into the matter of Missing and Murdered Aboriginal Women and the fact that the Truth and Reconciliation Commission will be reporting very soon. In addition, there are matters which were on Atleo's agenda, but remain undone: treaty implementation, settlement and implementation of land claims agreements, infrastructure funding including clean drinking water and the role for First Nations in the development of Canada's vast resource and energy wealth.

The new national leader will be judged almost immediately by his approach to and his success resolving the impasse that exists on First Nation education. While Bill C-33 was a good first attempt to meet the five key components required by First Nations in a bill which dealt with the education of their young people, it fell short leaving ultimate authority in the federal government. There are education models which



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CANADA & 21ST CENTURY CLIMATE CHANGE

'Canada has run out of excuses for failing to reduce emissions'

Are we going to be part of the problem, or part of the solution? We need answers from Harper, Mulcair and Trudeau.

Continued from page 1

It's not just that the Harper government is expected to fall 20 per cent short of its commitment to reduce greenhouse gas emissions in 2020 to a level 17 per cent below the 2005 level.

By the end of March next year, Canada will have to submit to the United Nations its commitment for the post-2020 world, which will presumably have to make up for its shortfall to 2020 as well.

This March deadline is to set the stage for a global summit in Paris next December to chart an international agreement so that the global average temperature does not rise more than two degrees Celsius, the agreed-on upper limit if the world is to avoid catastrophic climate change. The tenor for what is expected will likely emerge in the UN climate change summit in Peru next month.

Canadians are entitled to know what each of the parties would do on climate change. The NDP is committed to a cap-and-trade system but the details are unclear. Trudeau has simply said he wants "a mature conversation" with Canadians, but that is not good enough.

In its just-released *World Energy Outlook 2014*, the International Energy Agency warns that even if the world proceeds to implement planned policies, the world is still headed towards a long-term temperature increase of 3.6 degrees Celsius, or nearly double the increase that Harper, among others, has agreed is the tolerable upper limit.

The IEA has calculated that the world cannot emit more than 1,000 gigatonnes of greenhouse gases from 2014 onwards if the two degrees Celsius ceiling is to hold and that, based on business as usual, this will all be used up by 2040. "Since emissions are not going to drop suddenly to zero, once this point is reached, it is clear that the two degrees Celsius objective requires urgent action to steer the energy system to a safer path."

Indeed, the IEA assumes that in the period after 2020, if the world adopts policies to seriously address greenhouse gas emissions, "one of the main deficiencies of the current climate policy is remedied." This is the lack of a carbon price. The rich countries, it says, will have to adopt a carbon price—a carbon tax or carbon trading system—at a level sufficiently high to make investment in low-carbon technologies attractive.

The IEA report does not take into account the groundbreaking announcement made by U.S. President Barack Obama and Chinese President Xi Jinping. But even if U.S. and Chinese commitments are fully met, this will not be enough. And while the Chinese commitment has a good chance of being implemented, the U.S. commitment is unlikely to be achieved without Congressional support. And the Republican Party has already made it clear it wants nothing to do with Obama's commitment.

As HSBC Global Research points out, both the U.S. and China have made huge commitments. Obama said the U.S. goal was to reduce greenhouse gas emissions by 26 per cent to 28 per cent by 2025 from 2005 levels, which means an even faster rate of emissions reduction than has been achieved since 2005. Given strong opposition from both the Republican-controlled Congress and powerful business lobbies, it is hard to see how Obama can deliver, though his staff insists they can meet his targets through executive regulatory powers.

China's commitment is even more demanding since it requires a major change in direction in Chinese energy policy and massive investment. China has made two commitments.

The first is to achieve a peaking of emissions by about 2030, with a goal to meet this target "earlier rather than later." Since China's economy could be 150 per cent larger by then, this in itself is truly significant. But since China faces huge problems in ground-level air pollution, water shortages, and meeting future energy needs, as well as the climate change challenge, it has several incentives to act now.

In addition, China has committed to increase the share of non-fossil fuels for

electricity to 20 per cent by 2030, compared to just under 10 per cent now. This will be a mix of nuclear, solar, wind, hydro, and biofuels. HSBC estimates this would mean an additional 50-60 gigawatts of new non-fossil-fuel capacity each year for the next 15 years. In effect, China would have to add the equivalent of three to four times the operation generating capacity of Ontario Power Generation for each of the next 15 years—in effect, create 45 to 60 new OPGs in a 15-year period—and all in non-fossil fuels. OPG supplies about 50 per cent of Ontario's electricity needs.

This vast challenge also creates enormous opportunities for innovation in clean energy. But it also means, as HSBC economists

said, that the China-U.S. bilateral agreement "increases the pressure "on other emitters to "submit ambitious pledges" for emissions reduction by March 31 of next year, including "countries that have chosen to bury their heads in the sand, such as Australia and Canada."

While Obama, despite intensive industry lobbying and a Republican Party that seems to believe the Bible disproves scientific evidence on climate change, is trying to act on climate change, Harper has shown little inclination to act even though the opposition parties would be supportive.

But as Canada's independent watchdog, the Pembina Institute, says, "Canada has run out of excuses for failing to reduce emissions. Introducing stringent emissions reduction for our oil and gas sector and ramping up investments in energy efficiency and clean energy technology must be top priorities—both to do our fair share to address climate change, and to help Canadian industry compete in a world that is increasingly pursuing low-carbon energy."

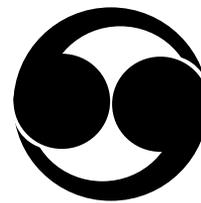
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PROGRESS GALA

ROBERT REICH

Why I picked Reich to speak at this year's Progress Gala

Robert Reich is one of the most eloquent, knowledgeable, and persuasive thinkers in North America about why widening inequality of income, wealth, and power is not just one issue, but the issue of our time.



ED BROADBENT

When the Broadbent Institute was thinking of choosing a distinguished guest speaker for our annual Progress Gala this year, Robert Reich came immediately to mind. The reason is simple.

The former secretary of labor in the Clinton administration is one of the most eloquent, knowledgeable, and persuasive

thinkers in North America about why widening inequality of income, wealth, and power is not just one issue, but the issue of our time.

From our own inception a few years ago, our Broadbent Institute has sought to raise awareness about the scourge of Canada's record level of economic inequality, and to emphasize this condition is neither natural nor inevitable. It's the result of political choices.

So what does the Canadian government do on the eve of an election? The Conservatives recently announced that they'll be seeking re-election on a multi-billion dollar income splitting tax proposal that overwhelmingly favours wealthy traditional families.

Income splitting, though, has inadvertently provided an opportunity for inequality to be a focal point of national discussion and debate. The Broadbent Institute welcomes this debate because we believe that government should support public policies that reduce inequality, not exacerbate it.

Last June, the institute published a report, *The Big Split*, demonstrating how income splitting will worsen inequality of incomes. In line with other studies, our report found that nine out of 10 Canadian households would receive no benefit at all from the scheme.

Even with the Conservatives' decision to cap the benefit from income splitting at \$2,000, the maximum amount will still go to high income traditional families with a single earner, and over half (54.1 per cent) of targeted families would receive nothing at all. That includes every single-parent family.

This tax cut sop to the rich is particularly egregious in the context of Canada's current level of inequality.

In a recent paper entitled *Piercing the Veil: Private Corporations and the Income of the Affluent*, leading experts on inequality found that the income share going to Canada's top one per cent has continued to rise, reaching 13.3 per cent of the total in 2011.

In a report for the OECD, Lars Osberg, a distinguished economist and Broadbent Fellow, warned that without concerted policy interventions, this explosive decade-long growth of income for the top 1%, combined with stagnant wages of the middle class, could become a "new normal."

Do Canadians really want the Conservatives to spend \$2-billion every year to make inequality even worse? No. An earlier survey by our institute showed Canadians want more economic fairness, not less.

One of the challenges in talking about inequality in Canada is the distorting role that the situation in the United States plays on our perceptions. We are, in fact, not as different as we'd like to think. It is true that inequality is worse in the U.S. than it is in Canada. However, we are bringing Reich to speak to Canadians precisely because we think the U.S. offers a real and proximal warning about where Canada is heading unless changes are made.

One of the main reasons our inequality has not been as bad as our neighbours' is that in the past, our level of social spending as a percentage of GDP has been higher. But, as a result of the dramatic drop in such spending in the 1990s, this advantage over the U.S. has virtually disappeared.

Equally worrying, the redistributive impact of our spending has also faded, once again making us less effective in reducing inequality. In addition, the progressivity of our tax system has been blunted, and social transfers have been deeply retrenched.

In the late 1980s and the early 1990s, government taxes and transfers had reduced the gap between rich and poor most in Canada, Denmark, Finland, and Sweden. Since the early 2000s, however, the lamentable fact is we've been moving in the opposite direction: we've joined Switzerland and the U.S. as the countries with the smallest redistributive impact.

Like income, wealth inequality remains persistently high in Canada. Our recent report based on Statistics Canada data found that in 2012 the top 10 per cent of Canadians accounted for almost half (47.9 per cent) of all wealth while the bottom 30 per cent accounted for less than one per cent combined.

The institute's mission in the lead up to this election and beyond is to keep these disturbing facts front and centre, to challenge misconceptions about the level of inequality and to demand our political representatives to provide solutions.

The social impact of inequality is now well understood. More equal societies have better health outcomes, greater social mobility and less violent crime. We should be moving in this direction, not the opposite.

Ed Broadbent is chair of the Broadbent Institute in Ottawa.

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PROGRESS GALA

HUGH SEGAL

Segal to interview former Clinton labor secretary at Broadbent gala

Hugh Segal, a lifelong Tory who served as chief of staff to Ontario premier Bill Davis and prime minister Brian Mulroney, said Robert Reich's 'perspective and principles are attractive to a Red Tory like myself.'

By MARK BURGESS

Progressives gathering in Toronto this week will hear a keynote from a leading American thinker on income inequality as well as a dialogue with a former Conservative Senator who has also advocated for novel ways to reduce poverty.

Left-wing think tank, The Broadbent Institute, is holding its second annual Progress Gala Nov. 20 at the Maple Leaf Gardens in Toronto. The keynote speaker is Robert Reich, the secretary of labor under former U.S. president Bill Clinton who also served on U.S. President Barack Obama's economic transition advisory board. Mr. Reich, now the chancellor's professor of public policy at the University of California at Berkeley, is a leading economic thinker whose recent work has focused on inequality.

The event's timing is significant: the gala falls on the eve of the 25th anniversary of the motion that Ed Broadbent tabled in the House of Commons to end child poverty in Canada, which passed unanimously.

Joining Mr. Reich on stage for a question-and-answer session following the keynote will be former Conservative Senator Hugh Segal, who retired from the Red Chamber in June to become master of Massey College at the University of Toronto.

Mr. Segal, a lifelong Tory who served as chief of staff to Ontario premier Bill Davis and prime minister Brian Mulroney, said Mr. Reich's "perspective and principles are attractive to a Red Tory like myself."

"While my present role at Massey includes no partisanship whatever, discussing income inequality in front of any political party, trade union or corporate group is a worthwhile engagement, regardless of affiliation," he said in an email when asked about addressing a largely NDP event.

Mr. Segal also pointed to a number of conservatives who have championed the issue of income inequality, including Bill Davis, Winston Churchill, and Robert Stanfield.

Mr. Segal has been an advocate for a guaranteed annual income. In a 2012 essay in *The Literary Review of Canada*, he criticized governments' approaches to addressing poverty, the level of which has hardly changed in 35 years.

Mr. Segal argued that changing the federal tax system to top up everyone who falls below the poverty line to land above it would eliminate dependence on provincial welfare and free up millions in provincial budgets for health care, education and other spending.

"A basic income floor would use public finance the way it should be used, to create an economic mainstream that leaves no one out," Mr. Segal told *The Hill Times*.

"It would obviate welfare, operate through the federal tax system as a refundable tax credit and have no negative impact on health care spending other than to diminish the pipeline that ensures that those folks who have the worst health outcomes are occupying large parts of an already overburdened health care system. Reducing poverty is the best way to help people live healthier and longer lives."

Governments today are handling poverty among seniors reasonably well but aren't meeting the needs of working-age Canadians, he said.

Mr. Reich's 13 books include 2007's *Supercapitalism*, which outlined the dangers of an under-regulated financial system; 2010's *Aftershock: The Next Economy and America's Future*, which examines the post-Great Recession econ-

omy; and *Beyond Outrage: What Has Gone Wrong With Our Economy and Our Democracy, and How to Fix It*, published in 2012. He hosted and co-created the 2013 documentary *Inequality for All*, which lays out how the income gap has grown over the past 35 years in the United States as globalization and technology have led to the decline of labour unions and the middle class.

Robert Gibbs, the former White House press secretary and communications director to President Obama, spoke at last year's gala. The Broadbent Institute was founded in 2011 by longtime NDP leader Ed Broadbent, who remains its chair, to address issues such as rising inequality, the erosion of trust in our democracy and environmental degradation.

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NEWS HARASSMENT

Sen. Campbell, Proctor call on two unnamed NDP harassment victims to speak up publicly

Continued from page 1

this day and age, when someone is feeling harassed, that perhaps they need to be more upfront about it and talk about it, especially for people who have been elected," said former two-term NDP MP Dick Proctor, who also served as chief of staff to former NDP leader Jack Layton, in an interview with *The Hill Times*.

Vancouver Liberal Senator Larry Campbell also said the NDP MPs should come forward: "I feel bad that they weren't identified. I think everybody should be identified. Why should they [Liberal MPs] get smeared and [the NDP MPs are not even identified]? To me, it's just totally unfair," Sen. Campbell, a former RCMP officer, chief coroner and mayor of Vancouver told *The Hill Times* last week.

Liberal Leader Justin Trudeau (Papineau, Que.) shocked the Hill when he announced in a press conference on Nov. 5 that he was suspending Liberal MPs Massimo Pacetti (Saint-Léonard-Saint-Michel, Que.) and Scott Andrews (Avalon, Nfld. and Labrador) from the national Liberal caucus over allegations of "serious personal misconduct." Both MPs' nominations as Liberal candidates were also suspended pending the outcome of an investigation. Mr. Trudeau said that he took the action following allegations from two MPs from another party. So far, the two MPs have not been identified and none of the parties has specified the exact nature of the allegations, though it has since been confirmed that the complaints were for sexual harassment against two female NDP MPs.

Both Mr. Pacetti and Mr. Andrews, in separate statements, denied the allegations and said they're confident they'll be cleared in any investigation. The specific timing of both incidents is not known but some media stories suggested that one incident took place earlier this year while the other was last year.

In the press conference, Mr. Trudeau said complaints of alleged misconduct were brought to his attention late last month, at which time he referred the issue to Liberal Whip Judy Foote (Random-Burin-St. George's, Nfld. and Labrador). After conducting meetings with all four MPs involved and NDP Whip Nycole Turmel (Hull-Aylmer, Que.), Ms. Foote wrote a letter to House Speaker Andrew Scheer (Regina-Qu'Appelle, Sask.) asking him to look into the allegations. Mr. Scheer in turn asked the Commons Board of Internal Economy to examine the issue.

Following the suspension of the two Liberal MPs, a former NDP staffer, Fabiola Ferro, filed a lawsuit against NDP MP Sylvain Chicoine (Chateauguay-Saint-Constant, Que.) over allegations that a fellow staffer in the office abused her verbally, discriminated against her because of her gender and that she was fired after filing an unsuccessful complaint.

In a fourth incident, Ian Capstick, a communications consultant who worked as a Liberal and NDP staffer, told CBC that he was sexually harassed by two MPs when he worked on the Hill. He said that he had never raised the issue officially because he felt "powerless" to press any charges "against somebody who is 30 or 40 years,



Liberal Leader Justin Trudeau suspended two Liberal MPs over allegations of 'serious personal misconduct' recently. NDP Leader Tom Mulcair criticized Mr. Trudeau's handling of the issue. *The Hill Times* photographs by Jake Wright

in some instances, your senior and is perhaps at a status where you just simply, as a 21-year-old, can't challenge that person." Mr. Capstick did not name the MPs in his interview.

The House of Commons has a process in place to handle harassment complaints between employees but not between MPs. The House has the authority to address issues between MPs if they raise them on a point of privilege. In that situation, the matter is referred to the Procedure and House Affairs Committee.

Following the two Liberal MPs' suspension, the New Democrats blasted Mr. Trudeau for failing to handle the NDP MPs' complaints confidentially and not notifying them before proceeding. They also charged that by handling the issue publicly, the Liberals had "re-victimized" the two NDP MPs.

But Ms. Foote, in an interview with CBC Radio's *The House*, said that she gave Ms. Turmel the letter she wrote to Mr. Scheer two hours before Mr. Trudeau's press conference. She explained that her party leader could not have shared his plans of suspending the two MPs with the NDP before sharing it with his own caucus.

"We couldn't give them a heads-up on our decision, the decision we had taken. The heads-up was actually given to them the same day that it was happening. They had the letter two hours before the news conference, ample opportunity for the whip to have the discussion with these two MPs," Ms. Foote told *The House*, adding that Mr. Trudeau didn't identify the two NDP MPs.

On the same program, Ms. Turmel said that she did get the letter from Ms. Foote but almost at the same time as reports on social media emerged that the two Liberal MPs had been suspended over harassment allegations against NDP MPs.

"So, when I met with Ms. Foote about the—I'm trying to remember, it was between 9:30 or 10 [a.m.]—and then, she gave me this letter in an envelope, it was written 'strictly confidential.' So, I walked back in the caucus and someone said to me, 'Don't worry, it's already on the media.' So, I don't think it was fair. He [Mr. Trudeau] has the right to do whatever he wants, but it needs to be done through some respect for the persons who were affected by the decision he made," Ms. Turmel told *The House*.

Mr. Proctor, who represented the riding of Palliser, Sask., said that if the two NDP MPs choose to show "leadership" by coming out publicly, it would help a lot of other people who have suffered from harassment to talk about it. He also said it may help the two NDP MPs to alleviate the stress caused by the incident.

"Perhaps, if they did do it, some of that stress and pressure may evaporate by talking about it," said Mr. Proctor.

Sen. Campbell said that the standard of fairness requires the accusers to identify themselves and also specify their alle-

gations; otherwise, the whole exercise is unfair to the two suspended Liberal MPs.

"I'm worried about the idea that people can make accusations without being identified," said Sen. Campbell.

"These guys are stuck with an allegation of what, I don't really know. Behaviour of misconduct of some sort, we don't know whether it ranges from just a bad joke to things way more serious. ... These [four MPs] are adults, this is not a power relationship. It's two equals. When there are two equals and if somebody does something to me that I don't like, I tell them [I'm not happy about it]. That's the bottom line."

But not everyone agrees, and in the wake of the shocking sexual harassment and sexual assault allegations against CBC Radio host Jian Ghomeshi there's been a new recognition of the difficulties women and men face in reporting sexual abuse and harassment.

NDP MP Jinny Sims (Newton-North Delta, B.C.) said it's not easy for women to talk about sexual harassment incidents publicly.

"Can you imagine your sister, or your wife, or your daughter, or your granddaughter saying that? You can't, you can't expect anyone to do that," Ms. Sims told *The Hill Times*.

Former deputy prime minister Sheila Copps, a columnist for *The Hill Times*, wrote last week that she had been sexually assaulted when she was a member of the Ontario legislature and had been raped by someone she knew. In an interview with *The Canadian Press*, Ms. Copps said that in the case involving NDP MPs that made national headlines two weeks ago, it should be left up to the two MPs to decide whether they want to talk about it publicly or not.

Meanwhile, Liberal Deputy House Leader Kevin Lamoureux (Winnipeg North, Man.) said that he considers both Mr. Pacetti and Mr. Andrews as his friends. He said he tried to reach them via email to see if they wanted to talk about the issue after they were suspended, but did not hear back.

"Both of them are very intelligent, experienced politicians, and I believe they'll understand what is actually taking place and hopefully appreciate why the leader had to take the position that he'd taken. We'll wait and see what happens now," said Mr. Lamoureux.

He blasted the NDP for playing politics with the issue.

"The NDP are making this issue political and that is just wrong. Inappropriate behavior or harassment is a very serious issue. It affects Canadians in every corner of our country and the NDP are attempting to politicize this issue far beyond what it needs to be. It's a pretty open and shut case," Mr. Lamoureux said.

Heather Bradley, a spokesperson for Mr. Scheer, told *The Hill Times* last week that the BOIE will most likely discuss the sexual harassment issue involving the NDP and Liberal MPs at its next meeting and referred all further questions to the spokesman for the Board. But Laura Smith, press secretary to Chief Government Whip John Duncan (Vancouver Island North, B.C.) declined to comment. Media stories are suggesting that the BOIE is scheduled to meet on Tuesday.

On Nov. 13, NDP Leader Thomas Mulcair (Outremont, Que.) wrote a letter to Prime Minister Stephen Harper (Calgary Southwest, Alta.) and Mr. Trudeau suggesting they work together to come up with a formal "confidential and fair" workplace policy to address harassment issues. Mr. Mulcair suggested there be a third party to handle complaints of harassment.

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HEALTH



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HEALTH POLICY BRIEFING

HIGH-QUALITY CARE

Aging population could boost health care on agenda in 2015 election

Expect to see niche, 'bite-sized chunks' of health policy, as opposed to promising a healthcare overhaul

By RACHEL AIELLO

In previous elections, health has not been seen to be a vote-getter, despite Canadians continuing to rank it top in their priorities or concerns, but this could change come the 2015 election due to an aging population, forcing the parties to find a place for health-care solutions amid the top planks of their platforms, says one of the country's leading pollsters.

"There's a significant political dividend to be realized for any party that is willing to step forward and to provide a series of very focused solutions, not, 'Oh, you know here's the solution for health care for our generation.'... But what kind of health-care support will they need and have specific initiatives that the parties can point to and say, 'You know what, we don't have a solution for the system writ large, but we've got some interesting ideas.' I think it's a significant political opportunity for any federal leader who wants to engage on this," leading pollster and President and CEO at Nanos Research, Nik Nanos told *The Hill Times*.

Given the current political season, with an election date in sight, Michele Austin, senior adviser at Summa Strategies and a former chief of staff to Conservative Cabinet ministers, said the political parties have to recalibrate how they look at social issues like health through a strong political lens.

Health care consistently ranks as a top issue in public opinion polls, but isn't necessarily always a top election issue.

"You no longer are in a cycle where you do it just for the good of doing something good," Ms. Austin said in an interview with *The Hill Times*, who's anticipating health being presented in "bite-sized chunks" or more carved out issues. "I don't think any one from any party is going to put forward a massive change in healthcare."

Mr. Nanos said he thinks this targeted approach may be the most effective in an election.

"Some type of policy that creates hope for the future, even if it's fairly defined would probably be well-received among voters," he said.

The voting demographic most receptive to health policy, and where it has a better chance of being a vote-driver is with Canadians 55 years of age and over, he said. This group typically has a higher voter turnout and is higher when health care becomes a primary part of their lives.

"Whether it's your own health care or making health-care decisions for your parents, this is where the power of health care, as a potential vote-winner, comes into play. ... They want to make sure they have access to the quality health care they will need, when they need it," said Mr. Nanos.

However, Ms. Austin said she isn't sure the 2015 election is going to be fought on the issue of health

care, but said analysts, strategists, and politicians are all cognizant of the concerns that are beginning to grow as the country ages.

"The most important thing in an election cycle is what is the last thing somebody is going to think about as they walk to the ballot box and I think that health hasn't been there. Do I think that's going to change? Probably. We have an aging population, a population that is looking at its future in terms of healthcare, I think as we get older its going to become more important... but that kind of swing voter has not yet evolved," she said.

Despite health not yet becoming a top political priority, it continues to rank among the top concerns for Canadians in public opinion polls.

"It's a bit of a missed opportunity because things that drive vote behaviour are issues that connect to the daily lives of Canadians," said Mr. Nanos, who said that when looking at the long-term trend on the top national unprompted issue of concern, health care's usually always No. 1 or No. 2.

"It doesn't matter what's going on, whether it's government scandal or politicians blowing up, health care is always near the top of the list for average Canadians," said Mr. Nanos.

In October, Nanos Research conducted a national health-care survey for McKesson Canada, a leading contributor of health-care products. It found that Canadians were worried about the future quality of health care and said the system was unwilling to innovate. Some 81.5 per cent said that innovation is a more important solution than spending more money on it, but also said they lacked confidence in the health-care system's ability to introduce innovation, and think that Canada should look to other countries. Some 15 per cent said the focus should be on Canadian solutions to health care. As well, the survey found that 51.5 per cent of Canadians thought the quality of health care is better now than it was for their parents, but only 26.7 per cent said it will be better for their children.

In a September study by Abacus Data which looked at the agenda of Canadian voters, authors Bruce Anderson and David Coletto found that healthcare was named among

the top three issues of Canadians most often. Fifty one per cent of people included it as one of their top three issues, followed by job creation at 34 per cent; taxes at 32 per cent; the debt or deficit at 29 per cent. The poll also found that for committed voters concerned with healthcare, the Liberal party had an advantage up 10 points on the Conservatives with 37 per cent, and 27 per cent respectively. The NDP-oriented voters were at 25 per cent.

Mr. Nanos said that because of the default brand legacies of each party, it's likely that regardless of what their health plans are in 2015, the Liberals and New Democrats will be perceived stronger on health care, but there are a few trends and issues that could raise the profile of health in the next election.

Mr. Nanos said these issues will be key because they're real issues Canadians are concerned about. There is also the unpredictable wildcard of Ebola looming.

Ms. Austin said she anticipates the NDP will talk about founding Canada's medicare system, while the Liberals will highlight how they've promoted it, and the Conservatives will point to their health-care investments.

"It's really embedded in a deep Canadian value about Canadian society and our public health-care system, that it's accessible to people. So I think that's why it keeps coming up because people believe very strongly and passionately and support our public health-care system, but they know there are problems and they want them fixed," said NDP MP Libby Davies (Vancouver East, B.C.), her party's health critic.

Ms. Davies said that health care will be a big issue for the NDP in the next election. The New Democrats have produced a document called "Healthcare, Now's the Time," which Ms. Davies says lays out the party's approach to some critical issues like pharmacare, primary care, continuing care, mental health, aboriginal health, drug coverage and the social determinants of health.

"It's a collaborative approach and certainly the funding is going to be very key. We think there should be a new set of health accords, so we'll probably have more to say about that in greater detail, as an election approaches. But the basics, the framework is all there," said Ms. Davies.

Liberal MP Hedy Fry (Vancouver Centre, B.C.), her party's health critic, said that throwing money at health care isn't going to fix the system, adding that the federal government needs to play a "coordinating role in bringing about innovation and change that will move our system into a system that works."

Ms. Fry said for the Liberal's it's about ensuring that Canadians have a comprehensively integrated health-care system, and criticized the current government for "cherry picking" pieces of the health-care system to "throw bones at people."

"You can bet your penny that health care is one of our priorities. ... We will talk about this when the time comes, we will decide when to put this forward and when we decide that, you'll hear about it but it is a 'core' priority for us," Ms. Fry said.

As for where the Conservatives are going to be positioned on health in the next election, Ms. Austin said she's telling her clients to keep an eye on health-care issues broadly, but not to make it a ballot box question.

"I don't think my clients would win putting all their eggs in the health-care basket and I think you can see that reflected in the current dialogue politically," Ms. Austin said.

Mr. Nanos said, given the Conservatives are "masters at the niche policy initiatives that are a signal to voters," it's reasonable to expect the federal government will engage on health care through things that don't cost money, but are strategically important, like innovation or participation with the provinces on advancing national standards. In the last election, Mr. Nanos described the Conservatives' approach on health care as "surgical" in their focus on funding and linking it to the performance of the economy.

"The big question is what are the Conservatives going to strategically do the next election to inoculate themselves from attacks from opposition parties? Or questions from seniors who would want to know what the federal governments position is," he said.

"I think in fairness, the Conservatives see healthcare as an issue to manage for them, not a winning issue, which means they will do what is necessary to not realize any political risks on healthcare but it's not part of their winning strategy."

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HEALTH POLICY BRIEFING

SPENDING

We're in an era of restraint in health-care spending in Canada

The question is whether the current decline represents a permanent bending of the health-care cost curve or a temporary pause.



LIVIO DI MATTEO

In the wake of new health expenditure data from the Canadian Institute for Health Information (CIHI), the evidence continues to mount that Canadian public health expenditure growth is moderating. Moreover, adjusting for inflation and population growth, per capita provincial and territorial government health expenditures have actually declined since their peak in 2010. From a high of \$3,915 (2012 dollars), real provincial and territorial government health spending per capita has declined by 3.9 per cent to reach an estimated \$3,762.

This decline, however, is not evenly distributed across health expenditure categories or jurisdictions. When health expenditure categories are examined, the largest drop in real per capita provincial/territorial government health spending is for capital spending with a drop of 28 per cent since 2010. Capital spending represents an easy target for government restraint given that postponing capital projects, such as new buildings or diagnostic equipment, often does not have an immediate impact on service delivery.

Next largest is real per capita drug spending, dropping 11.3 per cent, which is remarkable given drug spending was once one of the fastest growing components of provincial government health spending. According to CIHI, drug expenditure has been affected by jurisdictions introducing generic pricing controls combined with patent expirations and fewer new drug introductions.

Smaller declines are in the areas of hospital and other institutional spending and administration. However, physicians, other professionals and public health appear to have escaped the decline. Real per capita physician spending is up 3.0 per cent since 2010 while spending on other professionals is up 12.5 per cent and public health spending rose one third of one per cent.

Situations also vary across the provinces and territories when it comes to health spending change reflecting the diversity of the federation. Eight out of 10 provinces and two of the three territories saw declines in real per capita government health spending. The percentage change in real per capita government health spending since 2010 ranges from declines of nearly seven per cent each in Alberta and Ontario and five per cent in New Brunswick, to increases of 0.5, three and seven per cent in British Columbia, Nova Scotia and the Northwest Territories respectively. This diversity may be a function of differential rates of popula-



Canada's federal Health Minister Rona Ambrose. Canadian public health expenditure growth is moderating, according to the data released by the Canadian Institute for Health Information. *The Hill Times* photograph by Jake Wright

tion aging and population growth as well as underlying economic performance and its effects on own source government revenues.

The health care cost curve is being bent in a manner not seen since 1992 to 1996 when real per capita provincial and territorial government spending dropped nearly eight per cent. This decline followed a severe recession and fiscal restraint in the face of mounting deficits that was augmented by reductions in federal cash transfers for health with the introduction of the Canada Health and Social Transfer. A key difference today is that federal health transfers continue to rise though their rate of growth will decline after 2017.

The key question is whether the current decline represents a permanent bending of the health care cost curve or a temporary pause. In the wake of the spending decline from 1992 to 1996, real per capita government health spending grew as the economy recovered and federal transfers enriched after the 2004 Health Accord. Indeed, real per capita provincial and territorial government spending grew 50 per cent between 1996 and 2010.

A similar rebound is unlikely this time. Starting in 2017, the growth of federal health transfers will be linked to the national rate of economic growth and inflation with a floor of three per cent. Governments are likely implementing cost-control measures in advance of the day when federal transfer growth slows from the annual six per cent increases of the Health Accord.

However, the effort to restrain health expenditure costs given slower growth in both the economy and federal transfers will be counter balanced by the aging of the population and continued medical product innovation. While there has been a slowdown in drug innovation that has affected the growth of drug spending, this may change. As well, though aging has been a modest contributor to health spending growth to date, this may not continue.

The Canadian population is aging but the front end of the baby boom bulge is just entering the age 65 to 69 category. Per capita provincial/territorial health spending in 2012 was \$4,620 for those aged 60 to 64 and \$16,231 for those aged 80 to 84. The effects of aging are not fully upon us yet. As a result, real per capita provincial government health spending will eventually resume growth but probably at a lower rate than that which characterized the period 1996 to 2010.

Livio Di Matteo is a professor of economics at Lakehead University.

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HEALTH POLICY BRIEFING

COMPARATIVE

Canada should look beyond Anglo-American models for health-care financing: experts

By DENIS CALNAN

While many developed countries have been innovating in health-care financing, Canada has developed a severe case of mismanagement and a chronic lack of innovation in financing of the industry, according to several experts.

While other countries that invest a similar amount in their health-care industries are working to get the best bang for their dollar, Canada is frozen in a system that has outlived its usefulness, many critics say.

"We used to be really quite good, I'd say 15 to 20 years ago, but over that past 15 to 20 years we've been gradually sort of slipping back, back, back," said Douglas Angus, a professor at the University of Ottawa's Telfer School of Management, with expertise in health economics and health policy.

In a Commonwealth Fund study, published earlier this year, of how health-care systems and costs compare in 11 developed countries, Canada ranked second last, besting only the Americans. The U.S.-based Commonwealth Fund "is a private foundation that aims to promote a high performing health-care system," its website says.

Canada often puts itself on a pedestal when comparing its system with that of the United States, but many critics say that it is easy to look good when contrasted with the worst system in the world in terms of getting the most out of its investment.

Prof. Angus said it is when Canada is compared to all other developed countries, excluding the U.S., that we look different.

"When you start comparing us to what they spend and what they get in return and what they cover, we don't look nearly as good as we do when we compare ourselves strictly with the Americans," said Prof. Angus.

"We invest a lot as Canadians and we're not getting, what I would think, is high-quality outcomes for

the investment that we're putting in," said Dr. Jeff Turnbull, who's the chief of staff at the Ottawa Hospital and the medical director at Ottawa Inner City Health, and also a past president of both the Medical Council of Canada and the Canadian Medical Association.

One analyst said there is a lot that Canada could learn from continental European countries that have developed systems that are fundamentally different.

"Continental Europe—it's much more a public administration view of health-care delivery," said Arthur Sweetman, a professor in the Department of Economics at McMaster University who's also the Ontario Research Chair in Health Human Resources and a member at the Centre for Health Economics and Policy Analysis.

"Rather than the Anglo-American world—it's much more a subcontractor view of health-care delivery," he said. "We have things to learn from continental Europe, but we have to be careful because the system there is, at its roots, quite different."

He said providers in Europe are thought of as the arms of the state, whereas in Canada they are self-employed providers, leading to different cultures within the industries.

Dr. Turnbull said for Canada to make its system more fiscally prudent there is no single example to look to.

"Who has got it right? Well, the answer to that is nobody, but if you look at everybody there are bits and pieces of every jurisdiction," he said, naming off some examples.

"Denmark has got the electronic medical record right. We should go there and do that," he said, echoing the praise that much of the world has heaped on that country's leadership on that file, which is said to save the government many millions of dollars.

Dr. Turnbull said in order to raise patient satisfaction with health care in Canada, governments may want to look at the

management of some private companies in the U.S.

"Some of the [American] hospitals, because they have a profit margin, are really working very hard to have their patients happy," he said.

"There are some excellent examples of organizations in U.S. health care which are the best in the world," agreed Prof. Angus.

The fascinating thing about the United States, he said, is that it has some of the best and worst health care in the world.

Both Dr. Turnbull and Prof. Angus said some health maintenance organizations (HMOs) in the United States are a model because of their innovations in delivering health care. HMOs liaise with health-care providers and offer reduced costs to people who make regular payments to them.

One government that is doing a great job (and getting a lot of attention) in health financing innovation is the Netherlands, said Michel Grignon, director at the Centre for Health Economics and Policy Analysis and an associate professor in the Department of Economics and the Department of Health, Aging and Society at McMaster University.

"They have an interesting history now, over the past 20 years, of trying to get the benefits of competition between insurers without... the income-related inequity that takes place in systems that rely on competition," said Prof. Grignon. He noted that he is not advocating for the system but said it is worth looking at.

In a report from earlier this year, the Fraser Institute said: "though government plays an important role [in the Netherlands] in terms of funding, regulation, and oversight, the operation of the health care system is largely left to private competing insurers and providers."

The report, by Nadeem Esmail, said "there may be significant benefits" for Canada to emulate "the Dutch approach," noting that it would be "a large undertaking."

Prof. Angus said that the innovation by the Netherlands in devel-

oping a so-called 'dementia village' is something that should be copied here. The village is a self-contained town, staffed with health-care providers, where people suffering from dementia can lead lives similar to what they might have had before entering care.

"They set up this village that is as normal as you could possibly imagine," he said, noting innovations like this do not necessarily take new money, but rather, an effort to reform what we are currently doing.

Britain's National Health Service was considered the best by the Commonwealth Fund study and it spends less than most other developed countries.

Prof. Grignon said the U.K. system does this by trimming costs through broadening the practice of some health-care providers.

"They have a much more flexible scope of practice than many other countries," said Prof. Grignon, noting that nurses are able to provide care that doctors would be doing in other countries.

"So in that way they are more efficient. Now, having said so, they also spend less because they do less," he said.

"There is a price to pay for being really cost-effective."

Prof. Angus, who taught a course on international perspectives in health care and takes a group of students to Europe every year to see how health-care systems work there, said the U.K. system is worth studying because it attempts to keep older people out of hospitals, and that results in better home support service. He noted that France and the U.K. excel at home care.

The Commonwealth fund noted that Canadian and American patients were twice as likely as those from the U.K. and France to go to the emergency department for conditions that could be treated by family doctors, resulting in less efficiency in the system.

There are also some lessons to learn within Canada's borders.

Dr. Turnbull said there is starting to be some innovation at the

provincial level, "only because of absolute necessity."

"[The innovation] tends to be very decentralized," said Prof. Sweetman, noting that provinces have much of the responsibility for health care in Canada.

"Manitoba is moving ahead quite interestingly, with an innovative pay-for-performance model for payments for primary care physicians," said Prof. Sweetman, referring to the Quality Based Incentive Funding system.

"Ontario has completely restructured in the last 10 years its payments for primary care physicians," he said, referring to the province's move away from the traditional model of fee-for-service.

Prof. Grignon called Ontario's reforms of primary health care "bold" and said it is "moving in the right direction."

"That's something that other provinces should look at and they should really try to emulate," said Prof. Grignon, who is also the editor-in-chief of an online journal called the Health Reform Observer that keeps track of changes in health-care policy in Canada.

He said British Columbia has been aggressive at trying to control the costs of prescription drugs and has done a good job with that.

Prof. Grignon said Quebec's move to implement compulsory prescription drug insurance has been a big success and other provinces should emulate it.

But for Canada to really change its system, some say, it needs ambitious plans that will completely reform how health care is delivered and paid for.

"It requires not just a little bit of nibbling at the edges. You really need transformative change," said Dr. Turnbull.

While he would like to see the federal government take more leadership on health care and its financing, he said change is more likely to happen through the provincial premiers at the Council of the Federation.

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HEALTH POLICY BRIEFING

SPENDING

Focus on social determinants would improve lives, even if it wouldn't cut costs

Social determinants of health are the conditions in which a person lives, and according to the World Health Organization, 'are shaped by the distribution of money, power and resources at global, national and local levels.'

By DENIS CALNAN

While experts are divided over whether improving a population's social determinants of health would lower overall health-care costs, there is widespread agreement that governments should focus on this to improve Canadians' quality of life.

Social determinants of health are the conditions in which a person lives, and according to the World Health Organization, "are shaped by the distribution of money, power and resources at global, national and local levels."

"I would agree that if we were to focus on certain social determinants that in fact that would bring down health-care expenditures," said Dr. Jeff Turnbull, the chief of staff at the Ottawa Hospital, the medical director at Ottawa Inner City Health, and a past president of both the Medical Council of Canada and the Canadian Medical Association.

He said the Canadian health-care system is currently misguided in terms of where it is focusing its funding, and needs to fundamentally change the way it views health care.

"We spend a great deal of money in terms of health care based on illnesses. And we spend relatively little money on those factors that make our population healthier," said Dr. Turnbull, citing employment, education and early childhood development as examples of where there should be more emphasis.

He said because provinces are under pressure to balance their budgets while health care consumes more of it, social services are having their budgets slashed.

"Paradoxically, because we are focusing on an acute care health-care system that is illness-based... we may be making our population more unhealthy, because we're withdrawing resources from those things that are



important determinants of a healthy population," said Dr. Turnbull.

Douglas Angus, a professor at the University of Ottawa's Telfer School of Management with expertise in health economics and health policy, highlighted the need to deal with things like adequate housing and safe communities.

"If you don't deal with these other issues you end up with a medical manifestation too far down the road," he said.

Prof. Angus said governments and health-care providers are increasingly realizing the importance of investing in social determinants and some provinces are taking the lead in Canada.

"Quebec has been probably one of the leaders for a number of decades," he said, citing the province's CSLCs (local community service centres).

"They've been really effectively trying to work with the populations in the province of Quebec to address some of these other determinants of health."

Prof. Angus said Ontario's Community Health Centres have also been doing a great job at dealing with people "whose problems extend far beyond the medical domain."

While many agree it is a good thing for governments and those in the health industry to focus on social determinants of health, not everyone thinks that approach would bring down the rising cost of health-care budgets.

"If we extend life, and even life in good health, at one point we are going to become frail, we are maybe going to suffer from dementia, and these things are pretty costly," said Michel Grignon. He is the director at the Centre for Health Economics and Policy Analysis and is an associate professor in the Department of Economics and the Department of Health, Aging and Society at McMaster University.

"I don't think we should expect too much of healthy aging in terms of savings. But of course it doesn't mean we shouldn't do it because it means we

are going to live better lives, we are going to live longer lives and better-quality lives. So we should definitely do it, but we should not expect too much savings from that because overall what happens when you make sure somebody doesn't die from something, well they die from something else and you still have to foot the bill at one point," said Prof. Grignon.

"It's not clear that improving the social determinants of health has a large impact on health-care budgets," agreed Arthur Sweetman, a professor in the Department of Economics at McMaster University, as well as the Ontario Research Chair in Health Human Resources and a member at the Centre for Health Economics and Policy Analysis.

"People always die of something. If they don't die of lung cancer, they die of something else. If they live longer that means that they have more years of paying for health care," said Prof. Sweetman.

"Having said that... the social determinants of health are really

Quality of life: Focusing on the social determinants of health would lead to better quality of life, but not necessarily lower health-care costs, experts say.

important because we want a population that has happy, successful, healthy, long lives. But a happy, successful, healthy, long life does not necessarily mean lower health-care costs for the government," he said.

Prof. Sweetman said a key to minimizing health care costs is to reduce morbidity before death.

"If you can reduce morbidity, so that basically people are healthy right up until the day they die, and they die at relatively low cost, then that is how you save money."

Prof. Sweetman said it is not clear if morbidity would decrease in society as a result of prioritizing the social determinants of health.

Prof. Grignon said one challenge for the health-care system in reducing morbidity before death is knowing when a patient is going to die.

"Is there anything we can do about the [expense of health care in the] last year of life? I don't think so," he said.

"If we knew beforehand that that was the last year of life then of course we wouldn't spend that much on it. We would go directly to palliative care," said Prof. Grignon.

"The thing is that we don't know. And so there's still that hope that possibly this is not the last year," and so expensive health care is worth the price if the patient is going to live another 10 years, he said.

Dr. Turnbull said the real savings are to be found by improving the state of social determinants of the most vulnerable people, such as those living in poverty, those with mental illnesses and refugees.

He said the return on investment dwindles as you go up the social ladder into the middle and higher classes.

"You probably would get the biggest bang for the buck in the lower end, and so maybe we should strategically invest there first," said Dr. Turnbull.

Quand le Canada finance des recherches en vue d'améliorer la santé des populations des pays en développement, en quoi cela est-il avantageux pour les Canadiens ?

Le **Centre de recherches pour le développement international**, organisme canadien, finance des travaux de recherche qui améliorent la santé et accroissent la prospérité dans les pays en développement. Dans un monde aux prises avec la propagation de maladies infectieuses et des pandémies qui font fi des frontières, ces recherches contribuent à la santé des populations partout sur la planète, ce dont nous profitons tous.

Voyez en quoi les investissements du gouvernement du Canada dans le CRDI permettent d'obtenir des résultats concrets et de produire des effets durables à www.crdi.ca/ensavoirplus.

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HEALTH POLICY BRIEFING

REFUGEES

Refugee health advocates vow to fight on as government appeals court ruling

The federal government's fight to relieve itself of refugee health obligations is far from over, promises a group that successfully fought the government's decision in court.

BY DENIS CALNAN

The federal government's fight to relieve itself of refugee health obligations is far from over, promises a group that successfully fought the government's decision in court.

In her July decision on the federal government's changes to refugee health care, Federal Court Justice Anne Mactavish wrote that "the effects of the 2012 changes to the IFHP [Interim Federal Health Program] are indeed 'cruel and unusual' in terms of their impact on affected individuals," thereby violating Sec. 12 of the Charter of Rights and Freedoms.

She also found it violated Sec. 15 of the Charter because the changes are "based upon stereotyping, and serves to perpetuate the disadvantage suffered by members of an admittedly vulnerable, poor and disadvantaged group."

The government's response to the ruling, announced on Nov. 4, was to put back in place some, but not all health-care provisions as a temporary measure while it appeals the court decision.



Immigration and Citizenship Minister Chris Alexander, pictured with Employment Minister Jason Kenney. *The Hill Times* photograph by Jake Wright

"We remain disappointed by the court's decision from last summer. We've expressed that many times. But we are complying with the court's decision," Citizenship and Immigration Minister

Chris Alexander (Ajax-Pickering, Ont.) told reporters on Nov. 4.

"We are doing this because the court has ordered us to do it, and we respect that decision while not agreeing with it. We are going to continue our appeal, and we are going to continue pointing out to Canadians what the NDP and the Liberals continuously fail to point out, which is that refugees continue to benefit from generous benefits in this country," he said.

The government reinstated complete IFHP coverage for government-assisted refugees, refugee children under 19, and victims of human trafficking but many other classes of refugees are only eligible for partial coverage, and continue to be denied federal coverage for things like medication and dental care.

That, say critics, is in direct violation of the court because it does not reinstate all coverage, leaving provinces to fill in gaps and refugees and medical professionals in limbo.

"It's bad public health policy, it's bad economic policy and it's certainly bad refugee policy," said Peter Showler, who is co-chair of the Canadian Association of Refugee Lawyers, one of the groups that took the government to court. The other applicants were the Canadian Doctors for Refugee Care, Justice for Children and Youth, and two individuals.

Mr. Showler, who is also a former professor in the Faculty of Law at the University of Ottawa, where he specialized in human rights and refugee law, said the government's handling of the file in reaction to the courts is "demagogic."

Douglas Angus, a professor at the University of Ottawa's Telfer School of Management with expertise in health economics and health policy, said the government's stand is a "short-sighted political decision that makes no sense clinically, makes no sense economically."

"I don't know if there is a mean animal that sits in their caucus room somewhere, but geez, I don't know where they come up with some of these bizarre policies," said Prof. Angus.

Gloria Nafziger, the refugee and migrants coordinator at Amnesty International Canada, calls the government's reaction to the court ruling "nefarious."

"We expected that they would reinstate the federal health care as it had been prior to the changes," said Ms. Nafziger.

In effect, she said the government has "preserved restrictions on access to health care. They have continued to have five different categories of health-care coverage, and numerous different categories of people who are eligible for varying levels of health care, which was exactly one of the problems that existed in the former regime."

She said the formula is a complicated matrix that leaves health-care providers trying to figure out "what category [a refugee patient] fits into and what level of health care they're eligible for."

Mr. Showler said that when patients are denied care when it is needed, health can then deteriorate and lead to hospitalization, costing the system more in the end than if the patient is treated early on. That, he notes, is bad for the economy and bad for health.

He noted that since the 2012 changes were implemented, various provinces have stepped up to the plate to help refugees, although much of the provincial coverage has been patchwork and can in some cases be a confusing obstacle course for refugees and health-care workers to navigate.

"Some of the provinces picked up some of the slack, most notably the province of Quebec. Reasonably soon after the policy was introduced and it was clear the government was not going to modify it, the Quebec government said that they would pay for health care for all refugees," said Mr. Showler, noting that the one exception is those who are awaiting a risk assessment in that province.

"Other provinces have filled in some of the gaps, but not very many. For example Saskatchewan does on an ad hoc, case-by-case basis."

Mr. Showler said Ontario was very slow to respond to the lack of care, but was glad to see some action.

"The province of Ontario said that they would also pay for medical care, however that has proved to be a bureaucratic nightmare," he said, thereby leaving refugees without care because of confusion.

"Various clinics and practitioners refuse medical care even when, in actuality, they would have fit within the program, or would fit within the Ontario program. And secondly, there are many refugees that have not gone to seek medical aid, when in actuality they could have, because many of them are assuming that they're just not going to receive medical assistance at all."

Ms. Nafziger said that leaving refugee health in the hands of the provinces is neglectful of the federal government.

"Refugees are a federal responsibility because they are under federal jurisdiction," she said. "And it does make it challenging for provinces, who don't have the same kind of hand in the refugee determination process and their status in Canada."

"It becomes complicated when individual provinces then set up regimes that are not comparable to each other and that can be confusing for refugees as well," said Ms. Nafziger.

She said the federal government's language around this "continues to be incredibly disturbing."

The government "uses language that causes fear, resentment and anger toward a very vulnerable group of people," she said.

"It's very unfortunate that the government can't find messages of compassion rather than messages of hate," said Ms. Nafziger.

Mr. Showler said he expects the Canadian Association of Refugee Lawyers and the other groups that challenged the government to have a response to the revised IFHP soon.

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November 17–21, 2014

NATIONAL ADDICTIONS AWARENESS WEEK

This year's focus is youth substance abuse prevention

Did you know...



PRESCRIPTION DRUGS

Most young people who use opioids without a prescription got them from home



CANNABIS

Canadian youth have the highest past-year use in the developed world



ALCOHOL

The average age kids take their first drink is 13; half say they're binge drinking in grades 10–12

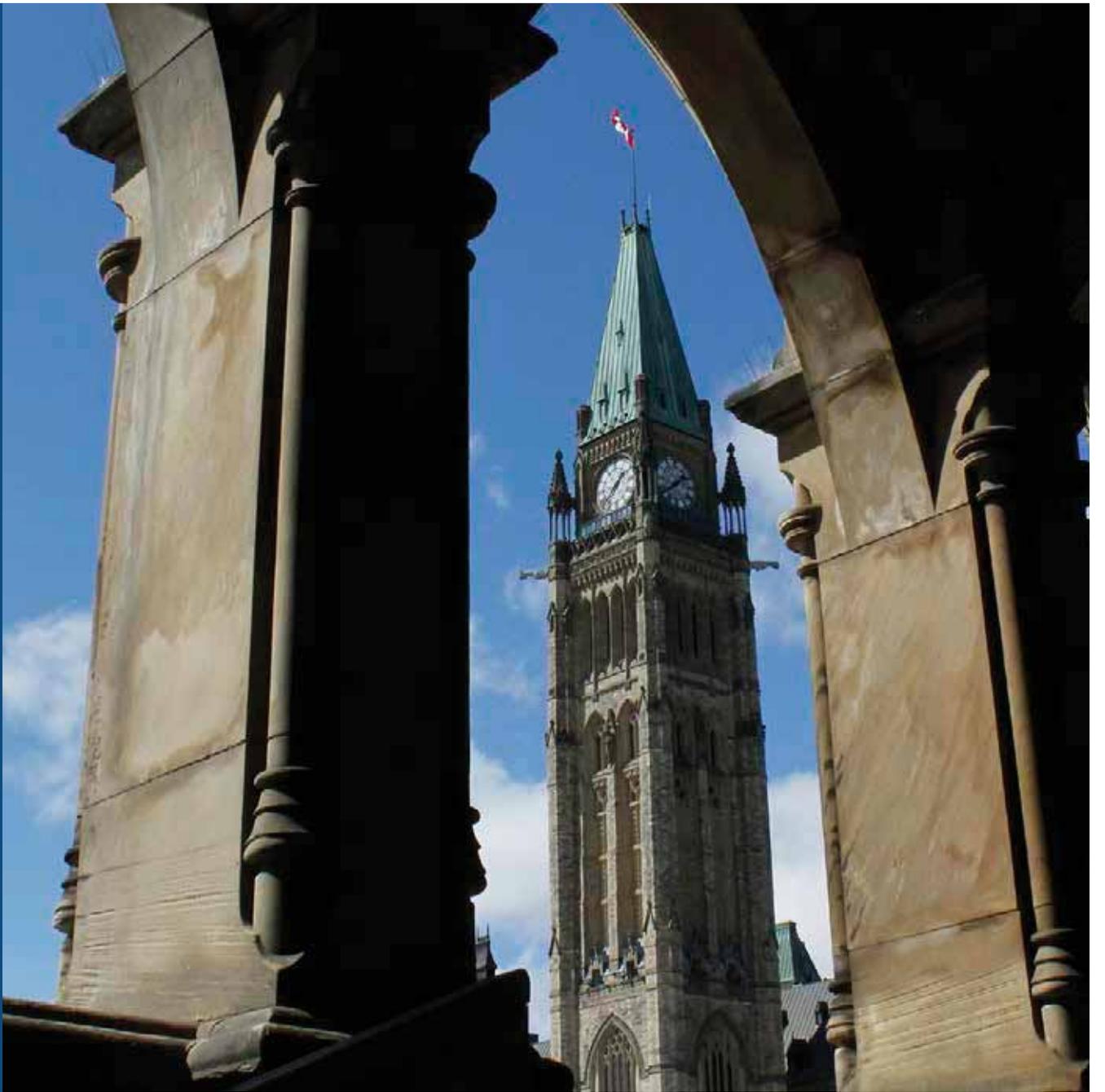
Youth substance abuse is not inevitable. We all have a role to play. For more information visit www.ccsa.ca and follow #NAAWCanada



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HEALTH POLICY BRIEFING

HIGH-QUALITY CARE

Improving health care is more than funding levels

It's about taking leadership and working collaboratively to make sure Canadians continue to receive the high quality care they expect now and into the future.



HEALTH MINISTER RONA AMBROSE

Canadians benefit from a universal health-care system that provides access to high-quality care, supports positive health outcomes, and contributes to a healthy and productive society.

Improving health care is an ongoing challenge and building on a strong foundation is critical. That is why our government continues to be committed to a strong, publicly-funded, universally-accessible health-care system, founded on the principles of the Canada Health Act. It is also why federal health transfers to provinces and territories are at an all-time high, on track to increase from \$32.1-billion in 2014-15, to



Health Minister Rona Ambrose, pictured in this file photo with Prime Minister Stephen Harper and Gov.-Gen. David Johnston. *The Hill Times* photograph by Jake Wright

more than \$40-billion annually by the end of the decade.

For our part, we're also investing heavily in scientific and technological research and development. Our government is already the country's largest investor in health research and health-care innovation, with approximately \$1-billion each year for the Canadian Institutes of Health Research, pan-Canadian health organizations working in priority areas like cancer and mental health, and targeted programs to address key system challenges.

But improving health care is about more than funding levels. It's about taking leadership and working collaboratively to make sure Canadians continue to receive the high quality care they expect now and into the future.

As minister of Health, I am working with Canadians from coast to coast to coast—health professionals, public and private-sector partners and my provincial and territorial partners—about our health-care system. I have seen first-hand the dedication and commitment of those at the front lines in providing better care for patients. I have also seen how innovation is helping to address the challenges we face as a country in making our system more efficient, truly patient-centred, and more sustainable over the long-term.

We need to work better together across all sectors of society to harness the tremendous potential of innovation in health care, so that we can make better use of our existing resources to achieve a more responsive

and efficient health-care system. For this reason, in June 2014, I launched the Advisory Panel on Healthcare Innovation. The panel, led by Dr. David Naylor, has been asked to identify promising areas of innovation within the health-care system and to advise me on how the federal government can better support those ideas.

We already know that it makes sense to invest in partnerships with health-care stakeholders and the business community to accelerate innovation that will improve the health of Canadians and reduce pressure on the health-care system.

If we are to be successful in addressing the social determinants of health and reducing health inequalities across our country, action is required from every sector—all levels of government, private and not-for-profit organizations, communities and individuals

As demonstrated at last month's meeting of health ministers in Alberta, we are committed to working together and with others to promote health and prevent disease, disability and injury.

As Canadians, we value our health and health-care system and we expect it to be there for us when we need it. As minister of Health, I remain committed to working with all of our partners so that future generations continue to enjoy health care that is high-quality, accessible, and affordable.

Health Minister Rona Ambrose represents Edmonton-Spruce Grove, Alta.
news@hilltimes.com
The Hill Times

THE BURDEN OF HEART DISEASE AND STROKE ON CANADIANS AND THEIR FAMILIES IS VAST AND CONTINUES TO GROW

Currently 1.6 million Canadians are living with heart disease or the effects of stroke. Heart disease and stroke are the leading cause of hospitalization and the second leading cause of death in Canada. They are the biggest driver of prescription drug use and a leading cause of disability, and cost the Canadian economy more than \$20.9 billion every year.

Every seven minutes in Canada, someone dies from heart disease or stroke

An aging population combined with poor diets, high obesity and diabetes rates and physical inactivity will stall, if not reverse, the progress we have made against heart disease and stroke. All Canadians are at risk, but seniors and Indigenous peoples are particularly vulnerable.

Invest in life-saving research

Canada's current investment in heart disease and stroke research is not keeping pace with the burden. We need to continue to invest in research to drive innovative therapies and treatments to tackle heart disease and stroke.

Focus on prevention programs

Nine out of 10 Canadians have at least one risk factor for heart disease and stroke, but the good news is that 80% of premature heart disease and stroke is preventable. We also know that the majority of dementia can be prevented by addressing heart disease and stroke risk factors. Investing in cost-effective and impactful programs to prevent heart disease and stroke will support all Canadians to lead the healthiest lives possible.

Create healthy public policies

Healthy public policies can play a significant role in improving the health of Canadians by helping them adopt behaviours such as eating well and being tobacco-free. Healthy public policies make the healthy choices, the easy choices for Canadians.

Working together we can improve the health of Canadians and give them fuller, longer lives

The Heart and Stroke Foundation's mission is to prevent disease, save lives and promote recovery. With 140,000 volunteers and two million donors, the Foundation has an impact on the lives of Canadians in every community across the country.

For more information visit heartandstroke.ca



HEALTH POLICY BRIEFING

LEADERSHIP & VISION

Tories have turned their backs on health care



NDP MP LIBBY DAVIES

Conservatives have turned their backs on health care in Canada, downloading costs and responsibilities onto the provinces and refusing to act on issues in the federal domain. They are failing to think and act strategically, a pattern that will have long-term consequences for years to come.

New Democrats are committed to looking at the bigger picture and targeting investments where they will make the most difference.

If we want better health care and a healthier Canada, we need a committed focus on prevention and long-term investment in the right mix of services. It boils down to working together to ensure we spend our health-care dollars in a different and smarter way.

We know that public delivery is more cost-effective, of higher quality, and more efficient.

Let's look at drug spending, for example. Every developed country with a universal health-care system provides universal coverage for prescription drugs, except for Canada.

And how do we rank in terms of spending on prescription medicine? We have the second highest expenditure per capita on pharmaceuticals in the OECD, second only to the United States (also the only other developed country without a universal health-care system).

But if Canada had stayed in the middle of the OECD pack, instead of sitting at the top, we would have saved \$9-billion over the last 10 years.

We spend through the roof, and yet one in 10 Canadians cannot fill a prescription due to cost issues, causing extra strain for the health system as their conditions go untreated.

That is why we need to expand our health-care system to include the full range of health services, like prescription drugs, mental health treatment, and home and long-term care.

Ensuring that everyone has access to the medicine they need, and ensuring that we, as a society, use our collective resources more wisely, are part and parcel of the same argument. They are both forward-thinking, people-centered principles that should govern our health-care system.

This increasingly means moving health care outside of hospitals and into homes and communities. Denmark, for example, has put in place a preventive home visit model for all citizens aged 75 and older. These home visits are by invitation and offered twice a year—about 80 per cent of all Danish seniors regularly participate in the program. The program has paid back its investment in spades—leading to fewer nursing-home days, falling accidents, and more independent living.

Health-care providers across the country are looking at examples like these, and the federal government needs to connect the dots, provide the necessary support to help innovative programs get off the ground, and ensure that Canadians have access to high quality care wherever they live.

We need to focus on prevention and ensure that Canadians get the care they need, where they need it, when they need it, before problems become more serious. This approach will greatly improve our quality of life, and is the only responsible way to spend valuable taxpayer dollars.

Right now, more than half of Canadians still can't get a same day or next day appointment with their family doctor, behind 11 other countries with comparable health systems.

Instead of expanding their commitment to health care, Conservatives have been re-treating. Just look at their "cruel and unusual" decision to limit health services for new refugees. On top of its very human impact on refugees, this short sighted policy places new administrative burdens on health-care professionals (who now must police who gets treatment—a role that many understandably reject) and will result in simple health conditions deteriorating and requiring more costly treatment in the long run.

Another bizarre ideological approach would seem to underlie the government's stubborn refusal to adopt a real Sodium Reduction Strategy for Canada. My strategy would have applied successful best practices from across the world to phase in lower sodium levels and ensure simple, standardized labelling for prepackaged foods.

Progressively reducing the sodium intake by at least 1,800 mg a day would prevent up to 23,500 incidents per year of cardiovascular disease, such as heart attacks, congestive heart failures and strokes. It would also lead to the prevention of approximately 10,000 to 16,000 deaths annually in Canada.

By turning their backs on common sense and on the scientific evidence, and by abdicating the federal government's role as a leader, a coordinator, and as Canada's fifth largest care provider, the federal Conservatives are short-changing us all.

We know that with a vision for smart, targeted improvements, we can make the health-care experience better for each one of us and make better use of public dollars at the same time.

I have spoken with thousands of Canadians about the changes needed in our public health-care system. What I have heard is feedback

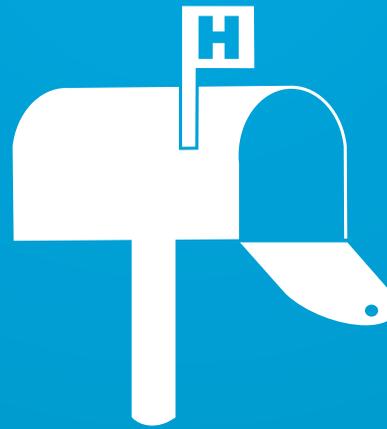
on the system itself, and the need for health to be factored in to other policy decisions. The results of this feedback are available in our health policy document: www.ndp.ca/health

A real focus on prevention needs to address the entire spectrum of the social determinants of health, like adequate housing, access to decent jobs that pay a living wage, and a strong social safety net, including secure pensions. In a country where over 800,000 use food banks every month, this commitment is needed now more than ever. It will pay dividends.

First elected in 1997, Libby Davies is the NDP Member of Parliament for Vancouver East, B.C. She is deputy leader of the NDP, official opposition critic for health, and vice-chair of the House of Commons Standing Committee on Health.

The Hill Times

Innovation: Support at home for patients with COPD



In Nova Scotia, a program to support patients with chronic obstructive pulmonary disease in the comfort of their homes is preventing avoidable hospital visits. Now we're spreading it to patients across Canada.

CFHI helps leaders innovate and improve healthcare across Canada.

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cfhi-fcass.ca/innovation

The Canadian Foundation for Healthcare Improvement is a not-for-profit organization funded through an agreement with the Government of Canada.



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HEALTH POLICY BRIEFING

SPENDING

Health care does not need more money; it needs a systems change to give better value for money

It is clear that Canada's current health-care system performs badly, but it is not for lack of money. Focus, instead, must be on value for money spent and undertaking a substantive health systems change.



LIBERAL MP HEDY FRY

If a nation's spending per capita was the sole determinant of health the United States of America, at \$8,805 per person, would have the best health care system in the world. Instead, the United Kingdom, with the lowest (\$3,405) per capita spending of 11 OECD countries, consistently

ranks in the top three, finishing first in the 2014 report of the Commonwealth Fund's ranking of health care systems.

If a mix of private and public spending was the correct formula for delivering universal, quality care, the U.S. would also be number one. Yet, the U.S. places dead last out of 11 nations in the Fund's ranking of health care systems and is the only country without universal health coverage. Canada, one of the countries that provides free, universal health care to its citizens, comes tenth. It should be noted that when these rankings began in 2004, Canada placed fourth.

It is therefore obvious that money and private and public mix systems are indica-

tors too simplistic to evaluate the success of national health systems.

Indicators used by the Commonwealth Fund for measuring results on investment were access, equity, quality, efficiency and healthy lives (population health status).

Access to care: based on ability to pay as a factor, Canada did relatively well, ranking fifth. But, in terms of timeliness of access to care, Canada was last, while the U.S. ranked fifth. This indicates how long Canadians must wait for care, confirmed by the Wait Time Alliance in their annual reports.

Measures of equity: It is no surprise that Canada ranked ninth. This may indicate poor access for First Nations, Inuit and isolated communities. Canada is alone, among the 11 nations, with vast disparities, based on distance, leading one to consider, as a priority, innovations in delivering distance care.

Efficiency: Canada ranked tenth, while the U.K. placed first. Though Canada's administrative costs are low, compared to many of the other countries, Canada lacks a coordinated, integrated system of care. This leads to poor communication among health care providers, to duplication of medical tests and services and gaps in provision of those services and lack of appropriate health human resources such as primary care practitioners.

Health-care quality: Interestingly, the U.S. ranks in the middle because they have done well on two of the four measures: effective care and patient-centred care. However, they perform poorly on safe and coordinated care. Canada ranks seventh in quality of outcomes, but 10th on safe care, eighth on coordinated care and eighth on patient-centred care.

Healthy lives: Measurements for health status were infant mortality, preventable deaths due to lack of timely access and life expectancy, a category in which Canada ranked eighth. While our life expectancy compares favourably with most of the other countries, infant mortality rates were the second highest. One can argue that this is due to poor maternal and infant outcomes among Inuit and First Nations. However, it still points to a deficiency in access to care because of distance and other indicators like poverty, nutrition and lack of quality housing.

In conclusion, it would seem that simple indicators like per capita funding or private/public mix of delivery do not tell the true story. It should be noted that many of the countries that ranked very high on the scale had very small out-of-pocket expenses for their citizens. The countries that ranked high have health systems that are coordinated, with good primary and community care models with chronic disease management through home and long-term care and less dependence on acute hospital care. The only country that consistently fares badly is the U.S., which is also the only country that lacks a universally-accessible public health-care system.

It is clear that Canada's current health-care system performs badly, but it is not for lack of money. Focus, instead, must be on value for money spent and undertaking a substantive health systems change. The challenge, as we saw in the 2004 Health Accord, will be how to actually incent and achieve that change and set clear indicators for outcome measurements based, not only on dollars spent, but on timeliness, access, efficiency, quality, and equity.

Liberal MP Hedy Fry, who represents Vancouver Centre, B.C., is her party's health critic.

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INVESTMENT

Investing in Canadian health care

A key budget priority for me is to respond to Canadians' concerns and ensure that the government invests in the future of Canadian health care.



GREEN MP BRUCE HYER

When you ask Canadians what they are most proud of about our country, you'll often hear the same answer: universal health care. We see it as a fundamental Canadian value. Canadians voted Tommy Douglas, the driving force behind our universal health-care system, as the greatest Canadian.

Health care is required to be universally available under Canadian law. But our health-care system is more than words on a

legal document. For health care to be truly universal, we need support for it. It requires dollars to promote innovation, efficiency and, above all, ensure that no Canadian who requires medical care is unable to access to it.

In an era of increasing fiscal restraint, shrinking public funds and an aging population, Canada's health-care challenges are becoming more complex. Canadians are looking for this government to invest in their health and their futures, to uphold the system that we all hold dear. But both Liberal and Conservative governments have not kept up with our health-care needs.

It's time for federal leadership in health care. The feedback I've received from my constituents, stakeholders and Canadians across the country has led me to these conclusions. First, health-care investment is one of Canadians' top priorities. Second, Canadians do not feel that the government is paying enough attention to their health-care needs. They are concerned that rising costs for prescription medication are impeding universal access. They are worried that the system does not have the support it needs to be able to care for our older

generations, and that their own access to health care will be in jeopardy as they themselves age. Rural and northern residents also have a difficult time finding a family doctor, or health care professionals to respond to their needs. They feel they are left behind Canada's urban centres.

That's why, in the months ahead, I'll be introducing a suite of health-care motions to protect and improve our system. I'll be addressing the following issues:

1. Universal pharmacare The average Canadian spends nearly \$800 on prescription drugs every year, and pays 50 per cent more per capita than the average among OECD countries. Our prescriptions are the second most expensive in the OECD. Universal pharmacare goes hand in hand with universal health care—Canada is the only country in the world with universal health care, but without a national pharmacare program. Pharmacare wouldn't just improve health outcomes. It would reduce economic inequality, and make our health care less expensive overall. Countries with pharmacare spend less overall on prescriptions by reducing their administrative burden and improving purchasing power. Experts warn that the increasing

burden of out-of-pocket expenses could result in unequal access to health care, and contravene the Canada Health Act. We all agree that no Canadian should be denied access to medication because they are unable to afford it. It's time to consider Canada's options for an adequately-funded universal pharmacare program that would lower prescription costs for all Canadians.

2. Doctors and nurses Although all Canadians are supposed to have equal access to health care, your access is unfortunately different depending on where you live. Rural and northern communities have long suffered from a shortage of doctors and nurses. In northwestern Ontario, where my riding is, more than 16 per cent of northwestern Ontarians are without a family doctor, a rate significantly higher than both the national and provincial average. I am seeking a family doctor myself! Canada's legislated commitment to universal health care mandates that all Canadians have the right to a high and equal standard of care regardless of regional differences. The government must invest in training and retaining doctors and nurses who practice in rural and northern communities.

3. Long-term care We know that Canada's aging population means more seniors will require long-term care. There is a growing demand for residential care, as many seniors strongly prefer to remain in their own homes. Demand for residential care greatly outstrips supply, forcing seniors into expensive acute care beds that would be better used for other patients. We need to support both types of care, and provide seniors with choices that will fulfill their needs. Loved ones should not be relied upon to be care providers unless they choose to—our public system should take care of our seniors, and informal caregivers who choose to provide care should be properly compensated. Seniors and their families benefit when they are provided with care options. It is the government's responsibility to invest in the provision of long-term care.

This spring, a key budget priority for me is to respond to Canadians' concerns and ensure that the government invests in the future of Canadian health care. Because when the health of Canadians is taken care of, we all benefit.

Green Party MP Bruce Hyer represents Thunder Bay-Superior North, Ont.

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HEALTH POLICY BRIEFING

FEDERAL ADVISORY PANEL ON HEALTHCARE INNOVATION

We need to hear more from stakeholders, public

While I can't promise that every idea will find a place in our report, I can affirm that, unlike the health-care system's response to nurse practitioners in 1974, we'll be open to fresh thinking and strong evidence from any source.



DAVID NAYLOR

More than 40 years ago, two GPs in Burlington had an innovative idea. Why not expand the traditional role of the primary care office nurse? Researchers at McMaster's then-new medical school agreed to test the concept. Families were randomized to receive usual care, or care by a nurse practitioner (NP) in partnership with the GP. The results were staggering. Almost 70 per cent of the GPs' work could be delegated safely and effectively, and everyone was happy with the change.

Faced with this important evidence, how did Canada's health-care machinery respond? Not well. Barriers to adoption were reinforced. Scaling and spread of the innovation was stalled. And the province that spawned the idea mothballed its NP training programs for several crucial years.

This isn't an isolated example. All too often, what we see in Canadian health care are exciting innovations that somehow don't scale and spread across the country.

At the same time, many reports have suggested that Canada is falling steadily behind other nations when one considers value for money in health care. That troubling trend isn't due to an imbalance in public and private funding. Our level of public financing for health care compares well to other nations. It's also not a lack of talent. We have innovative thinkers and entrepreneurs, and armies of dedicated and creative professionals and executives. It's hard, therefore, not to wonder whether the problem lies in how we promote innovation in health-care delivery.

That's why I was very pleased to accept Health Minister Rona Ambrose's invitation to chair a federal Advisory Panel on Healthcare Innovation. The panel has been tasked with reporting not only on the major areas of innovation that could make Canadian health care more effective and sustainable, but also on how such innovations can be enabled. Given constitutional

realities, the panel will be focusing most of its energy on federal levers as well as several pan-Canadian health-care agencies with a strong federal footing.

But panel members are also hearing two very interesting themes.

First, Canadians inside and outside the health-care system are firm about jurisdictional authority, but equally firm in telling us that they expect their national government to be a facilitator of pan-Canadian collaboration and innovation, not some remote cheque-writer and regulator.

The second theme is more challenging. It has two parts: negative and positive.

On the negative side, we're hearing about frustration. Patients tell us that consistent access remains a challenge for many services. Decision-makers and administrators are telling us about gridlock—and confiding that attempts at reform are sometimes co-opted to the advantages of providers, not patients and taxpayers. Professionals in turn say that cumbersome regulations and perverse incentives stifle their creativity. Meanwhile, entrepreneurs observe that, paradoxically, it's often harder to reach the Canadian mar-



Let's talk about it: David Naylor says his Advisory Panel on Healthcare Innovation is holding online stakeholder and public consultations until Dec. 5. The Hill Times photograph by Jake Wright

ket than to sell their ideas abroad.

On the positive side, we're hearing a new level of resolve. Front-line health-care leaders, policy-makers, and other stakeholders across the country are all consistent in their message to the panel. No one wants a lecture from Ottawa or a cookie-cutter blueprint. No one wants us to offer drive-by criticism of the efforts of institution A or region B or tell them how to spend money they don't have.

What they do want is three things: recognition of their successes in improving the system; ideas for a renewed partnership with Ottawa that will help address pan-Canadian challenges in health care; and an affirmation of the elements of structural reform that will promote more innovative and effective health care across Canada.

The good news is that there's already no shortage of successes to recognize and new ideas that will help to break the system gridlock.

The panel members are impressed by the energy and creativity we are witnessing, and struck forcibly by the fact that a wide range of stakeholders has run out of patience with the status quo in health care.

That said, we need to hear more from stakeholders and especially from the public. To this end, the panel is holding online consultations until Dec. 5. Please visit www.healthcanada.gc.ca/innovation and share your insights. I can promise that your submission will be read carefully. And while I can't promise that every idea will find a place in our report, I can affirm that, unlike the health-care system's response to nurse practitioners in 1974, we'll be open to fresh thinking and strong evidence from any source.

Dr. David Naylor is the chair of the Advisory Panel on Healthcare Innovation and president emeritus of the University of Toronto. news@hilltimes.com
The Hill Times

FEDERAL-PROVINCIAL

Politics and health care: who's in charge?



ÅKE BLOMQVIST

With a 2015 federal election on the horizon, many political strategists are wondering if there is a way they can leverage Canadians' concern for their health care system into more votes. But these strategists and their parties should be wary of the pitfalls when trying to score points with federal health policy initiatives. Their success depends heavily on getting the provinces on side, and our system of federal-provincial cooperation in managing health care remains a work in progress, at best.

That health care is a major concern for Canadians is not surprising. With an aging population, increasing numbers are approaching the years when they may need costly drugs and long-term care—two areas of health spending not fully covered under

our current system. While there are provincial programs that help seniors with these costs, they vary from province to province, and, in some cases, leave users with heavy out-of-pocket expenditures. Proposals for nationwide programs or standards in these areas, particularly for some kind of pharmacare, could be attractive platform planks for a federal party, and would no doubt attract a lot of support.

But people's worries about health care are not just about spotty and uneven coverage of outpatient drugs and long-term care. They are also about things like wait lists for many kinds of surgery and about having to rely on overcrowded hospital emergency departments for urgent primary care. These problems were flagged at the time of the federal-provincial Health Accord in 2004, and lots of money was spent on trying to fix them. Ten years later, the problems are still with us, and they are part of the reason Canada typically doesn't fare particularly well in international comparisons of health system performance.

The disappointing results from the 2004 Health Accord showed once again how hard it is to manage health-care resources efficiently in the Canadian federal system where provinces are constitutionally responsible for delivering health care, but where the federal government is anxious to be seen as a key player in responding to the public's demand for better health care and to get some political return for its financing contributions.

The result is a system where accountability is not clearly defined. When problems arise, politicians at both levels deflect complaints to those at the other level. When hospitals and doctors fret about underfunding, it is easier for the provincial politicians to blame the feds than to raise additional revenue on their own. More importantly, they spend more energy on bickering with the federal government about money or the restrictions it tries to enforce on the provinces, than on pushing through reforms that could make the system perform better.

Managing the health-care system is difficult at the best of times, as it involves powerful interest groups like medical associations

and unions representing nurses and other hospital employees. If the provinces try to drive cost-saving reforms that these groups don't like, they can find a ready audience among federal politicians who are eager to be seen as defenders of the Canada Health Act, especially when they can say that a reform is, as the saying goes, "the first step on the slippery slope to an American-style health-care system." Interest groups have a strong influence on health policy everywhere, but other countries seem to have been more successful than Canada in keeping them at bay and implementing policies that have made their systems perform better.

Canadians should realize that meaningful health policy reform is unlikely to happen if we don't define political accountability for making the system work more clearly. Unless we want to rewrite the Constitution, it is the provincial governments that must be responsible. The only significant role for the feds should be to ensure that each province manages its system in ways that meet the requirements of the Canada Health

Act and, when strictly interpreted, the CHA does not impose tight restrictions on what the provinces can do. The federal government will continue to transfer some of its revenue to the provinces, but the amounts should be fixed in advance, and be otherwise independent of provincial health policy and spending decisions.

Federal politicians in the past have been reluctant to challenge the passionate defenders of the status quo in Canadian health policy, especially against proposals that would allow more scope for public-private competition in health insurance and health services production. If more Canadians come to believe that some of these reforms can be carried out without the dire consequences that alarmists warn against, there may be votes to be won by a party whose stance is that provinces should be free to try them out, with little or no federal interference.

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HEALTH POLICY BRIEFING

ASSISTED SUICIDE

Is it time to allow assisted suicide?

Most Canadians do not have access to comprehensive palliative care.



HARVEY MAX CHOCHINOV AND
BALFOUR M. MOUNT

The Supreme Court of Canada has been hearing an appeal by the B.C. Civil Liberties Association that could grant terminally ill Canadians the right to assisted suicide. With this impending ruling and the passing of Bill 52 in Quebec (Medical Aid in Dying) and rumblings from Parliament of another private member's bill on assisted suicide, Canada is at a crossroads.

The Supreme Court faces a daunting task. The arguments they will hear are complex, diverse, and impassioned, given our societal fear of death and the process leading to it. While some will try to reassure the court that many Canadians support physician-hastened death, others will caution that popularity is hardly a trustworthy guide to constructive and just social policy reform. But first, the Supreme Court must consider whether its decision will improve care for the terminally ill.

Dying in Canada can be a scary prospect. According to a parliamentary report from 2000, most Canadians do not have access to comprehensive palliative care. Most will die in tertiary care settings due to inadequate community resources to support a home death. Furthermore, there are no national standards pertaining to pain control, symptom alleviation, psychosocial care and spiritual support. For First Nations, Métis or Inuit, receiving culturally sensitive palliative care is unlikely. Many patients in rural areas have little or no access to comprehensive palliative care.

The court must also consider who they would empower to carry out assisted suicide. By the time they reach licensure, many Canadian doctors have received less training in pain management than their counterparts in veterinary medicine. Most physicians have knowledge deficiencies that impair their ability to manage cancer pain and are poorly equipped to address end of life conversations. Other studies suggest that doctors who treat fewer terminally ill patients and know the least about symptom management are most likely to be in favour of assisted suicide, while those with more experience tend to oppose it.

Autonomy can be a risky argument for legislative change. In some jurisdictions with death hastening legislation, euthanasia or assisted suicide has been provided to infants and children, people with dementia or chronic conditions, those who have not given explicit consent, the mentally ill and most recently, an inmate who preferred death to incarceration. Permissive legislation will also increase feelings of vulnerability amongst those with disabilities, those feeling a burden and those who society perceives as unproductive. Also, the more autonomy is granted, the more it becomes a perceived entitlement. In the Netherlands and Belgium, groups have been advocating for the availability of death hastening measures for people over 70 years of age who are expressing 'tiredness of life.'

The design and representation of studies examining the outcome of death-hastening can sometimes be misleading or falsely reassuring. Take for example studies suggesting that families of patients who opt for euthanasia or assisted suicide do not

experience negative psychological consequences. Currently, there are no studies examining the bereavement experiences of family members that were not informed of their loved ones' decision to pursue hastened dying. In Oregon, 10 per cent of patients refused to include their family in the discussion and in another six per cent of instances the physician did not know if families were aware of the request. Quebec's Bill 52 stipulates that patients can refuse to have their families consulted.

The Supreme Court may wonder if palliative care can include physician-hastened death. Palliative care demands vigilant mon-

itoring of the patient and individual responses to assuage physical, psychosocial and spiritual distress. Palliative care is a process of caring applied over time. As such, short of asking dying patients to dislocate from communities that lack appropriate resources, most Canadians will simply have to make do—or, if the law changes, take cold comfort in knowing that they can access death-hastening alternatives.

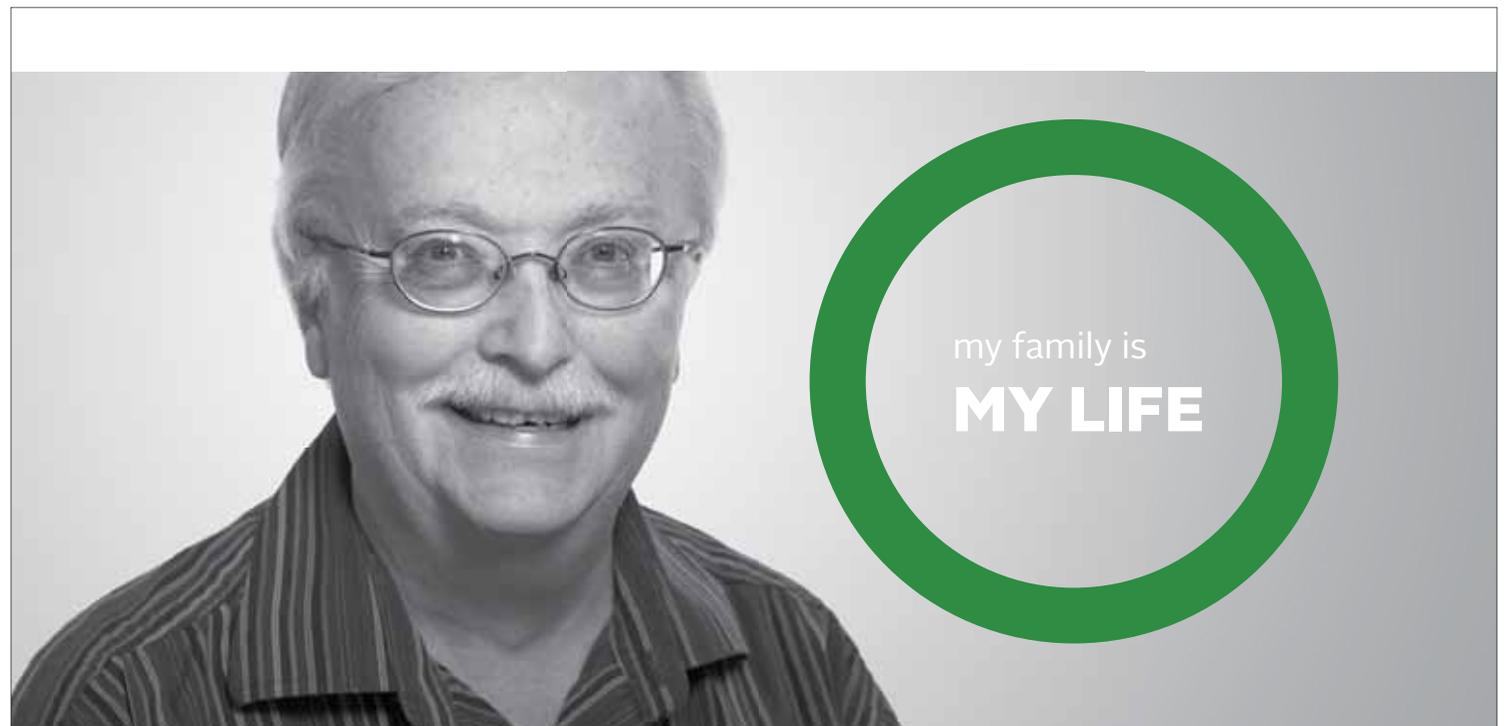
Palliative care cannot eliminate every facet of end-of life suffering. Preserving dignity for patients at the end of life requires a steadfast commitment to non-abandonment, meticulous management of suffering

and a tone of care marked by kindness. In response to this dignity conserving approach, the former head of the Hemlock Society conceded that "if most individuals with a terminal illness were treated this way, the incentive to end their lives would be greatly reduced."

That is a lot for the Supreme Court of Canada to consider. The country will anxiously await its verdict.

Harvey Max Chochinov is a Canada Research Chair in palliative care and director, Manitoba Palliative Care Research Unit, Department of Psychiatry at the University of Manitoba. Balfour M. Mount is the Eric M. Flanders professor emeritus of Palliative Medicine at McGill University.

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HEALTH POLICY BRIEFING

FEARBOLA

How to fight 'Fearbola' in Canada

Communication between public health officials and frontline health care workers critical.



S. MICHELLE DRIEDGER

'Fearbola' is the recent term being used to describe widespread public fears of an Ebola outbreak in the United States. 'Fearbola' is said to spread easily through conversation or even from simply seeing images and videos about Ebola. While we

in Canada might feel immune to Fearbola, sadly, we are not.

The only way to fight Fearbola is to provide responsible communications about how Ebola spreads and when Canadians need to worry. But that isn't so easily done in a communications environment that is often only a 140-character tweet away.

Recently front line health professionals – primarily nurses – were quoted in the media saying that they are not prepared for an Ebola outbreak should one happen in an urban Canadian hospital. These comments are in direct contrast to those made recently by top-level government and

public health officials that Canada is ready. So who's right?

Providing effective communication is critical to ensuring health care workers feel informed and safe at work. Nursing union representatives have clearly expressed that nurses do not feel prepared for Ebola in their hospitals. Media stories have documented how personal protective equipment and training for front line health workers hasn't been available in all hospital locations across the country.

Having senior public health leadership and elected officials talk in the media about having plans to manage Ebola if, and

when, it arrives in Canada is insufficient. Front-line staffers need to know the content of those plans and how the plans play out within their local environments.

In most cases, this short-lived "controversy" was resolved within a very short period of time because the two parties did something novel: they sat down and talked. Emergency drills have also taken place at some hospitals across the country making many front line staff and public health officials more comfortable with Canada's capacity to respond to an Ebola case should the situation arise. This is good news.

It is not unreasonable for front line staff to be worried about what happens when Ebola arrives in Canada. They are the very ones, after all, who will be providing care to patients that test positive for the virus. Front line health staff does the kind of work they do because they fundamentally care about people. If you look at who is getting sick in Sierra Leone, or in Dallas for that matter, it is front line health staff and the friends and family members that provide care to their loved ones before they arrive at a health centre or hospital for treatment.

Why? It's because Ebola is not highly contagious until later in the course of the illness when contact with bodily fluids may occur – most commonly a concern for care givers. This helps us understand why people in close prolonged contact with Ebola patients may become infected.

Ebola isn't like the flu where you are contagious before you have physical signs of actually being sick. Ebola is highly infectious only when an Ebola patient has physical symptoms, expressed primarily through blood, vomit and feces. It is then that anyone who comes in close contact is at greatest risk of catching the Ebola virus.

So – at least within Canada – we should not fear the average stranger who may or may not have a fever. But we should take reasonable precautions and ask the right questions when caring for people who have nonspecific symptoms characteristic of Ebola. Those questions primarily begin with asking if that sick person has traveled to an Ebola region within the last 21 days. So don't be surprised if you are asked this question when you seek health care.

If you are sick and you know that you have undertaken such recent travel then it is in your best interest to seek early treatment and let your health care providers know right away about your travel, not only so they can protect themselves and others, but so that you can get the best treatment available as soon as possible.

A few weeks ago there was little discussion of Ebola in a Canadian context in the media. Now there is increasingly more frequent discussion. This is good. We need to hear from the people responsible to protect Canadians not only that they have a plan in place, but what the plan entails in broad terms. And it would be especially good if front line staff could hear the plan first, and in greater detail. Let's fight Fearbola before it strikes.

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HEALTH POLICY BRIEFING

HEALTH-CARE MYTHS

Five things most people get wrong about Canada's health-care system

KATHLEEN O'GRADY
AND NORALOU ROOS

A recent court challenge before the British Columbia Supreme Court threatened to change the rules of the game for the Canadian health-care system—should the challenge have made its way to the Supreme Court of Canada and found success there. Dr. Brian Day of The Cambie Surgeries Corporation is contesting the ban against 'extra billing' for privately-provided health services, and for the right of doctors to work simultaneously in both the public and private health spheres.

However, the judge has now permitted an adjournment of the case to March of next year to allow those involved the possibility to resolve some of the issues before the court—so it is not likely to be the game changer that some Canadians hoped and many Canadians feared.

One thing is certain: pundits from the left and right are sure to weigh in further on the issue, and there are other similar court challenges popping up in other provinces.

How our health system should be reformed, and in what measures, is nothing short of a national pastime in Canada. Too

bad many get the facts wrong. Here are a few basics everyone should know.

Doctors are self-employed, not government employees

Canada has a publicly-funded health-care system, but the vast majority of doctors do not work for the government. A patient is free to choose which doctor they wish to visit, and they are entitled to essential physician health services without charge. Doctors are self-employed, which means they can determine their own hours and work location, and they are responsible for paying their employees, for office space and other overhead expenses. Doctors earn money by billing their provincial government for the services they provide to patients.

The Canadian health system is often referred to as "socialized" medicine, but it is actually a mix of private providers billing governments for publicly funded services.

Canada has 15 different health-care systems

People often refer to the "Canadian health-care system," when in reality, it has distinct health systems for each of the provinces and territories. The Canada Health Act outlines the basic tenets for health care to be universal and accessible for essential physician and hospital health services across the country. However, the details of how each system operates, including what is covered and how, are determined provincially. In addition, the federal government has responsibility for aboriginal and veteran health care.

Add it together, and Canada has a whopping 15 unique health-care systems. On the plus, this means provinces can tailor health services to the particular needs of their residents. The downside is that coordinating health reforms across the country remains a significant challenge.

Funded health-care services are not provided equally across the country

The Canada Health Act guarantees that essential physician and hospital services are paid for by the government, but there is variation across provinces for what is considered an "essential health service"—and even who delivers the care or where care is delivered.

For example, Quebec's publicly-funded system includes fertility treatments, while most other provinces do not. Some provinces, including British Columbia, Ontario and Quebec, pay for births delivered by licensed midwives, while several provinces and territories do not. Eligible funded therapies for autism vary widely across the country. Abortion services are not equally accessible across the country.

The Canada Health Act does not cover prescription drugs, home care or long-term care, and as a result, there are widely different approaches for these services in each province.

User fees charged to patients are not permitted

Canadians cannot be charged a "user fee" when a physician provides an insured service

(something already covered by the publicly-funded health system). But some physicians get around the letter of the law by charging "annual fees" as part of a comprehensive package of services they offer their patients. Such charges are completely optional and can only be for non-essential health options.

In some provinces, doctors may charge a small fee to the patient for missed appointments, for doctor's notes and for prescription refills done over the phone—all items for which a doctor receives no payment from the province.

Canada does not truly have a "single payer" system meaning a significant portion of Canadian health care comes from both public and private financing

Canada has extensive public financing for essential physician services and hospital care—among the highest rates in the world. But most Canadians have to pay for eye and dental care out-of-pocket, and more than 60 per cent of prescription medications are paid for privately in Canada.

Canada is the only country with a universal health care system that does not include prescription drugs. This means that Canadians still pay for approximately 30 per cent of their health care directly or via private insurance with only 70 per cent of health costs paid for publicly. In fact, Canadians are as likely to hold private health insurance as Americans.

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DIGITAL HEALTH

We're marking an important milestone in Canadian digital health delivery



MICHAEL GREEN

Leading Canadian health-care organizations marked the first-ever Digital Health Week in this country last week. The goal for the week was two-fold: First, to recognize how digital health is transforming care, and second, to inspire further progress in improving delivery of that care to all Canadians.

Much progress has been made by our many partners, including clinicians, care facilities, every province and territory, the health IT industry, and patients from across Canada. Together, they have demonstrated that digital health is nothing short of transformational. Consider the impact on patient safety, health-care productivity and the economy ... what we're doing

today was virtually non-existent just a few years ago: Ninety-nine per cent of x-ray, CT and similar scans in Canadian hospitals are now digital, which allows authorized health-care providers to collect, store, manage and access images regardless of where they, or their patients, are located.

Laboratory test results for 81 per cent of Canadians are now available in electronic form, for access by authorized clinicians. According to a 2012 Electronic Medical Records (EMR) Integrated Labs Workflow Evaluation Report, EMR-integrated settings were able to sort, archive and retrieve a single lab report 87 per cent faster than paper-based practices.

Telehealth videoconferencing is available in 98 per cent of hospitals, making Canada a global leader in this area. In one year alone, Telehealth saved more than 47 million kilometres in travel and \$70-million in personal travel costs for patients and their families.

Digital health makes fiscal sense. Since 2007, telehealth, drug and diagnostic imaging systems, and electronic medical records have resulted in \$10.5-billion in benefits. Furthermore, the return on investments has been huge:

every dollar invested in digital health adds \$1.48 to Canada's Gross Domestic Product. Between March 2010 and March 2014, that led to a \$766-million impact while creating approximately 7,400 person-years in employment.

We've come a long way and we must take advantage of the momentum to meet Canadians' expectations for their health-care system. According to a Harris/Decima Annual Tracking Survey that Infoway conducted this year, 90 per cent of Canadians want the ability to view lab results online; 89 per cent want the ability to make appointments electronically; and 80 per cent want the ability to consult with their health-care provider online.

By leveraging advancements in digital health, consumers can be empowered to take more active roles in the management of their health and wellness in so many ways:

Better access to—and confidence in—their health information: Online access to personal health information, such as lab results, current medications and other vital data, helps health professionals provide safe and effective care and allows patients to track their care and facilitate discussions with their family and health care providers.

Peace of mind in emergency situations: Seconds count in an emergency, and those seconds can be lost when clinicians need to spend time troubleshooting because they aren't familiar with a patient's medical history. Timely, secure access to a person's health information anytime and anywhere ensures Canadians receive appropriate and informed care in both emergency—and non-emergency—situations.

Management of chronic conditions: For those with chronic conditions such as diabetes, digital health can make day-to-day monitoring and tracking easier.

Greater accuracy and convenience: Electronic prescriptions and requests for renewals can reduce handwriting errors,

make it easier to check for allergies or drug interactions, and in some cases, even reduce the need for in-person appointments. With ready access to test results, duplication of testing can be reduced, saving patients time and expediting treatment.

Remote and rural access: Connecting patients in remote and rural communities to clinicians through videoconferencing and other technology increases access to care and reduces the need to travel.

It's no doubt an exciting time for digital health delivery in Canada, and we look forward to keeping the conversation going about the many ways that digital health can improve care.

Digital health is a critical part of how we can deliver on the promise of "better health, better care and better value" and we're excited about the challenges ahead, as well as the opportunities we will have together to make a difference for Canadians and our health-care system.

Together, we can leverage the progress made to date with digital health, and we must challenge ourselves to push the envelope by continuing to develop innovative solutions that will improve the patient experience and contribute to a sustainable health-care system, now and into the future.

Infoway helps to improve the health of Canadians by working with partners to accelerate the development, adoption and effective use of digital health across Canada. Through our investments, we help deliver better quality and access to care and more efficient delivery of health services for patients and clinicians. Infoway is an independent, not-for-profit organization funded by the federal government.

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HEALTH POLICY BRIEFING

BIG DATA

Big data has potential to be a health systems innovator

Health-care patients are citizens first, and all citizens are would-be-patients.



BARTHA MARIA KNOPPERS

MONTREAL—It took a year for Canada's public health officials to understand the full extent of the 2009 H1N1

outbreak. The principal problem, then and now, is lack of information. "Big Data" can answer a lot of health questions and can, moving forward, enable Canada's public health-care system to mount an appropriate response to any potential outbreak.

Big Data provides the raw material for individuals, governments, and communities to combine data and social media information on a large scale in order to observe patterns, estimate probabilities and extract new insights. For example, Big Data can

track resistance and susceptibility to disease and how fast and where a virus is spreading; it can map vaccination compliance and even predict human behaviour, including travel patterns.

Big Data carries both benefits and risks and its critics argue that, among other things, it can lead to unlimited surveillance, creating fears of Big Brother and possible infringements on personal privacy. Proponents of Big Data insist that the risk is low in relation to the potential

for Big Data to become a source of health system innovation in Canada.

Big Data has some successes already. In the biomedical sector, researchers mine Big Data to see relationships between genes and diseases in order to better determine which treatments work. In genomic research, the goal is to combine big datasets of personal, demographic, economic and environmental factors, together with clinical data to improve health care.

While genomic scientists are building collaborative networks for data sharing, they run into roadblocks when clinical data is restricted under the protective banner of medical confidentiality. Yet access to obtaining individual consent for each use of clinical data is inefficient and leads to a byzantine system of overlapping ethics reviews and access committees, thereby defeating the point of Big Data.

The real issue is trust. How do we overcome systemic hurdles to data sharing? This is an urgent question Canada must answer if we aspire to improve patient care and ensure sustainability of our universal health-care system.

At a systemic level, Big Data analytics can help pinpoint and understand the real health needs of Canadians. Rather than the current haphazard system that tries to be "everything to everyone," Big Data is the key to efficient, targeted, economical and ethical health care. It will be instrumental in preventative care, health-care planning and general health promotion.

At an individual level, Big Data can help clinicians deliver better, personalized medicine initiatives, especially if linked to standardized electronic medical records. If properly executed, Big Data can actually empower citizens and transform health care by bringing information directly to them so that they can play a more active and interactive role in their own health.

In this model, citizens could contribute social determinant data directly online, including exercise and dietary habits, and neighbourhood data, such as public transport or access to fresh produce. Participating in research while giving consent to broad data sharing with proper oversight is not the end goal, but the necessary first step to the productive sharing of health-care data between individuals, health professionals and institutions.

Despite the medical and social benefits and low privacy risk, citizen buy-in will hinge on the creation of accredited data safe havens for data security. Such havens must ensure safe linkage between genomic and clinical data and also contribute to health service improvements.

The answer lies in the creation of secure, shareable electronic medical records, subject to centralized and streamlined ethics and access approval mechanisms, which would vastly improve patient care and linkage to genomic data. Transparency and harmonization of standards, regulations and policies are the cornerstones of trust that must be in place for this to work.

Big Data has the potential to be a health systems innovator. Health-care patients are citizens first, and all citizens are would-be-patients. Solidarity in data sharing can sustain equitable, accessible and affordable health care. Before solidarity can be leveraged, though, an environment of trust in ethical approaches and security protocols must exist for citizens and their health care systems. Then—and only then—will Big Data reinforce the quality, safety and sustainability of our precious and respected health-care system.

Bartha Maria Knoppers, Ph.D., O.C., O.Q., presented this commentary to Parliamentarians at a Federation for the Humanities and Social Sciences Big Thinking event on Parliament Hill on Oct. 30, 2014. She is Canada Research Chair in Law and Medicine; director, Centre of Genomics and Policy, McGill University and Genome Quebec Innovation Centre.

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HEALTH POLICY BRIEFING

MEDICAL IMAGING

Innovation in medical imaging can keep health care affordable

The technologies of our medical imaging innovators have strong potential to be part of the solution worldwide to the conundrum of the rising cost of health-care provision to an aging population with complex treatment needs, as well as in providing better patient care, with better overall health outcomes and quality of life.



BART SULLIVAN

As we age, the likelihood of acquiring chronic or potentially life-threatening conditions such as Alzheimer's and heart disease or breast and prostate cancer increases, as does the chance that we will need access to specialized technology to detect, properly diagnose and treat our ailments.

The number of seniors in Canada is increasing steadily. By 2051, about one in four Canadians is expected to be 65 or over. This is part of an unprecedented demographic transition globally in

which fewer babies are being born and life expectancy is increasing. We are also seeing a rise in chronic and deadly diseases in emerging economies. Along with the rest of the world, Canada needs to find effective solutions to respond to the medical realities of the coming decades, while grappling with the economic implications.

Medical imaging technologies have become foundational to health care. Options such as ultrasound, magnetic resonance (MR), positron emission tomography (PET), computed tomography (CT), mammography, and digital pathology are being used to more accurately detect, diagnose and treat a range of medical conditions.

Although these devices have many positive attributes, some of them are hugely expensive to purchase and operate, calling into

question their practicality and the wisdom of investing in potentially cost-inefficient equipment.

It would stand to reason that innovations that make the health-care experience less painful; facilitate easier and faster recovery times; provide greater accuracy and efficiency; and are more cost-effective would be wholeheartedly welcomed by the health-care system. New medical imaging technologies have the potential to enable this scenario.

For instance, increasingly, the imaging industry is focusing on developing software platforms that quickly and automatically process large quantities of data, which reduce the time and cost of completing certain tasks. Innovation in workflow automation such as image-guided biopsy and therapy as well as digital pathology optimizes the use of expensive equipment and practitioner time, which is crucial in our resource-constrained health care system.

Canada is known throughout the world for its expertise in medical imaging R&D. Between 1998 and 2011, \$1.03-billion of public funds were invested in this area. Our academic centres and spin-off companies are developing leading technologies that will change how we diagnose and treat disease. In 2011, the Centre for Imaging Technology Commercialization (CIMTEC) was created to capitalize on these investments by enabling and accelerating the translation of Canada's important and world-leading medical imaging innovations into commercial products for clinical use. Funded through the federal government's Centres of Excellence for Commercialization and Research (CECR) program, CIMTEC's overarching goal is to help researchers and companies bring their medical imaging innovations to market so

Canadians can reap the associated health and economic benefits. The centre is helping strengthen the Canadian medical imaging industry by providing a range of engineering, business development and clinical testing services for startup companies that will create cost-saving devices with the potential to corner a larger percentage of the multi-billion dollar global medical imaging market and develop and attract highly qualified people to high-value jobs in this country.

New medical imaging technologies face a number of hurdles; arguably, the most arduous is gaining acceptance from those footing the bill. A device may advance through the challenging process of acquiring regulatory approval, but if no one is willing to reimburse for the technology, it will simply lie fallow.

When making decisions about what new technologies to adopt, the provincial and public insurance groups that assign reimbursement codes are looking for products that demonstrate clinical utility and improved outcomes, but will also provide increased efficiency (i.e. reduce wait times) and cost savings. And, as prudent stewards of public funds, hospital administrators must make tough decisions about how to allocate budgets most effectively.

Dr. Aaron Fenster, CIMTEC's centre director, and director of imaging research laboratories at Robarts Research Institute at Western University, recently delivered a presentation at the United Nations about the future of medical imaging globally. Dr. Fenster says, "Reimbursement pressures are driving current trends in medical imaging technology innovation. Government and health care institutions are primarily interested in adopting new technologies that will increase their throughput, while decreasing their cost per pa-

tient." He adds, "To move customers' products closer to adoption, CIMTEC helps strengthen their value propositions by connecting them to clinicians who test their products and provide valuable feedback to increase the workflow efficiency and clinical utility of the device."

For example, prostate procedures are currently performed using a systematic pattern-based approach that often results in poor discernment of the location and extent of disease. This necessitates return visits for additional anxiety-inducing biopsies. CIMTEC has world-class expertise in minimally invasive 3D image-guided interventions and is helping several of its customers develop new imaging technologies that either focus on combining high-quality MR or CT images with the much cheaper and more versatile ultrasound, or other variations on ultrasound imaging that substantially improve targeted biopsy and treatment options. The upshot is fewer appointments, more effective treatment with shorter recovery times, and overall better quality of life as a result of minimally invasive procedures as opposed to traditional open surgery.

Because of Canada's strong investment in the sector, the technologies of our medical imaging innovators have strong potential to be part of the solution worldwide to the conundrum of the rising cost of health-care provision to an aging population with complex treatment needs, as well as in providing better patient care, with better overall health outcomes and quality of life.

Bart Sullivan is the CEO of the Centre for Imaging Technology Commercialization, a Centre of Excellence for Commercialization and Research, federally funded through the Networks of Centres of Excellence.

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INNOVATION

Spreading innovation key to health-care sustainability



MAUREEN O'NEIL

Improving health care across Canada is no easy task. Growing rates of chronic diseases ranging from cardiovascular disease to diabetes and chronic obstructive pulmonary disease (COPD), an aging population and steadily rising costs are straining systems that were built for a different era. The question facing governments and the health-care sector is: How can we improve health care for Canadians while getting better value for the money we spend?

Canada will spend \$215-billion on health care this year—a steadily growing amount that now accounts for more than 40 per cent of many provincial budgets. Despite the best efforts of governments and health-care leaders, delivering the highest quality health care at an affordable

cost remains a challenge. This situation is not unique to Canada. Other developed nations are grappling with these challenges too.

Fortunately, in every corner of the country dedicated physicians, nurses, researchers and managers are developing innovative ways of providing excellent patient care while bending the cost curve. However, too often these leading practices aren't shared and implemented across regional, provincial and territorial boundaries for the benefit of all Canadians. We must move from isolated pockets of excellence to excellence for all.

At the Canadian Foundation for Healthcare Improvement (CFHI), we help to deliver better health care more efficiently. Our federally funded not-for-profit organization collaborates with health-care providers, managers and executives in hospitals, health regions and provincial-territorial health ministries. We help spread innovative and cost effective health-care solutions across provincial and territorial lines—ensuring that best practices are adopted from Vancouver to

Yellowknife and St. John's.

Currently, CFHI is supporting more than 100 projects spanning every province and territory, focusing on issues ranging from chronic disease management to hospital wait times and improved care in northern and remote communities. These projects are delivering tangible results to patients while also alleviating financial pressures. With an annual budget of \$10-million, we help our partners implement innovations that have the potential to save the health-care system more than \$1-billion a year.

A great example of the innovative work we're spreading nationwide is the INSPIRED Approaches to COPD initiative, which provides 19 health-care organizations in all 10 provinces with funding, educational materials and tools needed to improve the care of people living with advanced COPD and support their caregivers. COPD is the fourth leading cause of death in Canada and a major driver of hospital visits. One-in-four Canadians over the age of 35 can expect to be

diagnosed with the disease during their lifetime.

The INSPIRED COPD Outreach Program™, first developed at Capital Health in Halifax, offers hospital-to-home outreach, including home visits, access to a telephone hotline, self-management education, a plan to guide treatment at home, psychosocial and spiritual care support, and advance care planning for end-of-life. Care closer to home translates into less reliance on hospital-based services. By lowering patients' use of hospital care by 60 per cent, the INSPIRED team freed up nearly \$1-million—more than three times the annual operating costs of the program.

Another example of a patient-centered innovation spreading across the country is our initiative to curb the inappropriate use of antipsychotic medications in long-term care facilities and improve care for residents with dementia. This initiative grew out of the knowledge that one-in-three long-term care residents in Canada is on antipsychotic

medication without a diagnosis of psychosis from a physician. CFHI is supporting 15 health-care teams across the country in their efforts to address this worrisome trend. The teams are benefitting from the advice of experts at the Winnipeg Regional Health Authority who successfully lowered by more than a quarter their use of these medications. The initiative helps health-care providers identify patients who may benefit from non-drug therapies like recreational activities to treat behavioural issues associated with dementia.

These are true pan-Canadian initiatives that involve leading health-care organizations in every province. By developing innovative approaches to tackling our most pressing health-care challenges, and spreading those innovations throughout the country, CFHI is a catalyst for collaboration and positive change.

Maureen O'Neil, O.C., is president of the Canadian Foundation for Healthcare Improvement.

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HEALTH POLICY BRIEFING

HEALTH SYSTEM

Why Canada shouldn't compete with the U.S. for the worst performing health system in the developed world



COLLEEN M. FLOOD

The latest Commonwealth Study ranked Canada's health-care system a dismal second to last in a list of eleven major industrialized countries. We had the dubious distinction of beating out only the Americans. This latest poor result is already being used by those bent on further privatizing health care. They argue—as they always do—that if only Canada allowed more private finance, wait times would melt, emergency rooms would unclog and doctors, nurses, patients and the public would all be, if not quite utopia, then at least better off than now.

It is true that Canada's health system is fragmented and uncoordinated. Too often people fall through the cracks and we are miserable at managing patients with multiple illnesses. And too often our system feels unresponsive to the concerns of patients and their families. The average

Canadian could be forgiven for thinking that there may be something to all of these calls for private finance. But they would be wrong.

For starters, what most commentators weighing in on the health debate don't understand is that we already have a mix of public and private care. What distinguishes Canada's health system from others is not how little private finance we have but how much private finance we already endure. Canadians have their health needs covered by the public system only 70 per cent of the time, much less than the U.K. (84 per cent) or Norway (85 per cent) or even France (77 per cent).

Indeed, Canadians actually hold more private health insurance than Americans do. How is this possible?

Our health system fails to offer universal (public) coverage for prescription drugs, unlike the coverage provided in nearly every other developed country in the world. Canada also has inadequate coverage for home care and long term care, which are more comprehensively covered in many other health systems, such as Japan, Germany, Belgium and Sweden.

Unfortunately, our health system is more like the U.S. system than most of us know. Just like the U.S., our approach to prescription drugs, home and long-term care is to have some people covered through private health insurance via their employer, some people covered by governments because they are on welfare or elderly, and a big chunk of the population going without.

Our system is also similar to the U.S.—and dissimilar to many other countries that out-perform us on health indicators—by paying physicians on a fee-for-service basis meaning doctors are free to work as many or as few hours as they wish, whenever they wish and wherever they wish regardless of the needs of patients.

Instead of moving to adopt the policies of better performing systems, Canada may be taking a step backwards. A constitutional challenge is going to trial in British Columbia in September and the private health clinic bringing that challenge is set on introducing even more private finance to Canada's health system. If they win, doctors will be able to bill patients whatever they wish on top of what payment doctors already receive

from the government for specific health services (extra-billing). Those patients who can afford it will be able to buy private health insurance to defray the costs of such extra-billing.

So what's the problem? This would move the Canadian health system one step closer to the worst performing health system among developed countries: the United States.

The jewel of Canada's health-care system is the commitment to restrict private finance for medically necessary hospital and physician care. We don't let our doctors double dip, and we keep essential health services available to all, regardless of means. Yet it is this commitment that is being threatened with the legal challenge in B.C., and blamed for the problems that have beset Canada's health system—with some pretty clear vested interests ready to profit from the outcome.

Instead of having Canada's health system compete with the United States for last place, we need to start addressing the real issues that plague our system. We could start by looking at the expansive policies of European systems that perform better than our own, starting with a universal

health system that includes drug coverage, home care and long-term care.

This may seem counter-intuitive when the problem is always portrayed as a lack of money for the public system—but we know in business that sometimes you have to spend money now to save money later. And we must look at providing incentives throughout our public and private sectors in the health care system to ensure that the right care is delivered to the right people in a timely way.

If the constitutional challenge is successful in British Columbia, there is no doubt that the problems we see in the Canadian health system—fragmentation, lack of coordination, lack of access to important kinds of care and wait times for those without private means—will worsen. Why would we want to race to the bottom of the pack?

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FOLLOW-UP

The importance of follow-up care after an emergency room visit

Too many Canadians are falling through the cracks.



MICHAEL J. SCHULL

Television shows have popularized the theatrical entrance into the hospital emergency room: patients racing down hallways on gurneys with worried doctors and nurses running alongside—great drama. How most patients leave the emergency room isn't quite as dramatic, but the facts tell a good news story. About 85 per cent of the more than 14 million visits Canadians make to emergency

rooms annually result in patients being discharged home.

The bad news is that too many of these patients receive inadequate follow-up care after their emergency room visit—and that can be deadly.

Ontario studies have shown that inadequate follow-up care after emergency room (ER) visits is common, with up to 30 per cent of patients with chronic illnesses not seeing a doctor within 30 days after they've been sent home from the ER. Why? In part, it's because fewer than one in three primary care physicians in Canada report being notified when their patients visit an emergency department. If physicians don't know their patients were in the ER, how can they ensure appropriate follow-up care?

There is growing evidence that when a patient with a chronic disease, such as diabetes, heart failure or emphysema sees their family doctor or specialist within 30 days

of their ER discharge, the risk of death or hospitalization is significantly reduced. Such patients are often safe to discharge after an ER assessment, but prompt follow-up is virtually always recommended because they often need more tests and ongoing management of the chronic illness to avoid getting sick, even with good care in the ER.

Patients seen by their own doctors after an ER discharge are more likely to be taking the necessary medications and to have undergone needed diagnostic testing than those who miss follow-up care, suggesting that such patients have risk factors that can be improved through prompt follow-up.

As a practising emergency physician, I know it's hard to always focus on the discharge of my ER patients. A pharmacist once called me a few hours after I sent home an elderly woman with pneumonia for whom I had prescribed an antibiotic. The pharmacist wanted me to change the prescription since the antibiotic I prescribed should not be taken at the same time as another drug the patient was on. I was aware that the drugs should not be taken together, but on that busy day, and with a hurried discharge of the patient out of the ER, I had failed to identify the potential problem which could have had serious consequences if not for the sharp-eyed pharmacist.

In a recent analysis in *Healthcare Quarterly*, I highlight that we can improve clinical training and practice to reinforce the impor-

tance of patient follow-up after ER discharge, but just as critical are steps to make it easier for patients (or ER doctors) to arrange their own follow-up care.

Important innovations are happening. Most of us can book restaurant reservations, hotel and hair salon appointments online these days—would it not be great if you (or the ER doctor) could book your essential physician follow-up care before leaving the ER too? We may be approaching that in Alberta, which just launched an eReferral electronic system for enabling and tracking referrals, but it is not yet available in ERs across the country.

Health professionals recognize the problem, and efforts have been made to improve communication when discharging patients—for example using discharge checklists and written follow-up instructions—but also, crucially, taking the time necessary to ensure the patient or family has understood what they're being told. Yet, ER discharge planning remains spotty at best.

For now, the best approach may be for the emergency physician to spend more time with patients at discharge to ensure that they understand that their aftercare could be as important as the care they receive in the ER.

Physicians asked to see patients after an ER visit need to be accountable for seeing higher-priority patients within a reasonable time frame, and need to under-

stand the crucial role they play in ensuring patients get appropriate treatment and investigations.

Hospitals need to be engaged too, by making it easier for the results of tests and clinical notes from an ER visit to be routinely available to primary care physicians and specialists after leaving the ER. In the absence of such information, prioritizing patients for follow-up by the primary care physician or specialist is, at best, a guessing game.

Hospitals, health regions and the government could track follow-up rates after ER discharge with data that is readily available at minimal cost. But given the absence of monitoring and reporting of follow-up rates or any incentives for ensuring follow-up, it is hard to identify any forces that would motivate providers to address the issue.

Meanwhile, poorly integrated care, where patients fall through the cracks as they transition from the ER back to the community and, sometimes, back to the ER again, will remain a notable shortcoming of our healthcare system. And a costly one for all of us.

Michael J. Schull is president and chief executive officer of the Institute for Clinical Evaluative Sciences, and professor in the Department of Medicine at the University of Toronto. He also practices as an emergency medicine specialist at Sunnybrook Health Sciences Centre in Toronto.
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HEALTH POLICY BRIEFING

SPENDING

Sex, lies and physician supply: why female doctors are not to blame

The quality of debate about physician supply in this country would be improved substantially if we could put behind us the simple-minded rhetoric about an increasingly female physician workforce being a problem affecting overall supply, and focus on changes to workforce trends that are actually affecting our access to care.



LINDSAY HEDDEN AND MORRIS BARER

Among the many reasons offered for why many Canadians are increasingly facing difficulties finding a family physician to call their own is the fact that the workforce has become increasingly female. The argument usually goes something like this: female family practitioners work fewer hours, take time out to raise families and have shorter careers. And because the proportion of family practitioners who are male continues to decline—about 60 per cent of new medical students are female—we can look forward to the problem of accessing care getting worse.

This argument turns out to be simple, compelling, and for the most part, wrong.

The number of female family doctors in Canada has been increasing steadily since the late 1950s, and women have outnumbered men in Canadian medical schools since 1999. Importantly, the proportion of female medical students choosing to specialize in family medicine has also been increasing over that same period.

But does the rhetoric of ‘the part-time female family doctor’ truly match reality? Our recent systematic review, which examined a wealth of existing studies and was published in *Human Resources for Health*, suggests that the story is more complicated than a simple difference in work hours.

Although female physicians do work somewhat fewer hours than male physicians—and indeed work differently in general—there is no strong evidence that this difference has or will have any significant effect on the overall effective supply of family practitioners in Canada.

Rather, the dominant trends affecting overall supply into the foreseeable future are the recent rapid increase in medical school capacity in the country, and the fact that both male and female family doctors are increasingly focused on attaining a healthy work-life balance, while still providing high-quality and accessible care for their patients—a laudable goal. In practice, this means that we will have more family doctors, and that they will, on average, be working fewer hours than their older counterparts in the years to come.

In fact, one recent Canadian study found that the number of hours of direct patient care male physicians are providing has been declining, and that this trend has had a far more substantial impact on overall effective supply than the difference in work hours and

patterns between males and females.

But it turns out hours of work is an overly simplistic and misleading indicator of service delivery volume or quality anyway. Several studies we examined found that female physicians spend more time with each of their patients, and deal with more problems in a single appointment. They also write fewer prescriptions for medications, while being more likely to provide patients with counseling, and to refer them on to specialists or for laboratory tests.

We did find one cause for concern. Our analysis found that female physicians are less likely to provide care in settings other than the office (home, hospital or long-term care), or outside of regular office hours. This could increase the reliance on already-stretched emergency departments and walk-in clinics as a source of primary health care.

Female physicians in general, and female family practitioners specifically, continue to maintain a different set of unpaid work and family responsibilities than their male counterparts. One recent study found that female family doctors who have children work more than 90 hours per week if unwaged household responsibilities are included. This was considerably more than the fewer than 70 hours worked by male family doctors who have children. Another study reported that the reduction in work time caused by having children under the age of 18 is twice as large for women as it is for men. Female family physicians are also more likely to be involved in the care of elder family members.

According to surveys conducted by the Canadian Medical Association, physicians in Canada report attaining a healthy balance between personal and professional responsibilities as the most important factor for running a successful and satisfying medical practice. These same surveys show that physician burn-out is experienced by a significant proportion of family physicians, affecting both the quality of care they are able to provide to their patients, and their own health and wellbeing.

The quality of debate about physician supply in this country would be improved substantially if we could put behind us the simple-minded rhetoric about an increasingly female physician workforce being a problem affecting overall supply, and focus on changes to workforce trends that are actually affecting our access to care.

Lindsay Hedden is a doctoral candidate in the School of Population and Public Health at the University of British Columbia (UBC). Morris Barer is an expert adviser with EvidenceNetwork.ca, a Professor at the Centre for Health Services and Policy Research and the School of Population and Public Health at UBC.

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Canada's defence budget dilemma

Canada's military priorities have shifted from the mountains of Afghanistan to the disputed waters of the Arctic, which has made the procurement of military hardware an increasingly complex logistical task.

By MICHAEL SMOLANDER

Elinor Sloan's recent column in *The Ottawa Citizen* illustrated the dismal reality that Canada's aging fleet of military aircraft is without a scheduled replacement. The replacement delay is attributed to underestimated cost projections for the F-35 Lightning II aircraft that Canada's small defence budget could not accommodate. It must be remembered that over the last decade, Canada's military priorities have shifted from the mountains of Afghanistan to the disputed waters of the Arctic, which has made the procurement of military hardware an increasingly complex logistical task. An extremely difficult duty for Canadian defence officials will be to manage national interests in the Arctic and counterterrorism efforts on a tight defence budget.

In May 2008, the Canada First Defence Strategy (CFDS) was initiated with the purpose of modernizing Canada's military to address changing security landscapes. The CFDS directly cites the "Arctic" and counterterrorism initiatives as major security priorities. The pivot to the Arctic is unsurprising given the many natural resources and territorial disputes in the region.

Canada's Minister of Foreign Affairs John Baird has been vocal about Canada's territorial rights in the Arctic and saw to it

that Canada's Arctic dispute be handled in part by the United Nations Convention on the Land and Sea. Canada's Arctic pivot is marked by a series of military hardware procurements aimed at Arctic operations. For example, on June 3, 2010, the Government of Canada launched the National Shipbuilding Procurement Strategy. The NSPS includes ambitious plans to partner with Irving Shipbuilding Inc. to establish a new set of Arctic patrol ships "that will conduct sovereignty and surveillance operations in Canada's Exclusive Economic Zone, including in the Arctic."

Prime Minister Stephen Harper recently reinforced the issue of Arctic security subsequent to the recent discovery of the lost Franklin ship when he stated that the famed expedition "laid the foundations of Canada's Arctic sovereignty." Harper's statement comes only weeks after his ninth annual tour of the Arctic where he remarked that Canadians "should not be complacent" about Russia's claims in the Arctic because President Vladimir Putin has demonstrated a growing "assertiveness of his government toward neighbours" and warned of the growing "military assertiveness of that country."

The territorial disputes in the Arctic present a legitimate and particularly costly set of disputes to lose. As the Arctic ice shrinks and shipping lanes emerge, the



Defence Minister Rob Nicholson, pictured in this file photo on the Hill. *The Hill Times* photograph by Jake Wright

Arctic will become an increasingly important centre of economic activity. Further, there is believed to be up to a quarter of the Earth's undiscovered oil and natural gas locked into the frigid Arctic hinterland. In 2008, it was explicitly stated in a Parliamentary report titled "The Arctic: Canada's Legal Claims," that a major motivation for Canada's Arctic territorial claims are to secure rights to "conserving and man-

aging the natural resources of the waters (including living and non-living resources), the seabed, and its subsoil," as well as the "economic exploitation of the zone." Losing swaths of the Arctic to territorial disputes is clearly incongruent with Canada's national interest.

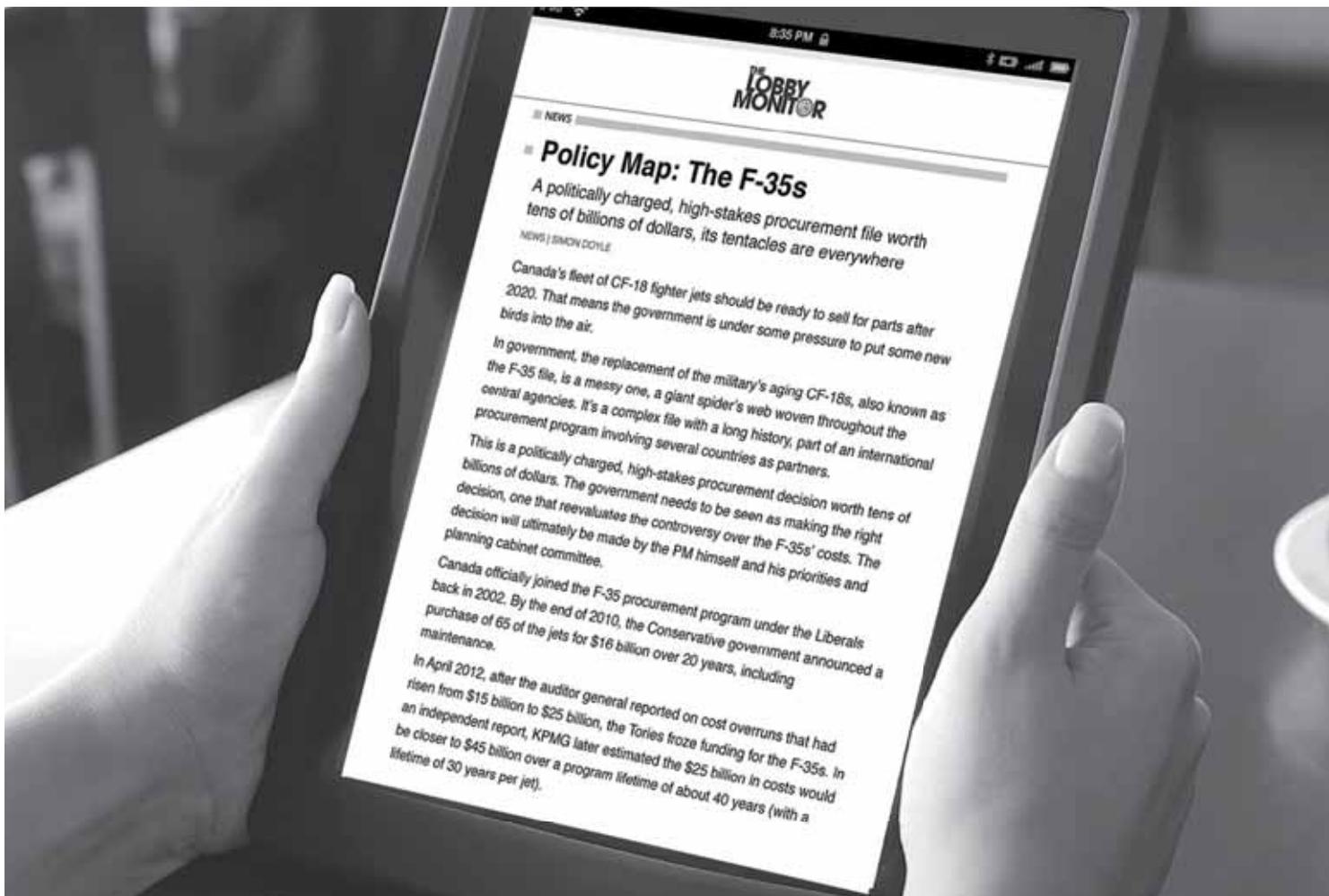
It is important to note, that Canada's defence budget remains alarmingly small in relation to the security goals set out in the CFDS. For example, Canada's defence budget was a meagre one percent of GDP in 2013—or roughly \$19-billion, yet Canada's Armed Forces are charged with securing the world's second largest landmass in the world—a challenging task to say the least. Between humanitarian aid missions, NATO commitments, counterterrorism efforts and the reorientation toward the Arctic, it is unsurprising that Canada's military is constrained by a tight budget.

Since the CFDS of 2008, Canada's military has shifted priorities from the warm valleys of Afghanistan to the icy waters of Canada's North. Elinor Sloan is right to express concern over the preparedness of Canada's Armed Forces, however, it is important to note that Canada continues to undergo an extremely complex logistical pivot toward national interests in the Arctic on a shoestring defence budget. The horrific shooting by Michael Zehaf-Bibeau in Ottawa on Oct. 22 prompts questions over whether Canada's pivot to the Arctic while pursuing effective counterterrorism strategies is affordable, given the current size of Canada's defence budget.

Michael Smolander is a graduate student at Queen's University.

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OPINION SHOEBOX PROJECT

Shoebox Project on the Hill: giving back to our community

Parliamentarians, staffers, media and the Ottawa business community unite, 500+ boxes needed for the holidays.



CAROLINE MULRONEY LAPHAM

With our second annual "Shoebox Project on the Hill," Parliamentarians, staffers, media and the Ottawa business community will be filling shoeboxes once again with little luxuries and gifting them to women in shelters in our nation's capital, where more than 500 women are living in shelters and so many more are using outreach services.

I am excited that the Hill and its surrounding community will be giving back in this way and bringing joy to so many women. Ottawa did us proud last year and really led the charge nationally. Charity on the Hill is certainly not unique, but the fact that so many of you from different parties and professions participate and challenge each other to create more gifts is unusual, and for that reason, it is even more special.

Since 2011, we have grown from a small local drive into the only national gift drive that remembers women in shelters. I think

we have grown so much for two reasons. First, people are looking for a way to be more connected to their communities and the act of preparing a shoebox is an easy way to give back. Second, this gesture of kindness is also a show of solidarity. So many women who make boxes tell me they identify with the stranger who receives their gift. "It could so easily be me," they say. And it's true, homeless women are not so different from you or me.

The issues that cause women and girls to become homeless are varied, complicated and serious: domestic abuse, childhood trauma, substance abuse, poverty, mental illness, cultural and language barriers, to name a few. Each one of these issues is difficult to deal with. Adding homelessness renders a woman's situation to feel even more hopeless. I have heard stories that are so terrible I cannot believe they actually happen to Canadian girls and women today. And I constantly marvel at the strength in human beings and the courage they show to move forward.

It is vital for us to be aware of the realities faced by many families and to develop a better understanding of why certain problems persist. There are over 11,000 beds for women seeking shelter across Canada. But these statistics

do not capture the thousands of women who are "hidden homeless," living precariously with friends or relatives, or who have enough money to maintain their housing but not enough for other basic needs. Shelters that receive our donations also provide essential outreach services to women who need support in leaving abusive situations, mental health and addictions counseling, regular access to food, etc.

Women living in poverty are forced to make tough personal sacrifices every day in order to provide for their families or to secure stable housing. Often, this comes at the expense of their own personal comfort and self-care, which not only affects how women are perceived by others, but also has a significant and debilitating impact on a person's self-worth.

The holidays can be even more trying on the homeless than other times of the year. As so many of us gather with our families in our warm homes around our tables filled with food, thousands of others are facing the harsh realities of uncomfortably low temperatures, added financial pressures, and increased feelings of social isolation, grief and depression. Living in a shelter can be dehumanizing and for the mothers of the more than 1,100 children who are homeless in Ottawa each year, the



Transport Minister Lisa Raitt, pictured in the file photo, helps lead the Shoebox Project on the Hill every year. *The Hill Times* photograph by Jake Wright

holiday season can bring on unrelenting feelings of anxiety and guilt.

A holiday drive does not address any part of the crisis these women face in their lives. But for some, just feeling like a regular person can be the best possible gift.

There are many drop-off locations that can be found on the Ottawa page of our website (www.shoeboxproject.com). You can follow us on Twitter @shoeboxcanada (#ShoeboxOnTheHill).

Caroline Mulrone Lapham is co-founder and executive director of *The Shoebox Project for Shelters*.

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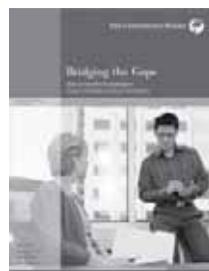


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THE FULL WISEMAN PARLIAMENT

It's time to reinvigorate Parliament

Continued from page 1

Parliamentary Budget Officer, has called for a royal commission to look into the problem. Little wonder the public has little respect for the institution or its occupants.

What will revive Parliamentary government in Canada? There is no single solution. There is one fix, however, that would change things for the better. It requires revisiting the past: remove the names of parties from the ballot. Until 1974, the ballot did not feature party labels. British Columbia was the first Canadian jurisdiction to introduce party labels to the ballot in 1939 and Ontario was the last to adopt the practice. This practice at the federal level, more than anything else, has turned MPs into political ciphers.

Party labels on the ballot have diminished the MP and, indirectly, Parliament. A current legal requirement of candidates requires the approval of their party leader to add the party's name to their own name if they wish to identify themselves as Liberals, Conservatives, or NDPers on the ballot or in their campaign literature. Eliminating this requirement would make Parliament more a true House of the People and less a House of the Leaders. MPs would have greater freedom to speak their minds. They would not be beholden to party leaders to secure their nomination. MPs would be less shy about speaking their

minds because securing their local constituency association's nomination would not require a leader's signature. Removing the names of the parties from the ballot would improve the climate in Parliament, making it a more vibrant and relevant institution.

To be sure, competing constituency associations might appear and claim to represent the same party; they might nominate competing candidates, both of whom claim allegiance to the same party and leader. Once elected, however, the burden of having to abide by the party's or the leader's line would be lightened. The MP would have a stronger claim to having gained office more on his own merits and the efforts of his supporters. He would no longer fear losing the national party's legal imprimatur as a candidate.

A result of the current requirement is that caucus meetings have become more than ever before like briefing sessions by leaders rather than opportunities for members to brief their leaders about their concerns or those of their constituents. MPs are less empowered than ever before to communicate valuable if anecdotal information to their leaders, to give them a sense of the public's mood for now leaders, in control of the party machinery, have access to costly party-sponsored scientifically constructed public opinion surveys. They use them to tell their MPs what is on the minds of Canadians, further



NDP MP Murray Rankin and Conservative MP John Williamson, pictured on the Hill. By removing party labels from the ballot, the views of MPs would count for more. Leaders would become more dependent on their MPs who would have greater influence in reining in their leader and, if they wish, jettisoning him. *The Hill Times photograph by Jake Wright*

undercutting the MP's relevance as a Parliamentary player.

A consequence of the current legal regime is that many if not most constituents do not even know the identity of their MP. Party brand and party leader increasingly drive voting. Local candidates drive it less than ever. Consequently, the party leaders and their entourages have largely frozen them out of the policy process. The major requirement of a backbench MP on Parliament Hill

now is to further a party line written by others.

To ensure they get whom they want as their local candidates, the brass in the major parties have devised lengthy lists of rules for securing a party nomination. The rules have become increasingly demanding, stifling, and subject to ever-greater manipulation. All three major parties claim to have open, transparent, and competitive nomination contests but none does.

In practice there are no fixed rules; the parties' power brokers constantly change or suspend them to insure the nomination of their preferred candidate. Barely a week has passed in the past few months without failed candidates crying foul over how the process misled and abused them.

The parties' rules for seeking a candidacy vary. Currently, the Liberals require a prospective candidate to contribute a non-refundable \$1,000 to the party. The Conservatives insist on a confidentiality agreement prohibiting potential candidates from disclosing information about the conduct of the application process. The NDP requires their candidates, if elected, to contribute the maximum amount permitted annually to the national party as well as to their local riding association.

By removing party labels from the ballot, the views of MPs would count for more. Leaders would become more dependent on their MPs who would have greater influence in reining in their leader and, if they wish, jettisoning him.

The consequences of adding party labels to the ballot were not fully appreciated when the practice was instituted. It has been detrimental to parliamentary democracy. It is past time to strengthen the institution. Dropping party labels from the ballot would represent a giant leap forward.

*Nelson Wiseman teaches political science at the University of Toronto.
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INSIDE POLITICS FISCAL UPDATE

Conservatives' economic update solely a political move

Prime Minister Stephen Harper's latest bundle of baby bonus spending hikes and tax cuts will use up \$5-billion of the \$6.4-billion surplus that had been projected for next year.



THOMAS WALKOM

TORONTO—Sorry, Justin Trudeau. Tough luck, Tom Mulcair. We've spent all the money. There's nothing left.

That, in a nutshell, is the message Finance Minister Joe Oliver delivered to the opposition parties on Nov. 12 in a particularly partisan economic update.

He confirmed that Prime Minister Stephen Harper's latest bundle of baby bonus spending hikes

and tax cuts will use up \$5-billion of the \$6.4-billion surplus that had been projected for next year.

And he dared the opposition Liberals and New Democrats to cancel any of those goodies.

Zeroing in particularly on Liberal Leader Trudeau, Oliver said anyone who claims to support Canada's middle class should back the Conservative agenda—including Harper's plan to let couples with children split their incomes for tax purposes.

Trudeau has already said a Liberal government would cancel that particular break, saying that it benefits only the well-to-do.

New Democrat Leader Mulcair is cagier. Speaking to reporters later, he said the NDP would try

to get the government to amend its income-splitting plan to benefit more families.

But he also reconfirmed a pledge not to increase personal income taxes for anyone.

Translation: the NDP would maintain some form of income-splitting should it form government.

In economic terms, there was little new in Oliver's update.

As expected, falling oil prices are eating into government revenues. The update predicts this will cost Ottawa about \$2.5-billion next year in lost taxes.

And as expected, the Conservative government plans to vacuum up whatever surplus remains to finance its most recent election pledges.

At one point, it had been headed for a surplus in this fiscal year. But now, because of the tax and spending promises just announced by Harper, it expects a \$2.9-billion deficit in 2014-15 followed by a relatively paltry surplus of \$1.9-billion the next year.

Its fiscal projections, like those of all sitting governments, become rosier farther down the road.

That, too, was expected.

More interesting was the political message.

Like Jim Flaherty before him, Oliver tried to walk a delicate line between fear and self-congratulation.

On the one hand, he emphasized how badly the world economy is doing, noting that Europe is in dire straits and that even mighty China is slowing down.

The political message the Conservatives hope to convey from this is that in a fragile world, Canadians need solid, stolid Harper at the helm.



Zeroing in particularly on Liberal Leader Justin Trudeau, Finance Minister Joe Oliver said anyone who claims to support Canada's middle class should back the Conservative agenda—including Harper's plan to let couples with children split their incomes for tax purposes. *The Hill Times* photographs by Jake Wright

Yet on the other hand, Oliver described the Canadian economy as a singular success—an oasis where jobs abound and incomes are rising.

He said that middle-class Canadians are doing particularly well—a direct challenge to the Liberals, who say the middle class is hurting.

More than once, he took specific aim at Trudeau.

"Now is not the time for risky experiments or a flighty trip back to discarded ideas and failed policies," Oliver said at one point.

In the ancient past, before Harper became prime minister, economic updates were seen as a way to let MPs know the state of government finances.

That's why, in those long-ago times, they were delivered in Parliament.

Now, economic updates are part of the never-ending campaign.

They are unveiled wherever the government can be made to look good (in this case, before a

largely business audience in Oliver's hometown of Toronto).

They may also be delivered, as was this one, at a time when Parliament is not sitting and the finance minister cannot be questioned.

Economic updates always had a political purpose. Now, politics is their sole purpose. The aim of this update was to put the opposition into what the Conservatives hope is an impossible bind.

Harper and his crew have spent or promised to spend virtually all of Ottawa's fiscal surplus. Unless the opposition parties want to cancel tax breaks or put the country further into debt, there is little credible that they can promise.

That, in effect, was what Oliver said on Nov. 12. That was the point of his fiscal update.

Thomas Walkom's column is a columnist for The Toronto Star. This column was released on Nov. 13.

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NATIONAL CAPITAL COMMISSION Public Consultation: Ottawa River North Shore Improvement Plan

The National Capital Commission (NCC) invites you to attend a public consultation regarding the development of the Ottawa River north shore improvement plan.

The area studied is between the north section of Jacques-Cartier Park and Ruisseau de la Brasserie (Brewery Creek) in Gatineau.

The public will be invited to share their thoughts about the future vision for the development of the designated NCC lands.

Participate in person:

Tuesday, November 25, 2014, 7 pm to 9 pm
National Capital Commission
Capital Urbanism Lab
40 Elgin Street, 5th Floor
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Please RSVP at info@ncc-ccn.ca by noon, November 24, 2014

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THE SPIN DOCTORS

By Laura Ryckewaert

“Does the House need to review how sexual harassment allegations are handled on Parliament Hill for MPs and their staff? Why or why not?”



CORY HANN
Conservative strategist

“As I understand it, the House of Commons has a procedure for dealing with allegations. It allows complaints to be brought forward confidentially, and these

complaints are investigated thoroughly.

“In relation to the allegations brought forward causing the suspension of two Liberal MPs from their caucus, the Speaker has directed the Board of Internal Economy to look at this issue. They take these matters seriously and they will begin addressing this immediately.

“We trust these concerns will be referred to appropriate authorities on a case-by-case basis, where the appropriate tools and training can be applied.”



IAN WAYNE
NDP strategist

“With careers at stake, disparate levels of power and a political culture based on loyalty and secrecy—the Hill is stacked with potential obstacles to ensuring Parliament is a safe and harassment-free workplace. Sadly, these issues have been swept under the carpet for far too long—and currently, only NDP political staffers working on Parliament Hill have a clear process for dealing with sexual harassment complaints.

“I have managed people for decades and learned that a key principle for dealing with complaints is ensuring a safe and confidential process that provides control, privacy and support for those making a

complaint. Sadly, this did not happen in the case of last week's allegations.

“This is about real people who deserved to have this dealt with in a respectful and thoughtful way—not be surprised to see their stories appear on TV, without any warning.

“At the very least—even if one accepts his comments about feeling compelled to act—Mr. Trudeau's primary obligation was to go back to the person who approached him to explain what he was about to do. By failing to do that, he not only showed his inexperience, he failed a real person who came to him in good faith. It seems Mr. Trudeau approached this as a potentially damaging political issue he had to manage, and get ahead of, instead of thinking first and foremost about the complainants.

“Of course for those who experience sexual harassment, it is something they must live with well after the news cycles have moved on.”



TISHA ASHTON
Liberal strategist

“Yes.

“This is not a partisan issue. All parties agree that we need a process in place to address sexual harassment on Parliament Hill.

“We must work together to establish clear guidelines and procedures for dealing with allegations of serious personal misconduct. It is 2014 and, like any workplace, we have a duty to protect and encourage indi-

viduals in these situations to come forward.

“In establishing a fair process, we should recognize how difficult it is for people who have been the victim of sexual harassment to speak up and reveal what has taken place. The process must be sensitive to all affected parties while giving the benefit of the doubt to those who come forward. When serious allegations are made, those in positions of authority have a duty to act upon these allegations in a fair yet decisive manner.

“Sexual harassment should not be tolerated in any workplace. For too long, Parliament Hill has gone without an appropriate policy to prevent and address harassment. We must change this to ensure that the Hill is a safe and healthy work environment for everyone.”



CAMILE LABCHUCK
Green strategist

“There's no question that Parliament must act swiftly to protect MPs, staffers, and other Parliament Hill employees from sexual harassment in the workplace.

“The political culture in Ottawa has traditionally been one where men can get away with abuses of power, whether it be at receptions after work hours, or in Parliamentary offices. But we live in the year 2014. It's time that we collectively stamp out unacceptable behaviour for good. This is why most modern

workplaces long ago adopted mediation procedures to deal with harassment claims.

“It's an embarrassment that no such procedures exist on the Hill, particularly given that the toxic atmosphere on Parliament Hill encourages bullying behaviour.

“The toxicity that now festers between the NDP and the Liberals after the recent allegations surfaced speaks to the need for a fair, non-partisan process for handling complaints, likely one that involves a neutral third party and respects confidentiality. Although the NDP and Liberals both had good intentions, the urge to politicize allegations is irresistible in the hyper-partisan environment in Ottawa.

“Finally, we absolutely cannot allow the process to be guided by the secretive Procedure and House Affairs Committee, which is where transparency goes to die.”

OPINION CHARITABLE CAMPAIGN

The 2014 Government of Canada Charitable Campaign, give to build a better Canada

Year after year, thousands of Canadian federal employees and retirees donate money through the Government of Canada Charitable Campaign to United Way, HealthPartners, and more than 86,000 registered charities. Last year, they raised more than \$37-million. Of that amount, over \$20.7-million was raised in the National Capital Region alone. On average, thousands of Canadian federal employees and retirees each donated \$364 to recipients of the Charitable Campaign last year.



ANDREW TREUSCH

I've never seen this side of Ottawa before.

As national chair for this year's campaign, I had the amazing opportunity to learn more about the needs of our community through a Seeing is Believing Tour where I was given the chance to meet the people whose lives are touched by our donations.

At St. Mary's home, I saw our donations at work helping young, single mothers provide a brighter future for themselves and their children. At the Parkinson's Society, I saw our donations expanding knowledge on prevention, diagnosis and treatment of Parkinson's disease. At the Causeway Work Centre, I saw our donations support I saw our

donations support people in overcoming their challenges to help them find rewarding work and live more independently.

I've been a donor for decades. Like so many of my colleagues, the reason why I give is—my family has personally felt the critical difference that donations can make in our lives when we most need it, and I want others to feel that difference too.

Each year, I am amazed by the many caring professionals in every government department and agency who enthusiastically take on the challenge of the Charitable Campaign. Every one of them has benefitted from the help the campaign provides, or knows someone who has.

The reasons why federal employees and retirees give are as diverse as we are and they are both complicated and simple. Complicated because each donation comes from a unique personal experience or reflection on what it means to be a federal employee, part of a family, and a member of a community. Simple, because, at the end of the day, it's about caring—for the people

close to you and for many more you will never meet. Federal employees and retirees also give their time and donations so that the charitable organizations in our community can help families access food banks and emergency shelters; so that underprivileged children have a safe place to go after school where they can learn, play and grow; so that seniors have the help they need to remain in their own home while staying connected to their communities. Every one of them has benefitted from the help the campaign provides, or knows someone who has.

Year after year, thousands of Canadian federal employees and retirees donate money through the Government of Canada Charitable Campaign to United Way, HealthPartners, and more than 86,000 registered charities. Last year, they raised more than \$37-million. Of that amount, over \$20.7-million was raised in the National Capital Region alone. On average, thousands of Canadian federal employees and retirees each donated \$364 to recipients of the Charitable Campaign last year.

Why should you give? Each one of us is a part of something bigger: a family, a marriage, a friendship. And giving makes us a part of something that both includes and extends beyond our personal connections. As federal employees and retirees, the Charitable Campaign is our chance to participate together in something that is greater than the sum of its parts. It's our chance to show how much we care about helping and providing hope and opportunity to others, and to demonstrate once again through our generosity why our public service is the envy of the world.

Tell us why you give! Federal employees can share their unique and inspiring stories about why they give through the Charitable Campaign website: www.gcwcc.ca, the GCconnex Group and the Twitter account @PSgives_SPdonne, #iGive/#jeDonne.

This year, we are reaching out to new and "next generation" federal employees, asking them to be part of this incredible force for change. Together, we challenged ourselves

to "Aim High," with a goal of raising \$21.1 million in the National Capital Region – and we are confident we can meet it. As federal employees and retirees, we work every day to build a better Canada, and we always aim to set the bar high.

Get involved! Donate now to make a difference.

To access the 2014 Charitable Campaign Video, please visit the campaign website www.gcwcc.ca.

Thank you for your support. Andrew Treusch is national chair of the 2014 Charitable Campaign.

In December 2012, Mr. Treusch was appointed commissioner and chief executive officer of the Canada Revenue Agency. Every year, he looks forward to the Charitable Campaign but this time he has the honour of being named the 2014 Charitable Campaign National Chair. His goal is to bring all federal employees and retirees together to participate in the campaign and to change lives in their communities.

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Today, more than ever, governments, industry and media take interest in IP. It is against this backdrop of international attention to innovation, of constant change, and of a highly skilled profession, that IPIC is looking for an **Executive Director** to manage a dynamic organization with a strong volunteer involvement and a great team of employees.

RESPONSIBILITIES

Reporting to the President and the Council (board of directors) of IPIC, the Executive Director assists Council and committees and leads the staff of seven to fulfill IPIC's objectives of: actively advocating for the competitiveness of the IP system, a key requirement for economic growth and innovation in Canada; ensuring high levels of knowledge, training, and ethics in Canadian IP practitioners; and helping members grow their Canadian business.

In pursuing these objectives, the Executive Director: develops strategies and action plans for advocacy and service delivery; motivates the talent (staff and volunteers); manages the financial resources of the Institute and the work with outside experts; monitors national and international developments in IP; keeps informed of best practices in association management, of the Institute's legal obligations and of developments in technology that could impact IPIC's services to members; and maintains good relations with members, government officials, and other associations.

SKILLS AND ABILITIES

IPIC is looking for an Executive Director with a strong background in intellectual property law and practice or a related field, excellent written and verbal communications skills, experience in maintaining a collaborative, positive and productive work environment, experience in financial and risk management, diplomacy and the ability to build consensus. The ideal candidate will also have one or more of the following assets: bilingual (English and French), experience in association management and government relations, and knowledge about the regulation of professions.

The Executive Director must be willing to travel on behalf of the association (e.g. to meet with members, government officials and other associations), to occasionally work outside of normal business hours and to work under the pressure of deadlines.

Please send your résumé in confidence by **December 3, 2014** to the Executive Director Search Committee at: the Intellectual Property Institute of Canada, 60 Queen Street, Suite 606, Ottawa, Ontario, K1P 5Y7; e-mail: cv@ipic.ca

For more information about the Institute, please visit www.ipic.ca

We thank all applicants for their interest but only those who are considered for an interview will be contacted.

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- Must be very comfortable with:
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 - Photoshop
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 - Illustrator
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- Helpful skills not essential:
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 - Drupal
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THE RIGHT FIT:

Is someone who is able to work quickly and accurately, is able to work as part of a team and is capable of meeting deadlines. The production department is friendly and fast paced.

Those with relevant work experience, graduates and current students of media and design are welcome to apply.

Applicants should submit a cover letter and resume to careers@hilltimes.com. We thank all applicants for their interest, but only those selected for an interview will be contacted.

THE HILL TIMES
EMBASSY

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PUBLICATION DATE: **DEC. 1, 2014** BOOKING DATE: **NOV. 26, 2014**

In this important and timely policy briefing, *The Hill Times* will look into:

- Why Canada's ranking in global competitiveness is the lowest since 2006 and why Canada's so bad at commercializing its research.
- Are government and Canada's banking industry doing their part to ensure Canadian entrepreneurial success?
- The Genomic Applications Partnership Program.
- The government is currently working on a renewed federal S&T strategy, Mobilizing Science and Technology to Canada's Advantage.
- Why scientists are asking Prime Minister Stephen Harper to end "burdensome restrictions on scientific communication and collaboration faced by Canadian government scientists."
- The NRC's Canadian fleet managers who are providing engineering solutions to solve ground vehicle fleet challenges.
- The Canadian Innovation Exchange announced the 2014 roster of 20 innovative technology companies inducted into the annual CIX Top 20 program.

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THE HILL TIMES EMBASSY

FEATURE EVENTS

Brit high commish Drake to discuss Canada and U.K. at Carleton University on Nov. 18



Parliamentary Calendar

MONDAY, NOV. 17

House is Sitting—The House of Commons is sitting and will continue to sit until Dec. 12.

Leadership Today: Staying Ahead of the Curve in Today's Hyper-Changing World—The Empire Club of Toronto presents a talk with Sherry Broader, President and CEO, Walmart Europe, Middle East, Africa and Canada. Nov. 17, 12 p.m., \$80. Constitution Hall, Metro Toronto Convention Centre, Toronto, Ont. www.empireclub.org

Connecting Business to Research—Senator Kelvin K. Ogilvie and Gilles G. Patry, President and CEO, Canada Foundation for Innovation, host an invitation-only showcase of successful collaborations between business and research. Nov. 17, 4-7 p.m.

Room 256-S, Centre Block, Parliament Hill, Ottawa, Ont. 613-947-3885.

Efficiency Matters on the Hill Reception—The Canadian Energy Efficiency Alliance presents its Efficiency Matters on the Hill reception. Nov. 17, 6-8 p.m. Rideau Club, 99 Bank St., 15th Floor, Ottawa, Ont. RSVP to ceea@tsa.ca

Canadian Economic Challenges for 2015—The Saint-Laurent FLA presents talk on "Canadian Economic Challenges for 2015," with Stéphane Dion (St-Laurent-Cartierville, Que.) and John McCallum (Markham-Unionville, Ont.). Nov. 17, 7 p.m., \$200. Le Crystal, 5285 Blvd. Henri-Bourassa, St-Laurent, Que. www.liberal.ca

Federal Byelections—Federal byelections will be held in the ridings of Whitby-Oshawa, Ont., and Yellowhead, Alta., www.pm.gc.ca

TUESDAY, NOV. 18

Canadian Life and Health Insurance Advocacy Day—Under the theme "Investing in Canada's Health and Prosperity," industry CEOs will meet with Parliamentarians about issues of importance to Canadians, such as long-term care, financial literacy and investing in infrastructure projects. For more information, contact Janice Hilchie at jhilchie@clhia.ca.

Why We Need a National Seniors' Strategy to Make Our Public Health-Care System—The Canadian Club of Ottawa presents a talk with Dr. Chris Simpson, President, Canadian Medical Association. Nov. 18, 12 p.m., \$47 members, \$75 non-members. Fairmont Chateau Laurier, Ballroom, 1 Rideau St., Ottawa, Ont. www.canadianclubottawa.ca

Glimpses of a Global Life—The Bill Graham Centre for Contemporary History at Massey College presents a talk with international diplomat and lawyer Shridath "Sonny" Ramphal, who was the longest-serving Secretary-General to the Commonwealth of Nations. Nov. 18, 4-6 p.m. Massey College, 45 Willcocks St., Toronto, Ont. opencanada.org

Homecoming on the Hill—The Canadian Alliance of Students Associations hosts its annual reception on Parliament Hill. Nov. 18, 5-7 p.m. Centre Block, Room 256, Parliament Hill, Ot-



The U.K. and Canada: Best of Friends, Closest of Partners—Howard Drake, British High Commissioner to Canada will give a talk on "The U.K. and Canada: Best of Friends, Closest of Partners." Presented by Carleton University as part of its Ambassadors' Speakers Series. Nov. 18, 5:15-8 p.m. Free. Rooms 608 & 617, Robertson Hall, 1125 Colonel By Dr. Register to www.carleton.ca. *The Hill Times photograph by Sam Garcia*

tawa, Ont. RSVP to Rob at 613-233-8906 or media@casa.ca

The U.K. and Canada: Best of Friends, Closest of Partners—Howard Drake, British High Commissioner to Canada will give a talk on "The UK and Canada: Best of Friends, Closest of Partners." Presented by Carleton University as part of its Ambassadors' Speakers Series. Nov. 18, 5:15-8 p.m. Free. Rooms 608 & 617, Robertson Hall, 1125 Colonel By Dr. Register to www.carleton.ca

The 8th Annual Parliamentarians of the Year Awards—Maclean's Magazine presents the 8th Annual Parliamentarians of the Year Awards. Nov. 18, 6 p.m.-8 p.m. Fairmont Chateau Laurier, 1 Rideau St., Ottawa, Ont. www.macleans.ca

WEDNESDAY, NOV. 19

Conservative Weekly Caucus Meeting—The Conservatives are scheduled to meet at 9:30 a.m. in Room 237-C, Centre Block. For more information, call the PMO Press Office at 613-957-5555.

NDP Weekly Caucus—The federal New Democrats are scheduled to meet for their weekly caucus meeting, Railway Room, 253-D, Centre Block, 9-11 a.m. noon. For more information, please contact senior press secretary Marc-André Viau at 613-295-9228 or marc-andre.viau@parl.gc.ca

Liberal Weekly Caucus Meeting—The federal Liber-

als are scheduled to meet for their weekly caucus meeting in Room 112-N, Centre Block, 10 a.m.-12 p.m. For more information, contact the Liberal spokeswoman Kate Purchase at 613-947-5100.

NCC Board of Directors Public Meeting—The National Capital Commission holds its Board of Directors Public Meeting. Nov. 19, 8:30-11 a.m. NCC Headquarters, 40 Elgin St., Room 324, Ottawa, Ont. www.ncc-ccn.ca

ALS Canada Announcement of Ice Bucket Challenge Results—ALS Canada will announce the ALS Ice Bucket Challenge results and celebrate the fundraising results with MPs. Nov. 19, 3-4 p.m. Centre Block, Room 216-N, Parliament Hill, Ottawa, Ont. www.ncc-ccn.ca

IDRC Annual Public Meeting—IDRC holds its Annual Public Meeting today. Nov. 19, 5-6 p.m. IDRC, 150 Kent St., 8th Floor, W. David Hopper Room, Ottawa, Ont. Register to 613-696-2101 or www.idrc.ca/lectures

Chicken Farmers of Canada Annual Reception—Leaders of Canada's chicken industry will host their annual reception to celebrate the launch of their new brand "Raised by A Canadian Farmer" and to discuss industry trends. Nov. 19, 6-9 p.m. Fairmont Chateau Laurier, 1 Rideau St., Ottawa, Ont. RSVP to rsvp@chicken.ca



NATIONAL CHILD DAY

unicef
canada

UNICEF Canada thanks our Members of Parliament for National Child Day

Today, on National Child Day and the 25th anniversary of the United Nations Convention on the Rights of the Child, UNICEF Canada thanks the Members of Parliament who helped us celebrate by listening to young people across the country as part of UNICEF Canada's Bring Your MP to School Day. The parliamentarians who signed up and agreed that it's children's #timetobeheard include:



Please visit unicef.ca/ncd for a full list and more on Bring Your MP to School Day. To join the conversation on social media, use the hashtag #timetobeheard.

Ms. Eve Adams, MP for Mississauga-Brampton South
Mr. Malcolm Allen, MP for Welland
Mr. Jay Aspin, MP for Nipissing-Timiskaming
Hon. Carolyn Bennett, MP for St. Paul's
Hon. Candice Bergen, MP for Portage-Lisgar
Mr. Dennis Bevington, MP for Western Arctic
Mr. James Bezan, MP for Selkirk-Interlake
Ms. Charmaine Borg, MP for Terrebonne-Plainville
Mr. Alexandre Boulerice, MP for Rosemont-La Petite-Patrie
Ms. Ruth Ellen Brosseau, MP for Berthier-Maskinonge
Ms. Lois Brown, MP for Newmarket-Aurora
Mr. Paul Calandra, MP for Oak Ridges-Markham
Mr. John Carmichael, MP for Don Valley West
Mr. Sean Casey, MP for Charlottetown
Mr. Robert Chisholm, MP for Dartmouth-Cole Harbour
Mr. Corneliu Chisu, MP for Pickering-Scarborough East
Mr. François Choquette, MP for Drummond
Hon. Tony Clement, MP for Parry Sound-Muskoka
Ms. Jean Crowder, MP for Nanaimo-Cowichan
Mr. Paul Dewar, MP for Ottawa Centre
Ms. Rosane Doré-Lefebvre, MP for Alfred-Pellan
Mr. Pierre-Luc Dusseault, MP for Sherbrooke
Mr. Arnold Wayne Easter, MP for Malpeque
Dr. Hedy Fry, MP for Vancouver Centre
Mr. Marc Garneau, MP for Westmount-Ville-Marie
Mr. Randall Garrison, MP for Esquimalt-Juan de Fuca
Mr. Jonathan Genest-Jourdain, MP for Manicouagan
Mr. Parm Gill, MP for Brampton-Springdale
Ms. Shelly Glover, MP for Saint Boniface
Mr. Claude Gravelle, MP for Nickel Belt
Mr. Dan Harris, MP for Scarborough Southwest
Mr. Jack Harris, MP for St. John's East
Ms. Sana Hassainia, MP for Verchères--Les Patriotes
Hon. Laurie Hawt, MP for Edmonton Centre
Mr. Matthew Kellway, MP for Beaches-East York
Ms. Alexandrine Latendresse, MP for Louis-Saint-Laurent
Ms. Hélène Laverdière, MP for Laurier-Sainte-Marie

Ms. Hélène LeBlanc, MP for LaSalle-Émard
Mr. Ryan Leef, MP for Yukon
Ms. Megan Leslie, MP for Halifax
Mr. Wladyslaw Lizon, MP for Mississauga East-Cooksville
Mr. Larry Maguire, MP for Brandon-Souris
Mr. Wayne Marston, MP for Hamilton East-Stoney Creek
Ms. Elizabeth May, MP for Saanich-Gulf Islands
Ms. Christine Moore, MP for Abitibi--Témiscamingue
Ms. Maria Mourani, MP for Ahuntsic
Ms. Peggy Nash, MP for Parkdale-High Park
Mr. José Nunez-Melo, MP for Laval
Mr. Ted Opitz, MP for Etobicoke Centre
Mr. Erin O'Toole, MP for Durham
Mr. LaVar Payne, MP for Medicine Hat
Mr. François Pilon, MP for Laval-Les Îles
Ms. Anne Minh-Thu Quach, MP for Beauharnois-Salaberry
Mr. Murray Rankin, MP for Victoria
Mr. Brent Rathgeber, MP for Edmonton-St. Albert
Hon. Geoff Regan, MP for Halifax West
Mr. Jasbir Sandhu, MP for Surrey North
Mr. Andrew Saxton, MP for North Vancouver
Mr. Kyle Seebach, MP for Brampton West
Dr. Djaouida Sellah, MP for Saint-Bruno-Saint-Hubert
Mr. Bev Shipley, MP for Lambton-Kent-Middlesex
Ms. Jinny Jogindera Sims, MP for Newton-North Delta
Ms. Rathika Sitsabaiesan, MP for Scarborough-Rouge River
Ms. Joy Smith, MP for Kildonan-St. Paul
Mr. Kennedy Stewart, MP for Burnaby-Douglas
Mr. Lawrence Toet, MP for Elmwood-Transcona
Mr. Jonathan Tremblay, MP for Montmorency-Charlevoix-Haute-Côte-Nord
Mr. Bernard Trottier, MP for Etobicoke-Lakeshore
Ms. Susan Truppe, MP for London North Centre
Mr. John Weston, MP for West Vancouver-Sunshine Coast-Sea to Sky Country
Mr. David Wilks, MP for Kootenay-Columbia
Hon. Alice Wong, MP for Richmond
Mr. Stephen Woodworth, MP for Kitchener Centre
Mr. Terence H. Young, MP for Oakville

FEATURE EVENTS

Maclean's 8th Annual Parliamentarians of Year Awards Nov. 18



Parliamentary Calendar

WEDNESDAY, NOV. 19

Canadian Welding Bureau Celebrates with Parliamentarians—The Canadian Welding Bureau invites Parliamentarians and staff to learn about the spark that keeps Canada prosperous at a reception co-hosted by Employment Minister Jason Kenney, and MPs Jenny Simms and Rodger Cuzner. By invitation only. Nov. 19. Rideau Canal Atrium South, Ottawa Convention Centre, 55 Colonel By Dr., Ottawa, Ont. RSVP to cwbevent@enviroincspr.com

Canada ReConnect14 Conference—Some 200 North American research administrators, academics, librarians,

funders and policymakers engaged in complex research data are expected to attend the Canada ReConnect14 Conference. Presented by CASRAI (Consortia Advancing Standards in Research Administration Information). Nov. 19-21. Ottawa Marriott Hotel, 100 Kent St., Ottawa, Ont. <http://reconnect.casrai.org/>

Parliamentary Associations/Exchanges—The Canada-U.K. Interparliamentary Association hosts an Executive Committee Meeting in Ottawa, Ont. Nov. 19. www.parl.gc.ca/IIA

Parliamentary Associations/Exchanges—The Canada-Europe Parliamentary Association will travel to Helsinki, Finland

for a Meeting of the Standing Committee of Parliamentarians. Nov. 19. www.parl.gc.ca/IIA

THURSDAY, NOV. 20

Bacon & Eggheads Breakfast—PAGSE presents a talk on "Virtual Manufacturing: On the Computerized Cutting Edge with Yusuf Altintas, UBC. Nov. 20, 7:30 a.m., \$25. No charge to MPs, Senators and media. Parliamentary Dining Room, Centre Block, Parliament Hill, Ottawa, Ont. RSVP by Nov. 17 to Donna Boag at 613-991-6369 or pages@rsc-src.ca

The Economic Impact of Canada's Chronic Conditions: Living with Crohn's and Colitis—The Economic Club of Canada presents a talk on "The Economic Impact of Canada's Chronic Conditions: Living with Crohn's and Colitis" with Lindee David, CEO Crohn's and Colitis Canada, and Dr. Eric Benchimol, a pediatric gastroenterologist. Nov. 20, 11:45 a.m.-1:30 p.m., \$100.57 members, \$124.30 non-members. One King West Hotel, 1 King St. W., Toronto, Ont. www.economicclub.ca

Second Annual Progress Gala—The Broadbent Institute's Second Annual Progress Gala will feature a keynote speaker Robert

Reich and a Q&A with Hugh Segal. Nov. 20, 6-9 p.m. \$150. Former Maple Leaf Gardens, 60 Carlton St., Toronto, Ont. www.broadbentinstitute.ca/gala

Should Canada Unilaterally Adopt Free Trade?—The Department of Economics at Carleton University presents a talk with Dan Ciuriak, director and principal at Ciuriak Consulting Inc. on "Should Canada Unilaterally Adopt Free Trade?" Nov. 20, 6-8 p.m. Free. Tory Bldg. Foyer, 1125 Colonel By Dr. www.carleton.ca

Between Myths and Crises: Rethinking Migration Policies—CIGI presents a talk "Between Myths and Crises: Rethinking Migration Policies" with Francois Crépeau, UN Special Rapporteur on the Human Rights of Migrants. Nov. 20, 7-9 p.m. CIGI Campus, 67 Erb St. W., Waterloo, Ont. www.cigionline.com

Prospects for the Peace on China's Maritime Borders—The Canada-China Friendship Society presents a talk on "Prospects for the Peace on China's Maritime Borders" with Gordon Houlden, director, China Institute, University of Alberta. Nov. 20, 7:30 p.m., \$10 non-members. Knox Presbyterian Church, Geneva Hall, 120 Lisgar St., Ottawa, Ont. www.ccfso.org



The 8th Annual Parliamentarians of the Year Awards—Maclean's Magazine presents the 8th Annual Parliamentarians of the Year Awards. Nov. 18, 6 p.m.-8 p.m. Fairmont Chateau Laurier, 1 Rideau St., Ottawa, Ont. www.macleans.ca. NDP MP Peter Stoffer won an award last year. *The Hill Times* photograph by Jake Wright

14th Annual Ottawa Affinity Newfoundland and Labrador Celebration with Alan Doyle—One of Newfoundland and Labrador's proudest patriots adds another milestone to his long list of achievements this fall: Singer and solo artist Alan Doyle is this year's keynote speaker at our Ottawa Affinity Newfoundland and Labrador Dinner. Be sure to join other Memorial alumni, friends, dignitaries and other special guests for an unforgettable evening, celebrating Newfoundland and Labrador's rich culture and heritage, while connecting with former classmates and making new friends. To purchase tickets,

please contact Alumni Affairs and Development, Memorial University of Newfoundland, at 1-877-700-4081 or rsvpalumni@mun.ca. Please note that tickets for this event must be purchased in advance. For partnership inquiries, please contact Tara O'Leary at toleary@mun.ca. Nov. 20, 6 p.m. reception; 7 p.m. Dinner; 9 p.m. After-dinner reception. The Fairmont Chateau Laurier, 1 Rideau St., Ottawa, Ont.

FRIDAY, NOV. 21

Canadian Energy Summit 2014—The Economic Club of Canada presents the Canadian Energy Summit 2014.

Topics include Energy and Environment and a regulatory outlook. Speakers include Natural Resources Minister Greg Rickford, and Brenda Kenney, CEO and President of CEPA. Nov. 21, 7:30 a.m.-3 p.m. The Fairmont Palliser, 133 9th Ave. SW, Calgary, Alta. www.economicclub.ca

Parliamentary Associations/Exchanges—The Canadian NATO Parliamentary Association travels to The Hague, Netherlands for the 60th Annual Session. Nov. 21. www.parl.gc.ca/IIA

Continued on page 58

POWER & INFLUENCE

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FEATURE BUZZ

Weston is Terry Fox's man in Taiwan

Continued from page 2

Conservative MP **John Weston** has used his Taiwan connections to bring the Terry Fox Run back to the country where he lived for more than a decade, and he returned last week to take part in the (re) inaugural race.

Mr. Weston, who lived in Taiwan from 1986-1997, was back in Taipei on the weekend to celebrate the run's return and take apart alongside his old friend, President **Ma Ying-jeou**.

Taiwan used to host a Terry Fox Run but the tradition lapsed sometime in the last decade. Mr. Weston, who headed an international lawyers association in Taiwan

while Mr. Ma was justice minister, got in touch with his old friend about the run.

"He used to be the patron of the Terry Fox Run when he was the mayor of Taipei, so he's very familiar with the run and an admirer of Terry Fox," Mr. Weston said of Mr. Ma.

Mr. Weston chairs the Canada-Taiwan Parliamentary Friendship Group. He's participated in the Terry Fox Run in his West Vancouver riding but never took part while he was in Taipei.

The Parliamentary group sponsored a trip to Taiwan for **Judith Fox-Adler**, Terry's sister and international director of the Terry Fox Foundation, to promote the run, and Terry's brother, Darrell, took part in the weekend race, Mr. Weston said.

"Given my role vis-à-vis Taiwan, I just thought it was a really wonderful thing that would bring the people of Taiwan and the people of Canada together, united around a humanitarian effort to raise money for finding the cure and to raise the profile for the search for the cure," he said.

Star's Delacourt moving to weekly columnist role

Toronto Star reporter **Susan Delacourt** will have a different role at the daily newspaper starting in January.

The author of *Shopping for Votes: How Politicians Choose Us and We Choose Them* is moving from her daily reporter role to a weekly columnist, she said last week.

"I'm still going to be writing about politics, but in the long form I prefer—books, features, columns, analysis," she wrote in a Facebook post.

Ms. Delacourt will also be spending some time at Carleton University, teaching a course on strategic communications at its School of Political Management, where she's also a Riddell Fellow.

She also said she would have more news soon about her next book project.

The Star won't be adding a reporter to replace Ms. Delacourt as it recently welcomed **Joanna Smith** back from maternity leave while keeping her replacement, **Alex Boutilier**, on permanently.

MPs to help launch Sparks Street's Bier Markt

MPs from the three main parties are coming together to welcome Sparks Street's newest watering hole.

Conservative MP **Gord Brown**, NDP MP **Glenn Thibeault** and Liberal MP **Wayne Easter** are co-hosting the Bier Markt's Ottawa opening Nov. 19.

The chain, with five locations in the Toronto area and another in Montreal, is owned by Prime Restaurants, which also owns another popular Sparks Street spot for politicians, D'Arcy McGee's.

The Bier Markt will welcome patrons with complimentary food and drinks from 5:30-7:30 p.m. It's located at 156 Sparks St.—you can't miss the Manneken Pis statue above the entrance.

McGill students to shadow female politicians in wake of harassment allegations

As Parliament returns this week to face the shocking allegations of sexual harassment that surfaced earlier this month, a group of women from McGill University will be on the Hill to shadow female politicians.

Thirty-eight McGill students will visit Nov. 19th and 20th as part of the McGill Women in House program that seeks to increase female representation by breaking down barriers to entering political life. The participants will be paired with a female MP or Senator to shadow and also attend panels featuring *The Toronto Star's* **Tonda Mac-Charles**, Ottawa Famous 5's **Isabel Metcalfe**, Green Party Leader **Elizabeth May**, NDP MP **Niki Ashton**, Liberal MP **Carolyn Bennett**, and NDP MP **Mylène Freeman**, herself a former coordinator of the McGill program.

Senators **Joan Fraser** and **Linda Frum** will also host a cocktail reception for the group.

Shaw to hand out Rocket Prize for kids programming

Shaw will be handing out its annual Rocket Prize Nov. 25 at the Chateau Laurier, a children's programming award whose reception regularly attracts an adult mix of MPs, television executives and performers.

Shaw will give out three \$25,000 prizes for independent Canadian children's programming—one each in separate categories for preschoolers, children, and youth and families. An international jury of media executives from Turner Broadcasting, Disney, Nickelodeon and others selected the finalists and Canadian kids voted for the winners.

The event will be held Nov. 25 in the Chateau's Adam Room from 6-9 p.m.

The students are coming!

Armed with a new campaign website, polling data and a schedule of meetings with more than 100 MPs, the Canadian Federation of Students is looking to make the most of its last lobby day on the Hill before the 2015 election.

The student lobby group launched a website, itsnosecret.ca, that aims to get issues like student debt and youth unemployment onto campaign agendas. It also has a survey from polling firm Abacus Data showing Canadians think lowering tuition fees and student debt is the most important thing the federal government should do for post-secondary education.

Leaders from the organization will be in Ottawa for meetings from Nov. 17-20.

God Save Justin Trudeau

Hot on the heels of a **Justin Trudeau** autobiography comes a film, *God Save Justin Trudeau: The Art of Politics in the 21st Century*, about boxing, glory and the 2015 election.

Filmmakers **Guylaine Maroist** and **Éric Ruel** take Trudeau's boxing match with former Conservative Senator **Patrick Brazeau** as the starting metaphor for a look at politics as spectacle and the Trudeau phenomenon.

The French-language documentary follows Mr. Trudeau and Mr. Brazeau in their training leading up to the 2012 fight that, in hindsight, set them on very different paths. It also looks at the Trudeau brand and what the filmmakers called, in an interview with the Huffington Post Quebec, the "blind" support the Liberal leader engenders.

The film's trailer opens with a slightly shaggier Mr. Trudeau staring earnestly into the camera as a voiceover, his own voice, says in French: "It's because I knew I would be good at politics that I decided to go into politics." Cut to scenes of Ottawa at night, bells tolling on Parliament Hill, and a rear shot of the guy in the red boxing robe that says "The Canadian Kid" strutting through adoring fans on his way to the ring as a choir sings "God save the King." Biceps flex, fireworks burst. And then it's back to Trudeau's face and voiceover: "It's not just a question of whether or not we'll win the fight. It's a question of how we'll win."

The film premieres Nov. 18 at Cinema Excentris in Montreal and then plays Nov. 19 in Quebec City and Nov. 20 in Sherbrooke.

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Nominations will be accepted until November 30

Contact this newspaper or the Ontario Community Newspapers Association at www.ocna.org/juniorcitizen or 905.639.8720 ext. 221

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HILL CLIMBERS

POLITICAL STAFFERS



Infrastructure and Intergovernmental Affairs Minister Denis Lebel hired veteran staffer Agop Evereklian to work as his new director of economic development.



Agriculture Minister Gerry Ritz has welcomed a new assistant, Adam Reid, to work in his ministerial office.



Meanwhile, Public Works Minister Diane Finley recently bid farewell to staffer Andrea Montenegro, according to GEDS.

Infrastructure Minister Lebel hires veteran staffer Evereklian



LAURA RYCKEWEART

Infrastructure and Intergovernmental Affairs Minister Denis Lebel, who is also the minister responsible for the economic development agency for Quebec and is the regional minister for Quebec, has hired veteran staffer Agop Evereklian to work as his new director of economic development.

A former Liberal staffer, Mr. Evereklian's career in federal politics dates back to the early 1990s when he was working for the then Liberal government, including as chief of staff to minister Michel Dupuy and—after a stint off the Hill working for Kia Canada in Montreal—as chief of staff to then minister of citizenship and immigration Judy Sgro, who continues to sit as the MP for York West, Ont.

In 2005, following Ms. Sgro's resignation as a Cabinet minister, Mr. Evereklian began working for government as a director of International affairs and protocol and was responsible for organizing international conferences and summits on behalf of the federal government for the UN and Organisation internationale de la Francophonie (OIF).

Mr. Evereklian left the Liberal party in 2007 and became a Conservative. He ran as the Conservative candidate in the riding of Laval-Les Îles, Que., in the fall 2008 election, but ultimately came second to Liberal incumbent Raymonde Folco.

After that election, Mr. Evereklian was hired to work as chief of staff to then minister of Citizenship and Immigration Jason Kenney. Mr. Evereklian worked for Mr. Kenney for about two-and-a-half years until the summer of 2010 when he left to run as the Conservative candidate for Pierrefonds-Dollard, Que., in the next federal election in 2011. Mr. Evereklian garnered

the third most votes, ultimately losing to NDP MP Lysane Blanchette-Lamothe. He began working for the city of Montreal in summer following the 2011 election, starting off as chief of staff to former mayor Gerald Tremblay and leaving as a senior managing director.

Now, Mr. Evereklian is once again working for the Conservative government, this time as director of economic development to Mr. Lebel and working out of the minister's regional office in Montreal, Que. He replaces Jean-Luc Benoit, who was working as director of economic development to Mr. Lebel until earlier this fall.

Mr. Evereklian is originally from Lebanon and immigrated to Canada at the age of 16.

Chief of Staff Yan Plante is in charge of Mr. Lebel's ministerial office.

Canadian Heritage Minister Shelly Glover has hired a new director to work in her ministerial office straight from the exempt staff ranks.

Remi Moreau recently joined Ms. Glover's office to take over as the minister's new director of Parliamentary and caucus affairs. Previously, Semhar Tekeste was working in this capacity, but she recently left to work for Citizenship and Immigration Minister Chris Alexander.

Mr. Moreau arrived in Ms. Glover's office straight from the office of Transport Minister Lisa Raitt, where he had similarly been working as the minister's director of issues management and Parliamentary affairs.

Originally from Quebec, Mr. Moreau was working as an issues manager in the Prime Minister's Office (PMO) until the fall of 2013 when he left to work for Ms. Raitt. A new Parliamentary affairs director has yet to be added to Ms. Raitt's staff roster on the government's electronic directory service (GEDS), but keep reading Hill Climbers for an update.

In other staffing news, Ms. Glover recently bid farewell to her director of communications, Mike Streshaw, who's since

moved back to his home province of Alberta to work for premier Jim Prentice. In the meantime, press secretary Marisa Monnin is acting as communications lead, but stay tuned for an update.

Chief of Staff Jeannie Smith is in charge of the minister's office.

PMO in need of new regional adviser, Virginie Bonneau

The Prime Minister's Office recently bid farewell to its regional affairs adviser for Quebec, Virginie Bonneau, who is no longer listed anywhere on GEDS.

Ms. Bonneau has been working in the PMO since the summer of 2011. Previously, she was a lobby assistant to then chief government whip Gordon O'Connor, who remains the Conservative MP for Carleton-Mississippi Mills, Ont. Ms. Bonneau left the Chief Government Whip's Office as a committee coordinator around February 2010.

No new regional affairs adviser for Quebec has yet been added to the PMO's staff roster on GEDS. Currently working in the regional affairs unit is Andrea Smotra, regional affairs adviser for the prairies; Leigh Duncan, regional affairs adviser for Ontario; Shaun Webb, regional affairs adviser for British Columbia and the Territories; and Drew Campbell, regional affairs adviser for the Atlantic.

Chief of Staff Ray Novak is in charge of the Prime Minister's Office, located in the Langevin Block in downtown Ottawa, aided by deputy chiefs of staff Jenni Byrne and Howard Anglin.

Agriculture minister Ritz hires new assistant, Adam Reid

Agriculture Minister Gerry Ritz has welcomed a new assistant to work in his ministerial office.

Adam Reid recently joined Mr. Ritz's office as the new assistant to the Parliamentary Secretary for Agriculture, Conservative MP Pierre Lemieux. Previously, David von Meyenfeldt was working in Mr. Ritz's office as assistant to the Parliamen-

tary Secretary but he recently joined Minister of State for Sport Bal Gosal's office as the new director of policy.

Chief of Staff Aaron Gairdner is in charge of the minister's office.

Public Works Minister Finley loses staffer Andrea Montenegro

Meanwhile, Public Works Minister Diane Finley recently bid farewell to staffer Andrea Montenegro, according to GEDS.

Until recently, Ms. Montenegro was working as a special assistant to Ms. Finley. Ms. Montenegro first began working in Ms. Finley's ministerial office in March 2009. At the time, Ms. Finley was the minister responsible for human resources and skills development, and Ms. Montenegro first began working in her office as an assistant to then Parliamentary secretary Ed Komarnicki, who remains the Conservative MP for Souris-Moose Mountain, Sask.

Previously, Ms. Montenegro worked in the Government Whip's office as a committee coordinator after first being hired in the fall of 2007 under then Whip Jay Hill. Ms. Montenegro continued working in the office in 2008 when Mr. O'Connor took over as Whip until she left to work for Ms. Finley.

Ms. Montenegro studied a bachelor in business administration from Western University in London, Ont.

Ms. Montenegro is the daughter of Ottawa lawyer Manny Montenegro, who's previously provided counsel to senior members of the Conservative Party.

Chief of Staff Lynette Corbett is in charge of Ms. Finley's ministerial office.

NDP Research Bureau to welcome new staff

Two recent job postings listed on the NDP's website indicate two impending staff additions to the official opposition's research bureau office in Ottawa: the hiring of a new communications officer and graphic designer, and a new video editor and motion graphics animator.

Both job postings were put online in mid-October, with an end date to submit applications at the beginning of this month, and both are for full-time jobs in the NDP's OLO at 131 Queen St. in downtown Ottawa.

The communications officer and graphic designer will work under the director of strategic communications—a role just recently vacated by Karine Fortin, who is now deputy national director of the party—to create “high-impact designs” and produce “template-driven products” ranging from “direct mail to policy backgrounders to innovative digital content,” according to the job posting.

Among the responsibilities listed is developing print and online “communications products to support” the NDP leader and federal caucus, ensuring they follow professional and “internal brand” guidelines, helping to train and support MPs' staff directly as needed, and working collaboratively to advance the NDP caucus “Parliamentary goals and agenda.” The annual salary is listed at \$56,104.

A new director of strategic communications has yet to be hired in the NDP OLO, but stay tuned for an update.

The video editor and motion graphics animator will work full-time in the research bureau, and will be responsible for projects ranging from “short web videos to live broadcasts to interstitial branding (bumpers, lower-thirds),” according to the job posting.

Among the responsibilities listed is conceiving and producing “video spots for web distribution,” conceiving and creating “simple motion graphic and animated character animations,” shooting HD content on location and in studios, coordinating live streaming, and specifying equipment and software needed and coordinating with external vendors.

Until recently, the NDP OLO has been freelancing this work out and it's largely been done by Ben Dickerson, a former NDP communications staffer who left the office in 2012 to become a freelancer (continuing to work for the NDP). Now, the NDP is looking to hire a fulltime video editor and motion graphics animator. Chief of Staff Raoul Gébert is in charge of the OLO, aided by deputy chiefs of staff Steve Moran and Chantale Turgeon.

lryckewaert@hilltimes.com

FEATURE EVENTS

Progress Gala Nov. 20 at Maple Leaf Gardens in Toronto



Parliamentary Calendar

SUNDAY, NOV. 23

Mohamed Fahmy Fund-raiser—The Canadian Committee for World Press Freedom presents readings and a screening of War Photographer, the story of James Nachtwey, a photojournalist who has covered more than 30 wars over the past three decades. Nov. 23, 6 p.m. Mayfair Theatre, 1074 Bank St., Ottawa, Ont. www.cw-pf-cclpm.ca/english

Parliamentary Associations/Exchanges—The 20th Canada-Mexico Inter-parliamentary Meeting takes place in Ottawa, Ont. Nov. 21. www.parl.gc.ca/IIA

MONDAY, NOV. 24

House is Sitting—The House of Commons is sitting and will continue to sit until Dec. 12.

Canada and the Caribbean Community: Taking Stock and Moving Forward—CIPS at the University of Ottawa and CIC National Capital Branch present a panel discussion on "Canada and the Caribbean Community" featuring Harry Nawbatt, High Commissioner of Guyana and others. Nov. 24, 4 p.m. Free. Social Sciences Bldg., Room 4004, 120 University St., Ottawa, Ont. cips.uottawa.ca

Oceans on the Hill: Ocean Acidification—David Miller, President and CEO, WWF-Canada and the All-Party Ocean Caucus co-chairs, Conservative MP Bruce Stanton (Simcoe North) and NDP MP Fin Donnelly (New Westminster-Coquitlam & Port Moody, B.C.) host an event featuring a talk with Bill Dewey, Taylor Shellfish Farm, on the economic impacts of acidification for the Canadian shellfish industry. Nov. 24, 4:30-6:30 p.m. Centre Block, Room 216-N, Parliament Hill, Ottawa, Ont. RSVP to Gayle McClelland by Nov. 17 to 613-797-4555 or gmcclelland@wwfcanada.org

Genomics: the Power and the Promise—Genome Canada and the Gairdner Foundation host their signature conference. Mingle with world-leading experts in this cutting-edge field of S&T. Register for full conference or Nov. 25 Gala Dinner only - VIP Reception 6:15 p.m. (North Atrium, 2nd Floor) followed by dinner at 7 p.m. (Trillium Ballroom, 4th Floor). Nov. 24-26. Ottawa Convention Centre, 55 Colonel By Dr., Ottawa, Ont. For more information, please contact Hélène Meilleur at 613-751-4460 ext. 216. hmeilleur@genomecanada.ca or powerandpromise.cvent.com/2014

TUESDAY, NOV. 25

Growing Canadian Entrepreneurship: Reducing the Start Up Failure Rate and Improving Financial Management—The Economic Club of Canada presents a panel discussion on "Growing Canadian Entrepreneurship." Panellists include Minister of State (Finance) Kevin Sorensen and Jeff Cates, President, Intuit Canada. Nov. 25, 11:30-1:30 p.m., \$89. Fairmont Chateau Laurier, 1 Rideau St., Ottawa, Ont. www.economicclub.ca

Our National Energy Dialogue: Shifting from Sound Engineering to Mobilized Engagement—The Economic Club of Canada presents a talk with Tim McMillan, new president and CEO of CAPP. Nov. 25, 11:45 a.m.-1:30 p.m. The King Edward Hotel, 37 King St. E., Toronto, Ont. www.economicclub.ca

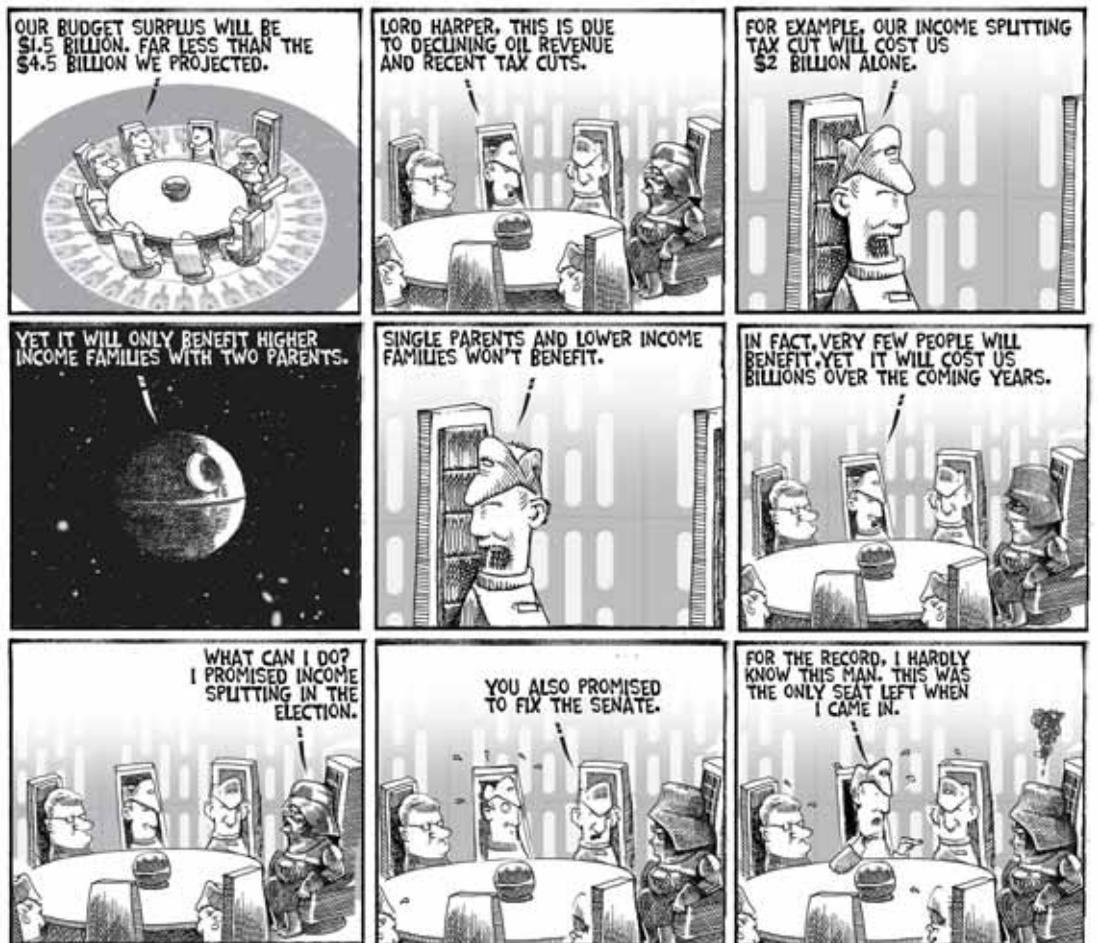
Shaw Rocket Prize Awards Ceremony—The 2014 Shaw Rocket Prize Awards are being held. Nov. 25, 6-9 p.m. Fairmont Chateau Laurier, 1 Rideau St., Ottawa, Ont. RSVP to 613-288-2307 or jlcaroc@ensightcanada.com

Power Shifts & Vibrant Economies: Canada Awakens to Opportunities & Risks in Southeast Asia—This conference is your opportunity to join leading experts from the region to probe security, political and trade issues, and Canada's strategy towards this region. Speakers include: Mely Caballero-Anthony, former senior official in the ASEAN Secretariat and a leading expert from Singapore and Peter Hall, Vice-President and Chief Economist, Export Development Canada. For conference agenda & more information. Nov. 25, 8:15 a.m. Tabaret Hall, University of Ottawa, Ottawa, Ont. <http://opencanada.org/event/cic-national-capital-power-shifts-vibrant-economies-canada-awakens-to-the-opportunities-and-risks-in-southeast-asia/>



Second Annual Progress Gala—The Broadbent Institute's Second Annual Progress Gala will feature a keynote speaker Robert Reich and a Q&A with Hugh Segal. Nov. 20, 6-9 p.m. \$150. Former Maple Leaf Gardens, 60 Carlton St., Toronto, Ont. www.broadbentinstitute.ca/gala. *The Hill Times* photograph by Jake Wright

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FEATURE EVENTS

14th Annual Ottawa Affinity Newfoundland Celebration on Nov. 20



Parliamentary Calendar

TUESDAY, NOV. 25

Championing Public Health Nutrition Conference—The Centre for Science in the Public Interest presents its Championing Public Health Nutrition Conference. It will explore sodium in the food supply, workplace wellness, school food, nutrition labels, and conflict of interest. More than 30 speakers are scheduled including Opposition leader Thomas Mulcair and Green Party leader Elizabeth May. Nov. 25-26. Canadian Museum of History, 100 Laurier St., Gatineau, Que. Register to <https://secure.affreg.com/register/cphn2014>

WEDNESDAY, NOV. 26

Conservative Weekly Caucus Meeting—The Conservatives are scheduled to meet at 9:30 a.m. in Room 237-C, Centre Block. For more information, call the PMO Press Office at 613-957-5555.

NDP Weekly Caucus—The federal New Democrats are scheduled to meet for their weekly caucus meeting, Railway Room, 253-D, Centre Block, 9-11 a.m. noon. For more information, please contact senior press secretary Marc-André Viau at 613-295-9228 or marc-andre.viau@parl.gc.ca

Liberal Weekly Caucus Meeting—The federal Liberals are scheduled to meet for their weekly caucus meeting in Room 112-N, Centre Block, 10 a.m.-12 p.m. For more information, contact the Liberal spokeswoman Kate Purchase at 613-947-5100.

The New Cannabis in Canada: Access, Perception and the Way Forward—The Economic Club of Canada presents an interactive panel discussion on “The New Cannabis in Canada: Access, Perception and the Way Forward.” Panellists include Alan N. Young, Osgoode Hall School of Law and Jennifer Caldwell, The Peace

Naturals Project. Nov. 26, 11:30 a.m.-1:30 p.m., \$89. Fairmont Chateau Laurier, 1 Rideau St., Ottawa, Ont. www.economicclub.ca

Parliamentary Internship Program 45th Anniversary Alumni Dinner—Former Quebec premier Jean Charest will be the guest speaker at the Parliamentary Internship Programme’s 45th Anniversary Alumni Dinner. Nov. 26, 5:30 p.m. Adam Room, Fairmont Chateau Laurier, 1 Rideau St., Ottawa, Ont. Complimentary tickets available for all MPs. Tickets available at www.pip-ppsp.org

Parliamentary Associations/Exchanges—The Canada-Europe Parliamentary Association holds its Executive Committee Meeting in Ottawa, Ont. Nov. 26. www.parl.gc.ca/IIA

THURSDAY, NOV. 27

Jacqueline Hucker to Address the Ottawa Women’s Canadian Club—The Ottawa Women’s Canadian Club presents a luncheon talk with architectural historian Jacqueline Hucker. Nov. 27, 12:30 p.m. Fairmont Chateau Laurier, Ballroom, 1 Rideau St., Ottawa, Ont. www.owcc.ca

The Critical Role in Transparency in the Fight Against Corruption—The Empire Club presents a talk on “The Critical Role in Transparency in the Fight Against Corruption,” with Claire Woodside and Pierre Gratton in conversation with Akaash Maharaj. Nov. 27, 12 p.m., \$95. Arcadian Court, 401 Bay St., Toronto, Ont. www.empireclub.org

Rise to Greatness: The History of Canada with Conrad Black—The Ottawa International Writers Festival presents Conrad Black on the history of Canada. Nov. 27, 7 p.m., \$15. Centretown United Church, 507 Bank St., Ottawa, Ont. www.writersfestival.org

MONDAY, DEC. 1

House is Sitting—The House is sitting this week and will sit until Dec. 12.

P3s are Working: The Role of the Financial Sector in Successful Infrastructure Projects and Why you Should Care—The Empire Club of Canada presents a talk with Janet L. Ecker, president and CEO, Toronto Financial Services Alliance. Dec 1, 12 p.m., \$95. Hilton Hotel, Ballroom, 145 Richmond St. W., Toronto, Ont. www.empireclub.org

TUESDAY, DEC. 2

National Allied Golf Associations Reception—The National Allied Golf Associations host a parlia-



14th Annual Ottawa Affinity Newfoundland and Labrador Celebration with Alan Doyle—Nov. 20, 6 p.m. reception; 7 p.m. Dinner; 9 p.m. After-dinner reception. The Fairmont Chateau Laurier, 1 Rideau St., Ottawa, Ont. *The Hill Times* photograph by Jake Wright

mentary reception. A putting simulator and a golf pro will be on hand to provide tips. Dec. 2, 4:30-6 p.m. All Senators, MPs and staff welcome. Room 601, Parliamentary Restaurant. RSVP to Cynthia at 613-233-8906.

Railway Association of Canada Annual Reception—The Railway Association of Canada hosts its annual reception. Dec. 2, 5:30-7:30 p.m. Fairmont Chateau Laurier, Laurier Room, 1 Rideau St., Ottawa, Ont. RSVP to Janet Greene at 613-567-8591 or janetg@railcan.ca

FRIDAY, DEC. 5

Combating Tax Evasion: How the Harper Government is Clamping Down on Tax Cheats—The Economic Club of Canada presents a talk on “Combating Tax Evasion” with Kerry-Lynne D. Findlay, minister of National Revenue. Dec. 5, 7:45-9 a.m., \$89. One King West Hotel, 1 King St. W., Toronto, Ont. www.economicclub.ca

FRIDAY, DEC. 12

MP Peter Julian’s Annual Christmas Party—NDP MP Peter Julian (Burnaby-New Westminster, B.C.) hosts his annual Christmas party. All welcome. Please bring non-perishable food donation. Dec. 12, 4-7 p.m. Nikei Centre, 6688 Southoaks Cres., Burnaby, B.C. www.peterjulian.ca

Noëls Modernes—The Capital Chamber Choir presents Noëls Modernes. Dec. 12, 8 p.m., \$15. St. Joseph’s Church, 174 Wilbrod St., Ottawa, Ont. www.capitalchamberchoir.ca

SATURDAY, DEC. 13

Patrick Brown’s 7th Annual Family Skate—Conservative MP Patrick Brown (Barrie, Ont.) hosts his 7th annual family skate. Help support the food bank. Dec. 13, 12:30-1:30 p.m. Barrie Molson Centre, Barrie, Ont. www.servingbarrie.com

The Parliamentary Calendar is a free listing edited by listings editor Alia Heward who can be reached at 613-232-5952, ext. 200. Information regarding political, cultural and governmental events should be sent to alia@hilltimes.com with the subject line ‘Parliamentary Calendar’ by Wednesdays at noon. Send in your event in a paragraph with all the relevant details. Our fax number is 613-232-9055. We can’t guarantee inclusion of every event, but we do our best.

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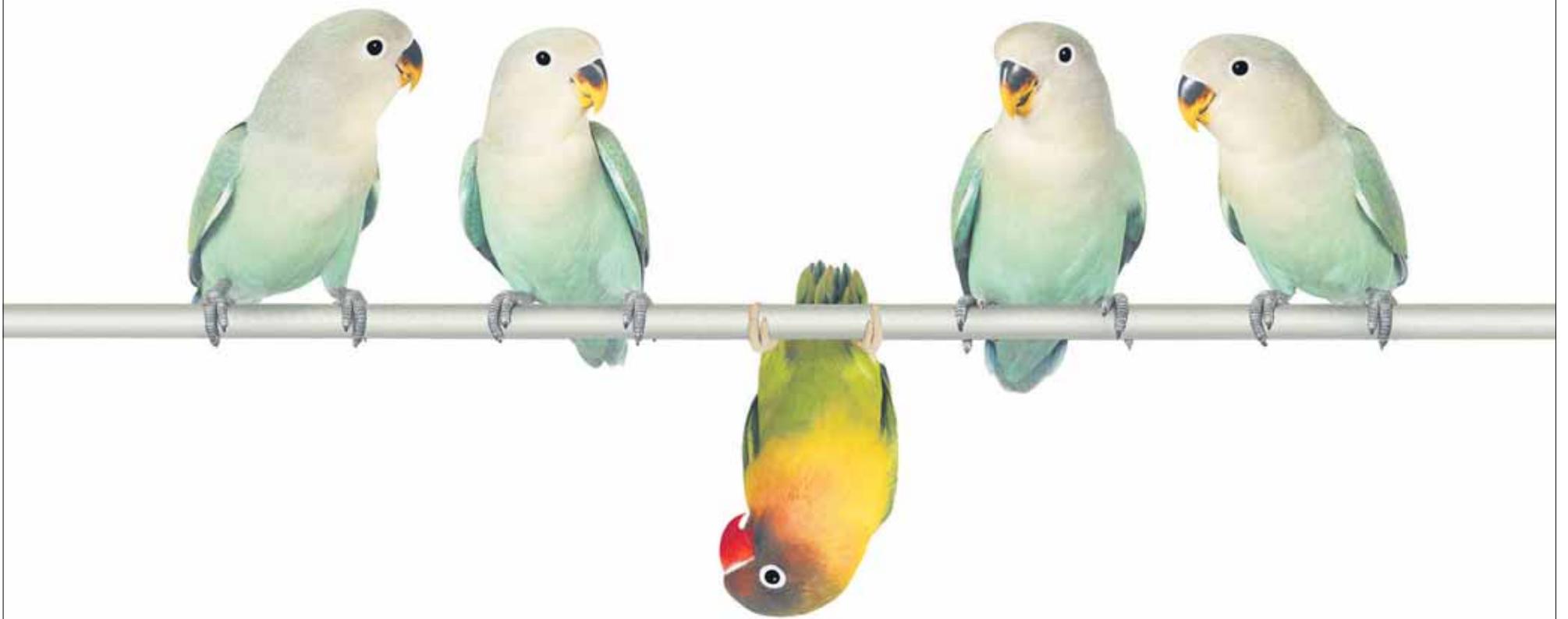
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