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Speaker: The Honourable Anthony Rota



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HOUSE OF COMMONS

Wednesday, February 15, 2023

The House met at 2 p.m.

Prayer

• (1400)

[*English*]

The Speaker: The hon. member for South Okanagan—West Kootenay will now lead us in the singing of the national anthem.

[*Members sang the national anthem*]

STATEMENTS BY MEMBERS

[*English*]

EVA SMITH

Mr. Michael Coteau (Don Valley East, Lib.): Mr. Speaker, it gives me great pleasure today to rise in the House to speak about an extraordinary Canadian during Black History Month.

Eva Smith was a tireless advocate in my community of Don Valley East and worked so hard to fight for the rights of young people who are homeless. She advocated, and continued to advocate, until, in 1989, she was able to get a homeless shelter built in our community. Through her continued advocacy, which was not very popular at the time, fighting for homeless rights for young people, she continued to build more satellite locations across this city.

I want to take this opportunity to thank the late Eva Smith, an extraordinary Canadian, for the work she did in our community.

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HUMAN TRAFFICKING

Mr. Arnold Viersen (Peace River—Westlock, CPC): Mr. Speaker, February 22 is Canada's National Human Trafficking Awareness Day.

Human trafficking and modern-day slavery turn people into objects that are used and exploited. It is vicious, profitable and growing in Canada, and it robs people of their God-given dignity and freedom.

In Canada, the vast majority of human trafficking victims are women and girls born right here in Canada, and many are indigenous. However, it does not have to be this way. Working together, we can end it.

I thank the survivors of human trafficking so much, some of whom are in Parliament today, for their courage and their voices, which will lead us to ending human trafficking. I also want to thank the individuals and NGOs who work tirelessly across our country to support survivors and raise awareness.

To my hon. colleagues and to all Canadians, the responsibility to seek justice and end exploitation is on each of us. May we be relentless, courageous and committed as we seek to build a Canada that has zero tolerance for modern slavery and human trafficking.

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NATIONAL FLAG OF CANADA DAY

Ms. Pam Damoff (Oakville North—Burlington, Lib.): Mr. Speaker, happy Flag Day.

Fifty-eight years ago today, our national flag was raised for the first time on Parliament Hill. Then, on February 15, 1996, the National Flag of Canada Day was designated, in large part due to the hard work and advocacy of former member of Parliament, and current resident of Oakville, Jesse Fliss. Mr. Fliss continues to raise awareness about it today.

Our national flag is a cherished symbol that unites all Canadians and reflects the common values we take pride in: equality, freedom and inclusion. Flag Day is an opportunity for all of us to reflect on these values that we hold so dear.

I welcome all residents of Oakville North—Burlington to reach out to my office to receive a complimentary Canadian flag and to share stories about what our Canadian flag means to them.

I thank Mr. Fliss.

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• (1405)

[*Translation*]

PERU

Ms. Nathalie Sinclair-Desgagné (Terrebonne, BQ): Mr. Speaker, for over 60 days now, Peru has been in the throes of a major and rather worrisome political crisis. Demonstrations by unions, students and indigenous communities are taking place across the country. Nearly 60 demonstrators have died in clashes with the police. Peruvians' trust in their government has plummeted.

Statements by Members

Many highways and airports have closed. We fear a humanitarian crisis if resources can no longer reach their destination. That would also jeopardize historical treasures and world heritage sites, which must be protected.

Given Peru's strategic geographic location and its important commercial ties, it would be a mistake to assume that this is an isolated situation. It will have repercussions on an entire region if the conflict degenerates. We can no longer turn a blind eye.

I call upon Quebec and Canada to send an official mission to Peru to work closely with public stakeholders, using finesse and diplomacy. Let us act now to ensure that order is restored and strengthen our support for the people of Peru.

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[English]

ST. PATRICK'S DAY PARADE

Mr. Peter Schiefke (Vaudreuil—Soulanges, Lib.): Mr. Speaker, it is almost that time of year again, and thanks to the hard work of Jay de la Durantaye, Rob Dumas, Craig Nolan, Ken Bell, Ken Doran and the entire team at the Soulanges Irish Society, our community of Vaudreuil—Soulanges will become Irish for a day at the annual St. Patrick's Day parade through Hudson.

This year, I am truly honoured to lead the parade as grand marshal and to be joining ambassadors Marilyne Picard and Marie-Claude Nichols, Irishman of the year Ken Doran, parade queen Esme Cavanaugh, princesses Shaunessa Boyle and Veronica Gilmore, and reviewing officer Laura Casella in the festive walk along Hudson's historic Main Street.

As always, whether it is to grab a drink at one of our local pubs or microbreweries, fill one's boots at one of Hudson's great restaurants or simply take in all that the parade will have to offer, this is an event not to be missed by young and old alike.

On Saturday, March 18, at 1 p.m., come one, come all to celebrate our rich Irish heritage with some good old Irish hospitality.

Sláinte.

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NATURAL RESOURCES

Mr. Greg McLean (Calgary Centre, CPC): Mr. Speaker, this is good news: Tourmaline energy, Canada's largest natural gas producer, has just started delivery of clean Canadian natural gas through pipelines to Chicago, then south to the U.S. gulf coast for delivery to Asian markets, proving to the skeptics that there is a business case for Canadian LNG. Tourmaline should be congratulated for showing the ingenuity to get through the barriers put up by the government to stop Canadian resources' access to world markets.

Eight years ago, there was great promise in building Canada's natural gas export facilities. Eighteen facilities started the process of approval. Only one will be functional in 2025. Meanwhile, our U.S. competitors have built seven facilities in the same time frame. Is it because these Canadian projects do not require government

subsidies to get them completed? The Liberals love to fund projects with other people's money.

I congratulate Tourmaline again for exporting clean Canadian resources to an energy-starved world without subsidies.

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ORLÉANS GAS EXPLOSION

Mrs. Marie-France Lalonde (Orléans, Lib.): Mr. Speaker, on Monday a gas leak caused a major explosion in my community that destroyed four houses in construction and affected more than 45 families. Sadly, 12 people were injured.

I visited the emergency command centre, where I touched base with our local city councillor, Catherine Kitts. The Salvation Army and Red Cross teams were there on site, coordinating temporary accommodation and providing food vouchers for those who have been affected. The Ottawa police and first responders assessed the situation in such a timely manner and did an amazing job with securing the residents who had to evacuate their homes for safety purposes.

[Translation]

I want to thank everyone, all of the police officers, paramedics, firefighters and volunteers, as well as the Minto Group, for their excellent work in informing and supporting the families that cannot return home.

The families can count on my support. I wish them well.

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[English]

CANADA WINTER GAMES

Mr. Heath MacDonald (Malpeque, Lib.): Mr. Speaker, as we approach the 2023 Canada Winter Games, I rise to recognize over 5,000 volunteers and organizers who have been hard at work for months and, in some cases, years.

The presence of the games has been felt in P.E.I. for months now, with community torch relays and final touches being put on venues. While Mother Nature has proven difficult at times, organizers have done a great job adapting to the situation and exploring innovative solutions. Island communities look forward to the opportunity to showcase all they have to offer, with over 3,500 athletes and officials descending on P.E.I. next week.

As we move into the weekend and the opening festivities, I want to thank the organizers, volunteers, and municipalities for all their work in making these games happen. To the athletes, I say, play hard, play safe and go P.E.I.

Statements by Members

• (1410)

LIBERAL PARTY OF CANADA

Mr. Corey Tochor (Saskatoon—University, CPC): Mr. Speaker, after eight years of the failed Liberal government, Canadians are hurting. After eight years of its soft-on-crime policies, such as catch-and-release, we have record crime rates.

After eight years, Canadians cannot afford to live. After eight years of the failed carbon tax that punishes anything that moves, we have yet to meet an emissions target. Conservatives will keep the heat on and take the tax off.

After eight years of scandals, Canadians cannot trust the government or the Prime Minister. Why would they? Earlier this week, we caught another Liberal MP breaking ethics laws. After eight years of Liberal friends and insiders getting rich, Canadians have had enough.

When will the Prime Minister take responsibility for what he broke and get out of the way so we can fix his mess?

* * *

WOMEN'S HEART HEALTH

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, February is Heart Month, and yesterday was Valentine's Day. What better time to discuss a matter near and dear to my heart, women's cardiac health?

Forty per cent of Canadians are unaware that heart disease and stroke are the leading cause of premature death in women. In fact, only 11% of women can tell if they have had a heart attack. Most cardiac research is about men: chest pain going into the neck and into the left arm. Heart attacks in women present differently, such as discomfort in the jaw, shoulder or belly, nausea or vomiting, often mimicking heartburn.

If a woman has these signs, someone should call 911 immediately. Learning CPR can double her chance of survival. Please visit heartandstroke.ca. The life one saves may be a woman one loves.

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THE ECONOMY

Mrs. Anna Roberts (King—Vaughan, CPC): Mr. Speaker, according to Statistics Canada, 58% of Canadians between the ages of 15 and 24 are highly anxious about their capacity to pay rent or even to have the ability to own a home.

After eight years under the Liberal Prime Minister, the average monthly mortgage payment in Canada has more than doubled, to nearly \$3,000. After eight years under the Liberal Prime Minister, 45% of variable-rate mortgage holders say they will have to sell their homes or vacate them within nine months. It was once a Canadian dream to own a home. Now it is just a pipe dream.

Conservatives will continue to oppose this Liberal inflationary spending, because a dollar in the pocket of the person who earned it is always better spent than in the hands of the politician who taxed it. Our Conservative leader has a clear message of hope for all Canadians: A Conservative government would put Canadians back in control of their lives and of their government.

[Translation]

CANADA'S AGRICULTURE DAY

Mr. Richard Lehoux (Beauce, CPC): Mr. Speaker, today we are celebrating Canada's Agriculture Day by paying tribute to our farmers' hard work, perseverance and innovation. These men and women work so hard day after day so that Canadians and the rest of the world have healthy, nutritious, high-quality food to eat.

As a fourth-generation farmer, I am very proud of the contribution that agriculture makes in my region. It is very important that future generations have the stability and predictability they need to maintain the family farms that do so much to keep our rural communities strong.

As Conservatives, we want to create prosperity and opportunities for the entire agricultural industry. Agriculture must be one of the economic drivers for getting our economy back on track. The government must adopt policies that make farming easier, not harder.

Today, on Canada's Agriculture Day, let us take a moment to thank all those who work tirelessly to provide us with excellent food.

I thank all farmers across Canada for their passion, commitment and perseverance, but, above all, I thank them for feeding our families.

* * *

CANADA'S AGRICULTURE DAY

Mr. Francis Drouin (Glengarry—Prescott—Russell, Lib.): Mr. Speaker, today, across the country, we are celebrating Canada's Agriculture Day. The next time we enjoy a meal, I invite everyone to think about the people behind the food that ends up on our tables.

In my rural riding, Glengarry—Prescott—Russell, I know many farmers. They pour their hearts and souls into providing us with the best food in the world while protecting the environment for future generations, despite enormous challenges such as natural disasters and labour shortages.

• (1415)

[English]

Billions of dollars and 2.1 million jobs in Canada depend on our industry, and it all starts with the farm. As the saying goes: no farmers, no food, no future. Now, more than ever, let us support them in their efforts to sequester carbon, to protect biodiversity and to reduce emissions while, at the same time, increase yields and protect farm livelihood.

Speaker's Ruling

Today, let us acknowledge all those who make up Canada's innovative, vibrant and forward-thinking agricultural industry. Happy Canada's Agriculture Day.

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CANADA'S AGRICULTURE DAY

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, today is Canada's Agriculture Day, and I want to take this opportunity to recognize and thank the amazing and hard-working people who produce such an amazing abundance of food and drink in Canada. This is a day to showcase the innovative ways our agriculture and agri-food sectors are confronting the challenges of food production in the 21st century.

Food matters, and its journey from the farm to the factory to the fork is an important topic of discussion. This is especially true when so many Canadians are struggling to feed their families and so many farmers are struggling with debt while corporate grocery chains are making record profits. My NDP colleagues and I are committed to taking on those corporate profits and reinstating fairness for both farmers and consumers.

Let us raise a fork to the food we love and to the people who produce it. As the NDP's critic for agriculture and food price inflation, and on behalf of the entire NDP caucus, I wish all my colleagues a happy Canada's Agriculture Day.

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*[Translation]***ANDREÏ DÉLINOIS**

Mr. Stéphane Bergeron (Montarville, BQ): Mr. Speaker, by welcoming Jackie Robinson to the Montreal Royals in 1946, Quebec opened the way for Black athletes to play in North American professional sports leagues.

This Black History Month, let us acknowledge that we have come a long way since then, so much so that a young man from Saint-Bruno-de-Montarville, Andreï Délinois, is now setting his sights on the National Football League.

This 19-year-old athlete, who was born in Chicoutimi to a Quebecois mother and a Haitian father, signed a contract with the Buccaneers on February 1 through the National Collegiate Athletic Association, or NCAA. At six foot one and 210 pounds, he patiently rose through the ranks all the way to East Tennessee State University. He got his start at age five playing with the Barons of Saint-Bruno-de-Montarville, and then joined the Dynamiques at Collège Charles-Lemoyne, followed by the Blue Tornado at Tennessee's McCallie High School, which took home the state championship in 2021.

Talented, versatile and determined, Andreï is an inspiring young man both on and off the field, including at school. We hope he finds the success he seeks to achieve his dreams and continue to make us proud.

*[English]***CANADA'S AGRICULTURE DAY**

Mr. John Barlow (Foothills, CPC): Mr. Speaker, I want to wish our farmers, our ranchers, our processors and our producers a happy Canada's Agriculture Day. It is so important that we understand the role Canadian agribusinesses and agriculture play in bringing together farmers and consumers as "advocates" in this important industry.

We all have a role to play in educating Canadians about where their food comes from, why we do it, how we do it and the fact that we do it better than anyone else in the world. Whether they wear coveralls or lab coats, the people who work in this industry are world leaders in innovation, sustainability and efficiency. On this Canada's Agriculture Day, now more than ever, our Canadian farm families need a partner, an advocate.

As Conservatives we understand that to unleash the full potential of Canadian agriculture it must be environmentally and economically sustainable. No matter where one is in the world tonight, when we sit down with friends and family and have a meal, thank those who work so hard to put that quality food on our tables.

I wish all my colleagues a happy Canada's Agriculture Day.

* * *

● (1420)

BLACK HISTORY MONTH

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Mr. Speaker, in honour of Black History Month, I am proud to rise today to speak on three inspirational and influential groups in my community of Newmarket—Aurora. Throughout my time as a member of Parliament, I have witnessed the courage, the resilience and the empowerment the Aurora Black Community Association, the Aurora Black Caucus and the Newmarket African Caribbean Canadian Association have demonstrated to create an inclusive and a safe community. This month is a time to learn, to reflect, to honour and to celebrate the contributions of Black Canadians and organizations who make our communities a safer place to live. I want to thank them for their ongoing contributions to our community and for enacting real and permanent change in Newmarket—Aurora.

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POINTS OF ORDER**DECORUM IN THE HOUSE—SPEAKER'S RULING**

The Speaker: While I have members' attention, the Chair would like to make a statement regarding decorum in the House. I would like to thank the Parliamentary Secretary to the Minister of Innovation, Science and Industry for having raised his concerns on Friday, February 10. His point of order, and the subsequent intervention from the member for New Westminster—Burnaby, provides the Chair with an opportunity to reiterate our rules in regard to members standing while another member has the floor to speak.

[Translation]

Proceedings in the House are to be conducted in a respectful and civil manner. This includes members addressing their remarks to the Chair and resuming their seats when the Chair rises.

[English]

The long-standing wording of Standing Order 17 states that, “every member desiring to speak is to rise in his or her place....”

If the requirement to speak from one’s seat is currently suspended, members remain bound by the principle that they must stand to be recognized. Accordingly, members must briefly rise from their seat to indicate they want to take part in debate, make statements or ask questions.

[Translation]

While there is the practice of party whips submitting speaking lists to assist the Chair, the final authority on who is recognized to speak in the House is determined by the Chair. As stated in *House of Commons Procedure and Practice*, third edition, at page 330, “Various conventions and informal arrangements exist to encourage the participation of all parties in debate; nevertheless, the decision as to who may speak is ultimately the Speaker’s.”

Therefore, it is still expected that members rise to indicate that they wish to take the floor.

[English]

Standing too soon to be recognized or at the same moment as another member, or not standing at all to be recognized, may create practical challenges, including delays and confusion. To this end, it is the view of the Chair that rising in their place for a few seconds is all that is needed for a member to, as the expression states, “catch the Speaker’s eye”. Finally, when the Chair has then recognized a particular member, all other members should take their seats.

I thank the members for their attention and co-operation.

ORAL QUESTIONS

• (1425)

[English]

ETHICS

Ms. Melissa Lantsman (Thornhill, CPC): Mr. Speaker, “It is hard not to feel disappointed in one’s government when every day there is a new scandal”. Those are the words of the Prime Minister in 2013. However, after eight years of his own leadership, we have a Canada that feels broken according to most Canadians.

The Liberals have broken family budgets, they have broken the bail system and, again, they have broken the law. This time it is the Prime Minister’s parliamentary secretary. This is the sixth consecutive ethics breach from the Liberals, with no accountability for any of these cases.

Why does nobody over there get fired?

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, the parliamentary secretary has

Oral Questions

apologized. The parliamentary secretary wrote a note in support of a business in his constituency, a business that supports Black and multi-ethnic communities across Canada. While it is admirable that all of us want to support local enterprises or businesses in our constituencies, the parliamentary secretary recognizes that it was inappropriate for him to write a letter supporting that agency and business in his riding. He has apologized.

Ms. Melissa Lantsman (Thornhill, CPC): Mr. Speaker, we see zero accountability, zero consequences and a zero on ethics.

We hope the Prime Minister’s upcoming trip to the Caribbean is more productive than the last one, which resulted in his own law-breaking. That, of course, was not the only time. He stepped in on SNC-Lavalin, and the only person who was fired in that case was the first female indigenous Attorney General. The trade minister refuses to pay back taxpayers for giving tens of thousands of dollars to her best friend in an illegal contract.

Will anyone over there who broke the law get fired?

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I think it is important that, every single day, we show up and do our utmost to serve Canadians. The reality is that this government has done that in all of its actions. The reality, as I have said on many occasions, is that there are almost two million Canadians today who have jobs who did not have jobs when the Conservatives were in government. There are 2.7 million fewer people in poverty today than when they were in office.

I know they are focused on us. I know they are focused on politics. We are focused on delivering results for Canadians and improving their lives.

Ms. Melissa Lantsman (Thornhill, CPC): Mr. Speaker, we are focused on the Liberals who broke the law. There is one set of rules for the Liberals and another set of rules for everyone else. Do not take it from me. This is what the outgoing Ethics Commissioner said yesterday: “Over the last five years and on several occasions, I have observed senior officials being unaware of their obligations and mistakenly making assumptions.” For insiders, it is cushy contracts, special access and special treatment to get ahead, while Canadians get record inflation, record home prices and record despair.

I will ask this for the third time: Is anyone over there going to take responsibility for breaking the law?

Oral Questions

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, let us be clear, hyperbole aside. The reality is that this side of the House is focused on helping shepherd the country through some of the most difficult times it has faced since World War II. While it is true that we have a lower inflation rate than Europe, the G7 average, the G20 average, the U.S., the U.K. or elsewhere, leading in difficult times is not enough. That is why we have concrete measures to actually help on issues like housing, as the member talked about, which the Conservatives voted against. We will help in areas like child care, which they voted against, and help vulnerable people. Unfortunately, those are actions they did not take when they had the opportunity.

* * *

[Translation]

THE ECONOMY

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, let us look at the facts. After eight years of this Liberal Prime Minister, Canadians have never been in worse financial shape. After eight years of this Liberal government, 44% of Canadians say they could not afford an unexpected \$500 expense. After eight years of Liberal promises, nearly half of 35- to 44-year-olds are worried and struggling to pay their bills.

Will the Prime Minister understand that he and his inflationary policies are responsible for this crisis? When will he stop hurting Canadians?

Hon. Pascale St-Onge (Minister of Sport and Minister responsible for the Economic Development Agency of Canada for the Regions of Quebec, Lib.): Mr. Speaker, since this government took office in 2015, we have lifted over 2.7 million people out of poverty by implementing measures that support those who need it most. That is what we continue to do.

We know that times are tough right now. That is why we are providing support so that families can take their children to the dentist and so that there is cheaper child care across the country. We are here to support Canadians.

The Conservatives vote against these measures every single time.

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, does this Prime Minister understand, after eight years of not answering questions in the House, that blaming the Conservatives is not the way to help Canadians? Inflation is at an all-time high. Food is so expensive that some Canadians are going without meals. Middle-class workers are being forced to turn to food banks because they cannot afford to pay their bills. That is all to say nothing of the rising cost of gas and housing, including rent and mortgage rates.

Will the government assume its responsibilities rather than spending its time blaming everyone else?

• (1430)

Hon. Randy Boissonnault (Minister of Tourism and Associate Minister of Finance, Lib.): Mr. Speaker, the Conservative opposition has had many opportunities in the House to vote with Canadians.

When we lowered taxes for the middle class, what did the Conservatives do three times? They voted against it. What did the Conservatives do when we introduced a \$500 top-up to the housing benefit for Canadians? They voted against it. What did the Conservatives do when we gave more money to Canadian workers from coast to coast to coast? They voted against it.

We are taking action to ensure the well-being of Canadians, and they are voting against that.

* * *

HEALTH

Mr. Yves-François Blanchet (Beloeil—Chambly, BQ): Mr. Speaker, the territories, the provinces and Quebec asked for \$28 billion a year for health care, but they got \$4.6 billion. I fully understand that they did not have a choice. It was that or nothing.

To rebuild a decent health care system, reduce emergency room and surgical wait times, and help people grappling with mental health issues, the provinces asked for \$28 billion. My question is simple: Is \$4.6 billion enough?

Mr. Adam van Koevorden (Parliamentary Secretary to the Minister of Health and to the Minister of Sport, Lib.): Mr. Speaker, I thank my colleague for his question.

Under our plan, the premiers of the provinces and territories must agree to three key commitments to obtain funding through tailored bilateral agreements, in addition to an immediate top-up to the Canada health transfer, or CHT.

These commitments include collecting, sharing and using vital information on health to guarantee the CHT top-up and entering into tailored bilateral agreements that strengthen the Canada Health Act.

Mr. Yves-François Blanchet (Beloeil—Chambly, BQ): Mr. Speaker, the member is quite welcome for the question, and just to show that there are no hard feelings, here is another.

We were talking about \$28 billion in new money, but I want to know this. If \$4.6 billion is not enough, why give only that much? If \$28 billion is too much, someone needs to explain why it is too much. If it is not enough, someone needs to explain why it will remain not enough for 10 years.

Is the legacy of the fiscal imbalance that, over time, Ottawa will run surpluses and, over time, the provinces will financially suffocate?

Hon. Pablo Rodriguez (Minister of Canadian Heritage, Lib.): Mr. Speaker, the worst thing that can happen to the Bloc Québécois is for the provinces and Quebec to agree with the federal government. That is what happened. We have an agreement with Quebec and all of the provinces to help the pediatric hospitals, to reduce waiting lists and to cut wait times for mental health services.

This is a good deal for Quebec and Quebecers. It is bad for the Bloc Québécois.

[English]

Mr. Jagmeet Singh (Burnaby South, NDP): Mr. Speaker, under the government's watch, people across this country are spending money out of pocket for surgeries. It costs \$30,000 for hip surgery and \$70 to see a family doctor. In fact, one of the corporations making this happen, Maple, is owned by Loblaws, so Loblaws is not only ripping off Canadians when it comes to their groceries, but is also exploiting the desperation of Canadians who need to see a family doctor.

On top of all this, it is actually against the law. According to the former minister of health under the Liberal government, it is clearly against the law.

When will the government finally stop American-style health care from entering our country?

Mr. Adam van Koevorden (Parliamentary Secretary to the Minister of Health and to the Minister of Sport, Lib.): Mr. Speaker, on this side of the House, we believe that all one should need to get health care is a health card, not a credit card. Canadians are proud of this system, and they should be. Our discussions with the premiers included the importance of upholding the Canada Health Act, which means making sure services are based on need and not someone's ability to pay.

We will always protect Canadians' equitable access to universal public health care services, because the role of Canada's Minister of Health is to ensure the Canada Health Act is respected.

Mr. Jagmeet Singh (Burnaby South, NDP): Mr. Speaker, if the government really wants to defend public health care, it should stop American-style health care from entering our country.

• (1435)

[Translation]

The facts are clear. Thousands of people are paying thousands of dollars to have operations. This is clearly against the law. Their former health minister said so herself.

The government has a choice: Will it let American-style health care continue, or will it stop it?

Mr. Adam van Koevorden (Parliamentary Secretary to the Minister of Health and to the Minister of Sport, Lib.): Mr. Speaker, I agree. We believe that all one should need to get health care in Canada is a health card, not a credit card.

Canadians are proud of our system, which is based on need, not ability to pay. Canadians should have access to medical services based on their need, not their ability to pay.

* * *

[English]

CARBON PRICING

Mr. John Barlow (Foothills, CPC): Mr. Speaker, after eight years of the Prime Minister, it has never been more expensive to grow or buy food.

Oral Questions

A Saskatchewan farmer told me yesterday that his carbon tax bill just to dry his grain was \$2,000 in one month. The Liberal tariff on fertilizer costs eastern Canadian farmers more than \$34 million. Under the Prime Minister's watch, we have lost hundreds of farms to bankruptcy, and food prices are up 12%.

Will the Prime Minister help Canadians put food on the table and axe his farm-killing carbon tax?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I would like to remind the House of the facts: 70% of the prices we are seeing at the pump are related to crude oil prices going up, largely because of Russia's brutal invasion of Ukraine—

Some hon. members: Oh, oh!

Hon. Steven Guilbeault: Mr. Speaker, I am getting there. Another 25% is a result of provincial taxes and refining margins. We recycle 100% of the revenues to Canadians, with 10% specifically to small businesses and agricultural industries in Canada.

Mr. John Barlow (Foothills, CPC): Mr. Speaker, I guess the minister did not understand I was asking a question about agriculture, not about oil prices.

What the Liberals have to understand is their carbon tax has very real consequences. What it is doing is suffocating Canadian farm families and giving Canadian families sticker shock when they go to the grocery store.

It is only going to get worse. When the Liberal-NDP carbon tax coalition triples its carbon tax, a farmer will be paying \$150,000 a year in carbon tax. There are consequences. The consequences are that produce is up 13%, bread is up 16% and pasta is up more than 20%.

Will the Prime Minister take responsibility for this food crisis and axe this farm-killing carbon tax?

Hon. Marie-Claude Bibeau (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, as usual, the Conservatives are twisting the information, misquoting the research and talking about a typical farm of 5,000 or 6,000 acres, which is a—

An hon. member: Oh, oh!

Hon. Marie-Claude Bibeau: Mr. Speaker, he does not want to hear about everything we do for farmers. We are investing \$1.5 billion in environmental farming.

Yesterday we announced \$150 million to support the supercluster on protein. We are working with farmers for farmers.

Oral Questions

Ms. Lianne Rood (Lambton—Kent—Middlesex, CPC): Mr. Speaker, that Liberal minister is completely out of touch with reality. The reality is that after eight years of the Prime Minister, Canadians are struggling to eat and our food sovereignty is in jeopardy.

The Liberal plan to triple the carbon tax is going to price our farm families right out of business. The carbon tax and fertilizer reductions are going to make it more difficult for Canadian farmers. The government is making it more difficult. Here is a news flash: no farms, no food.

Will the Prime Minister take responsibility for empty cupboards and empty stomachs, give Canadian farm families a break and axe the carbon tax?

Hon. Jonathan Wilkinson (Minister of Natural Resources, Lib.): Mr. Speaker, once again, my Conservative colleagues missed the point that over eight out of 10 Canadian families actually get more money back than they pay in the context of the carbon tax—

Some hon. members: Oh, oh!

The Speaker: I am sorry. Members started off with a little rumbling, but now there is shouting at the top of their lungs. That is really not acceptable in the House. We can tolerate a bit, but once it starts becoming shouting, it almost becomes bullying and is like members are in a schoolyard trying to bully someone into stopping. I am going to ask everyone to take it down a notch.

We will let the hon. minister continue, please.

Hon. Jonathan Wilkinson: Mr. Speaker, as I was saying, the Conservatives conveniently ignore that eight out of 10 Canadian families actually get more money back than they pay with respect to the price on pollution.

In the modern age, it is not a responsible position for a political party in this country to take to simply ignore the reality of climate change, which the Conservatives do, conveniently, every day in this House. To have a relevant economic plan for this country, we need to have a plan to fight climate change. That is exactly what we are doing—

• (1440)

The Speaker: The hon. member for Lambton—Kent—Middlesex.

Ms. Lianne Rood (Lambton—Kent—Middlesex, CPC): Mr. Speaker, the Liberals are the kings of misinformation. Farmers do not get a rebate, and the government has not even hit a single climate target.

After eight years of the Prime Minister, the carbon tax is making food too expensive for Canadians. Fertilizer restrictions are making it harder for farmers to grow food. Big grocery chains are nickel-and-diming our produce farmers with high fees while they are raking in record high profits, and the government has done nothing.

Will the Prime Minister take responsibility for his mounting failures, give Canadian farm families a break and axe the carbon tax?

[Translation]

Hon. Marie-Claude Bibeau (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, today is Canada's Agriculture Day, and I am very proud of everything we have done for our farmers

over the years. We have provided the most funding to this sector to support farmers, with a focus on investments in green technology. We have provided nearly half a billion dollars for green technology alone.

Yesterday we announced an additional \$150 million for the protein industries supercluster. We are there for farmers. We have increased our budgets for risk management programs, because we know that our farmers are having to face extreme weather events. We also increased the budget for the Canadian agricultural partnership, something the Conservatives never did.

Mr. Richard Lehoux (Beauce, CPC): Mr. Speaker, after eight years under this Prime Minister, Canadians can no longer afford to put food on the table, and this is a direct consequence of his government's policies. Canadian farmers are being crushed by the carbon tax. The government has also imposed a 35% tariff on fertilizer. Incidentally, Canada is the only G7 country doing this. This is further driving up the price of all food.

When will the government finally scrap these taxes so that farmers can feed our families?

Hon. Marie-Claude Bibeau (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, I would like to remind my colleague from Quebec that the price on pollution is not applied in the same way in Quebec. It is administered by Quebec.

I would also like to take this opportunity to remind all of our farmers that we have improved the Agriculture and Agri-Food Canada advance payments program, which provides short-term loans of up to \$1 million. The advantage of this loan is that the first \$250,000 is interest free. I encourage farmers to take advantage of this interest-free loan.

Mr. Richard Lehoux (Beauce, CPC): Mr. Speaker, my colleague opposite seems to be living on another planet. The carbon tax certainly does affect Quebec because we are not self-sufficient. For example, the propane and natural gas needed to dry grain and heat buildings has an impact. We also import many products from other provinces and territories, so I will take no lessons from my colleague.

Things are only going to get worse on April 1 when the government plans to triple the carbon tax. The Conservatives will continue to defend Canadian farmers.

When will the Liberals be courageous enough to do the same?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, what my hon. colleague just said in the House is simply not true. Federal carbon pricing does not apply in Quebec because Quebec has its own cap-and-trade system, which was implemented before the federal government introduced carbon pricing.

I would also like to remind my colleague and all of the Conservatives across the way that climate change affects farmers across the country just as it affects all Canadians.

* * *

IMMIGRATION, REFUGEES AND CITIZENSHIP

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Mr. Speaker, for six years now the federal government has repeatedly said that it is negotiating with the Americans on Roxham Road, but no one has heard anything about it.

Who is negotiating on behalf of Canada and with whom? What are the objectives of the negotiation? How often are discussions held? When did the negotiations begin? What is the target date for seeing some results? Who does the negotiator report the hits and misses to?

We want answers.

Mrs. Marie-France Lalonde (Parliamentary Secretary to the Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, I want to thank the member for his passion and his work on this file. I know he works very hard at committee. Certainly, our government is working to modernize the agreement. That is exactly what we are committed to doing. I thank my colleague for the question. Our government will continue to take appropriate action and modernize the agreement.

• (1445)

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Mr. Speaker, it is nice to hear the Bloc Québécois's work on the refugee file being recognized, for once. This government just admitted how hard we are working and how much we care about the future of migrants and of Quebec. I thank my colleague.

Now, that does not change the facts. We still do not have an answer about the negotiations. People advocating for asylum seekers have the right to know. If the negotiations were truly moving forward, the government would be able to tell us who the negotiator is, with whom that individual is speaking, and how many meetings have taken place.

It is not complicated. We want transparency and answers.

Mrs. Marie-France Lalonde (Parliamentary Secretary to the Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, I just want to say that the migrant crisis is not happening only in Canada. It is happening everywhere. This is a global challenge. I know my colleague is well aware of that; I am convinced of that.

Now more than ever, we must continue to work with our international partners, with the provinces and territories. Our government has committed to updating this agreement. That is what we are doing.

* * *

[English]

CARBON PRICING

Ms. Leslyn Lewis (Haldimand—Norfolk, CPC): Mr. Speaker, after eight years of the Prime Minister, Canadians have never strug-

Oral Questions

gled more with paying for groceries, paying for rent and paying to put gas in their cars. Everything is more expensive, and the government still plans to increase its ideological carbon tax. This tax has done nothing to reduce emissions and has made everything more expensive. When will the Liberals abandon their cruel carbon tax, and let Conservatives fix what they broke?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, for most of us in the House, and for most Canadians, climate change is the reality and facts do matter, though I know not for everyone. The facts are that greenhouse gas emissions are down 9% below the 2005 level. That is a fact. Methane emissions in the oil and gas sector are down almost 40% two years before scheduled. That is another fact. EV sales in Canada have doubled in the last few years. That is another fact.

If they will not take it from me, and they will not take it from environmentalists, maybe they will take it from the oil sands Pathways Alliance, which said, “With positive industry and government collaboration”—

The Speaker: The hon. member for Haldimand—Norfolk.

Ms. Leslyn Lewis (Haldimand—Norfolk, CPC): Mr. Speaker, taxing Canadians to death is not going to fix the climate. Statistics Canada is reporting that a quarter of Canadians would not be able to afford a sudden expense of \$500, yet the government still plans to triple the carbon tax on April 1. If the government would only cancel its plans to increase the carbon tax this year, Canadians would be able to afford to pay their bills once again.

When will the Prime Minister take responsibility for overtaxing Canadians into poverty and let Conservatives fix what Liberals broke?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, if they will not take it from me, they will not take it from environmentalists and they will not take it from experts, maybe they will take it from the Cement Association of Canada, which said about our climate change plan, “Emissions Reduction Plan provides cement industry with predictability”.

Electricity Canada welcomed the smart renewables and electrification pathways program. The oil sands Pathways Alliance, the five largest oil sands producers in the country, said, “With positive industry and government collaboration, Canada has an incredible opportunity to help provide for global energy security while being a leader in producing clean energy.”

That is what we are doing on this side of the House. We are fighting climate change. We are creating jobs and the economy of the 21st century.

Oral Questions

Ms. Michelle Ferreri (Peterborough—Kawartha, CPC): Mr. Speaker, after eight years of the Prime Minister, Canadians are suffering and struggling to make ends meet, yet he wants to dismiss their pain and say things have never been better.

John's heating bill has nearly tripled this winter, despite using the same amount as last year, and the PBO is on record explaining the average Canadian will not receive more in their carbon tax rebate than they use. It is long overdue for the Prime Minister to listen to the people he works for. It is time to show leadership and admit when something is not working.

Will he scrap the carbon tax and, if not, will he step down and let us fix what he broke?

Hon. Randy Boissonnault (Minister of Tourism and Associate Minister of Finance, Lib.): Mr. Speaker, the hon. former critic for tourism, and every single Conservative member on that side of the House, ran on a plan to combat climate change. It seems there has been a change of management and now they do not believe in climate change. Guess what, they do not have a plan to address climate change. They do not have a plan to address affordability. They do not have a plan to help seniors. They do not have a plan to position this country for robust economic growth.

We raised 2.7 million people out of poverty, and 326,000 jobs were created since September. We have a plan; they do not. Thank goodness for Canadians.

• (1450)

Ms. Michelle Ferreri (Peterborough—Kawartha, CPC): Mr. Speaker, the Liberals certainly do not have any results.

After eight years of the Prime Minister, Canadians are out of money, and it is destroying their mental health. Anxiety, depression, addiction and suicide continue to rise because of the Prime Minister's outrageous, unethical and wasteful spending. The punitive carbon tax is not compassionate, nor is it responsible leadership. It is not a climate plan. It is a tax plan, and it has failed to meet any emissions targets.

The Prime Minister has a chance right now, this second, to listen, act and help Canadians, so will he do it? Will he scrap the carbon tax?

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, invoking mental health is something that we should consider at all moments, but I will tell everyone what does not help mental health when the world is going through something as difficult as it is. It is to expand people's fears, to increase people's anxieties. The party opposite refuses to offer solutions. All it offers is fearmongering and pretending that Canada is an island alone while it goes through what the world is suffering.

That is not reality. That is not truth, and it certainly does not help those who are suffering from mental illness.

SENIORS

Ms. Rachel Blaney (North Island—Powell River, NDP): Mr. Speaker, seniors built this country and they deserve dignity, but soaring food and housing costs are leaving so many behind. Under

the government, seniors are struggling to keep up with the basic everyday costs, but the Liberals honestly do not seem to care.

The government has failed to raise the OAS for people under 75, so will it raise the guaranteed income supplement in this budget to lift all seniors out of poverty?

Hon. Kamal Khara (Minister of Seniors, Lib.): Mr. Speaker, we recognize the challenges that all Canadians, including seniors, are facing. That is precisely why we have been there for them every step of the way since 2015 by restoring the age of eligibility for retirement back to 65; increasing the guaranteed income supplement, which has helped over 900,000 seniors, and has actually lifted 45,000 seniors out of poverty; enhancing the Canada pension plan; or, recently, increasing the old age security for those 75 and over by 10%.

We have been there for seniors, and we will continue to make sure that we have their backs now and into the future.

CLIMATE CHANGE

Mr. Brian Masse (Windsor West, NDP): Mr. Speaker, the City of Windsor and the federal government partnered to address climate change and pollution by tackling devastating flooding under the disaster mitigation and adaptation fund by agreeing to a 60% to 40% cost-share. With rampant global inflation, construction costs have escalated, and now the Liberals are using this as an opportunity to squeeze the partnership and jeopardize important work on the Great Lakes.

For all the Liberals' bluster on fighting climate change, one would think that they would show some shame here. Windsor residents need action on the climate emergency, not patronizing lip service. When will the government stop backtracking and live up to its word for a change?

Ms. Jennifer O'Connell (Parliamentary Secretary to the Minister of Intergovernmental Affairs, Infrastructure and Communities, Lib.): Mr. Speaker, our government has made record investments to Windsor and the surrounding area. Our commitment to investing in infrastructure is solidified in the fact that we are investing in green and climate-resilient infrastructure.

It is not just about creating good jobs. It is also about creating resilient communities. That is precisely what our infrastructure plan is doing. We are working with communities and partners to set those priorities and make sure that our communities are resilient into the future.

Oral Questions

Mr. Patrick Weiler (West Vancouver—Sunshine Coast—Sea to Sky Country, Lib.): Mr. Speaker, the increasing impacts of climate change have made it clear that more needs to be done to fight the climate crisis, not less. National governments play an integral role in leading this work by greening their operations, an area in which Canada continues to demonstrate its leadership on the global stage.

The net-zero government initiative invites governments from around the world to lead by example and achieve net-zero emissions from national government operations by no later than 2050. Could the President of the Treasury Board please update the House on this initiative?

Hon. Mona Fortier (President of the Treasury Board, Lib.): Mr. Speaker, I would like to thank my hon. colleague for his hard work.

Canada has joined the net-zero government initiative, and Canada is showing global leadership on climate change. We are working with countries around the world to pledge to achieve net-zero emissions from government operations by 2050. Our planet needs us to aggressively reduce our emissions, and the government is leading by example.

* * *

• (1455)

[*Translation*]

CANADIAN HERITAGE

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, the Bloc-Liberal alliance continues to work against Quebec's best interests. First, their proposed bill, Bill C-11, fails to ensure that online businesses are subject to Quebec's status of the artist legislation. Second, this bill contains no mechanism for formal consultation with the Quebec government. The Minister of Canadian Heritage has stated that his government is collaborating extremely well with the government, yet he has ignored the input from April 29, 2022, and the letter from February 4, 2023.

Will the government send Bill C-11 to committee so that it can consider Quebec's proposed amendment?

Hon. Pablo Rodriguez (Minister of Canadian Heritage, Lib.): Mr. Speaker, there is a consensus in Quebec on the importance of the bill and the importance of supporting our artists, creators, directors, producers, those who top the best-of lists in music, film and television. Everyone agrees, except the Conservatives, who never talk about culture. In fact, their daily dose of culture comes from their morning yogurt.

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, there is more than a consensus in Quebec; there is unanimity. The National Assembly voted unanimously to demand that this government hear what it has to say on Bill C-11. We realize that members of the Bloc-Liberal alliance may not have read the bill carefully. Clause 7 gives greater power to cabinet to direct the CRTC. This centralizes power at the federal level, and the Bloc Québécois is okay with that.

Could the Liberal or Bloc minister, since it is hard to know which is which, tell the House that, yes, they will allow the Quebec

proposal and the amendments to be heard in parliamentary committee?

Hon. Pablo Rodriguez (Minister of Canadian Heritage, Lib.): Mr. Speaker, I do not know whether it is because today is Canada's Agriculture Day, but my colleague always seems to be in the weeds. When it comes to culture, there is a consensus in the government with the Bloc Québécois, the NDP and Quebec society on the importance of working together to ensure that online broadcasters like Netflix, Disney and others, which are very popular, contribute to the production of homegrown content, in other words Quebec and Canadian content in music, film and television. Everyone agrees, except the Conservatives.

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, it is clear that everything the Bloc-centralist-Liberal alliance is currently doing for Quebec is not working. Just think of Bill C-5, which allows rapists to stay at home, or Bill C-75, which lets criminals who have been released to obtain bail even if they are still violent. Now, there is Bill C-11.

To add insult to injury, they are refusing to consider the motion that was adopted unanimously. Even the Bloc voted unanimously for the federal government to move on Bill C-11.

Can the minister tell us if Bill C-11 will be sent to committee to be studied together with the amendments?

Hon. Pablo Rodriguez (Minister of Canadian Heritage, Lib.): Mr. Speaker, I thank my Bloc Québécois friends who have understood the importance of culture in Quebec.

I am confused about why Quebec MPs elected by other Quebecers do not understand how important this bill is to ensure support for our music, television and movies so that we can continue to be not just the best in Canada, but the best in the world.

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, who would have thought? Not only is the Liberal government no longer bickering with the Bloc Québécois, but now it is bickering with the Government of Quebec at the National Assembly. That is not what it means to speak on behalf of Quebec.

The fact is that Quebec is the home of the French fact. The Government of Quebec and the National Assembly want to be heard in parliamentary committee.

Could the new star of the Bloc Québécois, who happens to be minister of the alliance between the Bloc Québécois and the Liberal Party, stand up and assure Quebec that, yes, Quebec's grievances over this bill will be heard in parliamentary committee?

Hon. Pablo Rodriguez (Minister of Canadian Heritage, Lib.): Mr. Speaker, we know that being a Quebecer means being able to reach out and that if there are disagreements over certain things, being able to work for the interests of Quebec. That is what we are currently doing with the Bloc Québécois and with the NDP, unlike what the Conservatives are doing.

Oral Questions

Bill C-11 is good for our artists, our producers and our artisans. It is good for the French fact and for French productions. The Conservatives want to kill this bill. Shame on them. It is good for Quebec and we will forge ahead.

* * *

• (1500)

OFFICIAL LANGUAGES

Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ): Mr. Speaker, the rifts in the Liberal caucus over Bill C-13 are playing out like a musical. Tensions between the different gangs escalate from one day to the next. It is a real West Island story.

Yesterday, the member for Mount Royal broke ranks and announced he would vote against Bill C-13 if it mentions the Charter of the French Language in any way.

Today, in a dramatic turn of events, a Liberal minister from the West Island also threatened to vote nay. A Liberal minister opposing a Liberal bill, that makes for good theatre, but will the minister responsible call them to order—

Hon. Ginette Petitpas Taylor (Minister of Official Languages and Minister responsible for the Atlantic Canada Opportunities Agency, Lib.): Mr. Speaker, we have been very clear about our commitment to do our fair share to protect and promote French across the country, including in Quebec, and to protect and promote our official language minority communities.

I want to take a moment to thank the committee members who are working to advance this file.

With the passage of Bill C-13, we will be able to give the Commissioner of Official Languages the tools he needs to do his work, which is essential. We will also be seeing changes for federally regulated private businesses to make sure that people can work and get service in French.

Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ): Mr. Speaker, the member for Mount Royal is against recognizing the Charter of the French Language in Bill C-13, as are the member for Westmount and the member for Saint-Laurent.

Now, a Liberal minister is threatening to join them and to vote against a Liberal bill. There are starting to be quite a few Liberals who are opposed to Bill C-13.

At this point, one has to wonder whether the Quebec Liberal caucus dissidents, the rebels, are the ones who want to defend French.

Hon. Pablo Rodriguez (Minister of Canadian Heritage, Lib.): Mr. Speaker, Bill C-13 is a good bill. It recognizes that French is threatened and that more needs to be done to protect French both within and outside Quebec.

However, the Conservative-Bloc coalition plans to vote against this bill. It is doing everything to defeat it.

We, on the Liberal side, will continue to fight to defend French across the country.

[English]

THE ECONOMY

Mr. John Brassard (Barrie—Innisfil, CPC): Mr. Speaker, after eight years of the current Prime Minister, Canadians are struggling to pay for their food and for their heat, and moms are going to bed every night worried about keeping roofs over their heads. However, if someone is a Liberal-connected insider, or a friend of the Prime Minister like McKinsey, they get their palms greased to the tune of \$120 million, yet the Prime Minister does not care. He takes no responsibility either.

Will the Prime Minister either step aside and let Conservatives fix the problem, or is he going to add to the problem like he has over the last eight years?

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, first of all, it is Canadians who decide who gets to sit in government, not Conservative MPs. The second point I would make is that the member is suggesting that the Conservatives would engage in political interference and interfere with the independent, arm's-length process to engage contracts. Canada has one of the highest standards in the world for how contracts are engaged. Those decisions are made without political interference, and I find it disturbing that the Conservatives continue to come back and say that they would, if that is what I am hearing, politically interfere and make decisions about what the public servants engage in, in terms of contracts.

* * *

PUBLIC SERVICES AND PROCUREMENT

Mr. Dane Lloyd (Sturgeon River—Parkland, CPC): Mr. Speaker, Canada's professional and independent public service is the backbone of our federal government. Public servants are the ones the government should trust to provide professional advice, not the high-priced consultants at McKinsey & Company. Nonetheless, the Liberal government has awarded at least \$120 million in contracts to McKinsey, undermining our hard-working public servants by creating a legion of shadow consultants who are accountable not to Canadians, but to their shareholders.

Why does the Liberal government trust foreign consulting firms more than our own professional public service?

• (1505)

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, the hon. member has been in this place for some time. He would recognize that he is absolutely correct to state that the public servants we have are the best in the world. We owe them a tremendous debt for all they do, and that is why we ensure that they are the ones who actually make the decisions with respect to those contracts. Those are made at arm's length. The reality is that one day the Conservatives are trying to cook up these conspiracies and talk about "shadow" whatever they are talking about, and the next day they are talking about Dominic Barton, the former campaign manager to Stephen Harper. They are saying he is right and should be lauded as one of the great Canadians.

I do not know what they are talking about over there.

Oral Questions

Mr. Dane Lloyd (Sturgeon River—Parkland, CPC): Mr. Speaker, the creation of the “shadow public service” are not my words; they are the words from the Canadian Union of Public Employees. The Liberals claim they stand in support of our professional public servants, but after eight years, their record says otherwise. After eight years, the amount of taxpayer cash that goes to private consultants has grown exponentially. This was funding that our public service could have used to improve services for Canadians. The Liberal government seems so intent on breaking the public service, just like it breaks everything else.

When will the Liberals stop wasting taxpayer dollars on unethical consulting firms that are not accountable to Canadians?

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I have already indicated that these are decisions made by the public service at arm's length and that it is inappropriate for the members opposite to imply they would use political influence to influence these contracts, but I will talk about what has grown since the Conservatives left power and we have had the opportunity to serve Canadians.

As I indicated earlier, there are almost two million more people who have jobs today than when the Conservatives were in power. There are 2.7 million fewer people in poverty, hundreds of thousands of children and hundreds of thousands of seniors who are not in poverty today. That is what has improved. That is what has changed since the Conservatives left power.

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[Translation]

AGRICULTURE AND AGRI-FOOD

Mrs. Sophie Chatel (Pontiac, Lib.): Mr. Speaker, there has been a lot of talk about Canada's Agriculture Day, which is being celebrated today.

There is also more talk about global food security lately. When we talk about food security, we are also talking about our economy. Agriculture is one of the key pillars of the Canadian economy in the 21st century.

I would like to ask the Minister of Agriculture and Agri-Food if she can tell us what the government is doing to support the development of this important economic sector.

Hon. Marie-Claude Bibeau (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, today we celebrate our agricultural producers and the wonderful food they produce in an increasingly sustainable way.

I want to take this opportunity to update people on our latest initiatives and investments. Yesterday, we invested an additional \$150 million in the protein supercluster, and this morning I announced nearly \$20 million for two initiatives to support our businesses in their search for workers.

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[English]

HOUSING

Mr. Scott Aitchison (Parry Sound—Muskoka, CPC): Mr. Speaker, after eight years of the government, housing is broken.

Health care workers are living in tents, students are living in homeless shelters, vacancy rates are at an all-time low and rental rates are now \$2,000 a month. Home prices have doubled under the government's watch, and nine out of 10 young people who do not own homes in this country think they never will. Everyone agrees that Canada is in a housing crisis, everyone except the housing minister that is.

If the minister refuses to even acknowledge that a crisis exists, how can Canadians trust him to fix it?

Hon. Ahmed Hussen (Minister of Housing and Diversity and Inclusion, Lib.): Mr. Speaker, our record is clear. We recognize that more Canadians need to have access to safe and affordable housing. We have invested record amounts of money to make sure that we build more and faster.

The fact of the matter is that the Conservatives' record is clear. That member should talk to the member for Mission—Matsqui—Fraser Canyon, who said that the federal government needs to do less, that we need to dump housing on provinces.

Our record is clear. We believe that the federal government has an active role to play. They believe we should do less, and that is why they vote against every housing measure that comes to the floor of the House.

* * *

ETHICS

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Mr. Speaker, another day and another Liberal is caught breaking ethics laws. This time it is the Parliamentary Secretary to the Prime Minister who was caught using his position to further the interests of a company. Now the Liberals are so brazen in their law-breaking that they have a member of the ethics committee who is breaking ethics laws.

These Liberals think they are above the law. For everyday Canadians there are consequences when they break the law. So why does the Parliamentary Secretary to the Prime Minister get to keep his job after he broke the law?

● (1510)

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, the parliamentary secretary has apologized, as I indicated in the House.

There was a company that supports Black and multi-ethnic communities across—

Some hon. members: Oh, oh!

Oral Questions

The Speaker: I am having a hard time hearing the government House leader. Maybe he could start from the top, and hopefully it will be a little quieter the second time around.

The hon. government House leader please, from the top.

Hon. Mark Holland: Mr. Speaker, as I indicated, the parliamentary secretary errantly, and he has admitted his mistake, supported a business that is supporting and reflects Black and multi-ethnic communities across Canada. He wanted to support the important work it was doing, but recognized that it was inappropriate for him to send that letter. Let me say of that parliamentary secretary that he is somebody with passion and dedication who serves his constituents and his country.

The difference, I guess, between ourselves and the Conservatives is that, when we make a mistake, we apologize and endeavour to do better.

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Mr. Speaker, maybe when Canadians are caught breaking the law, the government is okay if they just say “sorry”.

After eight years of the Prime Minister, Canadians do not expect that the Prime Minister will take any action when his ministers and parliamentary secretaries break the law, because he would have to hold himself to a high standard as well, having twice been caught breaking ethics laws. It is a cabinet of serial lawbreakers, with the trade minister, the intergovernmental affairs minister, the former finance minister and even the Prime Minister.

Both the Prime Minister and his parliamentary secretary broke the law. Who is going to resign first?

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, as I indicated, the parliamentary secretary did send a letter attempting to support a business that he believed in, but recognized that it was inappropriate for him to send that letter. The idea that the parliamentary secretary would give up his position for such a mistake is, I think, terrible. The reality is, in my estimation—

Some hon. members: Oh, oh!

Hon. Mark Holland: Mr. Speaker, they can yell and scream, but maybe they should reflect. We all make mistakes in life. We take ownership for them. The parliamentary secretary did exactly that. The level of his mistake absolutely does not warrant his resigning.

AUTOMOTIVE INDUSTRY

Mr. Francesco Sorbara (Vaughan—Woodbridge, Lib.): Mr. Speaker, we are witnessing a renaissance in Canada's auto sector, and this is only the beginning.

As chair of the auto caucus, I am excited to share that the awaited Canadian International AutoShow is back, celebrating its 50th anniversary, where Canadian innovation in this sector will be on full display.

Can the Minister of Tourism and Associate Minister of Finance update the House on the transformational investments our govern-

ment is making in Canada's auto sector to track new investments and create great jobs and bright futures for all Canadians?

Hon. Randy Boissonnault (Minister of Tourism and Associate Minister of Finance, Lib.): Mr. Speaker, I want to thank my friend and colleague, the MP for Vaughan—Woodbridge, for his hard work on the file.

Our auto-manufacturing sector is the centrepiece of the Canadian economy and a source of many well-paying Canadian jobs. Last year alone, we saw more than \$15 billion invested in the EV and battery supply chain. Our government is working with auto manufacturers and labour organizations to ensure that the Canadian auto sector remains strong and competitive not only today, but for decades to come. We are putting hundreds of millions of dollars on the table to make sure that Canada is a leader in the production of electric vehicles built by Canadians and powered by Canadian critical minerals. This is good news for Canada and for Canadians.

[Translation]

IMMIGRATION, REFUGEES AND CITIZENSHIP

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, a number of people who crossed into Canada at Roxham Road have come to my office in Montreal.

Contrary to what the Bloc Québécois says, Roxham Road is nothing like an all-inclusive vacation. The Quebec National Assembly adopted a motion yesterday to denounce this insensitive and out-of-touch comparison, one that feeds prejudice.

Liberal inaction on this issue has also left room for this kind of divisive and misleading rhetoric.

When will the Liberals suspend the safe third country agreement so we can finally fix this?

Mrs. Marie-France Lalonde (Parliamentary Secretary to the Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, I think that, as Canadians, we all have a duty to do our part to protect our borders and ensure the safety of people who are fleeing for humanitarian reasons, because they are suffering abuse.

The safe third country agreement is an important bilateral tool. We will continue to work with our counterparts in the United States to modernize this agreement.

● (1515)

TAXATION

Mr. Alain Rayes (Richmond—Arthabaska, Ind.): Mr. Speaker, on December 2, I asked the government a question concerning a 30-year-old tax law whereby Canadian companies, like Zenit Nutrition in my riding, are penalized by our tax system despite the fact that they use only local and healthy ingredients in producing their food products.

These men and women entrepreneurs are fighting multinationals, and they are only asking to be able to compete on an equal footing.

The Liberal government says that it wants to help our Canadian economy. Will it take the necessary steps to listen to entrepreneurs before the next budget?

Hon. Randy Boissonnault (Minister of Tourism and Associate Minister of Finance, Lib.): Mr. Speaker, the government is listening to small and medium-sized businesses. It is also listening to businesses that provide food to Canadians and feed our communities.

We will take the member's specific question, discuss this issue and provide a strong response.

Mr. Pierre Paul-Hus: Mr. Speaker, I rise on a point of order. During Oral Questions, the Minister of Environment misled the House by suggesting that people in Quebec do not pay a carbon tax. I seek the unanimous consent of the House to table my own personal propane bill, which clearly shows that I paid 6.2¢ per litre in carbon tax.

The Speaker: All those opposed to the hon. member's moving the motion will please say nay.

Some hon. members: Nay.

GOVERNMENT ORDERS

[Translation]

BUSINESS OF SUPPLY

OPPOSITION MOTION—RISING INFLATION AND COST OF LIVING

The House resumed from February 14 consideration of the motion.

The Speaker: It being 3:17 p.m., pursuant to order made on Thursday, June 23, 2022, the House will now proceed to the taking of the deferred recorded division on the motion of the hon. member for Calgary Forest Lawn relating to the business of supply.

[English]

Call in the members.

The question is on the motion. May I dispense?

Some hon. members: No.

[Chair read text of motion to House]

• (1530)

[Translation]

(The House divided on the motion, which was negatived on the following division:)

(Division No. 259)

YEAS

Members

Aboultaif
Albas
Arnold
Barlow

Aitchison
Allison
Baldinelli
Barrett

Berthold
Block
Brassard
Calkins
Carrie
Chong
Dalton
Davidson
d'Entremont
Dowdall
Duncan (Stormont—Dundas—South Glengarry)
Epp
Falk (Provencher)
Ferrerri
Gallant
Genius
Godin
Gourde
Hallan
Jeneroux
Kitchen
Kram
Kurek
Lantsman
Lehoux
Lewis (Haldimand—Norfolk)
Lloyd
Maguire
Mazier
McLean
Moore
Morrison
Muys
O'Toole
Paul-Hus
Poilievre
Redekopp
Rempel Garner
Roberts
Ruff
Schmale
Shields
Small
Steinley
Strahl
Thomas
Tolmie
Van Popta
Vidal
Viersen
Wagantall
Waugh
Williams
Zimmer — 115

Business of Supply

Bezan
Bragdon
Brock
Caputo
Chambers
Cooper
Dancho
Deltell
Doherty
Dreeshen
Ellis
Falk (Battlefords—Lloydminster)
Fast
Findlay
Généreux
Gladu
Goodridge
Gray
Hoback
Kelly
Kmiec
Kramp-Neuman
Kusie
Lawrence
Lewis (Essex)
Liepert
Lobb
Martel
McCauley (Edmonton West)
Melillo
Morantz
Motz
Nater
Patzner
Perkins
Rayes
Reid
Richards
Rood
Scheer
Seeback
Shiplely
Soroka
Stewart
Stubbs
Tochor
Uppal
Vecchio
Vien
Vis
Warkentin
Webber
Williamson

NAYS

Members

Aldag
Ali
Angus
Arya
Atwin
Badawey
Baker
Barsalou-Duval
Beech
Bennett
Bérubé
Bittle
Blair
Blaney
Boissonnault

Alghabra
Anandasangaree
Arseneault
Ashton
Bachrach
Bains
Barron
Battiste
Bendayan
Bergeron
Bibeau
Blaikie
Blanchette-Joncas
Blois
Boulerice

Private Members' Business

Bradford
Brunelle-Duceppe
Casey
Chagger
Champagne
Chatel
Chiang
Collins (Victoria)
Coteau
Damoff
DeBellefeuille
Desilets
Dhaliwal
Diab
Drouin
Duclos
Dzerowicz
El-Khoury
Fillmore
Fonseca
Fortin
Fraser
Fry
Garneau
Garrison
Gazan
Gill
Green
Hajdu
Hardie
Holland
Hughes
Hutchings
Idlout
Jaczek
Jones
Julian
Kelloway
Khera
Kusmierczyk
Lalonde
Lametti
Lapointe
Lauzon
Lebouthillier
Lightbound
Longfield
MacAulay (Cardigan)
MacGregor
Maloney
Masse
May (Saach—Gulf Islands)
McKinnon (Coquitlam—Port Coquitlam)
McPherson
Mendicino
Miller
Morrissey
Naqvi
Noormohamed
O'Connell
O'Regan
Perron
Plamondon
Qualtrough
Rodriguez
Romanado
Sajjan
Samson
Scarpaleggia
Serré
Shanahan
Sidhu (Brampton East)
Simard

Brière
Cannings
Chabot
Chahal
Champoux
Chen
Collins (Hamilton East—Stoney Creek)
Cormier
Dabrusin
Davies
Desbiens
Desjarlais
Dhillon
Dong
Dubourg
Duguid
Ehsassi
Erskine-Smith
Fisher
Fortier
Fragiskatos
Freeland
Gaheer
Garon
Gaudreau
Gerretsen
Gould
Guilbeault
Hanley
Hepfner
Housefather
Hussen
Iacono
Ien
Johns
Jowhari
Kayabaga
Khalid
Koutrakis
Kwan
Lambropoulos
Lamoureux
Lattanzio
LeBlanc
Lemire
Long
Louis (Kitchener—Conestoga)
MacDonald (Malpeque)
MacKinnon (Gatineau)
Martinez Ferrada
May (Cambridge)
McKay
McLeod
Mendès
Michaud
Morrice
Murray
Ng
Normandin
Oliphant
Pauzé
Petitpas Taylor
Powlowski
Robillard
Rogers
Sahota
Saks
Sarai
Schieffe
Sgro
Sheehan
Sidhu (Brampton South)
Sinclair-Desgagné

Singh
Sousa
St-Onge
Tassi
Thériault
Thompson
Turnbull
Van Bynen
Vandal
Villemure
Weiler
Yip
Zarrillo
Sorbara
Ste-Marie
Sudds
Taylor Roy
Therrien
Trudel
Valdez
van Koeverden
Vandenbeld
Vuong
Wilkinson
Zahid
Zuberi — 202

PAIRED

Members

Joly
McGuinty
Vignola
Larouche
Savard-Tremblay
Virani — 6

The Speaker: I declare the motion lost.

PRIVATE MEMBERS' BUSINESS

[*English*]

PUBLIC SECTOR INTEGRITY ACT

The House resumed from February 9 consideration of the motion that Bill C-290, An Act to amend the Public Servants Disclosure Protection Act, be read the second time and referred to a committee.

The Speaker: Pursuant to order made on Thursday, June 23, 2022, the House will now proceed to the taking of the deferred division on the motion at second reading stage of Bill C-290 under Private Members' Business.

● (1545)

[*Translation*]

(The House divided on the motion, which was agreed to on the following division:)

(*Division No. 260*)

YEAS

Members

Aboultair
Albas
Angus
Ashton
Baldinelli
Barrett
Barsalou-Duval
Bergeron
Bérubé
Blaikie
Blanchette-Joncas
Block
Bragdon
Brock
Calkins
Caputo
Chabot
Champoux
Collins (Victoria)
Dalton
Davidson
Aitchison
Allison
Arnold
Bachrach
Barlow
Barron
Beaulieu
Berthold
Bezan
Blanchet
Blaney
Boulerice
Brassard
Brunelle-Duceppe
Cannings
Carrie
Chambers
Chong
Cooper
Dancho
Davies

Private Members' Business

DeBellefeuille
d'Entremont
Desilets
Doherty
Dreeshen
Ellis
Erskine-Smith
Falk (Provencher)
Ferrerri
Fortin
Garon
Gaudreau
Généreux
Gill
Godin
Gourde
Green
Hoback
Idlout
Johns
Kelly
Kmic
Kramp-Neuman
Kusie
Lantsman
Lehoux
Lewis (Essex)
Liepert
Lobb
Maguire
Masse
Mazier
McLean
Melillo
Moore
Morrice
Motz
Nater
O'Toole
Paul-Hus
Perkins
Plamondon
Rayes
Reid
Richards
Rood
Scheer
Seeback
Shiple
Sinclair-Desgagné
Small
Steinley
Stewart
Stubbs
Therrien
Tochor
Trudel
Van Popta
Vidal
Viersen
Vis
Wagantall
Waugh
Williams
Zarrillo

Deltell
Desbiens
Desjarlais
Dowdall
Duncan (Stormont—Dundas—South Glengarry)
Epp
Falk (Battlefords—Lloydminster)
Fast
Findlay
Gallant
Garrison
Gazan
Genius
Gladu
Goodridge
Gray
Hallan
Hughes
Jeneroux
Julian
Kitchen
Kram
Kurek
Kwan
Lawrence
Lemire
Lewis (Haldimand—Norfolk)
Lloyd
MacGregor
Martel
May (Saanich—Gulf Islands)
McCauley (Edmonton West)
McPherson
Michaud
Morantz
Morrison
Muys
Normandin
Patzner
Pauzé
Perron
Poielievre
Redekopp
Rempel Garner
Roberts
Ruff
Schmale
Shields
Simard
Singh
Soroka
Ste-Marie
Strahl
Thériault
Thomas
Tolmie
Uppal
Vecchio
Vien
Villemure
Vuong
Warkentin
Webber
Williamson
Zimmer— 172

NAYS

Nil

PAIRED

Members

Joly

Larouche

McGuinty
Vignola

Savard-Tremblay
Virani— 6

The Speaker: I declare the motion carried. Accordingly, the bill stands referred to the Standing Committee on Government Operations and Estimates.

(Bill read the second time and referred to a committee)

* * *

[English]

DEPARTMENT OF PUBLIC WORKS AND GOVERNMENT SERVICES ACT

The House resumed from February 14 consideration of the motion that Bill S-222, An Act to amend the Department of Public Works and Government Services Act (use of wood), be read the second time and referred to a committee.

The Deputy Speaker: Pursuant to order made on Thursday, June 23, 2022, the House will now proceed to the taking of the deferred recorded division on the motion at second reading stage of Bill S-222 under Private Members' Business.

● (1555)

(The House divided on the motion, which was agreed to on the following division:)

(Division No. 261)

YEAS

Members

Aboultatif
Albas
Alghabra
Allison
Angus
Arseneault
Ashton
Bachrach
Bains
Baldinelli
Barrett
Barsalou-Duval
Beaulieu
Bendayan
Bergeron
Bérubé
Bibeau
Blaikie
Blanchette-Joncas
Block
Boissonnault
Bradford
Brassard
Brock
Calkins
Caputo
Casey
Chagger
Chambers
Champoux
Chen
Chong
Collins (Victoria)
Cormier
Dabrusin
Damoff
Davidson
DeBellefeuille

Aitchison
Aldag
Ali
Anandasangaree
Arnold
Arya
Atwin
Badawey
Baker
Barlow
Barron
Battiste
Beech
Bennett
Berthold
Bezan
Bittle
Blair
Blaney
Blois
Boulerice
Bragdon
Brière
Brunelle-Duceppe
Cannings
Carrie
Chabot
Chahal
Champagne
Chatel
Chiang
Collins (Hamilton East—Stoney Creek)
Cooper
Coteau
Dalton
Dancho
Davies
Deltell

Private Members' Business

Desbiens	Desilets	Normandin	O'Connell
Desjarlais	Dhaliwal	Oliphant	O'Regan
Dhillon	Diab	O'Toole	Patzer
Doherty	Dong	Paul-Hus	Pauzé
Dowdall	Dreeshen	Perkins	Perron
Drouin	Dubourg	Petitpas Taylor	Plamondon
Duclos	Duguid	Poilievre	Powlowski
Duncan (Stormont—Dundas—South Glengarry)	Dzerowicz	Qualtrough	Rayes
Ehsassi	El-Khoury	Redekopp	Reid
Ellis	Epp	Rempel Garner	Richards
Erskine-Smith	Falk (Battlefords—Lloydminster)	Roberts	Robillard
Falk (Provencher)	Fast	Rodriguez	Rogers
Ferreri	Fillmore	Romanado	Rood
Findlay	Fisher	Ruff	Sahota
Fonseca	Fortier	Sajjan	Saks
Fortin	Fragiskatos	Samson	Saraï
Fraser	Freeland	Scarpaleggia	Scheer
Fry	Gaheer	Schiefke	Schmale
Gallant	Garneau	Seeback	Serré
Garon	Garrison	Sgro	Shanahan
Gaudreau	Gazan	Sheehan	Shields
Généreux	Genuis	Shiple	Sidhu (Brampton East)
Gerretsen	Gill	Sidhu (Brampton South)	Simard
Gladu	Godin	Sinclair-Desgagné	Singh
Goodridge	Gould	Small	Sorbara
Gourde	Gray	Soroka	Sousa
Green	Guilbeault	Steinley	Ste-Marie
Hajdu	Hallan	Stewart	St-Onge
Hanley	Hardie	Strahl	Stubbs
Hepfner	Hoback	Sudds	Tassi
Holland	Housefather	Taylor Roy	Thériault
Hughes	Hussen	Therrien	Thomas
Hutchings	Iacono	Thompson	Tochor
Idlout	Ien	Tolmie	Trudel
Jaczek	Jeneroux	Turnbull	Uppal
Johns	Jones	Valdez	Van Bynen
Jowhari	Julian	van Koeverden	Van Popta
Kayabaga	Kelloway	Vandal	Vandenbeld
Kelly	Khalid	Vecchio	Vidal
Khera	Kitchen	Vien	Viersen
Kmiec	Koutrakis	Villemure	Vis
Kram	Kramp-Neuman	Vuong	Wagantall
Kurek	Kusie	Warkentin	Waugh
Kusmierczyk	Kwan	Webber	Weiler
Lalonde	Lambropoulos	Wilkinson	Williams
Lametti	Lamoureux	Williamson	Yip
Lantsman	Lapointe	Zahid	Zarrillo
Lattanzio	Lauzon	Zimmer	Zuberi— 318
Lawrence	LeBlanc		
Lebouthillier	Lehoux		
Lemire	Lewis (Essex)		
Lewis (Haldimand—Norfolk)	Liepert		
Lightbound	Lloyd		
Lobb	Long		
Longfield	Louis (Kitchener—Conestoga)		
MacAulay (Cardigan)	MacDonald (Malpeque)	Nil	
MacGregor	MacKinnon (Gatineau)		
Maguire	Maloney		
Martel	Martinez Ferrada		
Masse	May (Cambridge)		
May (Saanich—Gulf Islands)	Mazier	Joly	Larouche
McCauley (Edmonton West)	McKay	McGuinty	Savard-Tremblay
McKinnon (Coquitlam—Port Coquitlam)	McLean	Vignola	Virani— 6
McLeod	McPherson		
Melillo	Mendès		
Mendicino	Miao		
Michaud	Miller		
Moore	Morantz		
Morrice	Morrison		
Morrissey	Motz		
Murray	Muys		
Naqvi	Nater		
Ng	Noormohamed		

NAYS

PAIRED

Members

The Deputy Speaker: I declare the motion carried. Accordingly, the bill stands referred to the Standing Committee on Natural Resources.

(Bill read the second time and referred to a committee)

The Deputy Speaker: I wish to inform the House that because of the deferred recorded divisions, Government Orders will be extended by 39 minutes.

*Routine Proceedings**[Translation]***POINTS OF ORDER**

USE OF PROPER EQUIPMENT DURING VIDEO CONFERENCING

Mrs. Claude DeBellefeuille (Salaberry—Suroît, BQ): Mr. Speaker, I would like you to inform the parliamentarians of the House about the rules around wearing the mandatory approved headset to speak in the House and in committee. I have before me a note that says that all parliamentarians must use the Jabra Evolve2 40 headset when participating by video conference in parliamentary proceedings and other meetings. Mr. Speaker, can you tell the House what the table officers do to determine whether a member speaking by video conference is using the right headset?

Today, I thought I saw that the member for Rosemont—La Petite-Patrie was not using the approved headset that helps ensure workplace safety for the interpreters. Could you tell us whether that headset has been checked by the table officers before recognizing the member for Rosemont—La Petite-Patrie? Could you confirm that he is using the right headset, the one that has been approved by the House and that complies with the order that was given by the House of Commons workplace health and safety bureau?

• (1600)

The Deputy Speaker: I thank the hon. member for raising that question.

I was not in the chair at that time. We know that the table officers knew it was not the right headset, but we do not know exactly why the member was not wearing the right headset. I will come back to the House with a more exact answer once I find out what happened at that moment.

The hon. member for Salaberry—Suroît.

Mrs. Claude DeBellefeuille: Mr. Speaker, I would like to add a question, because the Chair's response will help clarify this issue. Each member will be better informed of the need to wear the proper equipment to speak. At the same time, the response will inform us of the mechanism put in place by the House to verify that the proper equipment is being worn.

I just want to clarify my request, and I hope that the Chair will provide us with clarification so we can guarantee the occupational health and safety of our interpreters.

The Deputy Speaker: I thank the hon. member for that clarification.

ROUTINE PROCEEDINGS*[Translation]***SUPPLEMENTARY ESTIMATES (C), 2022-23**

A message from Her Excellency the Governor General transmitting supplementary estimates (C) for the financial year ending March 31, 2023, was presented by the President of the Treasury Board and read by the Speaker to the House.

Hon. Mona Fortier (President of the Treasury Board, Lib.): Mr. Speaker, I have the honour to table, in both official languages, the supplementary estimates (C), 2022-23.

• (1605)

*[English]***MAIN ESTIMATES, 2023-24**

A message from Her Excellency the Governor General transmitting estimates for the financial year ending March 31, 2024, was presented by the President of the Treasury Board and read by the Speaker to the House.

Hon. Mona Fortier (President of the Treasury Board, Lib.): Mr. Speaker, I have the honour to table, in both official languages, the Main Estimates, 2023-24.

* * *

COMMITTEES OF THE HOUSE

SCIENCE AND RESEARCH

Mr. Corey Tochor (Saskatoon—University, CPC): Mr. Speaker, I have the honour to present, in both official languages, the third report of the Standing Committee on Science and Research, entitled “Small Modular Nuclear Reactors”.

Pursuant to Standing Order 109, the committee requests that the government table a comprehensive response to this report.

MEDICAL ASSISTANCE IN DYING

Hon. Marc Garneau (Notre-Dame-de-Grâce—Westmount, Lib.): Mr. Speaker, I have the honour to present, in both official languages, the second report of the Special Joint Committee on Medical Assistance in Dying, entitled “Medical Assistance in Dying in Canada: Choices for Canadians”.

Pursuant to Standing Order 109, the committee requests that the government table a comprehensive response to this report.

[Translation]

I will take this opportunity to thank the members of our committee. Ten members from four parties and five senators worked for nine months to deliver this report. I also want to thank our clerks and our analysts for their excellent work during the last nine months. It is a challenging task. They showed exceptional patience and skill.

[English]

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Mr. Speaker, I rise on behalf of the Conservative members of the Special Joint Committee on Medical Assistance in Dying to table, in both official languages, our dissenting report.

Conservatives completely reject the committee's endorsement of the Liberal government's new arbitrary deadline to expand MAID in cases of mental illness in one year. The evidence from experts, including leading psychiatrists, is clear. This radical expansion cannot be implemented safely, and there is no evidence to indicate that it will be any different a year from now.

Routine Proceedings

We are also disappointed that the committee failed to undertake a meaningful study on the effectiveness and enforcement of existing safeguards, this at a time when there are multiple alarming reports of abuse, non-compliance and Canadians falling through the cracks under the Liberals' MAID regime.

Finally, we reject the committee's irresponsible recommendation to expand MAID for mature minors, especially having regard for significant knowledge gaps and a complete lack of consultation with impacted groups, including young Canadians.

* * *

PETITIONS

JUSTICE

Mr. Matthew Green (Hamilton Centre, NDP): Mr. Speaker, I am pleased to rise today to present three petitions.

The first petition, e-petition 3974, has been signed by Canadians across the country and highlights the fact that even though cannabis is legal in Canada, far too many people remain penalized for historic cannabis convictions. These historic convictions disproportionately impact people from marginalized communities and have negative consequences on their ability to work, find housing and travel outside the country.

This petition recognizes that cannabis-related pardon programs fail to remedy these concerns and, thus, calls upon the government to follow the lead of jurisdictions like New York and immediately table legislation that would provide automatic expungement for all Canadians living with non-violent cannabis convictions.

YEMEN

Mr. Matthew Green (Hamilton Centre, NDP): Mr. Speaker, the second petition, e-petition 3775, has the support of 1,345 Canadians and is an important reminder that there is an ongoing humanitarian catastrophe and illegal war unfolding in Yemen.

This petition calls on the government to immediately cancel all active and pending arms deals with Saudi Arabia, prevent any transfers of Canadian-made arms, demand the Saudi-led coalition to end its air strikes and military offensives, apply Magnitsky sanctions to Saudi leaders, significantly increase humanitarian aid to Yemen and expand the group of five sponsorship exemptions to Yemeni refugees.

- (1610)

NUCLEAR WEAPONS

Mr. Matthew Green (Hamilton Centre, NDP): Mr. Speaker, the last petition, e-petition 3777, initiated by Henry Evans-Tenbrinke from Hamilton, is in relation to the Australia, United Kingdom and United States military pact and the willingness of the U.S. to sell nuclear submarines and related military technologies to the Australians. These weapons sales would be in violation of the UN Treaty on the Non-Proliferation of Nuclear Weapons.

This petition requests the Government of Canada to not only refuse any participation in the AUKUS pact, but also strongly condemn it as a breach of the UN nuclear non-proliferation treaty and a dangerous escalation of military tensions.

ACCESS TO MEDICINES

Mr. Dean Allison (Niagara West, CPC): Mr. Speaker, I am presenting e-petition 4183, which was started by a constituent of mine, John Fulton. It is signed by over 2,161 Canadians.

The petitioners are calling upon the Minister of Innovation, Science and Industry and the Minister of Health to recommend to the Governor in Council to immediately add COVID-19 vaccines, diagnostics and therapeutics to schedule 1 of the Patent Act, thereby permitting export under Canada's access to medicines regime for humanitarian reasons.

PUBLIC SAFETY

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Mr. Speaker, I am presenting a petition in which the petitioners oppose Bill C-21 and are asking for it to be repealed because it would do nothing to prevent gun smuggling or crimes involving firearms.

FOOD SECURITY

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, I have two petitions to present today.

In the first petition, the petitioners note that more than four million Canadians, including one and a half million children, live in homes where the families report food insecurity. They point out that it is important to remember that the health and development of children requires that they have access to healthy food, particularly in a school setting. Canada is one of the few members of the OECD without a national nutritional school food program in place.

The petitioners call on the Government of Canada, in collaboration with the provinces, territories, municipalities and stakeholders, to develop a national school nutritious food program to ensure that all children in Canada have access to healthy food.

HOUSING

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, in the second petition, the petitioners point out that in Canada more than 600,000 social housing units that were created between 1970 and 1994 were provided through long-term agreements with social housing providers. They point out that these agreements are essential to provide affordable housing options to people, particularly tenants, with a maximum of 30% of their income dedicated to rent.

The petitioners point out that the federal government today is still refusing to renew those agreements, many of which have expired. They are calling on the federal government, in collaboration with the provinces and other stakeholders, to renew the funding of long-term social housing operating agreements in order to preserve rent subsidies and provide funds for the necessary renovations for this critically important housing stock.

IMMIGRATION, REFUGEES AND CITIZENSHIP

Mr. Tom Kmiec (Calgary Shepard, CPC): Mr. Speaker, I am tabling a petition on behalf of my constituents calling on the Minister of Immigration, Refugees and Citizenship to update the immigration system to pave the way for efficient processes that address Canada's ongoing needs. The petitioners are raising the fact that, since 2015, the immigration backlog has increased to 2.1 million applications.

I will draw attention to specific points the petitioners make in this petition. On refugee travel document applications, where the department has a goal of beating the standard of 20 days 90% of the time, the IRCC meets that standard only 15% of the time. The certificate for identity applications has a goal of beating the service standard of 20 days 90% of the time. Sadly, only 15% are processed on time.

This is causing stress. It is a lack of dignity to the applicants by the department. This department has received double the funding since 2015. We have doubled the FT and full-time equivalent staff, and despite that, the backlog is still 2.1 million, so petitioners are calling on the minister to fix the problem he has created.

• (1615)

NUCLEAR WEAPONS

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, I have two petitions to table today.

In the first petition, petitioners recognize that it has been 77 years since the first use of nuclear weapons, which demonstrated their awesome power, yet we remain today under constant threat of warfare that could result in devastation from which the world would never recover. They also recognize that the Government of Canada has published statements saying that it is committed to achieving a world free of nuclear weapons.

They also note that the Treaty on the Prohibition of Nuclear Weapons has been signed by 86 countries, and ratified by 66, but not by Canada, and they recognize that, as a non-nuclear state, Canada is in the best position to comply with the articles of the TP-NW and to guide its allies in other nations towards a world free from nuclear weapons.

Therefore, the petitioners are calling upon the Government of Canada to sign and commit to ratifying the Treaty on the Prohibition of Nuclear Weapons and to urge allies and other nations to follow suit.

PERSONS WITH DISABILITIES

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, in the second petition, petitioners recognize that disability financial support payments in Canada are currently far below the official poverty line. They also recognize that 1.5 mil-

Routine Proceedings

lion disabled Canadians currently suffer every single day in a state of legislated poverty, and they recognize that the government continues to allow the wealthy, well-connected and multinational corporations to hoard billions in offshore accounts, or forgo taxes and fair prices for our country's resources.

Therefore, the petitioners are calling on the Government of Canada to end the current practice of legislated poverty of Canadians living with disabilities and establish a federal disability benefit of \$2,200 a month.

* * *

[Translation]

FEDERAL TAX EXPENDITURES

Hon. Mona Fortier (President of the Treasury Board, Lib.): Mr. Speaker, pursuant to Standing Order 32(2), I have the honour to table, on behalf of the Minister of Finance, in both official languages, a document entitled "2023 Report on Federal Tax Expenditures".

* * *

[English]

QUESTIONS ON THE ORDER PAPER

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I would ask that all questions be allowed to stand at this time.

The Deputy Speaker: Is that agreed?

Some hon. members: Agreed.

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MOTIONS FOR PAPERS

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I ask that all notices of motions for the production of papers be allowed to stand.

The Deputy Speaker: Is that agreed?

Some hon. members: Agreed.

*Government Orders***GOVERNMENT ORDERS***[English]***CRIMINAL CODE**

The House resumed from February 13 consideration of the motion that Bill C-39, An Act to amend An Act to amend the Criminal Code (medical assistance in dying), be read the second time and referred to a committee.

Mr. Dean Allison (Niagara West, CPC): Mr. Speaker, as always, I want to thank the constituents of Niagara West for electing me to represent them in Parliament and be their voice in this place on the key issues of our country. What is more important than the bill we are discussing today, Bill C-39, respecting medical assistance in dying? We all know how sensitive and complex a topic this is. We as parliamentarians, with this bill, are dealing with the issue of literal life and death, which is a deeply personal decision, and that is as complex as it gets.

On both sides of the House, the focus and priority of all of us is to ensure that safeguards are always in place for the most vulnerable people in our society, particularly for those with mental health challenges. I believe that we are all trying to get this legislation right. Lives are at stake, and again, we need to get this right. We also have to keep in mind that we have to be respectful and accepting of the different perspectives on this issue.

Many folks from my community in Niagara West are people of faith, and they are struggling with this concept of doctor-assisted suicide. This issue is of particular importance to the thousands of my constituents who took the time to write letters, send emails and make phone calls to my office to express their views. This is an issue that is exceptionally difficult to accept for many Canadians across the country, including those in my riding of Niagara West.

The planned legal death of someone who is terminally ill is a very delicate matter to begin with, but to open up the door for more people to qualify on mental health grounds, to me and to many of my constituents, is even more troubling. These folks want to ensure that we, as the representatives in this place, safeguard human life in the aftermath of the Carter v. Canada Supreme Court decision.

There is also strong concern that people with mental health issues may be persuaded into ending their lives while they are in a state of personal suffering. That is wrong, and I am sure that we all want to prevent that kind of thing from ever happening to anyone. I am also concerned that there may be horrible stereotypes reinforced, such as that a life with a mental health challenge is not a life worth living, or that living with it is a fate worse than death. This cannot happen.

I know it has already been discussed, but I would like to provide some information and context for my constituents who are not yet aware of how we got to this point and why we are currently discussing medical assistance in dying in Parliament.

On February 6, 2015, the Supreme Court of Canada ruled that grievously suffering patients had the right to ask for help in ending their lives. This was the Carter v. Canada decision. In other words, the Supreme Court made medical assistance in dying a legal right for Canadians under our Charter of Rights and Freedoms. The

Supreme Court declared that paragraph 241(1)(b) and section 14 of the Criminal Code, which prohibited assistance in terminating life, infringed upon the charter rights of life, liberty and security of the person for individuals who wanted to access an assisted death. The Supreme Court decision was suspended for a year to give the government time to enact legislation that reconciled the Charter of Rights of individuals and patients. As a result, the government introduced Bill C-14 on April 14, 2016, and it received royal assent on June 17, 2016. Medical assistance in dying has been legal ever since.

An important fact to remember, once again, is that the legalization of assisted death began with the Supreme Court decision in Carter v. Canada. The last time I spoke to this issue, I reiterated my concern, and the concern expressed by thousands of my constituents, that there simply are not sufficient safeguards for those who are most vulnerable in relation to accessing medical assistance in dying. I feel the same today.

I believe my esteemed colleague from Calgary Nose Hill is absolutely correct. This week, she spoke to the same bill and said that she finds it reprehensible and an abdication of responsibility of every parliamentarian of every political stripe to allow medically assisted dying to be extended to Canadians with mental health challenges, given the abject, miserable state of mental health supports in Canada. She spoke about the difficulties in accessing mental health supports across the country, and I believe she is correct. Mental health services are not readily available. They are also very expensive. The availability of quality mental health services must be there across the country before we even start to consider this debate on legislation that allows folks experiencing mental health issues to seek medical assistance in dying.

Let us not forget something very important here: One of the symptoms of a mental health issue is the unfortunate thought of wishing to die. How can we not get our mental health care system in order first before we contemplate allowing folks to commit medically assisted suicide because of a potentially treatable mental health challenge? I cannot fathom a life being lost because of a treatable mental health issue that went untreated because of a lack of quality and available supports.

• (1620)

I am sure my hon. colleagues have also heard the story of an Ontario man who requested MAID, not because he wanted to die, but because he thought it was a preferable alternative to being homeless. Housing is another major issue the government has not adequately addressed. We should not be a country where folks who are homeless should live in such despair that they feel they have no option than to request medical assistance in dying.

In another story, a disabled Ontario woman applied for MAID after seven years of applying for affordable housing in Toronto with no luck. I think we are all in agreement that these types of cases should never happen.

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I am also very concerned about the mental health of all Canadians, given the difficult times we are in. Inflation is at a generational high. The cost of groceries is up 11%. Half of Canadians are cutting back on groceries, and 20% of Canadians are skipping meals. The carbon tax is being tripled, adding unnecessary costs to families' gas, grocery and home heating bills.

The average rent in Canada's 10 largest cities is more than \$2,200 a month, up more than \$1,000 a month over the last eight years. Average monthly mortgage costs have more than doubled, now costing Canadians over \$3,000 a month. We are seeing a record number of Canadians visiting food banks.

All of this takes a tremendous toll on the mental health of families, seniors and especially those suffering with mental illness and other vulnerable groups. Life was not exactly easy for many people before the pandemic, and it has certainly gotten worse with the inflationary crisis we are in. The important thing to remember here is that investments into mental health services must be made a top priority, because as we all agree, mental health is health.

Let us turn back to Bill C-39. I believe there should be strong safeguards to ensure those most vulnerable never fall through the cracks and end up on a list of people to be medically put to death before they have exhausted all avenues to live a meaningful life.

Let us be clear about something, medical assistance in dying is a tremendously difficult issue to debate. It is a highly emotional topic, and there are many factors and personal convictions that come into play. We agree on many things, but we also disagree strongly on others.

On this issue, specifically, we must respect and listen to one another's views as we chart the course of our future and the future realities of those who are most vulnerable. We can either signal to them that we care by expanding mental health supports and investing in quality services, or we can unfortunately go down a dark path of allowing those who are struggling with treatable mental health challenges the opportunity to end their lives.

I support investing in our people by providing quality and easily accessible mental health treatments. However, this is not what the government's Bill C-39 does. It seeks to delay, for one year, the implementation of provisions that would expand the availability of assisted dying to those whose sole underlying condition is mental illness. That is wrong.

Unfortunately, the Liberal government has brought forward this delay to their MAID expansion because they failed to heed the concerns of our Conservative members, mental health advocates and Canadians when they passed legislation in 2021. I personally do not believe that we should ever give up on those experiencing mental illness. According to the most recent polls, a majority of Canadians would agree with me.

A majority of Canadians oppose the government's plan to offer assisted dying to patients with incurable mental illness. The Angus Reid poll shows 51% of respondents said they oppose the expansion of medical assistance in dying to Canadians whose sole condition is mental illness. In other words, 51% of Canadians believe that we should be focused on offering help and treatment rather than assisted death.

Having said all this, at this point we will be supporting this delay to prevent the immediate expansion of assisted death to those suffering with mental illness. In the near future, we will bring forward alternative proposals. My hope is that we all uphold the original objective of the initial legislation, which was "to affirm the inherent and equal value of every person's life and to avoid encouraging negative perceptions of the quality of life of persons who are elderly, ill or disabled." That we must protect "vulnerable persons...from being induced, in moments of weakness, to end their lives."

This issue is very important to me and to many of my constituents, and I look forward to working with all my colleagues, from all parties, to get this right.

• (1625)

Mr. Sean Casey (Charlottetown, Lib.): Mr. Speaker, I would like to thank my colleague for a balanced presentation on this issue.

I think his concern about the availability of mental health services is entirely fair. However, I do take issue with one thing the member said, which is that he held open the possibility of medical assistance in dying being an option for someone with a treatable mental illness. That is not the legislation. The legislation limits the right to medical assistance in dying to those who have an irremediable condition. Therefore, the fear that someone with a treatable condition would be able to avail themselves of medical assistance in dying is one that will not materialize.

As for the availability of mental health supports, the member would be well aware of the successful negotiation between the Government of Canada and the provinces for a substantial infusion of cash. This will absolutely increase the level of service available to Canadians with respect to mental health services.

Mr. Dean Allison: Mr. Speaker, one of our concerns right from the beginning was the slippery slope of how this could move forward if the proper safeguards were not put in place.

I would say, the majority of mental health issues can be healed, fixed and treated, and when the first forum came out in terms of what they were doing, they looked at the imminent death of an individual. However, I realize that by adding more and more categories to this, we would get on a very slippery slope. For those who are treatable, we believe they should receive treatment and not death.

• (1630)

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, my colleague said that people should not be induced to turn to medical assistance in dying in moments of weakness. I do not know where he is getting that from, but I just want to say that the expert panel's report on mental disorder makes no mention of that. When it comes to socio-economic determinants, which my colleague raised, the experts say that they need to be taken into account but that they are not part of the criteria for having access to medical assistance in dying.

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I am not sure what he is talking about, but one thing is certain. Members need to stop using scare tactics all the time. Basically, the Conservatives are against medical assistance in dying in every situation, not just in the case of mental disorder. Many of them are even opposed to it when a person is terminally ill and already dying.

I would like to say to my colleague that, if he knows of any cases where a person has been induced to seek medical assistance in dying, then he must report them. The Criminal Code would apply, the police would intervene and those people would be brought to justice.

[*English*]

Mr. Dean Allison: Mr. Speaker, I would say that it has been one of the challenges. We have heard of people calling Veterans Affairs looking for services and being recommended to consider MAID as an option. Therefore, I do not think it is reasonable to say that it does not happen, and this is the challenge when we do not have the proper safeguards.

As I said before, it is about safeguards, and our caucus varies across the board in terms of where we are at on this. I personally never supported MAID, but I understand that, in irremediable situations where there is pain and imminent death, there may be choices. However, I am very concerned that people who are down on their luck, having a hard time or concerned about being a burden to society could consider a permanent solution to a temporary problem.

[*Translation*]

Mrs. Élisabeth Brière (Parliamentary Secretary to the Minister of Mental Health and Addictions and Associate Minister of Health, Lib.): Mr. Speaker, I rise today to speak to Bill C-39, an act to amend an act to amend the Criminal Code with regard to medical assistance in dying, which was introduced by the Minister of Justice on February 2.

[*English*]

Through this bill, our government is seeking to extend the timeline that will expand eligibility for MAID where the sole underlying medical condition identified in support of the request is a mental disorder.

[*Translation*]

Our government is committed to ensuring that the MAID framework is prudent, well-thought-out and rigorous so that the assessment and provision of medical assistance in dying is safe. At this point, we believe that delaying the repeal of the exclusion is the best way to achieve these objectives.

[*English*]

It is crucial to strike a balance between promoting the autonomy of those seeking a dignified end and protecting the interests of those most vulnerable in our society. Our government believes that this is the right decision given the inherent complexities of MAID requests that are based only on a mental disorder.

[*Translation*]

My comments will focus on the current MAID framework, including eligibility criteria and existing Criminal Code protections,

and on the broad range of opinions from the public, the medical establishment and other experts, in particular the organizations representing persons living with a mental health disorder.

At present, to be eligible for MAID, an individual must meet five criteria.

[*English*]

All applicants must be eligible for health services funded by the Government of Canada, be at least 18 years of age and capable of making informed decisions relating to their health, have a grievous and irremediable medical condition, have requested MAID voluntarily and not as a result of external pressure, and provide informed consent to receive MAID after being informed of available means to relieve their suffering.

• (1635)

[*Translation*]

As I just mentioned, one of the criteria is a grievous and irremediable medical condition, which means that the person must have a serious and incurable illness, disease or disability; that their medical situation is characterized by an advanced state of irreversible decline in capability; that their illness, disease or disability or advanced state of irreversible decline in their capability causes them to experience enduring intolerable physical or psychological suffering that cannot be relieved under conditions that the person considers acceptable.

In addition to these eligibility criteria, the Criminal Code also provides two sets of procedural safeguards that must be met before MAID can be provided. The first set of safeguards addresses situations where death is reasonably foreseeable, and the second, more stringent set applies to requests for MAID where death is not foreseeable.

[*English*]

The safeguards for MAID requests where death is reasonably foreseeable include that the request must be made in writing and signed before an independent witness, as well as that the person must be informed that they may, at any time and in any manner, withdraw their request.

[*Translation*]

There are four additional safeguards when death is not reasonably foreseeable. This is because these MAID requests are more complex than when death is reasonably foreseeable. The four additional criteria are as follows.

[English]

A second physician or nurse practitioner must confirm in writing that the person meets the eligibility criteria. There must be at least 90 days between the first MAID assessment and the date on which MAID is administered. The person must be informed of alternative available means to alleviate their suffering, such as counselling services, mental health and disability support services, community services and palliative care, and offered consultations with relevant professionals who provide those services. Finally, both physicians or nurse practitioners must agree that the person has given serious consideration to those means.

[Translation]

If this bill is not passed, requests for medical assistance in dying where the sole underlying medical condition is mental health will become available on March 17, 2023.

[English]

I will now briefly discuss some of the concerns that we have heard regarding the upcoming expansion. In their May 2022 submission to the Special Joint Committee on MAID, the Centre for Addiction and Mental Health expressed that “Before eligibility is extended, there must be thoughtful and inclusive discussions to develop consensus definitions of irremediableness and suicidality.” We believe that the extra year will allow for the necessary consideration of these important topics.

[Translation]

In addition, in November, the Canadian Psychiatric Association issued a statement in favour of delaying the repeal of the exclusion from medical assistance in dying in cases where a person's sole underlying medical condition is a mental illness. The CPA is of the opinion that more time is needed to improve education on suicide prevention and access to mental health and addiction services; to develop an expert-approved definition of the irremediability of different mental disorders; and to develop approaches and procedures to help clinicians distinguish between suicide and access to medical assistance in dying.

In December, the Canadian Association for Suicide Prevention also issued some observations in support of the delay. It would like more research to be done into the prognosis of mental disorders in order to draw conclusions on the irremediability of any mental disorder, which is a legal requirement within our MAID framework.

[English]

Many of these concerns were raised during the hearings of the Special Joint Committee on MAID, which was established to undertake a review of the Criminal Code MAID provisions and other related topics, including mental illness. The committee's final report was released this week. One of the reasons for the extension is so that the government can seriously consider the recommendations of this committee.

• (1640)

[Translation]

The government believes that extending the exclusion of mental illnesses is necessary to ensure that MAID is provided appropriate-

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ly in all circumstances where a mental illness is the sole medical condition for requesting MAID.

I hope that all members will join me in supporting this bill.

[English]

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, when members had the special joint committee, they had a great deal of consultation with many different stakeholders. A lot of evidence was provided. Earlier today, the Chair presented the report. It is worth recognizing that a majority of the political parties inside this House seem to support Bill C-39.

Can the member comment on whether the extensive discussions and dialogue that have occurred have in fact improved our system? Could she add value to anything I have said?

[Translation]

Mrs. Élisabeth Brière: Mr. Speaker, I thank my colleague for his question and comments. As he said, the report was tabled this afternoon.

During discussions at the Special Joint Committee on MAID, we heard from a wide range of partners, associations and people who had concerns. The discussions led us to make the decision to extend the delay for those whose sole medical condition is a mental illness. That way, we will have time to set things up properly and ensure that doctors and nurse practitioners are ready to provide MAID under these conditions. Things must be done properly to respect autonomy and freedom of choice.

Ms. Lisa Hefner (Hamilton Mountain, Lib.): Mr. Speaker, I would like to know if my colleague believes that one year will be enough time for the government to ensure that this bill is as perfect as possible.

Mrs. Élisabeth Brière: Mr. Speaker, I thank my colleague for this important question. There have been discussions on this issue. Should expanding MAID to people with mental disorders be delayed by six months, nine months or twelve months?

With guidance from the Minister of Justice and his team, and keeping in mind what we have heard, we do believe that one year will be sufficient, especially since the expert panel is already developing an accreditation program and standards of practice.

Mr. Xavier Barsalou-Duval (Pierre-Boucher—Les Patriotes—Verchères, BQ): Mr. Speaker, I thank my colleague for her speech. I would like to know more about her perception of what the Conservative members are doing, since they seem to be fearmongering. It could even be described as spreading misinformation.

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The Conservatives are suggesting that anyone with a mental health issue could request and be eligible for medical assistance in dying.

I wonder if my colleague could explain why this rhetoric is false. I would also like her to tell us what she thinks of the approach that the official opposition is taking.

Mrs. Élisabeth Brière: Mr. Speaker, I sincerely thank my colleague for his question. I condemn this practice of spreading disinformation. It leads Canadians to believe things that are simply not true.

I talked in my speech about all the safeguards that are in place to provide MAID to people whose only medical condition is a mental health disorder.

This must be done under controlled conditions, after these individuals have accessed services and after a determination has been made by physicians or nurses. We all know that the process is well regulated and that rules must be followed.

• (1645)

[*English*]

Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC): Mr. Speaker, it is an honour to stand today to speak on behalf of the constituents of Moose Jaw—Lake Centre—Lanigan, a riding I am very proud to represent. If the Speaker will permit me just a bit of latitude, I have not had the opportunity before now to remember former colleague and member of Parliament Ray Boughen.

Ray was a dedicated public servant, but his earliest calling was as an educator. He was a long-time teacher and principal before being elected as mayor of Moose Jaw for two terms, from 1994 to 2000. He went on to serve as a trustee on the Prairie South School Division from 2000 to 2008 before entering federal politics. He served two terms as member of Parliament for Palliser before retiring in 2015.

Ray was instrumental in the early stages of my political career. Under his recommendation, or probably dare, I served as city councillor and later as mayor of Moose Jaw. My heartfelt condolences go out to his wife Sandra, his daughter Patti, his son Ryan, all his family and friends, the students who have been left behind and the people who know him.

Once again we are here debating an issue the Liberals have waited until the last minute to address. They have had years to work on this, and only now, as their polling numbers decline and their deadline approaches, are they finally listening to experts and putting the brakes on allowing medically assisted death for those suffering from mental illness.

This is a government of press releases and talking points. Quite honestly, the government has been forcing the issue without public consultation, and now there is a realization it does not have the support of the public. People have grave questions and concerns, and we are seeing that in almost every article we read in the news.

Instead of opening Pandora's box and seeking proper consultation before introducing policies like MAID, the Liberals have again been forced to backtrack. They have ignored experts, relying in-

stead on their own ideology. This is a government that is out of touch with the everyday Canadian and will do absolutely everything to ignore good policy and common sense.

When experts come along with information that does not align with the Prime Minister's carefully drafted talking points, they are ignored, like the experts from the Association of Chairs of Psychiatry in Canada, who in December told the government that Canada was not ready to expand MAID to those suffering from mental illness.

If the government were serious about helping and treating people, it would work to ensure that access to qualified psychiatrists was easier to obtain than offering MAID. The government opened Pandora's box, and now we are seeing the results impacting our veterans community and have heard troubling testimony at my committee.

There are now multiple instances of the Department of Veterans Affairs discussing the topic of medical assistance in death with Canadian veterans. We heard one particularly troubling account of a veteran, who said he was "in a good place", being told MAID was an option. He was told by a caseworker that they have done it before and they can do it for him. This is unacceptable. This is a conversation that should only be held between a patient and a doctor.

Now it has become so bad that the minister has been forced to refer one case to the RCMP. He now thinks the issue is done with. The truth is that there is a much deeper issue at play here, and many others have come forward since the minister has dismissed this.

Veterans who served our country and who now need their country are being betrayed by the government. Regardless of one's thoughts on MAID, when the law was passed, it was stated that any discussion of it had to be between a patient and a doctor. If the government's own departments cannot grasp this simple fact, how can we trust them to develop guidelines for mental health and the mental health industry?

• (1650)

This is beside the fact that wait times for veterans in Canada to receive treatment are skyrocketing, with many waiting almost a year. It can be even longer if someone is a francophone or a female veteran. Meanwhile, the wait time to obtain MAID is currently just 90 days.

After eight years of the Liberal government, everything is broken. Canadian veterans need help, and veterans needing help are seeing wait times skyrocket, not decline. There are veterans who are homeless and on the streets, and the Liberal government has withheld funding for veterans who are desperately in need.

Veterans took an oath to serve their country. They were ready to die for their country. Veterans with PTSD need help. They are not ready to be systematically eliminated by the government.

I mentioned something earlier about opening Pandora's box. Medical assistance in dying cannot be undone. I grew up in a single-parent home, and my mother suffered from postpartum depression. She had tough days, and there were days when she did not want to leave her bed. As a young child, I witnessed this, but every night has its morning, and there were people there for her. Whether it was family, friends or the local church, people gathered round. They were there to help.

Many people call this hope, and hope comes in different forms. To offer MAID, we take away that hope. Let us not take away hope for people who want help. Let us show compassion and care.

I ask this House, "What is the most valuable commodity in Canada?" Many will say it is minerals, some will say fertile grounds and some will say our abundant and clean energy. I would argue that it is the people of this great country.

The people of this country are the most valuable commodity we have. The potential of our country lies in its people. Let us not devalue a person who is in need of help because they are suffering from mental health issues, suffering from PTSD, suffering from depression or suffering from anxiety. These are the people who need hope.

I am not prepared to give up on people who need our help, because people did not give up on my mother. I am motivated by first-hand experience, and because I have a vested interest in the next generation, this is important to me. When I started out in politics to serve my community, I asked myself these four questions, which I will ask my colleagues here. What kind of kids do we want living in our communities? What kind of community produces that kind of kid? What kind of leadership produces that kind of community? What kind of people provide that leadership?

I believe in hope, and I want to send the right message to the people of Canada: They are valued; they mean something. I also want to send the right message to the next generation, an important message: Times may get tough, but there is hope.

I will be voting in favour of the bill, but I hope the government reconsiders its position on MAID.

Mr. Sean Casey (Charlottetown, Lib.): Mr. Speaker, it is most unfortunate that the hon. member decided to take such a partisan tack in his remarks for something that is as complex, sensitive and deeply personal as medical assistance in dying.

He started by saying the Liberals have waited until the last minute. I guess he is unaware that the Carter decision suspended the implementation of the decision for a period of time while the Conservatives were in power, and they abjectly, repeatedly and continually refused to bring in amendments to the Criminal Code that were called for by the court. An election ended up intervening, and the Liberals were left to deal with that.

The member serves on the veterans affairs committee and indicated that at the veterans affairs committee, we heard that a Veterans Affairs employee said to a veteran that they had done this for someone else and they could do it for that veteran. I can tell members that I am on the Veterans Affairs committee and that is not true. That testimony never came before the committee. That was

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put to the committee by the Conservatives based on something that was uncorroborated and not presented to the committee. It is most unfortunate.

• (1655)

Mr. Fraser Tolmie: Mr. Speaker, what is unfortunate is that we are actually dealing with this in the veterans committee. These are veterans who served our country and were willing to put their lives on the line. These are veterans who served with honour and who care about the fabric of this nation.

Whether they have served in Croatia, like my cousin has, or whether they have served in Afghanistan or in some other theatre of operation, they come back and they find it difficult to integrate into society.

Instead of keeping them out of society, we need to integrate them into society. Being offered MAID as the first option is unacceptable, in my opinion.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, I do not know where my colleague got the idea that MAID is the first option offered to veterans.

Morally speaking, it is equally unacceptable to exploit veterans for ideological reasons, which is exactly what my colleague is doing.

If people are offering MAID to veterans who are known to have a reversible condition, they should be reported to the police, taken to court, and put in jail, period.

[*English*]

Mr. Fraser Tolmie: Mr. Speaker, I would point out that it is unacceptable. That should not be the first option for a veteran when they are looking for help. We heard the testimony of a serving veteran who contacted Veterans Affairs saying that he wanted some help. He wanted to reach out before he got out of the military and that option was offered to him. That is unacceptable for someone who is serving in the military at this point.

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, we need to be very careful about language, when I hear my colleague saying that MAID just takes hope away. I had good friends who suffered, who faced death and who had horrific pain. They made a choice, and they died with their loving family around them.

That is one thing, and I respect that. I do not have any right to tell them that they had no choice to do that.

The issue before us is whether we should expand this, with now over 10,000 cases a year undergoing MAID, and include mental illness and depression. I think that is a step way too far. It is irresponsible that this comes at the 11th hour, almost the 12th hour, to be debated in the House.

It goes back to the fundamental failure. We were told, when MAID was brought in, that there would be a review by Parliament to make sure that it was being used in a fair and applicable manner that met what we were all told were going to be the conditions. That does not seem to be the case.

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Why are we debating putting this off for another year? We should be voting to say, no, this is not what MAID was intended for. It should not be used in conditions of depression, mental illness, PTSD or any of those other extensions that the unelected and unaccountable Senate thinks it should be.

Mr. Fraser Tolmie: Mr. Speaker, my hon. colleague and I agree on a great deal. My disappointment and my first-hand account of what I have seen in Veterans Affairs is disappointing, because the push-back has been from veterans with PTSD who want hope and who want to live.

I appreciate the question that has been brought forward.

● (1700)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, in regard to what the last speaker said, I believe, whether it is today or the other evening, that the Conservative Party has been politicizing what is very much a personal issue. Are they bringing in vets?

I had the privilege and honour of serving in the Canadian Armed Forces. I marched with World War I and World War II veterans in a parade. After the parade of remembrance, we went to a legion where there were all sorts of discussions. One got an appreciation of the sacrifices that were made and the types of horrors they had to endure.

To use veterans in a manipulative way to try to give the impression that the Liberal government, let alone any member of this House, would support that any civil servant recommend to a veteran that they apply for MAID is absolutely ridiculous and uncalled for. It is a politicization that cannot be justified. If there is a civil servant working for Veterans Affairs, any civil servant, it is something we take very seriously. They should not be communicating with the public, especially not with veterans, knowing what veterans, not exclusively, often have to go through.

The member referenced the idea that the Prime Minister is not listening. I reflect on debates on Bill C-14, which was brought in back in 2016. The member for Charlottetown referenced the Supreme Court of Canada's decision. It obligates the House of Commons and all members of Parliament to deal with medical assistance in dying. There is no choice. We are a nation that operates with respect to the Supreme of Court of Canada, the rule of law, and that obligation for us to deal with it.

Let us look at the debates we had then, in contrast to what we heard the other day in the speech before mine. In 2016, members debated the then-Bill C-14 with a great deal of passion, and people expressed personal opinions in a very real way. I cannot recall the same sort of partisanship. In the debate the other night, the member said the Prime Minister was not listening to what groups were doing and he was forcing this bill through. We have a minority government. The government and the Prime Minister cannot force anything through, unless there is at least a buy-in by a majority of the members who sit in the House. How can the Prime Minister force something through?

What I hear from the other side is that mental health and depression will somehow qualify someone to be able to apply for MAID.

That is not the case. Do the members know the difference between a medical illness, where someone works for years with a psychiatrist and is diagnosed as mentally ill, versus someone with a mental health issue?

Just because someone is depressed one day, or individuals might have some mental health issues, does not mean they are mentally ill as prescribed by a psychiatrist who individuals work with over months, if not years.

● (1705)

If someone wakes up today and they are not feeling good, and maybe there has been some depression over the last number of weeks and months, that does not mean they go to the hospital or somewhere and then they are told they can apply for MAID. That is not the way it works.

If one listened to the Conservatives, one would think it is like MAID on-demand, and it is not. Trying to give that false impression is doing a disservice to the debate, because they are not understanding the issue of what is being advocated for.

If someone has a serious depression issue because of a layoff, a marital breakdown or a death in the family, it does not mean they can apply for MAID. If their depression is that severe in a relatively short period of time and they apply for MAID, then they will find other supports they can get in touch with.

I would argue that there is another side of this debate we are not looking at. There are individuals who are wondering about MAID and are thinking about making contact as a direct result of knowing it is there, even though they would not be eligible to apply. We are talking about not months, but years, of working with a psychiatrist, where there is no remedy. After that, it still has to go through another process. We are talking about a very small percentage.

If the Conservatives want to talk about mental health in general, I am game for that. Regarding mental health, let us take a look at the agreement we just signed. It is over \$196 billion. That will be millions of dollars going toward issues like mental health.

For the first time, there was a program, the Wellness Together Canada portal, which led to a direct service to Canadians dealing with mental health. It was put in by the Liberal government. Over two million people have been served through that portal. All of them have dealt with some form of mental health issue. Out of those people, there might be zero who would qualify to apply for MAID. It may be a very minuscule percentage, if any, of those who went through that portal. However, we would not think about that if we listened to the Conservative Party.

The Liberal government has raised the issue of mental health virtually from day one. During the pandemic, we put a program in place and we invested millions of dollars to provide support for people who are enduring mental health-related issues.

There is a difference between what we are talking about with MAID and the bigger picture of mental health in Canada. We know that. We have invested in it. We are talking about billions of dollars.

If we reflect on their debates, the Conservatives were even taking extra caution by having the extension. That is why all members in the House are standing up and saying they will vote in favour of it, because it is an extension.

The government is working with stakeholders and other members of the House, not just Liberal MPs, to ensure that we get it right. We have not drawn the same conclusion that the Conservative Party of Canada has. We recognize the issue of mental illness and what is coming from our courts.

• (1710)

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Mr. Speaker, if anyone is politicizing this issue, it is the government. The intention of Conservative Party members is to ensure the safeguards needed to make sure these types of bills do not come through the House of Commons without any regard to the safety and lives of Canadians.

I would ask the hon. member to name at least half a dozen safeguards that he believes would ensure that the dignity, health and safety of Canadians would be well regarded in the bill.

Mr. Kevin Lamoureux: Mr. Speaker, if I were to review the other night's, and today's, Hansard, I could very easily identify a half-dozen or more Conservative MPs who stood in their places trying to give the false impression that if someone is depressed, they can actually apply for MAID. How irresponsible is that?

There are many issues the member has raised. In terms of the half-dozen safeguards, we just had a joint committee report tabled today that will provide the answers the member has requested and many more.

I warn that it might go against what the Conservative spin notes say in the back room of the Conservative Party, because it has been very well thought out. It has been supported by a majority of people in the House.

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Mr. Speaker, I am sure we are all dealing with this very difficult issue. At the end of the day, I would hope that we all want to achieve the same goal of providing an alternative for those who are truly at an end point, while making sure we do it in a way that is as safe and respectful as possible.

I would like to hear from my colleague about whether he thinks that the extension of time being requested is going to be sufficient to make sure the proper safeguards are in place so that the general public is not listening to the outrageous kinds of comments that sometimes get sent around with these kinds of issues.

Mr. Kevin Lamoureux: Mr. Speaker, I am confident that, by having this legislation pass, we would be putting in place an oppor-

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tunity to be 100% confident in the law. There is no hesitation on my part.

To add to that, I think it is critical that we understand and appreciate that what we are talking about are people who have been working with psychiatrists for years and for whom there is no remedy to their mental illnesses. It is a small fraction of people who would even qualify to put in applications. Then that process gets under way.

I think it is really important that people understand that. It is not as wide open as many are trying to give the impression of.

Mr. Mike Morrice (Kitchener Centre, GP): Mr. Speaker, the parliamentary secretary spoke about a mental health portal. While that is an important tool, organizations across the country, including the Canadian Mental Health Association, are calling for more than that. They are calling for the governing party to follow through on its commitment to the Canadian mental health transfer, \$4.5 billion of dedicated mental health funding. I am quite concerned that we are in the midst of seeing the governing party walk back from this very important commitment from the 2021 election campaign.

Can the parliamentary secretary comment on whether the governing party continues to be committed to delivering dedicated mental health funds?

• (1715)

Mr. Kevin Lamoureux: Mr. Speaker, the Government of Canada just signed off on an agreement of over \$196 billion over the next 10 years. That is there to support the Canada Health Act. Mental health is a part of the Canada Health Act, from my perspective and in the minds of many, because mental health is, in fact, health, just like breaking a leg is a health issue.

I suspect we will have to make sure there is a high sense of accountability to ensure that the provinces treat it accordingly.

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Mr. Speaker, I am rising today to speak to Bill C-39, which would delay, by one year, the Liberal government's goal of extending medically facilitated death to Canadians living with mental illness.

Extending medically facilitated death to vulnerable Canadians living with mental illness is unjust now and it will be unjust one year from now.

The government's MAID policy has been driven by radical groups. Their end goal is state-provided death on demand to anyone for any reason. These groups have almost constant and unfettered access to the Liberal government, and this is clear because this extreme expansion is backed by radicals within the Liberal government and Liberal-appointed radicals within the Senate.

At the MAID committee, one of this sort remarked that MAID should be available for babies. How far has our collective respect for dignity of the human person fallen that such a grisly statement could be made without rebuke? Many have said that we are at the end of a slippery slope, but it is clear that if the Liberals continue to take their marching orders from groups like this, they are nowhere near done.

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By law, to be eligible for MAID, a person must have a grievous and irremediable medical condition that is incurable and in an advanced state of irreversible decline. That means that, to qualify, a MAID assessor must be satisfied that the person's condition will not get better. We know it is impossible to predict whether or not a person suffering from a mental illness will get better, so it is not possible to determine irremediability.

Dr. John Maher, a clinical psychiatrist and medical ethicist, said, "Psychiatrists don't know and can't know who will get better and live decades of good life. Brain diseases are not liver diseases."

MAID decisions in cases of mental disorders will be based on "hunches and guesswork that could be wildly inaccurate", according to Dr. Mark Sinyor, a professor of psychiatry at the University of Toronto and a psychiatrist who specializes in the treatment of adults with complex mood and anxiety disorders. He also said that "they could be making an error 2% of the time or 95% of the time."

The Liberal government is willing to say that Canadians with mental illness will not get better and then will end their lives, which could be wrong 95% of the time. Make no mistake, if the government goes ahead with its expansion of MAID for mental illness, people who would have gotten better will not get the chance, because they will be dead.

Right now, 6,000 people with the most severe forms of mental illness are waiting up to five years to get the specialized treatments they need to reduce symptoms, learn to cope and feel better. Instead of working to better those symptoms, to give people the help they need when they need it the most, the government is striving to offer them death.

When appearing before the Senate, Dr. John Maher said, "Clinical relationships are already being profoundly undermined. My patients are saying: 'Why try to recover when MAID is coming, and I'm going to be able to choose death?'" He goes on to say, "Some of my patients keep asking for MAID while they're actually getting better but can't recognize that yet."

We need to offer Canadians hope, and not death, when they are in the depths of despair. Under the Liberal government, a wave of hopelessness has spread to every corner of the country, and we are seeing people seeking and being approved for medically facilitated death because they are poor, because they cannot afford adequate care or housing. It has even gotten to the point that veterans have been offered death instead of treatment and support. We must ensure that the dignity of the human person is respected and considered as a foundational block for our society if it is to be a just society.

• (1720)

We have seen the respect for human life, and especially the lives of vulnerable Canadians, threatened by the current government's MAID regime, and that should be weighed against the standard of a society that is right and just, and that measures whether their actions and policies enhance or threaten the dignity inherent in every single person. This is not a dignity that was invented, imagined or assigned by a government, but it can be affirmed or denied.

What we are seeing in Canada is a government that is willing to offer death before it is willing to offer adequate care, access to timely treatment or even a life that is affordable to live. People are asking food banks to help them access death. It is an absolute disgrace that life in Canada has come to that.

That is why the preferential option for the vulnerable must be in mind as we make any decision in this place. Does this protect, or attack, the vulnerable? Does this enhance, or threaten, the dignity of the vulnerable? Does this lift up the vulnerable, or marginalize them further? These are the questions that have to be asked. When it comes to the Liberal government's MAID regime, I will say that it attacks and threatens the vulnerable, threatens their human dignity and marginalizes them further. How could it not, when death is the solution offered to the problems of the most vulnerable people among us?

Throughout this entire process, the government has tried to silence the voices of marginalized Canadians, especially those living with disabilities or mental illness, but it will not silence my voice here today. It will not silence the voices of Conservatives who stand here united in our opposition to expanding medically assisted death for mental illness.

Death is not an acceptable solution to mental illness and psychological suffering. Our health care system should help people. It should help them find the hope and resilience they need in order to live, and not facilitate their deaths. We continue to be, as we always have been, called to attend to the lives of the most vulnerable people and their preferential option in life. That is to listen to them, to include them, to support them, to lift them up, to help them and to love them, not to end their lives.

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Mr. Speaker, I appreciate the opportunity to address what could only most charitably be described as cognitive dissonance in that speech. When we talk about things like trying to institute a basic income so people can live with dignity and get the help and support that they require, or when we talk about spending more on health in order to be able to create the services that people require in order to live the life the member describes, he opposes those things. Dental care, for Pete's sake, is something that his party has opposed. That is what people living with disabilities require in order to get the services they need and to live with the dignity they need.

Therefore, I am having a hard time reconciling his speech about how we have to pay special attention to the most vulnerable and people living with disabilities, with the position he takes outside this debate on many other important matters. Maybe the member would like to speak to that.

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• (1725)

Mr. Michael Barrett: Mr. Speaker, I am having a really hard time reconciling how that member and his party prop up a government that did absolutely nothing to increase health care transfers to our provinces, and a Prime Minister whom he supports, without exception, in a coalition deal until 2025, in which the Prime Minister, the leader of the NDP—

An hon. member: Oh, oh!

The Deputy Speaker: Order.

The hon. member for Leeds—Grenville—Thousand Islands and Rideau Lakes has the floor.

Mr. Michael Barrett: Mr. Speaker, this member and his party give carte blanche to a Prime Minister who has been an abject failure in supporting the health care needs of our provinces, and that is whom the member votes to support.

While we have been very clear about our position on improving health care supports, treatment supports and mental health supports, that member is supporting a Prime Minister who has done anything but, and who refused to even meet with the premiers and the health ministers. That is what I am having a hard time reconciling.

Ms. Lisa Hefner (Hamilton Mountain, Lib.): Mr. Speaker, I think a key distinction in this legislation is the difference between mental health and mental illness. People could have one or the other or both. Can the member opposite explain whether he understands this difference and why it is relevant to this legislation?

Mr. Michael Barrett: Mr. Speaker, it is incredibly important that we provide the support. That should be the focus of the government. What it is undertaking with this process is not a requirement but a rapid and unnecessary expansion. Frankly, it devalues the human person and those who are living with any of the challenges the member opposite mentioned. It is incredibly important that we find ways to support those people to help them heal instead of finding ways to accelerate their deaths.

[*Translation*]

Mrs. Caroline Desbiens (Beauport—Côte-de-Beaupré—Île d'Orléans—Charlevoix, BQ): Mr. Speaker, I thank my colleague for his speech.

I contend that the process we are going through right now calls for a dose of humility. I tend to believe the scientists. I prefer to put my faith in these exceptional people who have accumulated very high-level training. They have the distinct advantage of being able to contribute everything we need to ensure that the bill before us is as precise, detailed and scientific as possible.

I would like my colleague to comment on his faith in our scientists. I do not think anyone in the House would claim to possess the depth and breadth of knowledge it takes to decide what is good and what is not, what is acceptable and what is not. We have scientists to do that for us. Our job is to give them the right to work on this.

[*English*]

Mr. Michael Barrett: Madam Speaker, I want to go back to some of the words of an expert I quoted. Dr. John Maher, who is a clinical psychiatrist and medical ethicist, said that “Psychiatrists don't know and can't know who will get better and live decades of

good life.” We had another expert say that they “could be making an error 2% of the time or 95% of the time.”

It is so important to make sure that, in matters of life and death, we are correct 100% of the time. We have to stand up for life.

Ms. Leslyn Lewis (Haldimand—Norfolk, CPC): Madam Speaker, it is with a heavy heart that I rise today to speak to this extremely important bill, Bill C-39, an act to amend an act to amend the Criminal Code on medical assistance in dying. Bill C-39 would delay by one year the inclusion of mental illness as a sole underlying condition for eligibility to access medical assistance in dying.

I am truly disturbed by where we find ourselves as a country today. We were once a beacon of light to the world, offering hope, opportunity, community and compassion to all. However, we are quickly becoming a place where the darkness of death threatens the light of our nation. We are offering death as a solution to despair and taking the easier, cheaper way out instead of the narrow, harder path. The narrow, compassionate path requires courage and hard work to create support for those who are struggling and desperate for hope.

When the government first introduced the medical assistance in dying regime in 2016, many sounded the alarm. They said it was a slippery slope that would open the door to abuse, and the vulnerable in society would pay the price with their lives. The government assured Canadians that this would never happen; there would be safeguards put in place with strict criteria, and the most vulnerable would always be protected. However, here we are today deliberating on extending assisted dying to those whose sole illness is one of mental health.

This is sadly ironic because during the last election campaign, the Liberals promised \$4.5 billion in mental health funding, which we have yet to see. Our society has invested billions in embarking on awareness campaigns to bring dignity to those suffering from mental health issues. We have entire days dedicated to mental health. We have worked tirelessly in society to destigmatize mental health issues. We voted unanimously in this House for a mental health hotline, yet here we are contemplating how the government can legalize taking the life of a person who is lost in the depths of a mental illness.

I believe deep down inside that we are all disturbed by the idea that MAID can be extended to the mentally ill. I believe that members of this House and the government know in their hearts that it is wrong for a government to abandon the most vulnerable among us in their time of need. They know it is wrong to promise mental health supports and then offer assisted dying instead.

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What is so sad is that they try to justify it by saying that it is only for those individuals whose mental health is incurable. However, drug addiction, alcohol addiction, the loss of a loved one, broken families, broken relationships, the loss of a job and the inability to support oneself are all real situations that many Canadians are now facing. They could all propel an individual to the darkest depths of their soul. When people find themselves in the depths of despair, lacking the support of friends and family, this precise moment is when it is important for governments to be the beacon of hope and provide support.

The Minister of Justice assures us that individuals who suffer from mental health issues and are suicidal will not be considered for MAID. That statement is a tautological paradox. A person who is in the depths of mental illness and wants to end their life is, by definition, suicidal. When a person cannot cope mentally, their government has abandoned them and they have no prospect of obtaining help, and they decide to take their life, they are not of sound mind.

● (1730)

They do not have the mental capacity to give meaningful consent to ending their life. They are in desperate need of help.

I say it another way: It is near impossible to separate those with suicidal ideations from those with irremediable mental health conditions. Ninety per cent of people who commit suicide today, in fact, have diagnosable mental disorders. That is why it is utterly unconscionable that, one year from now, we could offer death as treatment to those who are suffering from mental health issues.

This option will be abused in the future. MAID has already been abused, with few safeguards currently in place. There have been countless stories of abuse, including stories of elderly, disabled, marginalized and mentally ill Canadians, even veterans, who have fallen through the cracks of care and have become victims of Canada's permissive MAID regime. Here are some of the headlines across our country and across the world that comment on the MAID regime:

“‘Hunger Games style social Darwinism’: Why disability advocates are worried about new assisted suicide laws” is from *Niagara This Week*.

“Former paralympian tells MPs veterans department offered her assisted death” is from *CBC News*.

“Homeless, hopeless man to seek medically assisted death” is from *Barrie Today*.

“Normalizing Death as ‘treatment’ in Canada: Whose Suicides Do We Prevent, and Whose Do We Abet?” is from the *World Medical Journal*.

“What Euthanasia Has Done to Canada” is from the *New York Times*.

“‘Disturbing’: Experts troubled by Canada’s euthanasia laws” is from the *Associated Press*.

“Why is Canada euthanising the poor?” is from *The Spectator* in the U.K.

The government needs to read those headlines and generally consider the totality of the evidence. It is clear that there is no way to safely expand MAID to mental illness.

The government heard the evidence presented at the Special Joint Committee on Medical Assistance in Dying. Experts said that it is “difficult, if not impossible” to determine whether someone is suffering from a mental illness and whether they will get better.

Our country is in a mental health crisis. Record numbers of Canadians are struggling with mental health issues that have been exacerbated by COVID.

To push forward with expansion at all is an abdication by this government of its responsibility to provide sufficient social, financial, mental health and suicide prevention supports to our most vulnerable. It is to abandon anyone who is suffering from mental illness.

The darkest hour is just before the dawn. To those suffering with mental illness, we must be the hope of the dawn in the dark night of despair.

We have the resources to wrap our arms around every person in Canada suffering from mental health issues and to embrace and enfold them in the promise of a brighter future, investing in life and dignity for all Canadians.

● (1735)

Mr. Sean Casey (Charlottetown, Lib.): Madam Speaker, I have three questions for the hon. member.

First, does she understand that someone who does not have the capacity to make a decision regarding MAID is ineligible for MAID?

Second, does she understand that in order for someone to be eligible for MAID, they must be informed of available and appropriate means to relieve their suffering, including counselling services, mental health and disability support services, community services and palliative care, as well as being offered consultations with professionals who provide these services?

Third, is she aware that in order for someone to be eligible for MAID, they and the practitioners must have discussed reasonable and available means to relieve the person's suffering and agree that the person has seriously considered those means?

Ms. Leslyn Lewis: Madam Speaker, I hope my hon. friend is aware of the simple fact that those who are suffering from mental illness, those who are in the darkest part of their life and whose government has abandoned them, do not have the capacity to choose MAID, because they are in desperate need of help that their government needs to provide. Those individuals need life and help over assisted dying.

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• (1740)

[Translation]

Ms. Sylvie Bérubé (Abitibi—Baie-James—Nunavik—Eeyou, BQ): Madam Speaker, I listened to my colleague. I do not agree with her principles at all. She said that it was an easy choice. Medical assistance in dying is not an easy choice. On the contrary, it is a question of dignity.

For the past five years, the Bloc Québécois has been participating in consultations on medical assistance in dying. It is a right to die with dignity, of one's free will and with the least possible amount of suffering. Therefore, I disagree. When people say they want to support very ill individuals, support might mean offering them assistance in dying while surrounded by their loved ones.

[English]

Ms. Leslyn Lewis: Madam Speaker, I did not speak today about individuals who are on artificial means and at the end of life. I did not speak about individuals who had living will directives. What I spoke about was the extension of MAID to those who are mentally incapable and the abdication of the government in providing the necessary supports to help those who are most vulnerable make the decision to continue a life in dignity.

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Madam Speaker, one of the ways we can help people who are suffering and who may at some point consider medical assistance in dying is by supporting the establishment of a Canada disability benefit and supporting the level of income that this benefit would deliver to be something that raises people out of poverty. New Democrats have suggested, for instance, that the level of that benefit should be set at \$2,200 a month to ensure that people living with a disability actually have the means to live with dignity, to afford a roof over their head and to afford to feed themselves and their families. Is this something the member supports?

Ms. Leslyn Lewis: Madam Speaker, Conservatives support supporting our most vulnerable, and we believe that among those are individuals who are suffering from mental health issues. They deserve all of the supports needed to help them get through this dark time in their lives.

Mr. Mike Morrice (Kitchener Centre, GP): Madam Speaker, I would like to follow up on the question from the member for Elmwood—Transcona, because there are many members in this place who are talking about people deserving a dignified life, and people with disabilities certainly deserve that. There is an important call for the governing party to fund the Canada disability benefit. Does the member for Haldimand—Norfolk join us in that call?

Ms. Leslyn Lewis: Madam Speaker, I thank my hon. colleague for his concern and compassion over the most vulnerable. The most pressing thing right now in order to make sure MAID is not extended to those with mental health issues is to make sure the Liberals live up to their promise of caring for those with mental health issues, and that is not through providing assisted dying.

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Madam Speaker, I am proud to rise on behalf of my compassionate and caring residents of Renfrew—Nipissing—Pembroke. Like the majority of Canadians, my constituents strongly oppose state-sponsored suicide for those living with mental illness.

That is why I will support the legislation to delay this from happening. This bill to delay providing assisted suicide is critical. It is a matter of life or death that this expansion be delayed.

Many Canadians are wondering, “How did we get here?” To describe this process as a slippery slope is to understate how greasy this rapid descent has been. How did we go from the Supreme Court reversing a precedent granting the right to die to those with incurable illnesses causing intolerable suffering and whose deaths are reasonably foreseeable to the point where the Quebec College of Physicians and Surgeons is advocating for the killing of newborn babies? How did we get here?

Obviously, first and foremost, the decision by the Supreme Court was to overturn the previous Supreme Court decisions and allow for a limited exception to the Criminal Code. The court found that the prohibition on assisted suicide is intended to protect vulnerable persons from being induced to die by suicide. The court ruled that the total ban on assisted suicide was overly broad because it also applied to non-vulnerable people and prevented them from receiving the assistance of a willing physician. The court said that it was up to Parliament to strike the right balance between Canadians suffering grievous and irremediable illness who want access to physician-assisted dying and those who may be put at risk by its legalization.

Then, Parliament debated legislation and Bill C-14 was passed in 2016. People whose deaths were reasonably foreseeable, meaning they were dying, and who were suffering intolerable pain could seek medical assistance. Despite widespread reservations, many Canadians view medical assistance in dying as compassionate.

Then, one judge said this was a violation of equality rights. The judge ruled that someone whose death was not reasonably foreseeable but who was suffering intolerable pain had the same right to assistance in dying. The progressive government did not appeal the case. It embraced the ruling and brought forth legislation to expand physician-assisted death to people who were not dying.

When that bill was before committee, the justice minister explained why physician-assisted suicide could not be expanded to include people whose sole condition was mental illness. The minister said there was no consensus. The bill then went to the Senate, where suddenly a secret consensus was discovered, unbeknownst to the medical community. The government flipped and flailed, and embraced this expansion to include mental illness.

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The minister claimed the government would strike an expert panel to shape the necessary protocols to ensure that only the non-suicidal would be eligible for physician-assisted suicide. Last May, that expert panel returned with a protocol, albeit with two fewer members than when it started, after they resigned in protest. What did the expert panel have to say?

There is limited knowledge about the long-term prognosis for many conditions, and it is difficult, if not impossible, for clinicians to make accurate predictions about the future for an individual patient.

The expert panel, handpicked by the Liberal government, said it was impossible to make accurate predictions about future prognosis. Despite that admission, the Liberals still went ahead with recommending a protocol for allowing physician-assisted suicide for people whose sole condition is mental illness. The government claims it is listening to the experts, yet two of the experts on the panel resigned. They were prevented from providing a dissenting report. They are not the only experts speaking out.

I would encourage all my colleagues to get their hands on the article in the *Globe and Mail*, published last November, entitled “Canada will allow assisted dying for mental illness starting in March. Has there been enough time to get it right?”, written by Erin Anderssen. The article introduces readers to Dr. Madeline Li, a psychiatrist at Princess Margaret Cancer Centre. Many of my colleagues here may remember Dr. Li from her appearance before the Special Joint Committee on Medical Assistance in Dying. While the article touches on a number of the regressive aspects of expanding assisted suicide, I feel this passage is particularly relevant to our conversation:

● (1745)

But among the many experts who have lined up to express their objections to the direction and pace of Canada’s euthanasia laws, Dr. Li’s deserves particular attention. She led the creation of MAID protocols at the University Health Network, a group of Toronto-area hospitals that together form the largest health research group in the country. At the national association for MAID providers, she is the scientific lead currently developing the government-funded assisted-dying curriculum for doctors. She has administered assisted deaths directly to patients, and provided oversight to hundreds of cases as the MAID program lead at the UHN.

All that experience, she said in an interview, has made her personally opposed to expanding MAID for patients without a foreseeable death, especially those with mental illness. The debate among doctors has become too ideological, she said, and the current system doesn’t have enough safeguards to prevent unconscious bias from factoring into decisions.

Can doctors—a mostly healthy, privileged group of people living in a society that routinely stigmatizes people with disabilities—objectively judge what makes life worth living? Dr. Li says she once watched a doctor use an actuarial chart to calculate that an older woman seeking MAID after a fall had, on average, three years left to live; he approved her for MAID, over the objections of three other physicians. “What if it had been six?” she asked. “How many years is enough?”

Dr. Li worries that since many psychiatrists won’t participate in MAID, there will be “an echo chamber of a few assessors who will all practice in the same way,” leaning hard toward patient autonomy. Already, she argues, MAID assessments are too often focused on whether a patient is eligible for an assisted death, rather than exploring why a patient wants to die in the first place.

The federal expert panel recommended that decisions should be made on a case-by-case basis, with the doctor and patient reaching a shared understanding. But while the law requires that patients must give “serious consideration” to clinically recommended treatments to relieve their suffering, they can refuse those treatments if they don’t deem them “acceptable.”

For instance, Dr. Li described the case of patient in his 30s, who asked for an assisted death, even though multiple doctors said his cancer was curable. Two assessors approved him for MAID. Faced with his adamant refusal to get treatment, and his progressing condition, Dr. Li said she helped him die “against her better

judgment.” If MAID didn’t exist as an option, she believes he would have gotten treatment, and still be alive.

The government and its hand-picked experts assure us they can devise protocols rigorous enough to prevent vulnerable people from receiving assisted suicide. The expert panel says that despite it being impossible for doctors to predict a future prognosis of mental illness, Canadians should trust the opinion of doctors in making a determination of intolerable mental suffering, yet Dr. Li, against her better judgment, went ahead with assisting in the death of a man in his 30s who had a treatable cancer.

Unlike cancer, where we can have an objective test to determine a prognosis, we are supposed to just trust the opinion of doctors. Dr. Li was of the opinion the young man’s death was not foreseeable. His condition was treatable, yet she assisted in his suicide. She is opposed to expanding this. How reluctant will physicians who support assisted suicide be when assessing people with mental illness?

Finally, while Dr. Li feels the debate has become too ideological, Canadians following the debate in this House might be confused. We have seen social Conservatives, small “L” liberals and socialists all raising serious concerns. We all seem to have the same goal of the maximum amount of compassion and care, while protecting the vulnerable.

I imagine there are about three million Canadians who grow angry hearing the Minister of Justice centre this debate on balancing the protection of vulnerable Canadians while preserving individual autonomy. On this issue, the minister seems to be more concerned with the autonomy of individuals to make their own medical determinations, while less concerned with the impact on vulnerable people.

● (1750)

Mr. Dave Epp (Chatham-Kent—Leamington, CPC): Madam Speaker, virtually all medical health experts contend that mental illness is not irremediable. Why the delay for a year? What is going to change in this next year that should not be dealt with right now?

Mrs. Cheryl Gallant: Madam Speaker, the question is whether we can get it right in a year. I have to ask this back: Can we ever get something like this right? It is incalculable that we have come so far. We have not gone down a slippery slope; we have jumped off a ledge.

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• (1755)

Mr. Blake Richards (Banff—Airdrie, CPC): Madam Speaker, we have seen how slippery this slope has become with what I would call a botched expansion of MAID by the Liberal government.

A few short years ago, MAID was seen as a procedure that would be used in exceptional circumstances and that would require very strict criteria to be placed around it. Now MAID is being administered under increasingly questionable and concerning circumstances. The criteria has become looser and is wildly subjective, and many of the safeguards that once existed seem to have evaporated.

The recent scandal at Veterans Affairs around medical assistance in dying has revealed how bad the Liberals rushed and mismanaged it, and, I would say, how careless the expansion of MAID has become. Since Canada's inception, our men and women in the Canadian Armed Forces have fought and sacrificed to defend freedoms here at home and all around the world. Whether that be on the ground, in the air or at sea, they have done so with valour and distinction. In doing so, many of them endure physical, psychological or other injuries during their service.

There is nothing that we as Canadians can do to fully repay them for what they have done for Canada, but at the very least, it is incumbent upon us to remember and honour their sacrifices and ensure that when they transition out of service, they are fully supported and cared for as veterans. Sadly, under the Liberal government, Veterans Affairs Canada has fallen into disrepair. I have heard from many veterans that Veterans Affairs Canada feels more like an insurance company focused on reducing its financial liability and placing an unfair onus on veterans to have to prove their disabilities or illnesses over and over again.

I can think of a lot of examples, but one of the worst examples I can think of is a veteran I met who is in a wheelchair. He is missing both of his legs from his time serving our country, and every single year, he has to prove to Veterans Affairs that he is still missing his legs. Can anyone imagine what it must feel like for that veteran to prove every single year to Veterans Affairs that he is still missing his legs and is required to have a wheelchair because he served this country? That should never be the case.

I can think of another veteran who has been fighting Veterans Affairs Canada for years to have a wheelchair lift installed in her home. She is in a wheelchair because of her service, and she simply wants a wheelchair lift installed in her home. She has faced repeated delays and denials, and she still does not have the wheelchair lift she needs in order to access her home. She is forced to crawl across her driveway and up and down her stairs because of that. Is that what a veteran deserves after a life of service?

When I thought about the context there, I was that much more alarmed and disturbed when Global News broke a story last summer about an anonymous veteran who had been pressured to consider medical assistance in dying by Veterans Affairs Canada. We learned that the veteran had gone to Veterans Affairs Canada seeking help and support for injuries that he sustained while he was serving in our armed forces.

Initially, he was experiencing positive improvements in his mental and physical health. To him and his family, that must have been very promising. Then he got a call from a Veterans Affairs service agent who suggested that he consider medical assistance in dying.

The service agent brought the suggestion up repeatedly, even after the veteran asked her to stop. The service agent further asserted that she had helped another veteran successfully access medical assistance in dying and that the veteran had gone through with the procedure and was now deceased. In describing how she helped this veteran access medical assistance in dying, she concluded that it was preferable to traditional forms of suicide, like, as she said, “blowing [your] brains out all over the wall or driving [your] car into something.”

• (1800)

After learning about those accusations, the Conservatives demanded that the Minister of Veterans Affairs and his officials come before the Standing Committee on Veterans Affairs and answer for those appalling accusations. The minister came to the committee about this disturbing incident and indicated that it was, in his claim, isolated to one employee and was not indicative of a pattern of behaviour or a systemic issue. In fact, between the minister and his officials, they described the incident as isolated six different times. However, later in that very same meeting, they admitted that there was a second case involving the same employee.

That did not quite seem right either, so we asked the minister and his officials to come back to the committee, and the very night before the minister came back to testify that second time, another anonymous veteran came forward. He told the Operation Tango Romeo Trauma Recovery podcast that he too had been offered medical assistance in dying by Veterans Affairs Canada and that he too had felt pressured. This employee told the veteran, in the veteran's recollection, that they could help end his suffering because they had helped someone else end their suffering.

The next day at the veterans affairs committee, the minister confirmed that he was now aware of four cases involving one employee, but those did not include the allegations that were made the evening before on the Operation Tango Romeo podcast. Now we are talking about a situation where, after being told it was an isolated incident, we are aware of five different instances of this happening with two different Veterans Affairs employees at minimum. When we called on the Minister of Veterans Affairs to fire the employee who was involved in this, he refused to answer the questions, only saying instead that this employee was no longer in direct contact with veterans.

Government Orders

However, it got worse from there. Another veteran, Christine Gauthier, came to testify before the veterans affairs committee on something completely unrelated, but she revealed that she too had been offered medical assistance in dying. She was simply trying to get some help for her home to have a lift installed. Then, unprompted, a suggestion was made by another Veterans Affairs employee that if her pain was so unbearable, MAID was something she could consider as an option. In private conversations since then, I have learned of at least a couple of other veterans who have been offered MAID, so that makes about eight veterans and about four different employees, at minimum, whom we are aware of.

This whole thing has gone down a very bizarre trail, and we get repeated denials. The minister came out at one point and said, after he had admitted there were four cases, that Veterans Affairs has never offered this. Then, the very next day, he told us they fired the employee who was involved in the four cases. It is a story that no one on that side of the House can seem to get straight, and it is really concerning. Those are the kinds of inconsistencies that we are seeing.

When veterans go to Veterans Affairs Canada looking for help, support and assistance, whether with physical injuries or mental injuries, they should feel comfortable and safe when they are dealing with Veterans Affairs. There should be a level of trust there. However, instead of being offered help with things they need to help them live their lives, they are being told that maybe it would be better if they just went off and died. That is a pretty sad situation. Veterans are being betrayed by the very people and institutions they are supposed to be able to trust, and that creates further damage. That creates what is called sanctuary trauma, and that can further isolate veterans and further prevent them from wanting to get the help they need.

I hope a long, hard look at this is taken in the next year. If the Liberal government cannot even stop its own employees from pushing MAID on veterans, how can it assure Canadians that the necessary safeguards can be put in place to protect vulnerable people from being pressured into accessing medical assistance in dying?

• (1805)

Mr. Mark Gerretsen (Parliamentary Secretary to the Leader of the Government in the House of Commons (Senate), Lib.): Madam Speaker, perhaps my intervention will be more of a comment than a question, but I am happy to hear the member's thoughts on it.

Let us be absolutely clear on what happened with this one particular individual. There was a case worker in Veterans Affairs who should never have been giving any kind of advice regarding MAID. They were certainly not qualified to do that, and that individual no longer works for Veterans Affairs. That is the reality of the situation. Pertaining to medical advice, that should only ever come from an individual's physician and the medical experts who are qualified to do that.

Let us be clear that this was an isolated incident. The individual no longer works for Veterans Affairs. It is very clear what has happened with this individual and the fact is that they are no longer employed by Veterans Affairs.

Mr. Blake Richards: Madam Speaker, I am glad the member raised this because it is really important to understand we are talking about this kind of slippery slope we are leading down when we talk about expanding this into mental health.

I mean, there are many veterans in this country who struggle because of the service they have given this country. They struggle with psychological injuries, mental injuries, and PTSD. They may feel that, if they go to Veterans Affairs, which is where they need to go to get the help they need, there is a chance that, instead, they might be counselled on how they could end their life.

This has happened. We know of at least six cases where it has happened, and who knows how many others there might be. However, if a veteran has to feel that way about going to Veterans Affairs, might that mean they will not get the help they need? We should never be in a situation where a veteran feels they cannot get the help they need from the government.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, I invite my colleague to read the expert report, which clearly states that, when treatment exists, people are not automatically eligible for medical assistance in dying just because the treatment is hard to get.

That is the shortcut the Conservatives have been taking since the start of this debate. Just because a person with depression asks for MAID does not necessarily mean they will get it. Just because someone somewhere is considering MAID because they are depressed does not mean they will have access to it. That is what they do not understand. There are assessors, providers, professionals whose job is to provide care for people whose condition is reversible. Is anyone here going to suggest that depression is irreversible?

Our colleagues talked about the experiences of people who attempted suicide. In every case, the condition was reversible. In fact, some Conservative members even talked about their own experience. They are here to tell the tale. We have to see things clearly. There are 16 key recommendations that are worth reading. I invite them to read the report.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): We have to move on to Private Members' Business.

[*English*]

The hon. member for Banff—Airdrie will have about two minutes after Private Members' Business to continue with questions and comments.

PRIVATE MEMBERS' BUSINESS

[Translation]

NATIONAL FRAMEWORK ON CANCERS LINKED TO FIREFIGHTING ACT

The House proceeded to the consideration of Bill C-224, An Act to establish a national framework for the prevention and treatment of cancers linked to firefighting, as reported (with amendments) from the committee.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): There being no motions at report stage, the House will now proceed, without debate, to the putting of the question on the motion to concur in the bill at report stage.

• (1810)

[English]

Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.) moved that the bill, as amended, be concurred in.

(Motion agreed to)

Mr. Blake Richards: Madam Speaker, I rise on a point of order.

During the debate on Bill C-39, I had finished giving a speech and was in the middle of the question and answer period. The normal practice is that someone asks a question, and usually, before moving on to the next item of business, there would be an opportunity for the person being asked a question to at least reply to the question. I was not afforded that opportunity. I wanted to raise that because it seemed odd to me. I wonder if it breaks with the usual practice we have.

Madam Speaker, I will ask for your ruling on this, but I think I should have been afforded the opportunity to at least respond briefly to the question I was asked.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member has a good point, but it was a question of timing. We had gone over the time when we should have started Private Members' Business. Since the hon. member for Montcalm did not ask a question but made more of a comment, I thought it would be appropriate to leave the other two minutes until later.

I agree that it is not the normal practice. Had it been a question, yes, I would have asked the hon. member to answer.

An hon. member: He asked if he had read the report.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): He asked him to read a report. That was my judgment. The comment the hon. member made was not necessarily a question but more of a comment. However, the hon. member does have two minutes left for questions and comments right after Private Members' Business.

Mrs. Sherry Romanado moved that the bill be read the third time and passed.

She said: Madam Speaker, before I begin, I want to take a moment to thank the member for Cloverdale—Langley City for agreeing to switch places with me on the order of precedence so my private member's bill, Bill C-224, an act to establish a national framework for the prevention and treatment of cancers linked to firefight-

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ing, could come back to the House for report stage earlier than scheduled.

I thank him because, if we have learned anything since my bill was first introduced in the House in January 2022, it is that, when it comes to protecting our Canadian firefighters from the risk of developing a duty-related cancer, time is of the essence. Every day can mean more dangerous exposure, more new cancer diagnoses and, heaven forbid, more preventable deaths.

[Translation]

Like many of my colleagues, I am sure, I have heard a lot of firefighters over the past year say how very necessary and essential this bill is.

Men and women from every province and territory have contacted me to tell me about their cancer battle or that of a dear colleague whose life was cut short by the dangers firefighters face every day at work.

• (1815)

[English]

Right here in the House, we have heard the heartfelt words of members on both sides of the aisle, some of them former firefighters themselves, who stood up to share their own experiences and to pay tribute to the co-workers and dear friends they have lost to cancer along the way in the service of Canadians.

[Translation]

Last June, the Standing Committee on Health heard testimony from representatives of the International Association of Fire Fighters and the Canadian Association of Fire Chiefs on the prevalence of cancer among firefighters.

They told us about the risks that these first responders face every day and about the importance of this bill in raising public awareness and promoting information sharing on firefighter cancer prevention and treatment and ultimately, in saving lives.

[English]

I have also heard it, as I am certain many members here have, from family members or loved ones of firefighters who are currently battling an occupational cancer or have sadly succumbed to one.

Recently, Donna from Alberta wrote to me to voice her support for Bill C-224 and to tell me how she only wished it had come earlier. In 2021, Donna lost her husband, a retired Edmonton district chief with 36 years of service, to pancreatic cancer. He had been feeling unwell for some time and had undergone countless tests, but pancreatic cancer, which is not on Alberta's list of presumptive cancers, was simply not on his doctor's radar. By the time her husband received the diagnosis, his cancer had reached stage four.

As the daughter and wife of former firefighters, my heart immediately went out to Donna. I remember well the fear that would grip me each time they went out on a fire call and the huge sense of relief I would feel every time they walked back through the door when it was over, thinking they were out of harm's way and safe, but we now know the danger is never really gone.

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[Translation]

The facts are there. Last summer, following an in-depth review of scientific literature on the link between the occupational exposure of firefighters and their risk of cancer, the World Health Organization's International Agency for Research on Cancer reclassified firefighting as a Group 1 profession, the classification with the highest cancer hazards.

[English]

I made a pledge to Donna that I would not rest until lasting and positive change comes from the sacrifice she, her husband and firefighters and their families across the country have made to keep Canadians and our communities safe, so what I want to say today is, although there are a lot more stories like this out there, I think we can all say that we have heard enough. We have heard enough to now do right by the brave firefighters of our country and the loved ones who stand by them in support of the critical job they do.

I, therefore, humbly ask all members to help me get this bill through the House as quickly as possible by agreeing to collapse debate tonight so we can get it to a vote. Let us make sure that, by the time the International Association of Firefighters gathers in Ottawa next month for its legislative conference, Bill C-224 will have moved on to the Senate and will be one step closer to becoming law. We owe it to Donna. We owe it to them.

Mr. Mark Gerretsen (Parliamentary Secretary to the Leader of the Government in the House of Commons (Senate), Lib.): Madam Speaker, I want to congratulate my colleague and seatmate for the bill she has brought forward. I know I am not allowed to reference members who are in the gallery when we are sitting, but I can say that, when we first voted on this at second reading, to see the number of firefighters who were sitting in the gallery to witness that vote was truly astounding considering the implications of this bill for the firefighting community throughout our country.

I wonder if my colleague could further explain why we should allow this to get through now, what the impact will be if we can get it through the Senate as expeditiously as possible, and what the significance of that is to the firefighters who were here when we voted on it the first time and all firefighters in Canada.

• (1820)

Mrs. Sherry Romanado: Madam Speaker, I would like to thank my colleague and seatmate for seconding the bill at report stage and third reading.

Firefighters have been saying for years that the exposure they are subjected to in the day-to-day work they do is causing cancer, and people did not want to listen. Slowly, research has come out to show that there is a link, and they want to be recognized. They want people to recognize the work they do, not only with respect to the dangers at a fire scene, but after the fact. Therefore, for them to have this win, the recognition that we get it, that we understand, that we are working together for them, is important.

It is important to get this bill through, and through the Senate, because part of this bill is about increasing awareness regarding cancers linked to firefighting and designating January as firefighter cancer awareness month. Although we just went through the month of January, I would like to make sure this becomes law for next

January so we can start putting in place that public awareness campaign.

[Translation]

Mr. Martin Champoux (Drummond, BQ): Madam Speaker, I will be brief. I just want to point out that sometimes, when we show a bit of openness in the House, when we introduce a bill that at first may get a lukewarm reception for reasons that have nothing to do with the value or intention of the bill, we see that things can evolve and move forward.

I want to congratulate my colleague from Longueuil—Charles-LeMoynes for her work, and especially for the heart she put into this bill. As we know, this bill is incredibly important to her.

I simply want to congratulate her. I do not even want her to rise in response because I want her to spare her voice. I just wanted to make that comment to say that sometimes, when we work together on sensitive issues like this, we end up with good results. Everyone wins.

Mrs. Sherry Romanado: Madam Speaker, I thank my colleague from Drummond. We have proven that we can work together, and that is what the firefighters wanted. They wanted to see all political parties rise above partisanship and work together for the same goal.

[English]

Ms. Rachel Blaney (North Island—Powell River, NDP): Madam Speaker, I want to thank the member for her dedication to firefighters. This bill is incredibly important, and I have definitely heard that from my riding.

My riding is large, with a lot of very small rural and remote communities. This means that the majority of the firefighters are volunteers. They do this out of the love for their community; they do not get paid for it, and they just work incredibly hard.

One of the things the NDP has proposed, through the member for Courtenay—Alberni, is the idea that we would see the tax credit increase so they could claim a bit more for the hard work they do. Would the member consider looking this over and seeing if it something the Liberals could support?

Mrs. Sherry Romanado: Madam Speaker, yes, in fact, 85% of firefighters across Canada are what we would consider volunteer part-time firefighters working in rural communities. I am fully aware of the request for increasing the tax credit for firefighters; I would welcome an opportunity to sit down with the member opposite and look at it. I think it is something we should look at.

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Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): Madam Speaker, I am pleased to participate in this important debate on Bill C-224, the national framework on cancers linked to firefighting act. The bill would have a couple of really important pieces. It would establish January as firefighter cancer awareness month, and when we draw more attention to an issue, we are more likely to catch something early.

The bill would also create a national framework to increase the overall public awareness of cancers related to firefighting. This would enable better access to cancer prevention and treatment for firefighters.

As a kid, I actually grew up down the street from fire hall 3 in Fort McMurray. I had many opportunities to get to know firefighters on a personal basis. Whether they were our neighbours or my friends' dads, I got to know them as people, and they were everyday heroes to us. When Fort McMurray was overtaken by a massive forest fire about seven years ago, it was very difficult because when everyone else evacuated and left with little more than the shirts on their backs, our brave Regional Municipality of Wood Buffalo firefighters stayed behind to protect our community. They did an amazing job.

They risk their lives every single day to protect our communities and our homes, and they always have our backs. Therefore, it is time we had their backs; this is a group of people who are truly heroes.

The best parade I have ever been to in my life was the Canada Day parade after the fire in Fort McMurray. There were fire trucks from all around the region, all the first nations and indigenous fire teams from the different communities, and all the fire teams from the oil companies. It was so amazing to see everyone in the community.

We had only just gotten back at the beginning of June. It was so special to have a major parade less than a month after getting back into those homes after a massive forest fire that the firefighters were still fighting. It is a memory I will have until the day I die. We celebrated them as heroes then, and in my community, we still celebrate them as heroes today.

The dangers to firefighters who race to save communities are very well known. In my community, they effectively experienced a lifetime amount of exposure to carcinogens and toxins in a month, which is virtually unheard of in that field. This is one of the big reasons I have become passionate about this. Statistical data has shown that the risk of developing cancers among firefighters is higher than it is in the rest of the population. Unfortunately, the chances of survival are often lower because they are slightly rarer cancers that are not detected as quickly.

This is something that is near and dear to my heart as someone who lost both parents to cancer at a very young age, although neither of my parents were firefighters. I know this is so important for our society. If we can keep families and friends together, it impacts far more than the firefighter; it impacts their entire family, their entire structure and the entire community. As the saying goes, it is very clear that an ounce of prevention is worth a pound of cure.

The only reticence I have with the bill is that in its original text, Bill C-224 was to “provide for firefighters across Canada to be regularly screened for cancers linked to firefighting”.

I supported that. I thought it was a very important piece. Unfortunately, the Liberal members of the health committee, supported by the Bloc, actually decided to water it down. It now says “to...make recommendations respecting regular screenings for cancers linked to firefighting”.

Instead of making it so the government was required to do it, it became a recommendation.

• (1825)

As someone who is a fierce defender of provincial jurisdiction, I can understand some of the challenge on these pieces. However, I think that it is not as strong as it could have been and that it was in the original iteration. I just want to highlight the fact that I think it was better.

I am very proud to support this bill. However, I think it was interesting because all the expert witnesses who came before the health committee highlighted that the earlier we screen for cancers, the better the outcomes.

My mom died of breast cancer when I was 21 years old. She was diagnosed when I was 20. I have had routine screenings for breast cancer since I was in my early 20s. I know that that is how I am going to save myself from that same fate of dying at 49. I know that the original intent of this bill was to do things like that so kids would get to have their parents.

I am hopeful that at some point we will get to a space where there is more robust screening for firefighters from coast to coast to coast. It is absolutely an important piece of legislation, not only for the firefighters but also, as I said, for their families, friends and entire communities. This is something to define that link between firefighting and occupational cancers or occupational diseases. This is so important because they are often people who are quick to save our homes. They are not necessarily looking out for themselves. Having more awareness about these cancers and more conversation is really how we are going to be there for them. That is our way of showing them that we care, they are important to us, they matter and their lives are meaningful.

I want to thank all members of Parliament in the debate today and all the ones who have come before me. I especially want to thank my good colleague from Barrie—Innisfil, a retired firefighter, and the member for Essex. They are two people I have come to know in this place who are former firefighters. I want to thank all Canadian firefighters for their service. I mentioned the Regional Municipality of Wood Buffalo, but we had firefighters who came to save my community from all across the province, the country, and in fact, the world. That is something we do not get to see often, and I hope to never see it again. I hope no other community has to see it again.

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Profoundly, from the very bottom of my heart, I want to thank every firefighter who serves in our communities and our nation, as well as all retired firefighters and firefighter families. I thank them. They make a difference in our lives, and we are going to do our best to support them.

• (1830)

[*Translation*]

Mr. Martin Champoux (Drummond, BQ): Madam Speaker, I would like to once again express my appreciation for the hon. member for Longueuil—Charles-LeMoine, the sponsor of Bill C-224. I want to acknowledge the work that was done with the co-operation of all parties. That happens every once in a while, and when it does, we see just how well it works. I want to point that out so we do not forget. When we work together, it can lead to great results.

There was no consensus on Bill C-224 at first. Members will recall that, when we received the first version of this bill, the Bloc Québécois had concerns about it. Those concerns were related to strong beliefs that we hold and that are integral to our political involvement. We felt that the original bill interfered in the jurisdictions of the provinces and Quebec.

It was therefore difficult for us to readily support this bill, which is otherwise good. We cannot be against trying to improve our firefighters' living and working conditions, as well as their health and safety. I think that everyone agreed on that, but we had that one concern.

It did not take long for us to sense an opening for discussion. We appreciated it. That opening, evident from the start, meant that we were much more favourable to the bill moving forward.

By chance, I had the opportunity to replace my colleague from Mirabel on the Standing Committee on Health the day that the member for Longueuil—Saint-Hubert came to speak in support of his bill. There were firefighters in the room. There were also members who had been firefighters in a past life, which resulted in testimony that was actually quite moving. Those who were there will remember.

Several firefighters from my region, Drummond, later contacted me to say how much that meeting meant to them. I am not talking about the fact that I spoke, but rather about all of the testimony given that day.

I know that my colleague from Longueuil—Charles-LeMoine has already heard this, but I am going to talk about when I was a firefighter. People might think it is Capitaine Bonhomme speaking, but it is not.

Many boys dream of being a police officer or a firefighter when they grow up. My dreams were different. My dream was to be a radio host, which I ended up doing eventually. On the way there, I also worked on boats. I worked as a sailor. As part of our training, we had to learn how to respond to incidents, such as fires on board and whatnot. I had only a vague, abstract notion of what firefighters did, but they shipped me off for a weekend at a firefighters' training centre. They dressed me up in the gear, which weighs a ton. Then

they put me in a container they were about to set on fire and told me to figure it out.

That is not exactly how it happened. I did get some safety instructions, which I did not really listen to, unfortunately. The point is, that day was a revelation, a shock. I realized that there was more to the job than what boys of my generation thought. It was more than driving around in trucks blasting sirens and getting cats out of trees. There were huge responsibilities. These people face major risks every day on the job.

That changed how I viewed the profession. Since that day, even though I did not have to carry out those duties as part of my job at the time, I nevertheless did retain a deep admiration for firefighting, which is a vocation rather than a profession, in my opinion.

It was therefore an honour to attend the committee meeting where we discussed Bill C-244. As a result, I remained interested in this bill. I followed it at a distance because, as I stated earlier, the member for Mirabel was more involved in this file.

I was also pleased to see the Bloc Québécois caucus change its position to support this bill and to realize that our concerns about the bill were being addressed. It is still not perfect, but I believe that what was most important to us was to ensure we were putting in place something that would better protect those who are called on to protect us. I believe that the outcome is pretty good.

• (1835)

As I was saying, I think there may still be other things that could be done. I think the bill is a very good starting point and a very good demonstration of the House of Commons' willingness to ensure that firefighters across Quebec and Canada feel supported and know that we are concerned about their safety.

I think the federal government could do more without encroaching on Quebec and provincial jurisdictions. For example, it could better fund research on the treatment, diagnosis and prevention of cancers, as well as on carcinogenic materials. Perhaps the federal government could make its own list of recognized cancers for its memorial grant program for first responders. It could also increase funding for municipal emergency preparedness infrastructure.

After I attended that committee meeting, I was approached by a firefighter from Drummondville, Marco Héroux. I asked him for permission to speak a little bit about the meeting we had recently at my constituency office. Mr. Héroux is a career firefighter. He has been working in Drummondville for several years and has had a number of work-related health challenges. Some of these challenges relate to certain traumas associated with firefighting work. These people witness trauma on a daily basis. It is hard for us to imagine the extent of what these individuals have to deal with in their line of work.

Mr. Héroux also had concerns about safety in fire stations. We talked about that at length as Bill C-224 was being developed. We talked about things like materials, clothing and fumes inside the fire stations themselves. We talked about how some municipalities are unable to renovate stations and install ventilation systems and protections to ensure that firefighters, who spend so much time at the fire stations, are not in contact with contaminants. This requires huge investments by municipalities, and it can be hard for them to respond to this emergency situation. It is an emergency for the health of firefighters.

The federal government could invest more in municipal infrastructure to ensure that fire stations are equipped with cutting edge ventilation systems that are beyond reproach to keep our firefighters safe and limit their exposure to cancer risks that are just as significant inside the fire station when they are not even doing responding work.

Obviously, some of the concerns I am raising may be outside the scope of the bill, but these are steps the federal government could certainly take to further improve the situation for firefighters and address their concerns over their health and safety.

I cannot help but come back to the issue of health transfers because it is such a topical issue. I think the Bloc has been tirelessly calling on the federal government to increase health transfers for many months, even years. An agreement between the federal government and the provinces seems to be coming together.

We are saying that that is not enough, that more was needed. Imagine what could have been done in terms of prevention and the implementation of mechanisms and research tools for cancer and cancer treatment. Health transfers could be used for all those things too. Those are the types of things that are missing because of the lack of funding for health care. We also need to invest to respond to these types of requests. Funding is not just needed to reduce overcrowding in emergency rooms. It is needed for many things, and I think this is a good example of why the government needs to increase health transfers.

I want to reiterate that I am pleased to see that this bill is going to be passed. I think that it is an important bill that has been long awaited by firefighters in Quebec and Canada. We can do more work on it as needs arise. I am pleased that the bill will be passed as a result of the co-operative efforts among the parties. The Bloc Québécois will enthusiastically support this bill.

● (1840)

[English]

Ms. Rachel Blaney (North Island—Powell River, NDP): Madam Speaker, I am honoured to be here today to speak to Bill C-224. I want to acknowledge the member who has tabled it. I am proud to serve on the Standing Committee on Procedure and House Affairs with her and really respect my Liberal friend. This is a testimony of places where collectively all parties can come together and recognize a need in our country and work together to try to make it a little bit better.

This bill provides for the development of a national framework designed to raise awareness of cancers linked to firefighting and to support improved access for firefighters to cancer prevention and

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treatment. It would also designate the month of January in every year as the firefighter cancer awareness month.

We know firefighters are killed by cancer around three times more than the general population and that cancer rates among firefighters increase dramatically as they age. This is an important part to remember. We are asking these people to step in the line for us and the outcomes for them are often very dangerous.

Sadly, there is inconsistent recognition of occupational cancers of firefighters across Canada, with each province and territory having a different method. This really concerns me, because we ask these folks to run into the burning building as we are running out, and we need to make sure their health is cared for in a much more effective way.

Brad Collicutt, president of IAFF Local 1298 from the Powell River firefighters, sent me a chart today of the B.C. firefighters' presumptive coverage. It states the years of cumulative employment required to claim coverage for illnesses. He said to me, "Shortened latency periods are now required as there are more and more toxic chemicals involved with fires. Firefighters are being hit with cancers faster and sooner, and latency periods need to be updated. These periods vary across Canada from province to province. This needs to change. We need consistency. For example, a member who has served 14 years and nine months is not eligible for benefits because there is a 15-year minimum service deadline."

Firefighters simply need better. In small communities in particular, firefighters are called out to fill in a lot of other gaps in service in the communities. Fire Chief Dan Verdun, from Campbell River, noted that Campbell River has seen a significant increase in medical-type calls. Last year, out of the 3,600 calls in the Campbell River area, 2,000 were due to medical-type calls. He attributes this to the increasing shortfalls in the health care system that are being experienced across the riding. This is very concerning, because it takes up a lot of time and resources. It is something we need to look at. I know it is outside the realm of this bill, but health care concerns are growing and the impacts are tremendous and far-reaching.

This is seen in other communities in my riding. Fire Chief Brent Borg, from Port Hardy, said that there has been an increase in medical-type calls. They are now doing ambulance assist calls only, and the fire chief is really concerned that the risk is out there for people with medical needs who may or may not have the required assistance provided to them.

Private Members' Business

Fire Chief Rob McWilliam, from Gillies Bay Fire Department, is concerned about the realities they are seeing around the well-being of their members. The longer they serve, the worse the outcomes. A couple of long-term firefighters have died from cancer, and the former fire chief died from a brain tumour. He shared that a long-time firefighter with 10 years of experience died just last year. His cancer was occupation-related, in his opinion, but he was denied benefits because he had not been exposed for the minimum of 15 years. He said, "The length of exposure time they are looking for is just ridiculous."

These folks know that the safety of their members is key and that their health is at risk just by the fact that they do their job, so they invest significant time in safety practices due to the higher instances of cancer-related deaths, including things like decontamination units and scrub-down areas. Fire Chief Borg spoke passionately about the changes they have made to care for their members over these many years.

● (1845)

The amount of work and dedication really should be admired and recognized. Action is the next step that needs to happen to acknowledge the long-term health outcomes of firefighters.

We ask them to deal with emergency issues and to run toward burning buildings while we are running out of them. This bill would do more to acknowledge the health outcomes of those actions. It is a start, but it is certainly not the bar of dignity they deserve. I know all of us in the House will continue to work on that.

Several months ago in my riding, a fire broke out in a trailer park in Gold River. The fire department volunteers were called and they came. The Campbell River fire station was also dispatched. It is over an hour away, so there were only volunteers on the scene.

They did an amazing job. They prevented what was already a terrible situation from becoming so much worse. I was honoured to meet with Fire Chief John McPherson and several members of his team. The Campbell River firefighters were very impressed with the Gold River firefighters' ability to do the job. We are so lucky to have them in our community. Their dedication is beyond reproach.

I am grateful for these firefighters, and I want to see their health recognized more. Volunteer firefighters need far more acknowledgement for the important work they do and for the commitments they make to our communities.

I hope that all members in this place will support my friend, the member for Courtenay—Alberni, with his private member's bill, Bill C-310. I have seconded this bill because it addresses key issues that really matter to people in my riding.

We know that volunteer firefighters are about 83% of Canada's total firefighting essential first responders. In my riding of North Island—Powell River, many of our fire stations are full of volunteers. This is how small communities work. They help each other.

Bill C-310 addresses the fact that the tax code of Canada currently allows volunteer firefighters, and search and rescue volunteers, to claim a \$3,000 tax credit if 200 hours of volunteer service were completed within the calendar year.

In my opinion, this is not respectful of the work these people do. In fact, this works out to a mere \$450 a year that we allow these essential workers, these volunteers, to keep as income from their regular jobs. They work to keep us and our communities safe for about \$2.25 an hour.

If they volunteer more than 200 hours, which many do, this tax credit becomes even less. I want to be clear. These folks work their everyday job and then add hours of volunteer time to protect our communities.

These essential volunteers not only put their lives and health on the line, and give their time, training and efforts to Canadians, but also allow communities to keep property taxes lower than if the paid service were required. Again, it is an example of the commitment small communities have.

Bill C-310 would increase the tax credit to \$10,000. This is about dignity, and this would allow these essential volunteers to keep more of their hard-earned money, which is likely to be spent in the community they live in. It would help retain these volunteers in a time when volunteerism is decreasing. If anyone has ever lived in a small community, they would realize how scary it would be if that happened.

All Canadians know we need firefighters. I am not sure how many understand the commitment and health realities they face because of their service. We must all do better.

I want to thank all the fire stations in my riding: Cortes Island, Powell River, Malaspina, Savary Island, Northside, Tal'amin, Alert Bay, Campbell River, Comox, Gillies Bay, Gold River, Port Alice, Port Hardy, Port McNeill, Quadra Island, Sayward, Sointula, Tahsis, Woss and Zeballos.

I see them working hard in their communities, their intense engagement on social media and all that they do to keep us safe. I hope all members in this place will do better for firefighters.

● (1850)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The member for Longueuil—Charles-LeMoine has the floor for her right of reply.

Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.): Madam Speaker, I thank all parties for coming together to get this done. It really has been an experience to bring forward a piece of legislation and have every member of the House support it.

I bet, before I brought forward this bill, Bill C-224, that most of us did not know there was a link between firefighting and cancer. We now have 338 members of Parliament, representing every Canadian, who now know this and can help spread the word to increase awareness.

I want to thank a few people who worked with me behind the scenes on this: Catherine from my office, Trevor and Jean-Luc. A lot of times, when it comes to the work that gets done behind the scenes, they do not get the credit. I want to thank them for everything they did to help me get this across the finish line.

[*Translation*]

In closing, I have a message for the firefighter in Longueuil who inspired this bill and who celebrated his 50th birthday over the weekend. Happy birthday, Jean-François. We are almost there.

[*English*]

This bill would save lives. We owe it to firefighters, and I know how proud they will be when this bill becomes law.

[*Translation*]

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The question is on the motion.

[*English*]

If a member of a recognized party present in the House wishes that the motion be carried or carried on division, or wishes to request a recorded division, I would invite them to rise and indicate it to the Chair.

The hon. member for Longueuil—Charles-LeMoynes.

• (1855)

Mrs. Sherry Romano: Madam Speaker, I request a recorded division.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Pursuant to order made on Thursday, June 23, 2022, the division stands deferred until Wednesday, March 8, at the expiry of the time provided for Oral Questions.

GOVERNMENT ORDERS

[*English*]

CRIMINAL CODE

The House resumed consideration of the motion that Bill C-39, An Act to amend An Act to amend the Criminal Code (medical assistance in dying), be read the second time and referred to a committee.

Mr. Tom Kmiec (Calgary Shepard, CPC): Madam Speaker, I am glad to be joining this debate at this late hour. I understand this is an issue that is very close to many people's hearts, and a lot of members wanted to rise. I wanted to make sure I caught your eye on this one.

“The Lord rewards a good deed but maybe not right away.” That is a Yiddish proverb I have often heard. I have heard it in Polish. I love Yiddish proverbs, as many members know. Growing up in my

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family, my grandmother used to say them. She said them in Polish. It turns out that nearly all of them are Yiddish in their origin. That was something humorous I would talk to her about.

In this case, some members of the public think we have actually voted through things that we have not voted through. All we are doing here, directly in the summary of this legislation, is delaying making a final decision until March 17, 2024, on the repeal of the exclusion from eligibility for receiving medical assistance in dying in circumstances where the sole, the only, underlying medical condition identified in support of the request for medical assistance in dying is a mental illness.

I am prepared to speak on this piece of legislation as I have done in past Parliaments. I have been here since the 42nd Parliament, so I have been through the debate on Bill C-7, and the debate on Bill C-14.

Bill C-7 was originally the response to the Carter decision rendered by the Supreme Court of Canada. In it, the Supreme Court found that there was a constitutional right to seek an assisted suicide from a medical professional. It is an exemption to a part of the Criminal Code, but do not ask me to quote which section of the Criminal Code. I have, fortunately, not been burdened with a legal education, so I come at this with a layperson's eyes.

It provided an exemption. Sometimes, when I have a back-and-forth with constituents back home, I raise that point. It is an exclusion to that particular section of the Criminal Code. Then, it becomes incumbent on the federal government to put in place some measures to protect the vulnerable in society.

There were a few people who emailed me over the last few months to talk about that vulnerability, people from different sectors of our society, and how they would be affected. This is not a unanimity in my riding, but the vast majority of the people who contacted me are opposed to the extension of medical assistance in dying, or assisted suicide, for people with a mental illness, when it is the sole condition that they have. They have been very clear on this. Some of the emails are quite emotional. Some of them are a dissertation of what has happened to their family, essentially, and they give particular cases.

I want to do them justice by reading some of their thoughts without using their full names, just to protect their anonymity in the emails. I was also here for the debate on Bill C-14. I remember this debate quite vividly, because Bill C-14 came after the Truchon decision. In that decision, the court found that there was a wording we had used, irremediable or unforeseeable deaths. I remember debating in a previous Parliament and saying this would likely be struck down by the court. It was such a broad term that it could mean anything. It went beyond what the Carter decision said. It was struck down by a court. Let that be said to my friends who are lawyers. I am occasionally right on the law and about what the courts would do. They did strike it down in Bill C-14.

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Now we are going back again. I understand that, today, the special committee on medical assistance in dying, which was struck by the House, finished its review and tabled the report. I have not yet had the time to completely review that report. To the constituents in my riding who have emailed me over the last few months as this issue has gained more traction, I want to read a part from Allison.

Allison wrote to me, “A family member with complex health conditions said she was asked so many times about it,...” it being medical assistance in dying, “...she wondered if her Dr. would get a commission for the procedure!! Where are the safeguards and regulations? Who protects vulnerable patients from being coerced by subtle suggestions?”

She goes on, “To be human is to experience pain, suffering and vulnerability. In my family, we have had people that have struggled with mental illness and recovered to live productive, healthy lives, thanks to support from family and community.” She is saying, “let us help you live better” should be the message we send people who are suffering from a mental health condition or a mental illness of some sort. I have known people in my life, around me, who have gone through that as well.

● (1900)

Lisa in my riding emailed me in December and said, “As a citizen who is deeply invested in the going ons with MAID and disability services in this country I keep current in what is happening and research.” She started off by saying that she is the mother of a child with a disability. Her son has no siblings and no close family to look out for him and advocate for him. She mentioned that once she and her husband are no longer alive, she is worried what type of country will be left behind for her son.

She uses some pretty harsh language, but it is parliamentary; I checked. She went on to say, “The way in which Canada has expanded MAID is nothing short of predatory, opportunistic and ableist.” Those are the words she uses. She asked some questions, and I do not have easy answers for her, but I will ask them openly here: “Why are they not being offered better mental health and physical health supports? Why is the government expanding MAID without first expanding holistic supports to our disabled people?”

She then says, “As a mother of a vulnerable child who one day will be left alone who may be exceptionally impressionable and dependant on our broken system I am deeply concerned about the expansion of MAID and its possible implications.” She implores us, “Do better Canada!” That was from Lisa in my riding.

Bev in my riding is very concerned about MAID being expanded to adolescents. I know that debate is going on concurrently. It is not directly in Bill C-39, because we are just talking about delaying for a year the approval of mental illnesses and mental health issues as the sole underlying conditions for applying for medical assistance in dying. However, in her email to me, she noted how vehemently opposed she is to MAID being expanded to adolescents or children and to making this expansion permanent in the law. She went on a bit, but some of it is not entirely parliamentary, so I will avoid violating the rules of the House.

Joe in my riding mentions the following: “We have already had someone in the Department of Veterans Affairs advocating Maid

for those with PTSD. What terrible advice to give our veterans. Please do not proceed with eliminating those whose only problem is that they are mentally ill.” I have talked to Joe many times. He is what I would call one of my regulars, as he emails me quite often. He is very passionate about public education, I will add.

Cindy in my riding said, “At no point does a healthy family or community decide that one of its dearly beloved members is better dead than alive. The veneer of compassion is easily seen through.” She went on to make a point that really struck me:

It is indeed a slippery slope to offer MAID to the mentally ill, depressed, bipolar, and any other non-detectable illness—especially when removing the requirement that death be considered reasonably soon.

By expanding MAID in this way, the floodgates are opened for Canadians to easily choose despair over meaning in their lives.

This is the wrong direction for Canada, and an embarrassment on the international stage.

The last one I will read is from Shirley, which is very simple. She said, “Has the world gone mad?” She talks about expanding MAID to those who have a mental illness, expanding it to young people, and on and on.

Those are the types of emails I have been receiving, on top of phone calls, and those are the worries I wanted to express on the floor of the House.

Some are suffering and going through difficult times, and some are diagnosed with really serious chronic conditions that are essentially terminal, conditions like Alzheimer's and Lou Gehrig's disease. The original foundational decision that Carter was gripped with was what to do about ALS, an awful condition. It is degenerative, chronic and pretty much incurable. There are many therapies out there to delay the condition. There was a member in the 42nd Parliament, an honorary chair occupant for a day, Mauril Bélanger, who passed away from it. Since then, I have met others whose family members have passed away. What I think the judges and the court were trying get at is that these are the people we should be looking after.

I want to lay this before the House. When a doctor gives up on someone, they are much more likely to give up on themselves. I have seen this time and time again. I have also experienced it myself when my disabled daughter was so sick that the four doctors in the room termed the condition “not conducive to life”. There is nothing like being told this by physicians who are supposed to look after a child, and seeing, essentially, the gentle and subtle push that my constituents talked about, which is repeated over and over. There is also the consumption of resources. That will lead to more people using the system when they have other options. Resisting the urge to just give up is difficult to do at the best of times, and people need community and family support all around them.

• (1905)

Mr. Gary Anandasangaree (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I note there are a number of inconsistencies in what my colleague is saying about MAID for people with a mental health issue as the sole underlying condition. The expert panel reported on MAID and has made a number of recommendations. I know the extension we are seeking today is about ensuring that all of our systems can be in place, so I am wondering if my friend could reflect on what the expert panel has said in clearly outlining what is required and the safeguards in place for MAID to be extended to those with a mental health issue as the sole underlying condition.

Mr. Tom Kmiec: Madam Speaker, on behalf of my constituents, the ones I have noted on the record and the many others I have spoken to, I will say that they are not so much interested in what the expert panel had to say. They simply do not want the extension to happen, and I do not mean a delay. If the government is looking for a pat on the back and a reward for a good deed, as the Yiddish proverb goes, it is not going to happen right away.

For my constituents, I think the starting point is that there is a lack of trust, because they read stories of people who have accessed MAID and who had a condition that did not fit the description given in law. Because there are different provinces applying it in different ways and physicians have applied it in a fairly subjective way, there is a very low level of trust from constituents in my riding.

[*Translation*]

Mr. Peter Julian (New Westminster—Burnaby, NDP): Madam Speaker, there is one issue that has been raised many times in the House, and that is the issue of mental health. To date, the government has refused to make the investments needed to help people and to ensure that all Canadians who need mental health care receive it. This is not happening right now because of the lack of funding and resources.

I want to know what my colleague thinks of the government's mental health funding. Is it not important to make investments so that people will always have options when it comes to mental health?

Mr. Tom Kmiec: Madam Speaker, it could get interesting with two members from western Canada debating in French in the House on the topic of mental health.

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I think that program funding and increased government services are not the only things that matter when it comes to mental health. There is the role of the family and the community. It is about having a career, a profession and a reason to live. There is faith, which is very important for many people.

Of course, it would be good for the government to provide more services to people having mental health issues or difficulties and who are asking for help. The provinces are responsible for providing the services. I know that my province of Alberta is working hard to ensure that people have a choice and access to services, but more can be done in the communities to provide services in rural regions and big cities. That said, I want to reiterate the importance of family, friends, work and faith, all of which must also play a role.

[*English*]

Mr. Frank Caputo (Kamloops—Thompson—Cariboo, CPC): Madam Speaker, it is always a pleasure to rise on behalf of the people of Kamloops—Thompson—Cariboo.

Prior to asking my learned colleague a question, I want to reflect on the life of a constituent who passed away over the holiday break. That was Paul Da Silva. I am very sorry for his family's loss, and I wish his wife and children all the best in this difficult time. May eternal light shine upon him.

My question to my learned colleague is this. We just heard from the parliamentary secretary about an expert panel. Typically, in law, when we talk about expert panels, they generally come down to what the court says. In this case, I am not sure if my colleague is aware, but I would like him to comment on how no court, from what I can see, has unequivocally stated that there is a right to medical assistance in dying for people who are mentally ill. I would like his comment on that.

• (1910)

Mr. Tom Kmiec: Madam Speaker, the beginning of his comments sounded almost like an S. O. 31, and I encourage the member to try to catch the Speaker's eye the next time he rises.

He is absolutely right. From what I can tell, at no time in the decisions of Truchon or Carter, and I have read both, did the government say there was a right to die in Canada because of an underlying mental illness as the only condition.

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Madam Speaker, I want my constituents to know that I am staying in the riding to take care of my newborn, but I am happy to participate, in hybrid fashion, on their behalf on this very important subject.

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Bill C-39, an act to amend the Criminal Code regarding medical assistance in dying, seeks to delay the expansion of medically assisted death to individuals whose sole condition is a mental illness. We are here today because of previous legislation in the last Parliament, Bill C-7, that responded to the Truchon decision and the justice minister's interpretation of it by removing critical safeguards to accessing MAID, particularly that death must be reasonably foreseeable. However, Bill C-7 contained an arbitrary deadline of March 17, 2023, to expand MAID to those whose sole condition is a mental illness, and now the government is seeking to delay that arbitrary deadline another year down the road.

As I do not want MAID to be offered to those who are solely suffering from a mental health issue, I will be supporting the bill, but I do so in the context of very big and life-altering concerns regarding the direction the Government of Canada has taken since the debate on MAID commenced in 2016.

The Conservatives believe that we should never give up on those experiencing mental illness and should always be focused on offering help and treatment rather than assisted death. The Conservatives will bring forward alternative proposals to support those with mental illness instead of the government's approach.

Going back to 2016, the preamble of Bill C-14 spoke about the vulnerability of persons. It states:

Whereas vulnerable persons must be protected from being induced, in moments of weakness, to end their lives

It also states:

Whereas suicide is a significant public health issue that can have lasting and harmful effects on individuals, families and communities

Man, have we seen a lot of change in the last seven years.

Conservative members at the time, despite these assurances in Bill C-14, observed that the approach of the government was going down a slippery slope. The member for Selkirk—Interlake—Eastman highlighted a concern that has sadly now become a reality in Canada. He stated, “many believe that the policy will be used prematurely to end the lives of those who have become a burden to their families, society, or the medical system.”

At the time, because of big public concerns, many Liberal members were careful when it came to speaking about expanding MAID in the future. The former justice minister, Jody Wilson-Raybould, said, “In terms of eligibility, the policy choice made by the government was to focus on persons who are in an advanced state of irreversible decline and whose natural deaths have become reasonably foreseeable.” The current member for Lac-Saint-Louis said, “Bill C-14 would not normalize medically assisted dying as perhaps has occurred in Belgium and the Netherlands, the two most often cited examples of the slippery slope.”

In the last Parliament, in his charter considerations on Bill C-7, which expanded MAID to include those without a reasonably foreseeable death, the current Minister of Justice cited inherent risks and complexity as a reason not to expand MAID to those with mental illness as a sole condition. However, the Minister of Justice, unfortunately, as we find today, is speaking on both sides of this issue very irresponsibly. On the one hand, he communicated in the Bill C-7 charter consideration that due to the complexity and inherent

risks, we should not be expanding MAID to those with mental illness as a sole condition. On the other hand, in the same bill, he included a sunset clause to expand MAID to these Canadians and said that his hands were tied by a Quebec court decision. However, not only has the government refused to challenge it at the Supreme Court, but leading legal experts in our country have stated that his interpretation of the decision is flawed.

● (1915)

After telling Canadians time and again that the legalization of MAID would not lead to a slippery slope by allowing death on demand for any citizen whenever they may want it, the government seems set on expanding MAID to anyone.

I plead with the backbench members of the Liberal Party to stand up against the justice minister today. You have more influence than any Canadians right now to stop what he is trying to do.

Do not forget that in 2016, on Bill C-14, he voted against the—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): We have a point of order from the parliamentary secretary to the government House leader.

Mr. Mark Gerretsen: Madam Speaker, I can certainly appreciate the passion in the member's speech, but he did just start talking directly to Liberal members. He said, “You have...”, and I am certain he was not talking about you. Perhaps he would like to rephrase that.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I appreciate the hon. member noticing that.

Yes, the hon. member has to speak through the Chair. That is just a reminder.

Mr. Brad Vis: Through you, Madam Speaker, I implore the Liberal members of Parliament to stand up against their justice minister and the irresponsible decisions he is taking.

Across Canada every year we celebrate Bell Let's Talk. Mental health services have expanded in hospitals, schools and universities because there is an inherent belief by all Canadians that mental health challenges are things we can overcome. Every family in this country is impacted by mental health, and it pains me to see my country considering offering death to those suffering at their lowest points. We do not need to do this.

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Again, through you, Madam Speaker, I implore Liberal members to challenge the justice minister on his overly broad interpretation of the Truchon decision, a ruling of the Quebec court, and to stop what he wants to do.

A recent article in *The Globe and Mail* talked about Donna Duncan, a 63-year-old woman from my community. Her daughter successfully delayed, through the court, her mother's access to MAID because her mother suffered from a mental illness. However, just hours after leaving the hospital, Donna received a medically assisted death without her daughters being informed, even though their mother already suffered from a mental health condition that was documented.

Both daughters, Alicia and Christie, testified at the medical assistance in dying committee and they made a number of recommendations.

The first, which seems so sensible, is “mandatory access to health care”.

The second is an increase in the required number of independent witnesses to be formally interviewed as part of the assessment, to at least three.

The third is “...a pre-death assessment review. Doctors should be required to submit all assessments to an independent review board prior to a patient's death.”

The fourth is “continuity of care. Multiple assessments should be completed by the same medical professional.”

The fifth is “mandatory wait periods”.

The sixth is “...mandatory release of records. Hospitals and health authorities should be required to release unredacted copies of their MAID assessment records to those who are entitled to them.”

I would be remiss if I did not mention the fact that, when Bill C-39 was tabled in Parliament, the Association of Chairs of Psychiatry in Canada called for this delay at the beginning of December. I will note as well that University of Toronto law professor Trudo Lemmens and numerous colleagues from across Canada challenged the Minister of Justice on his actions today.

Again, my plea today is to the Liberal caucus, through you, Madam Speaker, to challenge the decision of the justice minister, not to irresponsibly expand MAID in one year's time for those suffering from mental health. Canadians know that mental health can be overcome. Canadians know that this does not have to be the solution. Canadians know that they want to take care of people when they need to be taken care of.

● (1920)

Mr. Mark Gerretsen (Parliamentary Secretary to the Leader of the Government in the House of Commons (Senate), Lib.): Madam Speaker, first, I sincerely appreciate the incredible passion the member has demonstrated in his speech. I congratulate him for relaying that in such a passionate manner to the House. Second, I certainly take great opportunity to reflect on this legislation and the issue before us, so I do not want the member to think there are not members of the Liberal bench who are always highly concerned over the manner in which this medical procedure would be used.

Finally, I am unsure exactly what the member is asking when he makes a plea to Liberal backbenchers, in his terms. The whole point of this extension is to make sure that everything that would be put in place would be done in a responsible and appropriate manner.

By the member's own admission, he is voting in favour of this extension. Therefore, what is it, exactly, that the member is asking? Is he asking for something that is supposed to happen a year from now?

Mr. Brad Vis: Madam Speaker, I thank the member for the opportunity to clarify a key point, which is that I do not believe that mental health sickness should be a reason for someone to receive MAID in Canada. The legislation before us today would delay the ability of medical professionals to offer MAID on the basis of mental health sicknesses. I do not want to see my country ever reach that point. Therefore, in the year ahead, I implore the Liberal members of Parliament to challenge their justice minister, because I know, and they know, that the large majority of Canadians are against this.

In fact, I did a survey in my community. While my community was equally divided on MAID in general, there was unanimity among all of my constituents that, at a minimum, proper medical supports and mental health supports should be offered to all people irrespective of their medical conditions, and especially for those considering the use of MAID.

Mr. Frank Caputo (Kamloops—Thompson—Cariboo, CPC): Madam Speaker, it is always a pleasure to rise on behalf of the people of Kamloops—Thompson—Cariboo. I will admit that my hon. colleague kind of stole my thunder, because I was going to ask a bit about what his constituents were saying.

However, I am wondering if there were any responses that particularly stood out. As I understood his last comment, he said that it was about fifty-fifty on the issue of medical assistance in dying, generally. However, it sounds like there was near unanimity from his constituents, and obviously on a moral issue he has to bear that in mind. I wonder if the member wants to take 30 to 45 seconds of this important time in the House on this very important topic to elaborate on that.

Mr. Brad Vis: Madam Speaker, my colleague is from Canada's number two riding, after my riding of Mission—Matsqui—Fraser Canyon. I will note that, under the proposed redistribution boundaries, he is going to take part of Canada's number one riding, which I am very sad to see.

However, to the member's point, my constituents believe that we, as a country as rich and prosperous as Canada is, should be offering the medical treatment to allow people to make informed decisions about their lives, especially when they are most vulnerable. Right now, we are not there. I could [*Technical difficulty—Editor*] for example in my community, that a woman decided to receive MAID because she felt she was a burden on society, in Abbotsford, and did not have access to adequate housing. Where are we as a country and a society when we are permitting the death of an—

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• (1925)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I apologize to the hon. member, but his sound is very unstable. I think we are having issues with interpretation. We are running out of time also, but the last bit was a bit unstable. It was very difficult to understand all the sentences, and we are out of time.

Resuming debate, the hon. member for Kamloops—Thompson—Cariboo.

Mr. Frank Caputo (Kamloops—Thompson—Cariboo, CPC): Madam Speaker, it is always a pleasure to rise on behalf of the people for Kamloops—Thompson—Cariboo, especially when we are talking about something that is really quite critical and that is quite important to a number of people in the House.

This is an issue that really tugs at the heartstrings of a number of Canadians. My hope, and what I have seen so far, is that we can have a rational debate on this issue. What we are debating in this bill is the one-year postponement, putting it in my words, of the provision of medical assistance in dying to people who are suffering solely from mental illness. It is also intertwined with the greater question of what we, as Canadians, should be doing. If there is no other place that we should be debating this, it is right here.

I want to reflect a little bit on how we got here and also where I anticipated we might go, based both on what materials have been provided to the Minister of Justice and what the government has put out through its charter statement.

It was not that long ago that I was in high school. Maybe it was a while back, 1993, if I recall.

Mr. Mark Gerretsen: I thank the hon. member for being honest.

Mr. Frank Caputo: Madam Speaker, the member for Kingston and the Islands commended me for my honesty. I appreciate that. I like to think I am always honest in this place.

In 1993, if memory serves, we had the Rodriguez case. I am probably simplifying this, but that was a question on the right to die. It was a five-four split, but the Supreme Court of Canada said that there was no charter basis for that decision. It has been a while since I reviewed that in depth, but that is my recollection.

We fast-forward 22 years to the Carter decision in 2015, which came to the opposite conclusion. That case, I believe, was a *per curiam* decision for the court, which means that all nine justices found that the prohibition did offend the charter. The question that often comes to the House after that occurs is how Parliament should respond. I was not here then. I got here in 2021. Being here has been 18 of the best months of my life.

I can say that, from 2015 to 2023, we have seen a dramatic shift in what seemed to be envisioned both in the legal community and in the Canadian community at large, that change from medical assistance in dying for people who had irremediability, a terminal condition or a condition that was not going to get better, with death being foreseeable. My understanding when I was growing up, and it was an issue when I was in high school and university, was that this was really at the crux of the issue. Should somebody who is terminally ill have a right to euthanasia? That is how we framed it.

I am going to go to the minister's charter statement, dated October 21, 2020. I am going to note that I am not sure whether or not a charter statement has been provided for Bill C-39. I was with the minister at committee yesterday and no charter statement had been provided, so here we are debating a bill on a very serious issue, and we do not have a charter statement.

I am looking at everybody on the government benches. There are a couple of people here on the opposition benches as well. I hope we can all agree that not having a charter statement, which is supposed to accompany legislation like this, is a problem. What is adding to that problem is that, when the minister was asked about that by one of my colleagues yesterday, there was no definitive answer. He was asked where the charter statement is and when it is coming.

• (1930)

We are being asked to decide on this issue inside of what I would call a legal vacuum, where we do not even know what department officials think about this proposed legislation. I would hope, and I would think, that all of my colleagues believe that to be a problem.

The charter statement on Bill C-7 was tabled on October 21, 2020. This was before the legislation was amended by the Senate. On page 7 of 18, the charter statement says, "While expanding eligibility for MAID to include people whose natural death is not reasonably foreseeable, the Bill would exclude individuals whose sole medical condition is a mental illness." On the next page it continues, "In particular, the exclusion would apply only to mental illness".

Further on, it says:

The exclusion is not based on the assumption that individuals who suffer from mental illness lack decision-making capacity and would not disqualify such individuals from eligibility...if they otherwise meet the requirements, for example, if they have another medical condition that is considered to be a serious and incurable illness, disease or disability. Nor is the exclusion based on a failure to appreciate the severity of the suffering that mental illness can produce.

This is the key part:

Rather, it is based on the inherent risks and complexity that the availability of MAID would present for individuals who suffer solely from mental illness. First, evidence suggests that screening for decision-making capacity is particularly difficult, and subject to a high degree of error... Second, mental illness is generally less predictable than physical illness in terms of the course the illness will take over time.

These are static points, and by that I mean these things will not change with time. It is not like in 2020 there were inherent risks and complexity of judging MAID for people who suffer from mental illness, but now it has changed. We asked the minister about this, as I recall, yesterday. In any event, the minister has not articulated, and the government has not articulated, what changed. Either the charter statement was wrong, or something changed.

Neither has been put forward before the House. How is that possible? Was the charter statement wrong, or have the inherent risks and complexity changed? Has the predictability of mental illness over the course of time changed, or was the charter statement wrong? These are questions that, in my view, the minister has to answer.

One of the more difficult things we discussed yesterday at committee with the minister happened when one of my hon. colleagues asked him about a letter that was written by 32 academics. These are not insignificant people. I know some of these 32 law professors. The minister was asked flat out by the member for Fundy Royal if the professors were right, or if the minister was right. The minister said he was right.

I am going to list a few of these 32 professors, because the hon. minister has said that they are wrong. There is Archibald Kaiser, professor of law in the department of psychiatry at Dalhousie; Tess Sheldon, from the faculty of law at the University of Windsor; Elizabeth Sheehy; Brandon Trask; Brian Bird, a friend of mine who clerked at the Supreme Court of Canada and did his thesis on conscience rights for a Ph.D. in law; Janine Benedet, who I have heard speak to issues that relate to sexual assault; and one of my very good friends, Dr. Ruby Dhand. I am going to give her a few props here. She had five degrees by her 34th birthday. Professor Dhand is one of the smartest and most brilliant people I know.

The minister told us yesterday that he is right and these people are wrong. They wrote a letter saying that what the government is saying is the case with MAID, that it is rooted in Canadian law, is just simply not accurate. That is what they said. Who is wrong: them or him?

• (1935)

Mr. Gary Anandasangaree (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I am quite concerned about the way my colleague has framed this issue. The issue of MAID for mental health as the sole underlying condition was resolved two years ago. An expert panel reported in the middle of last year with some recommendations. There has also been extensive work by the Special Joint Committee on Medical Assistance in Dying, which that was tabled today, and I think all of the evidence suggests that we are ready to move forward on MAID for mental health as the sole underlying condition, however there is a need to ensure that additional safeguards are in place.

I am wondering if my friend could comment on the role of the expert panel and its recommendations in this regard.

Mr. Frank Caputo: Madam Speaker, I will address the member saying that this was resolved two years ago. Two years ago would have made it February 15, the day after Valentine's Day, 2021. This charter statement was tabled in the House October 21, 2020. Was this issue resolved mere months after this charter statement? I get it. Reasonable people can disagree sometimes, and we talk about expert panels.

I will say this much. This letter to the minister, led by Trudo Lemmens, was tabled February 2, 2023. These are serious concerns. When there are serious concerns about an issue this signifi-

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cant, we should not be saying we are pressing on in one year. We should be giving this more thought.

Mr. Blake Desjarlais (Edmonton Griesbach, NDP): Madam Speaker, I want to thank my hon. colleague, who often speaks in this place about the need for justice and the need to ensure that those who are left behind actually get support.

I often find myself thinking about solutions. New Democrats have tabled solutions to fix one of the core drivers of the mental health crisis in Canada, which is poverty. Poverty is one of the greatest contributors to the mental health crisis in this country. We have tabled solutions, and I understand the Conservatives may disagree with some of those solutions. One of them is the guaranteed livable basic income.

Could the member, given the kind of description of the problems of poverty and the effects it has on mental health, offer at least one solution so those who are struggling to pay their rent and struggling to pay for their groceries can ensure that they get that kind of support? Could the member elaborate on that?

Mr. Frank Caputo: Madam Speaker, I appreciate my colleague's intervention. I have been here 18 months, and it has been a pleasure to get to know him over that time.

My hon. colleague may not know this, but my wife, as a clinical lawyer, helps the most down-and-out people. She is somebody I consider an expert in this field, helping out people and giving them legal advice for the greatest issues. They are often the most poor, and one of the things she relates to me is that one of the contributors is actually trauma. That is one of the greatest issues when it comes to mental health as well. It is trauma.

I am not going to discount poverty. We, as Conservatives, talk about poverty every day in this place when we talk about the impact of inflation on poverty. If we really want to talk about this, we should talk about the government not legislating mandatory minimums for sexual offences. That is where trauma comes from. I hope, when we do speak about these things, that my colleague joins me. I look forward to chatting more about extinguishing poverty with him.

Mr. Tom Kmiec (Calgary Shepard, CPC): Madam Speaker, the member spoke about the charter and how every single piece of legislation is supposed to be complying with it. He mentioned that, at the justice committee, they did not have information about whether this particular piece of legislation was charter compliant. I want to give him the extra time to go over the matter just so the House can be well briefed on the current situation with Bill C-39.

Mr. Frank Caputo: Madam Speaker, we do not have a charter statement and we should. It is my understanding that, even when a bill is revised, there should be a charter statement. With Bill C-7, we had an initial charter statement. It came back from the Senate, and there is no new charter statement. The charter statement we are left with is pre-amendment. That is a problem, and if we couple that with the lack of a charter statement in the House, we are left with a huge problem.

In my view, the law is to be followed and there should be a charter statement. We should be following that. I wish we had it. We should have it.

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• (1940)

Ms. Ya'ara Saks (Parliamentary Secretary to the Minister of Families, Children and Social Development, Lib.): Madam Speaker, we are here for what is really such a deeply personal and complex discussion on Bill C-39. I want to start by saying the discussion tonight is about Bill C-39, and it has been the discussion here for the last few nights. I say this because some time ago, and I believe it was in November, we had a one-night discussion in the House, a take-note debate on mental health, in which I participated. Frankly, there were very few participants in that debate. A number of colleagues were here for that.

However, the discussion tonight is not about mental health. It is about Bill C-39, the legislation before us, to delay the implementation of MAID as it pertains to mental illness by a year. The core of the crux is that there is a mental health literacy discussing this problem in the chamber, and perhaps even across the country.

I want to start by saying what mental health is and what it is not. Mental health is really, at its core, in the day-to-day for all Canadians and all of us in the House, who work really hard and have stress for ourselves and our constituents. We have been going through a really challenging time these last two plus years through COVID.

Mental health is the ability to navigate and recover from a challenging situation and to be able to move forward with a sense of self. It does not mean that when we are stressed, when we have anxiety or when we are facing a tough period where there may be ebbs and flows of depression, we are struggling from mental illness. That is mental health.

We really need to start the conversation there. Truthfully, for any human being, and I have two teenage daughters, day-to-day things are up and down. We are not meant to always be happy all the time. We are not always meant to be in a positive state of being. There are ebbs and flows to life, just as there are for every Canadian across this country. Having two teenage daughters, I am sure many colleagues in the House can relate.

The truth of the matter is that mental health is not the opposite of mental illness. When I talk about people being diagnosed with a mental illness, I mean people who are diagnosed by a physician, which means a psychiatrist, a medical professional who is familiar with the categorizations of diagnosis under the DSM-5.

There are individuals with mental illness who are treated for it who have good mental health. Can members imagine that? One can have good mental health while one struggles through mental illness. That is a reality for many, many individuals who deal with mental illness. About 15% to 20% are medically diagnosed with mental illness.

There is a mental health crisis for many Canadians in this country, with many social determinants, whether it be poverty, housing or inflation, that are impacting the mental health of many Canadians, but they are not struggling with mental illness. I really feel strongly that is where we need to start the discussion.

Bill C-39 is not about mental health. Bill C-39 is about mental illness and those who have struggled with mental illness who have been presented treatment after treatment, have tried everything imaginable to address their suffering, and have not found relief.

They have not been able to find that ebb and flow of life many of us experience in mental health. We need to acknowledge that.

I heard a lot of disturbing statements in the House, such as this legislation being euthanasia or medical treatment by death. Shame on them for disparaging the DSM categorizations of medical professionals and using fast and loose language in the House on what is a profoundly serious categorization of suffering for individuals in this country.

Frankly, this is a hard issue. MAID is a hard issue for so many of us. It is so hard for us to know people we love may be suffering from a disorder or a terminal condition there is no relief from.

• (1945)

I want to move now into what Bill C-39 is, because we need to go over that.

Bill C-39 is asking for a year. It is asking for a year to pause on allowing for mental illness as the sole determinant for an individual requesting MAID, so that it can be reviewed and so that it can be put into place well. What do we mean by "well"? We have a health care crisis in this country. We have gone through two years of COVID. Doctors, nurses and health care practitioners are exhausted, and they need to be trained on this. They need to understand the DSM-5. They need to understand what the treatment protocols are for those who suffer with mental illness. We are not there yet. We want to ensure that the best practices are in place, and done with compassion and with a deep sensitivity for the individual suffering.

It is about the individual. Many of us in the House have beliefs, which may be religious beliefs or personal beliefs, about how they feel about MAID in general or how they feel about MAID in relation to this particular categorization of mental illness. At the end of the day, it is about the individual. It is not about us. It is about them. We need to remember who is at the core of this legislation and why it has been put forward, and the compassion and time that have been put in by medical experts. One can present me with one panel or another panel. At the heart of this is human suffering. I would not wish on anyone in the House to know what it is to have a loved one who suffers from mental illness, because I did.

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I had a 15-year-old nephew who suffered from mental illness. Every treatment was offered to him, every treatment, and he refused. I lost my nephew to suicide, not because we did not have hope, not because there were no resources, not because we did not try, but because everything that was put on the table, and trust me, I am a fierce mama, did not help him. I have to live with that loss, and the grief of that loss, of his choice. He did not make his choice in a medically assisted format. He chose suicide. We need to understand the difference.

Why do I share this? I share it because this is a personal issue. I also have a dear friend who had ALS. She suffered for years, but we put into place protocols for her so that when she knew it was enough, we would be by her side in her choice. There were friends who did not show up for her choice. There were many of us who debated about her choice, that it was gut-wrenching. Each step of the way, we had check-ins with her, even when she could only communicate through her eyelids. Was she sure that this was what she wanted? Was she ready? It was heartbreaking to leave that room that day, but it was her choice.

At the core of this, as hard as it is for members of this House to understand, it is about the individual. We have an obligation to provide every guardrail to every professional framework that is caring and compassionate, and that is why we need time to build it and set it out.

At the end of the day, these are professionals. This is mental illness. To the degree that individuals are suffering at that level, one should never have to watch individuals suffer to that degree.

Even if they go and ask for it from their psychiatrist, even if they are contemplating this, that is the beginning of the process. It is not an automatic decision. Then, their entire history of treatment needs to be reviewed, every protocol questioned. Every stone needs to be turned and reviewed by another professional. This is not even sober second thought, as we would have in the Senate. This is sober after sober after sober, three times, four times, five times, until every check has been done with the individual who is truly suffering.

I want to get out of the speak of professionals and all of that because at the core of this is the human being who is suffering. We need to know our language and be clear about that.

• (1950)

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, I agree with my hon. colleague's very thoughtful speech, except there is one thing that still concerns me. I will paraphrase, because I was not taking notes as she spoke, but it was something like "once a patient who is suffering has tried everything". My concern is that as long as we block access to psilocybin, as one example, or other therapies and treatments that could make a difference, I do not think we have tried everything.

That is why I am very relieved we have another year, and I hope my hon. colleague would agree that we need to use that year well, including accelerating research into other promising therapies.

Ms. Ya'ara Saks: Madam Speaker, the member for Saanich—Gulf Islands and I talk about many things with such thoughtfulness and care.

I can only speak at the moment to the current available treatments that are out there. I know some of the treatments that the member mentioned are in great debate and great discussion at this time. The point is why we are asking for time. We are asking for time for exactly that reason, so that we understand the depth of the treatments and the options, to make sure that we are not missing anything before we allow this to go forward.

Ms. Lori Idlout (Nunavut, NDP): *Uqaqtittiji*, I had the wonderful privilege of welcoming the member for York Centre to my community in Iqaluit and we had a wonderful time there.

I want to ask the member a specific question about the "Final Report of the Expert Panel on MAiD and Mental Illness", from May 2022, because I really appreciated the refocus on mental illnesses. In that report, "mental illness" is said to be for those who are "lack[ing] a standard clinical definition". My concern is that there are a lot of first nations, Métis and Inuit who might not fit into this professional model. This panel recognized it as well and, in recommendation 14, said that there need to be consultations with first nations, Métis and Inuit on creating practice standards.

I wonder if the member could share her thoughts on that.

Ms. Ya'ara Saks: Madam Speaker, my hon. colleague from Nunavut always reminds us how important it is to make sure that in all of our consultations, no matter what the issue is, whether it is climate change, indigenous early learning, or mental health and health care in indigenous communities, the indigenous lens on health care must be included.

Communities handle the care of their loved ones differently. There are diagnostic tools that are available from many different backgrounds and communities that weigh in on such decisions that we make as a country. I would welcome the member sharing her thoughts with me on what we should be considering in that discussion.

Mr. Philip Lawrence (Northumberland—Peterborough South, CPC): Madam Speaker, there is one thing from the other side that I find confusing. They can correct me if they wish, but they seem to be saying that if in fact a year from now we allow mental illness as a sole reason for medically assisted death, those people would not be suicidal. By the very definition of medically assisted suicide, or MAiD, that person is suicidal.

If we now allow mental illness as a sole reason for MAiD, are we not making suicide easier?

• (1955)

Ms. Ya'ara Saks: Madam Speaker, this is exactly the reason why mental health literacy is so important, because those who suffer with mental illness are not necessarily, by default, suicidal. I would be more than happy to educate the member on the determinants of that.

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[*Translation*]

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Madam Speaker, I am pleased to speak to Bill C-39 this evening. As a legislator and member of Parliament for Lévis—Lotbinière since 2006, I have been told about, and sometimes even witnessed, some very difficult situations involving people or families in distress.

On May 3, 2016, in the House, I allowed myself the privilege of expressing the thoughts sent to me at the time by several of my constituents during the sensitive debate on MAID. It is a topic that leaves no one indifferent.

I want to emphasize that, regardless of their political allegiance or their position on this issue, all parliamentarians are once again demonstrating courage by taking part in this debate, which is difficult for all of us.

The Supreme Court gave members of Parliament the daunting task and responsibility of setting the foundations of a law. This forced us to do some soul-searching about the purpose of our lives and the lives of the citizens we represent. We were aware that the law as a whole would not be perfect, that it would merely be acceptable, given all the changes it made to our way of seeing life and living in the future.

It is always a great privilege for me and a sign of undeniable trust when people share heartfelt confidences with me, especially when they deal with matters of life and death. The expansion of MAID to people with mental health disorders definitely falls into that category. I see parents, grandparents, brothers, sisters and friends worried about the expansion of the MAID legislation. When we stop and think about it, obviously we all want to keep our loved ones with us as long as possible.

Surprisingly, however, many of the discussions I have had with my constituents have revealed another very important issue that can cause mental health problems. I am talking about how the Liberals have trivialized the consequences of cannabis use, even though they knew the extent of the consequences when legalization was studied in committee. Several studies confirmed that use in adolescence would cause mental health challenges for those who already had a genetic predisposition.

We were promised that a lot of money would be invested in programs for people grappling with that addiction, as well as mental health services. Unfortunately, given the challenges that already exist across Canada in terms of access to regular health care, we suspected that specialized mental health care would be inaccessible and insufficient for Canadians. Therein lies the rub. One can easily imagine what will happen when hard drugs are legalized in Canada, again by the Liberal legacy that is destroying the Canada we once knew.

I would like to share that I will soon be a grandfather for a sixth time. I am obviously very happy, but I am also very concerned about our Canada, which has been deteriorating by the day since 2015. Canada is deeply broken, and millions of Canadians are suffering because of the erosion of their sense of security and quality of life.

I would like to use the time that I have to speak to Bill C-39 as an opportunity for honest reflection. As members no doubt know, humans need to give meaning to their lives to fully appreciate all the good things life has to offer. It is human nature to seize the best opportunities we get to enjoy life. However, what do we do when the government takes away those opportunities by implementing policies that go against our well-being and we lose faith and hope in the future?

Is it right for us, in the near future or the next few years, to allow people with mental health challenges to put an end to their lives, when they might have a better quality of life if we were to give them ways to fix what is going wrong and more resources so that they could find balance in their everyday lives?

● (2000)

I think the public is aware that nothing is working anymore and that we are living the opposite of what we are used to in so many aspects of our lives.

In spite of that, we must not see the future as inevitable. There are always solutions, and, as fragile as life may be, we have the privilege of sharing love and friendship. We can strengthen our bonds and help one another.

Our society is constantly changing. It shapes our fundamental, cultural, religious and spiritual values when it comes to life and the end of life. What was personally unacceptable yesterday may change tomorrow. We need to respect one another here, because we all have a say in this Parliament. That being said, the end-of-life choice that is acceptable to the individual is based on their convictions, their beliefs, their physical health and perhaps, ultimately, their mental health.

We have to be careful about that fourth point, mental health, because when it comes to care and scientific advances, we are still making progress. Who knows if we will find drugs that open up new possibilities for people who currently do not see any solutions?

We are faced with the same question we had to answer when the initial law was drafted in 2016: How can we ensure that this will not get out of control? It will be difficult to include safeguards in the law that will cover all of the very different cases of people with mental health issues.

I think it is wise to make the right choices for Canadians' safety and for future generations. Once again, time will tell whether this change in direction was a good one. All parliamentarians in the House and the Senate will make a significant contribution to this debate. We must all bring a rational and moral tenor to this bill as we align it with Canadian values and thinking in a way that respects all of our Canadian communities. We will live with the future changes that will come from this law. We have to ensure that it will be interpreted in accordance with our guidelines, because the consequences will be irreversible.

I am pleased that we are giving ourselves some time to address this delicate subject in order to protect vulnerable people and not to do something irreparable to people who are precious and who have the potential to live a better life with dignity.

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Mr. Peter Julian (New Westminster—Burnaby, NDP): Madam Speaker, I thank my colleague for his speech. He is right, there are service gaps. People with mental health issues may be unable to access what services there are. This is a huge problem. The government has not put any resources into it.

This evening, we learned that, when people seek access to psilocybin, a therapy that makes a difference for them, the government and Health Canada are not responding to those requests in due time.

Here is my question for my colleague. Why does the government seem unwilling to take mental health issues as seriously as they deserve to be taken?

Why is the government dragging its feet on approval for a therapy like psilocybin? Why is it so slow to follow its own guide on the importance of authorizing this kind of treatment?

• (2005)

Mr. Jacques Gourde: Madam Speaker, that is a very important question. Canada is facing huge challenges right now with respect to mental health. We should double down on this and make mental illness a priority, because it is affecting hundreds of thousands of Canadians.

There are plenty of ways to add more resources to our health care system. The government could speed up the approval process for certain drugs. We can all be more open to new ways of thinking, working and living in society that would alleviate this problem. Let us hope the government will see it and show a little leadership on things like that.

[*English*]

Hon. John McKay (Scarborough—Guildwood, Lib.): Madam Speaker, I largely agreed with the hon. member's speech, except for when he started blaming everything on the Prime Minister. Other than that, I thought he made a good and thoughtful speech.

Has the hon. member had any interaction with the health care system in Quebec? Has he made any observations with respect to how it deals with the mental health care that is given in Quebec for the patients who might well be accessing this particular MAID service?

[*Translation*]

Mr. Jacques Gourde: Madam Speaker, I find my colleague's questions very interesting.

In Quebec, once a patient enters the system and has access to psychiatrists and health care, the results are relatively good. However, the unfortunate part is that there are not nearly enough staff, people and psychiatrists for the number of cases that exist.

Wait times to access this type of service can be six months, even a year or a year and a half, depending on the severity of the case. This unfortunately means that there are some people who, while waiting for treatment, may commit an irreparable act and leave this earth.

[*English*]

Mr. Blake Desjarlais (Edmonton Griesbach, NDP): Madam Speaker, I just align with one of my colleagues, the hon. member for New Westminster—Burnaby, in relation to doing everything we

can for those who may be suffering before it gets to the point of an application for medical assistance in dying.

Earlier today, for example, one of our colleagues gathered folks who were suffering from immense pain and living day by day, not knowing what to do. That pain contributes to their overwhelming feeling of despair, which then leads them to apply for something like medical assistance in dying. In fact, the government could put in place regulations to support these folks before they get to that place. They could ensure psilocybin, a treatment that they are calling for; they have already established a right to have access to this treatment. Would the member speak to the importance of ensuring that we do everything we can to support these folks, including providing medicine that they desperately need?

[*Translation*]

Mr. Jacques Gourde: Madam Speaker, I thank my colleague for his very interesting question.

Yes, if there is an opportunity to speed up the approval of certain medications here in Canada to help people with mental health issues, let us do it as quickly as possible.

[*English*]

Hon. John McKay (Scarborough—Guildwood, Lib.): Madam Speaker, I understand I am the last member to speak on this debate. I doubt, however, that I will be the last word on this. I am not. I see that I am neither the last speaker nor the last word then.

I have been kind of reluctant, frankly, to engage in this debate because I do not consider myself to be an expert. I have not participated in committee hearings, and I have not had the benefit of listening to the expert witnesses. Therefore, the only thing that I bring to this particular debate is 25 years in and around the mental health system in the eastern part of the GTA. This is due to the fact that my son, technically my stepson, has schizophrenia.

The schizophrenia started to manifest itself when he was about 15 years of age; he is now about 40. As a family, we have been able to make some observations about the current state of the mental health care system in our neighbourhood. We are a well-resourced family; we have been able to access the best that there is on offer in and around the city of Toronto.

Our son has spent some weeks at the Whitby Psychiatric Hospital east of Toronto, one of the best that Ontario has to offer. He has also spent some time at the CAMH in downtown Toronto, which is possibly the leading health care facility in this particular area of health care. He has also spent time at our local Scarborough Health Network; this is a good health network, but my observation is that it is just absolutely overwhelmed.

The previous speaker talked about access in the order of 12 to 18 months. This has been our experience as well, even though we have supported him as a family. As I said, we are well resourced, and his mother, in particular, is fierce in her protection of him.

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We started to notice his erratic behaviour when he was around 15. For three or four years, we really did not know what it was, in spite of taking him to various health care experts. When he went off to university, he had his first diagnosed psychotic break. If members know anything about schizophrenia, they know that when one is recovering from that psychotic break, one never regains everything. Over the years, he had a number of psychotic breaks, and each time, he did not fully come back.

The observation is that when one is around 40 years of age, that is as good as it is going to get. One neither gets any worse nor certainly any better. He fills the definition of somebody who has an irremediable condition. It is medically diagnosed, and he has had episodes where we had the police there and things of that nature. Fortunately, as I said, his mother is a fierce advocate for him, and we have been able to stabilize his housing. He is well housed and well fed, which has not always been the case. However, at this period of his life, he is stable.

Over the course of these 25 years, we have made some observations of the system. The first observation is that it is overwhelmed. If the general health care system in Ontario is at its maximum stretching point, the health care system is always stretched beyond that point. I will not say it is broken, but it certainly is stretched.

● (2010)

This is not a condemnation of the people or the personnel who are in the system. They are good-hearted, overworked and exhausted. It is the patients who suffer. I do not have a great deal of faith, based on my observations, that one year from now somehow we will have a better system than we have today. My guess is that it will be closer to generations.

One of my hon. colleagues from the NDP raised the issue of poverty, homelessness and all the other issues that people face. Again, it has been our observation that we as a family have been able to shield him from a lot of things that mental health patients face on a daily basis, such as how they are going to eat, where they are going to sleep, all that sort of stuff.

Therefore, from time to time, it appears that ending one's life is an attractive alternative. I fear that, primarily for those people who are not well resourced and not well shielded from the vagaries of life, who have no job, no relationships and a limited appreciation of their own reality, it would be an attractive alternative to end their life, and that will be made available to them and, I dare say, available a little too readily at times.

These are observations we have made over 25 years. We have made them in the context of a family trying to support someone who would fall within the specific categories that are delineated in the legislation. We frankly have no real faith that this might not be an alternative for our son. That would be tragic for us all because it would not be a death in isolation.

I would also make the observation that we are long on talk in this place and short on resources. We talk about fixing the system. We talk about making resources available. One can pretty well go back through the speeches in Hansard for the last year or two years or five years or 10 years, and each incident of legislation comes with a

promise of resources. I wish that were true, but it is not. In our observation, it is only getting more challenging.

In some respects, this legislation is a way out of doing what we need to do to facilitate the health care challenges of our most vulnerable citizens. While I will, with colleagues, support this legislation, I frankly do not think things will change in a year. It may be that they will change in 10 years. I think this is the kind of timeline and horizon that we would be realistically looking at in order to deal with people who would fall within the specific delineated categories as set out in this legislation.

● (2015)

Ms. Lori Idlout (Nunavut, NDP): *Uqaqtittiji*, I would like to thank the member for his thoughtful intervention. This is indeed a difficult debate because we are talking about something that is inevitable for all of us. The difference is ending suffering and how some people have the privilege to die with dignity while others have no choice but to feel like ending their lives through suicide.

This is a very difficult question or debate. We want to talk about ensuring practice standards that meet everyone's needs, so mental health issues are addressed and people with mental illnesses also get the help they need. Given his experience with someone with mental illness, could the member talk about how this kind of discussion needs to be opened up in the next year?

● (2020)

Hon. John McKay: Madam Speaker, I thank the member for an excellent question that centres on the issue of practice standards.

I have no doubt that, particularly where I live in the east part of Toronto, we have the highest-quality practice standards. However, there can be the highest standards and most qualified people in the nation, but if they are overwhelmed by virtue of people being in the system because of the circumstances in which they live, no amount of practice standards will get them out of that.

My focus would be on relieving the suffering by helping those people so that they do not find themselves contemplating this alternative.

Mr. Gary Anandasangaree (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I am not really posing a question. I just have a comment.

My friend from Scarborough—Guildwood is a dear friend and someone I have looked up to for many years. I want to thank him for sharing his very personal experience with us. I know it is something that he has shared on a number of occasions and in a very public way. I think it is important that we all understand that we have people in our lives who are deeply impacted by mental health issues.

As government moves forward on this, that is always something the minister, as well as the government, will continuously evaluate and undertake. I really do want to thank him for sharing his very wise comments with us today.

Government Orders

Hon. John McKay: Madam Speaker, I want to thank the hon. member for his intervention. We are at a watershed. This legislation kind of fixes the problem. We could pass it or we, as a society, could be serious about the under-resourcing of those who are most vulnerable. I dare say that we are going to try to legislate our way out of this instead of trying to resource our way out of it.

Mr. Blake Desjarlais (Edmonton Griesbach, NDP): Madam Speaker, I want to thank my hon. colleague for what I think is an important intervention.

I will agree with him in some part that this is an important moment for Canadians. Hopefully, this bill allows us the time to contemplate what the important steps will be to ensure that we listen to community members. This means not only those who are suffering from mental illness but also those who are combatting poverty and their contributors to it. Then, we can actually have a chance to do this work during this period and do the things that we need this law to do to ensure that vulnerable folks do not fall victim to an easy way out.

Could the member ensure that the government works hard to do the consultation, talk to those folks and make sure that there are pathways before this becomes the decision they do not have to make?

Hon. John McKay: Madam Speaker, I think the hon. member raises an interesting point, and I do not know whether we are agreeing or disagreeing, frankly. I just do not have the faith that a year from now things will change greatly. Where are we? We are still under-resourcing the system, and we are still not providing the care that these folks need. Members can walk down Bank Street on their way home tonight, and there are a lot of people there who are pretty far gone. I just do not think we have the will, as a nation, to do much beyond providing legislation, and we think this is somehow a way out. Maybe it is. I do not know whether I agree or disagree, but I do not have that faith.

● (2025)

Mr. Corey Tochor (Saskatoon—University, CPC): Madam Speaker, that was a powerful speech and it gives me great hope. We will probably come out of this on two different sides, in different parts of our lives, but I can tell that the member is a good dad and a good person.

For the people watching at home or watching this clip on Facebook later on, even the intervention from my colleague from the NDP gives me great hope. This is not finished. This is not done. We have an opportunity here because there are good people in all parties. I think that this year, this opportunity, gives us, hopefully, some time to reflect on what is important and hear stories like the ones we just heard, that including mental diseases and conditions in MAID is wrong. It shall not be in our society that people seeking help for depression could possibly be turned to medically assisted suicide.

I believe this is a blessing, that we have one year to hopefully convince enough of my colleagues, in all parties, that we need to not just pause this but scrap the idea that we could potentially solve one's mental health problems by providing suicide.

We talk about why we are here and why we are having so much trouble with mental health. I think mental health and addictions, if we talk to different specialists, go hand in hand. I believe we are on a very dangerous course right now with the explosion of mental health issues and the acceptance of hard drugs in our country.

We have an epidemic of overdoses happening right now. That is not medically assisted suicide. That is drugs-assisted suicide. This is not to say that there is an analogy to it, but it is wrong. We should not be allowing this in our society.

We have to do more. We have to do more for mental health in Canada. This is a serious subject. I do not want to get partisan, but our health care system was garbage before the pandemic. It was underfunded and it was on life support before the pandemic. We went through the pandemic and we put our population through so many pressure points that no doubt we were going to have a spike in the abuse of drugs and mental health issues.

The health care system, before the pandemic, was on life support. We kind of muddled our way through it, and here we are today. Other than the announcement a week ago, we have not had an increased health transfer to the provinces, which provide the health care these patients need. They need proper mental health supports, not the MAID 1-800 number.

I am very frustrated with where we are as a society, that this is what the case is, that we cannot get help in this country. It is broken. We cannot find a doctor. We cannot get treatment. We cannot get addiction beds: "Come back in 18 months and we might have a spot for you." How is that treatment?

I have heard people say that the health care professionals will have check boxes and forms and it has to go through a secondary step and it is going to get signed off on by another professional. Who has time for that? We cannot even find family doctors to see patients for common colds, but we are going to have all these health care professionals who are going to go through all these applications and somehow weed out the ones that should not be there. It is just not going to happen.

It is frustrating that we are here tonight debating this. There is no court in Canada that said that we need to expand MAID for people suffering from mental health issues. Not a single court ruling said to blow this wide open and offer it to anyone who is having issues.

We need to spend this year to think about the ramifications of this.

Government Orders

● (2030)

We heard the member talk about his 40-year-old son. This is the part that gets me. I am a relatively new dad. My two boys are not 40, but nine and seven, and they are going to have challenges as teenagers. We all had challenges as teenagers. We all know teenagers who had challenges, and hopefully not too many of us know teenagers who took their lives. Life is hard sometimes. Teenagers have pressure where it seems like the whole world is on them, and they make that choice. We cannot stop what young adults do.

I worry about my two kids, who are going to go through the same things that everyone in this chamber has gone through: the pressures of being an adolescent, or as was said in here, a mature minor. They are not mature minors; they are teenagers who are going to have tough days. I had tough days.

I do not want my two boys to think that just because they are depressed and having a tough go of it, or maybe having more serious mental health concerns, they can just access MAID and be done. That is the wrong approach for Canada. I will do whatever I can in the next 12 months to convince enough members of this chamber that this bill needs to be—

The Assistant Deputy Speaker (Mrs. Carol Hughes): I am sorry to interrupt the member but would ask that he not bang his finger on the desk. I know he is passionate, but it is hard for the interpreters. I want to make sure we are not affecting the interpreters; I know they have had a lot of challenges lately.

The hon. member for Saskatoon—University.

Mr. Corey Tochor: I will stop banging on my desk, Madam Speaker, but I am not going to stop banging on my desk in my office or on doors across Canada. We need to stop this. This is not a Canadian approach to health care. We do not offer suicide to people suffering from mental health disorders.

We have 12 months to get this right, and as the last member said, I do not think that health care is going to improve. Our system is way too broken to be fixed in 12 months. He knows it, I know it and everyone here knows it. What are we setting ourselves up for? I would tell all members or anyone watching that as much as this is an emotional and very heated debate, and we need to respect other people's opinions, we also need to have this dialogue.

I would encourage people watching at home to contact their members of Parliament in a respectful way, ask for a meeting and explain their concerns. I suspect a lot of them will have concerns similar to mine on why we should not expand this. They should do it in a respectful manner. I believe there are enough good people in this chamber to stop it. That is my message.

Mr. Scott Reid (Lanark—Frontenac—Kingston, CPC): Madam Speaker, we are talking about mental illness, mental distress and depression as being reasons why it may be permissible to ask for assistance in dying. I look at this and say that we have come a long way. Our laws were based on some court rulings surrounding people who wanted to die because they had lost their ability to control their bodies. They had ALS; they had no control over their bodies at all. They could not actually go through the act of committing

suicide, but they maintained razor-sharp consciousness and a strong will. Sue Rodriguez is one example.

We should not go from that to somebody who is essentially having a failure of will. That is what depression is, being unable to formulate plans to carry on and instead saying there is an easy way out. This seems to me to be fundamentally dangerous, to be almost leading people on. It seems to me this is an obvious underlying problem.

I am glad to have a year to slow down this progress in the wrong direction. Quite frankly, I think we should be very much looking at some entirely different direction. The idea that the courts are somehow going to impose on Canada in the situation of depressed people, people who are struggling because of circumstances that are hard in their lives, is that “life is hard; death is easy”. It is absolutely outrageous to say, “This is it. The kingdom of death is upon us; that is just dandy”.

I guess I am asking my colleague to offer some commentary on this national abdication of will that seems to be, at best, coming a year from the present.

● (2035)

Mr. Corey Tochor: Madam Speaker, the member's question will give me an opportunity to once again underline what the member is trying to get at, which is that this is wrong. Leadership is not just putting something to the courts and following a ruling. On this one, the courts were not even asking for mental health to be a factor in MAID.

Maybe this is the point where backbenchers and other parties, cabinet ministers or MPs can take these 12 months to consider all the arguments, for and against. I have a very tough time with including mental health. I do not think there is a single honest, good reason why someone should access MAID because of depression or other serious mental health issues.

Mr. Scott Reid: Madam Speaker, I did not expect to get a second chance to do this, so I will just make the observation that, with regard to mental health and mental issues, the definition of most illnesses and diseases have not changed over time. The definitions surrounding ALS, for example, have not changed substantially over time.

However, the definitions of various mental illnesses under the *Diagnostic and Statistical Manual of Mental Disorders*, or the DSM, have changed constantly. DSM-4 was dramatically different in many respects from DSM-3, DSM-2 and DSM-1. These are, to some degree, arbitrarily defined illnesses, and to say that we can make a firm and meaningful, as opposed to subjective, medical determination that someone is in a position where they are sufficiently mentally ill that they qualify for medical assistance in dying seems to me to be very strange indeed and very subjective.

Government Orders

I talked, perhaps with too much rhetorical flourish, about the triumph of the kingdom of death over life. However, the triumph of subjectivity over objectivity, while wearing objectivity's clothes, seems to me to be profoundly unwise and, once again, a very good reason to say that we ought not to be going down this path. I will leave it there and ask again for the member's commentary.

Mr. Corey Tochor: Madam Speaker, my understanding of mental health, the DSM, a lot of the mental health disorders and how they are diagnosed or rated is that there is a system where we ask the patient how they feel, on a scale of 1 to 10, in different categories. We kind of gauge where they are, and we have an understanding of the disorder or the mental health issue that they are facing. It is very subjective and difficult. It is not like they can do a blood test to find out if someone is positive or negative, or that there are other physical ailments that can actually be measured to understand that the person is not going to recover from them.

Mental health is different. There are also advances. This is the thing that should give hope. There are medical advancements that are treating people whom we never thought we could treat before, and a lot of that has to do with mental health. There are chances now that we can revisit some of these diseases and disorders with modern pharmaceutical solutions or therapies that have not been tried before in the western world. That is where we have to spend our energy.

We also have to put those extra resources into health care. That means a larger transfer. That means the Liberals' coming through

on their \$4.5-billion promise for health care in the last election. They have yet to deliver a single penny on it.

• (2040)

The Assistant Deputy Speaker (Mrs. Carol Hughes): We will resume debate.

[*Translation*]

There being no further members rising for debate, pursuant to order made on Monday, February 13, the motion is deemed adopted and Bill C-39, An Act to amend An Act to amend the Criminal Code (medical assistance in dying), is deemed read a second time and referred to a committee of the whole, deemed considered in committee of the whole, deemed reported without amendment, deemed concurred in at report stage and deemed read a third time and passed.

(Bill read the second time, considered in committee of the whole, reported without amendment, concurred in, read the third time and passed)

The Assistant Deputy Speaker (Mrs. Carol Hughes): It being 8:41 p.m., the House stands adjourned until tomorrow at 10 a.m., pursuant to Standing Order 24(1).

(The House adjourned at 8:41 p.m.)

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