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The last time I spoke on the topic of Medical Assistance in Dying in a space like this was against the expansion of Bill C7. I met with many senators and MPs individually, and then testified at the Senate on the topic.

The arguments I posed, along with Dr. Naheed Dosani, Gabrielle Peters, and many others, were that disabled people who were suffering because of systemic failures due to systemic ableism would be negatively impacted by this expansion. People who were living in abject poverty, or who were scared to enter our horrendous Long Term Care institutions, or who were on waitlists for treatments, or who couldn't see a reason for living because of a lack of accessible, affordable housing, would use this expanded MAiD as their only option. I spoke about Chris Gladders, a man from Hamilton Ontario who used MAiD because he was left sitting in his feces and urine for days at his long-term care home.

Elected officials gaslit us for months, stating that it was impossible for people to use MAiD in these ways, due to safeguards. You implied that the rights of people like Nicole Gladu, who testified that she wanted the choice to die with a champagne glass in her hand, was more important than the need to protect the folks I spoke about who were being systematically coerced into using MAiD due to government failures. You implied that race and poverty had very little to do with freedom and choice. Nicole Gladu has since died naturally, not using MAiD, and yet her testimony allowed for the death of Sophia, who shared in death that "The government sees me as expendable trash, a complainer, useless and a pain in the ass," and Denise, who explained she “applied for MAiD essentially...because of abject poverty”. And these are two, among many others who used it only because the government funded access to death over their ability to have food, shelter, and a sustained life. Due to your unwillingness to understand the adverse impacts of an expanded MAiD, more disabled people have died who would have been alive, had they been given support.

Across this country, social assistance rates further debilitate and harm disabled people by enforced poverty. Across this country, it can take years to access pain clinics, therapy, specialists, primary care practitioners and palliative care is so chronically underfunded that it’s considered a privilege. Across this country, disabled people are forced into Long Term Care facilities, where the conditions are so egregious and fraught with instances of physical, emotional, and sexual abuse, lack of nutritious food options, and proper hygiene practices that we have normalized the death of 20,000 institutionalized disabled people from COVID-19. Across this country, there have been a reported 3.4 million COVID-19 cases (Di Matteo 1), we are seeing a mass debilitation of the most marginalized Canadians and responding only with greater access to death. The low estimate is 300,000 Canadians who are suffering from long COVID (Ziafati), who are newcomers to the disabled community, and raised by an ableist society. And what they’re seeing as the response to their newfound impairments is the acceptance that to be disabled is a fate worse than death, that comes exactly from this committee. What have you done to respond to the growing disabled population who don’t have dementia? The population who aren’t sure what this new life of debility, rampant ableism and perhaps unemployment means for them?

On the question of advanced directives, we must acknowledge that people can and will often change their minds, even after consenting to MAiD. It is ableist to assume that people would one hundred percent be unwilling to live in bodies that are deemed as less functioning, when disabled people live full lives every day. True choice is also the ability to change your mind. It is also worth noting that dementia is one disability that has often been cited by this committee in the conversation of advanced directives, and while it is a disability that impacts Black people disproportionately, this voice has also been left out.

On the question of mature minors, we must remember that mental illness and suicidality are at an all-time high for youth across Canada, and disproportionately impacts Indigenous youth. It takes time to adjust, especially as a young person, to a disabled life, and resources. Until we are sure to have measures that prevent implicit coercion of youth due to pressures such as bullying, childhood poverty rates, and lack of access to resources, there should not be conversation of expansion of MAiD for children.

Lastly, it's important to note that last week, the Canadian Human Rights Commission, in response to reports that disabled people are in fact using MAiD to escape systemic failures, said: "Medical Assistance in Dying cannot be a default for Canada's failure to fulfill its human rights obligations." They said this because, this is what you have allowed, despite the warnings. How will you make amends for the lives lost to systemic coercion because of your decisions? The right of an individual should not supersede the harms faced by others. Thank you.

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