

Framing Aging Through the State: Canada's Two Senate Committees on Aging, 1963-1966 and 2006-2009

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Abstract

Between 1963-1966 and 2006-2009, the work of two Special Senate Committees on Aging helped to construct a national dialogue around the consequences of population aging. An analysis of the final reports of each Senate committee provides a revealing window into how old age was framed differently as a policy problem in these two eras separated by almost half a century. Although the significance of ageism resonates in each report, the core concerns of the two Senate Committees differ markedly. Poverty among the elderly dominated the research and recommendations of the 1960s committee chaired by Senator David Croll. Its key recommendation – the creation of a Guaranteed Income Supplement for the needy – was quickly implemented in 1967, and subsequently has become one of Canada's social policy success stories. The 2006-2009 committee, chaired by Senator Sharon Carstairs, focused primarily on promoting healthy aging and a national caregiver strategy. Thus far, its policy significance remains obscure. This article explores the reasons behind the different emphases of each Senate Committee, the framing and impact of their final reports, and the ways in which changing, social economic, and demographic contexts have shaped interactions between citizens and the state around the consequences of population aging.

Résumé

De 1963 à 1966, puis de 2006 à 2009, le travail de deux Comités spéciaux d'enquête sur la gérontologie a contribué à établir un dialogue national sur les conséquences du vieillissement de la population. L'analyse des rapports finaux de ces deux comités sénatoriaux révèle des différences dans la perception de la vieillesse en tant que problème politique à ces deux époques séparées de près d'un demi-siècle. Bien que l'ampleur de l'âgisme ressorte de chaque rapport, les principales préoccupations des deux comités sénatoriaux sont résolument différentes. La question de la pauvreté chez les personnes âgées dominait les recherches et les recommandations du comité des années 1960 présidé par le sénateur David Croll. La recommandation phare de ce comité, à savoir la création d'un Supplément de revenu garanti pour les personnes dans le besoin, a été mise en œuvre dès 1967 pour devenir par la suite l'une des principales réussites canadiennes en matière sociale. Le comité de 2006-2009, présidé par la sénatrice Sharon Carstairs, a principalement axé son travail sur la promotion de la santé des aînés et sur une stratégie nationale relative aux fournisseurs de soins. À ce jour, sa portée politique reste obscure. Cet article explore les raisons qui se cachent derrière les orientations différentes des comités sénatoriaux, l'élaboration et l'impact de leurs rapports finaux, et la manière dont les évolutions sociales, économiques et démographiques ont façonné les interactions entre les citoyens et l'État sur les conséquences du vieillissement de la population.

Introduction

One of the more useful roles of Canada's non-elected Senate is as a site for social investigation and discussion of important issues within Canadian society (Campbell, 1978). The influential 2006 Senate Social Affairs Committee report on transforming perceptions and policy responses to mental illness and mental health is a case in point (Senate of Canada, 2006). This article will discuss the Senate's role in attempts to frame policy agendas around the issue of aging in Canada through a comparison of two reports from Special Senate Committees on Aging, separated by almost half a century. The evidence, arguments, and images of aging contained within final report of the 1966 Senate Committee on Aging, chaired by Liberal Senator David Croll, played a major role in the 1967 launch of Canada's Guaranteed Income Supplement (GIS) (Struthers, 2004; Myles 1998). Over time the GIS, the first Negative Income Tax, has become one of Canada's great social policy success stories helping to cut the poverty rate among Canadian seniors over 65 from 37% to 6% between 1970 and 2000 (Veall, 2008). The research and publicity generated by Croll's Special Senate Committee during its hearings and work between 1963 and 1966 also helped to establish the study of aging in Canada as a serious scholarly topic some years before the creation of professional organizations such as the Canadian Association on Gerontology in 1971 and its scholarly publication, the *Canadian Journal on Aging* in 1982. An ongoing national conversation around ageism as a problem in Canadian society also owes much to the legacy of Croll's Committee.

Forty years after the publication of this report, a second Special Senate Committee on Aging was struck in November 2006, led by another Liberal Senator, Sharon Carstairs of Manitoba. After a similar three-year process of public hearings and research, its final report, *Canada's Aging Population: Seizing the Opportunity*, was released in April 2009. Although three years have elapsed since the report's release, the policy significance of the Carstairs report remains obscure ('Tired' Senator makes final push for elder care, 2011). Its appearance and recommendations have received relatively little coverage by the media, compared to the widespread publicity and discussions that surrounded the Croll Report. Nor has there yet been any major new policy announcement on aging from the Harper government or the provinces, certainly nothing in scope to rival the significance of the Guaranteed Income Supplement that followed closely on the heels of the 1966 Senate Committee's report. The only exception is perhaps the controversial proposal, contained in the 2012 federal budget, to raise the age of eligibility for OAS-GIS from 65 to 67 over a six year period beginning in April 2023 at a cost of over \$13,000 to those aged 54 or younger as of 1 April 2012 (OAS changes will place a burden on Canadians struggling to save for retirement, 2012). Tellingly, no such recommendation appeared in the Carstairs Report that argued instead for a raise in the GIS to ensure that "economic households are not below the poverty line as defined by the low-income cut-off levels" (Senate of Canada, 2009, p.101).

What accounts for this difference in the policy response to these two Senate committee reports on aging? As Carroll Estes has observed "the major problems faced by the elderly...are, in large measure, ones that are socially constructed as a result of our conception of aging, and the aged" (Estes, 1979 as cited in Elder & Cobb, 1984, p. 117). Each Senate Committee on Aging began its work with a different conception of aging and older people that it intended to address. Although the Croll Committee's 1966 report promised to concentrate its attention "on the subject of the aged and of aging in its broadest sense," its central frame was poverty. "The concern of the present aged," it argued, "is not one of maintaining a pre-retirement standard of living, which

for many was abandoned long ago, but rather of being able, in the face of rising prices and depleted means, *to secure the bare necessities of existence*" (Senate of Canada, 1966, pp. 16-17, emphasis added). In contrast, although the 2009 Carstairs Report acknowledged that pockets of poverty among Canadian seniors still exist, it argued that "Canada's income security system for seniors has resulted in the lowest incidence of low income among all developed nations" (, 2009, p.93). In short, Canada is the leader for fighting poverty among seniors. (Significantly, the number of seniors living in poverty jumped from 204,000 to 250,000 between 2007-2008, during the first year of the financial crisis) ("Number of seniors living in poverty soars nearly 25%," 2010). The central policy problem framing the Carstairs Report was not income security among older adults, but the rapid population aging of Canadian society as a whole and its potential long term costs. This difference is fundamental to the discourse around aging embedded in each report, the intended audience for their key recommendations, and the quick policy response to David Croll's Committee compared to the more muted reaction to the recommendations of its successor led by Sharon Carstairs.

A close reading of both reports reveals how, through the selective use of images of aging, organization of evidence, core arguments, and prioritizing of recommendations, the policy problem of population aging was framed differently by these two Senate committees. Along with this analysis I will also explore what these differences show about how the onus of responsibility for responding to costs and consequences of an aging society has shifted significantly across the half century separating the Croll and Carstairs reports.

The Croll Report

A truism of policy studies literature is "in a very real sense it is the availability of 'solutions' that make problems possible" (Elder & Cobb, pp. 124-125). Before Croll's Senate Committee had even been struck in July 1963, the core problem it would tackle and the rough outlines of the solution it would offer had already been defined by Croll and a group of leading Canadian social work advisors, most importantly John Morgan and Charles Hendry, from the University of Toronto (Struthers, 2004). It emerged out of their growing awareness by the late 1950s that neither the universal Old Age Security pension enacted in 1951, nor proposals for a new national contributory pension plan, both developments in which Croll himself had played an important role, were sufficient to keep a large share of the current generation of seniors, especially elderly widows, out of dire poverty. The universality of OAS ensured that its monthly benefit would never be set high enough to do the job on its own, despite a 36% increase during two electoral cycles between 1962 and 1963. The 10 years of payroll contributions required to establish eligibility for the new Canada Pension Plan then under discussion would also exclude from coverage older persons already or soon to be retired. Yet given the bitter memories surrounding the federal-provincial old age pension plan that preceded OAS between 1927 and 1950, a return to any form of "means-testing" senior citizens was politically out of the question.

The solution to this dilemma was suggested by John Morgan, a University of Toronto social work professor, in a background memorandum prepared for Croll in the summer of 1963, months before the Senate Committee on Aging had begun its work. All elderly people needed public programs "designed to raise [their] general level of income," Morgan argued. But there was also the "need to design additional or supplementary income maintenance programmes that are capable of great flexibility in meeting the varied needs of older people. These cannot be satisfactorily dealt with by universal cash benefit programmes" (Morgan, 1963). Out of this

insight would emerge the Guaranteed Income Supplement as the number one recommendation of the 1966 Senate Committee on Aging's final report.

In hindsight, what is striking about the work of Croll's Committee on aging, especially compared to the Carstairs Report four decades later, is how little research it had to draw upon in relation to the scope of its mandate or the initial annual cost (\$100,000,000) and significance of its key recommendation, the GIS. The Committee was only able to locate 15 studies on aging in all of Canada as part of its background research. Also noteworthy was the absence of voices from seniors. In two years of public hearings between 1963 and 1964, representatives of 44 organizations testified before Croll's committee. Only four were dedicated specifically to the needs of older adults. Thirteen others were more broadly-based NGOs that had branches, committees or divisions on aging. The remainder were government departments such as Labour, Health and Welfare, or Agriculture, (although significantly, not the Department of Finance), lobby groups or professional associations such as the Canadian Chamber of Commerce, the Canadian Labour Congress, and the Canadian Medical Association, and national church organizations. Eight senior citizens groups sent in briefs to the Committee but did not send representatives to appear before it. In short, the Croll committee heard from those speaking on *behalf of older Canadians*, rather than from seniors themselves. By way of contrast, 40 years later, the Carstairs committee, in over two years of hearings, listened to representatives from 150 organizations, 66 of them specifically dedicated to the interests of senior citizens. This difference reveals the dramatic enhancement of the "institutional status of both the old and public policies on their behalf" between then and now (Hudson, 1999, p. 359).

Croll's committee also freely acknowledged the absence of reliable research as it conducted its work. Unlike the situation in the United States or Britain where national associations of gerontologists and geriatricians and university departments dedicated to the study of aging dated back to the 1940s, there were no such equivalents in Canada in the 1960s. In making its recommendation for a guaranteed annual income for seniors aged 65 and over, for example, the Committee conceded that "very little scientific attention" had been devoted to how much older adults actually required "in order to satisfy their basic consumption needs." In the absence of a reliable answer the report simply picked the most relevant contemporary standard: \$105 a month, which was the maximum benefit ceiling for a single individual (aged 65-69) on means-tested Old Age Assistance as the starting point for a national income guarantee for seniors, and stressed the urgent need for further research (Senate of Canada, 1966, p.15, p.18).

What the Committee did have, and used to great effect, was the first reliable data on the incomes of seniors, compiled by the Dominion Bureau of Statistics from the 1961 census (Senate of Canada, 1966). It used this information to construct a compelling, albeit paradoxical, case for its portrait of the needs of Canada's 65 and over population. On the one hand, aware of the depth of negative stereotypes surrounding older people as frail and used up, the report stressed at the outset that it wished to "avoid...slipping into the trap of regarding the aged themselves as a problem group rather than a group beset by problems." Older people were "not nearly as distinct and homogenous a group as is sometimes imagined," it argued. Only a "small minority – perhaps 15 per cent...[were] in receipt of public assistance." The "great majority...manage on their own." Many were "still relatively vigorous and resourceful" (Senate of Canada, 1966, p. v-ix, p. 6). On the other hand, the Croll Report constructed Canada's over-65 population discursively through a lens which did lump them together in one category: They were the *deserving poor*. Here the language of the report was unequivocal.

Everything we learned confirms the view...that older people, and more especially those denied the support of a family, *are a low-income group*, both absolutely *and in comparison with younger adults*...Older people...are not able to benefit from the gains resulting from increased industrial productivity, while at the same time their *meagre incomes* are subject to erosion as the cost of living rises. (Senate of Canada, 1966, p. 16, emphasis added)

The poorest of the poor were single elderly women. Almost 53% of women aged 65 and over were in the “poorest” category and 56% had incomes of less than \$1000 per year (Senate of Canada, 1966). This social construction of the majority of Canada’s older adults as an impoverished population was essential for the Croll’s Committee’s case for a guaranteed annual income for those aged 65 and over, especially in relation to the historical circumstances this group had lived through: two world wars and a Great Depression. Unable to benefit either from the increased productivity they had helped to create, or the new contributory pension plan that it would soon finance, Canada’s over 65 population was portrayed as a generation victimized by the time of its birth. To ask these people to go on means-tested welfare programs in order to survive, the Croll Report argued, was “utterly unacceptable.” They deserved “benefits to which they are entitled as a matter of right” (Senate of Canada, 1966, pp. 16-17). The media response to this recommendation was ecstatic. As the Toronto *Globe and Mail* proclaimed, after the Senate Committee’s final report was released:

This sounds so beautifully simple and fair...The GIS is an efficient, workable method of ensuring justice and defusing the pressure to increase the universal pension. It would give more money to those who need it...It would subject nobody to humiliation, and by being hitched to the cost of living, it would end the inequity of fixed incomes for old people. One can only wonder why the government hesitates to endorse it. (When Study Becomes Delay, 1966)

The wait did not take long. The Liberal government of Lester Pearson delivered the GIS one year later. And it has remained a core element of Canada’s income security framework for seniors ever since, and is one that only continues to grow in importance.

The Carstairs Report

Fast forward to April 2009 and the release of the final report of Canada’s second Senate Committee on Aging. What changed over 43 years in discussions around problems facing Canada’s 65 and over population and in the prioritizing of available solutions? Unquestionably the most important and obvious shift is the sheer size of this cohort as a proportion of Canada’s population. In 1966 Canadians 65 and over represented 7.6% of the population. In 2006, when the 2nd Senate Committee was struck, they accounted for 13% of the population and that number will grow to 21% by 2026 as the baby boom generation matures into retirement (Senate of Canada, 2009, p. 68).

Not surprisingly, then, the central focus of the Carstairs Report is not so much on older Canadians as on the reality that Canada itself is aging. Apart from the vast growth in organizations devoted to representing this aging populations’ needs, there has also been a quantum leap in the scope of available research that the second Senate Committee on Aging had to draw upon, compared to its predecessor. Between 2001 and 2007, for example, research funding on aging in Canada, flowing through the Canadian Institute for Health Research alone, jumped from \$25 million to \$136 million annually. Funding support available through SSHRC,

and through provincial and federal government departments has also expanded exponentially. (Martin-Matthews, Tamblyn, Keefe, & Gillis, 2009). Institutes on Aging and Departments of Gerontology inhabit universities the length and breadth of Canada. The Canadian Association on Gerontology is one of our largest scholarly organizations.

In the light of all these resources to draw upon and the size of over 65 population under study, compared to 1966, what, then, were the first three recommendations of the Carstairs Report?

1. That the federal government lead an aggressive public relations campaign to portray healthy aging and to present the benefits of staying active at all ages – in volunteer work, continuous learning, and physical activity.
2. That the Canadian Institute for Health Research fund research on mental competency, mental capability, and mental capacity.
3. That the federal government take a leadership role...to address public safety and retirement from driving. (Senate of Canada, 2009, p. 16, p. 18, p. 22)

Compared to the Croll Committee's clarion call for a guaranteed annual income for seniors, these are not exactly stirring recommendations. They do, however, underscore the most important difference between the reports of these two Senate committees, separated in time by almost half a century. In the eyes of the Croll Committee, Canada's seniors had major economic problems. In the eyes of the Carstairs Committee, Canada's seniors were a major economic problem, given their role as "the most intensive users of the health care system," a situation which would only increase over the next two decades. "In 2003 seniors made up 13% of Canada's population, but accounted for one-third of all hospitalizations, more than half of all hospital stays, and 44% of health care expenditures overall," the report pointed out (Senate of Canada, 2009, p. 139). What would their share be when aging boomers constituted 21% of the population? The demographic alarmism embedded within this discourse belied the Carstairs Committee's attempt to discredit the "pervasive myth" that Canada's "aging population...will be responsible for the collapse of our health care system as we know it" or to acknowledge that population aging was "a relatively small factor driving health care costs" (Senate of Canada, 2009, p. 63). Instead, the language of the report's chapters on health care pointed in the opposite direction. "The larger basis of spending in older age categories," the Committee argued, "means that proportional increases translate into much larger real [health care] costs," which would also "put increased pressure on home care, continuing care, and other complementary services." Its overall message thus became the need to "make the most effective trade-offs, improve care, and keep expenses down" (Senate of Canada, 2009, p. 64).

Within this framework, the Carstairs Report's core emphasis on "healthy" and "active" aging can be understood as a neo-liberal strategy of cost-containment stressing the need for inculcating personal responsibility for "aging well," living independently, and staying outside of institutions. Its language reflects the shift from "health promotion to population health" as a response to the perception of a looming fiscal crisis, which, Ann Robertson observes, "provides much of the rhetoric for the current dismantling of the welfare state in Canada" (Robertson, 1998, p.156). Unlike the earlier social determinants of health approach that emphasized the key role of structural inequalities in producing divergent health outcomes, the population health model running throughout the Carstairs Report is heavily biased towards the language of individual choice. "Many seniors feel frail because they are frail," the Committee argues. The message that "needed to be tailored" to groups "less likely to be active [such as] older women...seniors with low incomes and/or low education levels, seniors with disabilities, and/or

chronic health conditions, seniors who live in institutions, or in isolation, and seniors who are members of ethno-cultural and ethno-linguistic minority population groups” was that “it is never too late to start moving” (Senate of Canada, 2009, pp. 78-79). The structural causes of their low income, lack of education, and social exclusion receive much less attention in a report which, as already noted, celebrates that the “poverty rate among seniors has been reduced radically in recent years” (Senate of Canada, 2009, p. 93).

Vagueness and lack of specificity runs through most of the report’s other recommendations on policy areas of vital concern to Canadian seniors today, most specifically home care, caregiver support, supportive housing, drug costs, and pensions. Most perplexing, perhaps, was the Committee’s decision not to endorse the option of a national home care program, originally proposed in its 2008 Second Interim Report (Senate of Canada, 2009, p. 56) despite acknowledging that across Canada “access to home and community services is limited,” and had in fact decreased in some provinces over the past decade, and that it was the combination of such services which “allowed individuals to postpone or avoid institutional care,” that on average was 136% more costly per person (Senate of Canada, 2009, pp. 53-56; Appendix V, p. 233). Unlike the Croll Report, the Carstairs Report had relatively little to say about nursing homes or long term residential care beyond recommending that Ottawa work closely with provincial and territorial governments “to ensure that the levels of care in long-term care facilities across the country are appropriate” (Senate of Canada, 2009, p. 52).

On caregiving the Carstairs report called for Ottawa to “work collaboratively with provinces and territories...and family caregivers to establish a National Caregiving Strategy,” without recommending any specifics apart from a modest extension of Employment Insurance benefits for end-of-life care (Senate of Canada, 2009, p. 129). On shelter costs it requested “an increase in the stock of affordable housing for seniors, including supportive housing” without specifying the size of the backlog to be met (Senate of Canada, 2009, p. 44). On drug costs, its recommendation for a “National Pharmacare Program,” amounted to little more than federal funding for the creation of a national formulary, or list, of prescription drugs for seniors “which would be the same regardless of where they live (Senate of Canada, 2009, p. 72). On pension reform, while noting that less than 10% of seniors’ retirement income came from RRSPs, and that fewer than one-third of Canadians outside the public sector had a private pension plan, it made no specific recommendations for expanding CPP coverage beyond urging Ministers of Finance to “*consider* increas[ing] its income replacement rate” (Senate of Canada, 2009, p. 97, emphasis added). Given the depth of research available on all of these issues, the timidity of the report’s recommendations, in comparison to those of the Croll Committee report of 1966, is puzzling, if not breathtaking.

What had changed? Certainly Sharon Carstairs was no David Croll. She lacked his political clout or depth of experience in the field of aging and she was also a Liberal Senator delivering a report to a Conservative government. Croll’s report, with its call for a minimum income guarantee for seniors, also emerged within the context of a 1960s Liberal “War on Poverty” which included Medicare, the Canada Pension Plan, and the Canada Assistance Plan. Major increases on social spending to protect incomes and eliminate poverty were in the air. This difference is even more significant given that the Carstairs Report started with the assumption that poverty for most Canadians 65 and over had mostly been solved, in no small part due to the success of the Croll Committee’s key recommendation, the GIS. The 2009 Senate Committee’s dominant message of promoting lifestyle changes – “aging well” and “healthy aging” – might also be seen as a discursive move to counter the doom and gloom of “apocalyptic

demography” that typically surrounds media discussions of the so-called “aging boomer crisis.” Through taking control of their own health and remaining active contributors to society, aging boomers could be framed as an opportunity, not a catastrophe (Keating, 2005; Chapman, 2005).

Viewed differently, the “activity” message of the Carstairs Report’s healthy aging manifesto may also be, at bottom, a form of biopolitics, placing responsibility for “successful aging” on the bodies of seniors, rather than on the body politic. As Stephen Katz argues, “to remain active, as a resource for mobility and choice in later life, is...a struggle in a society where activity has become a panacea for the political woes of the declining welfare state and its management of so-called risky populations” (Katz, 2000, p. 147). While there are solutions to poverty among older persons that clearly lie within the scope of the federal government, there are no solutions but only coping strategies for population aging, whose costs fall more heavily on provincial and territorial governments. This reality too likely underpins the difference between the clarity and significance of these two Canadian Senate committee reports.

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