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HOUSE OF COMMONS

Monday, March 12, 2012

The House met at 11 a.m.

Prayers

PRIVATE MEMBERS' BUSINESS

BREAST DENSITY AWARENESS ACT

The House proceeded to the consideration of Bill C-314, An Act respecting the awareness of screening among women with dense breast tissue, as reported (without amendment) from the committee.

• (1105)

[Translation]

SPEAKER'S RULING

The Speaker: There is one motion in amendment standing on the notice paper for the report stage of Bill C-314, standing in the name of the hon. member for Vancouver Centre. At first glance, it appears that this motion could have been presented in committee.

[English]

However, in submitting her motion for consideration at report stage, the member for Vancouver Centre provided the Chair with a written explanation in which she outlined her efforts to propose a similar amendment during the clause-by-clause study of the bill, and where she explained that her amendment was based on the testimony of witnesses who had appeared earlier in the meeting. As the committee desired to proceed with the clause-by-clause study of the bill immediately after hearing from the bill's sponsor and other witnesses, she did not have time to avail herself of the drafting services of the parliamentary counsel assigned to the bill.

[Translation]

Upon presentation of her amendment, the member was cautioned by the chair of the committee that there was some concern over certain legal terminology her amendment contained that might have had the undesired effect of infringing on the financial initiative of the Crown. In this case, there was not sufficient time for the chair of the committee to carry out the necessary consultations and provide a definitive ruling on admissibility. As a potential remedy to this unusual situation, the chair of the committee suggested to the member that she might wish to submit her amendment at the report stage instead. [English]

Having received the committee's consent to withdraw the amendment, the member for Vancouver Centre explained that she was able to consult with parliamentary counsel and the legislative clerk assigned to the bill. She was thus able to prepare a motion for the report stage which she feels, and I agree, does not appear to infringe on the financial initiative of the Crown. Therefore, due to the exceptional circumstances outlined above, the Chair has selected for debate the motion submitted by the member for Vancouver Centre.

[Translation]

I shall now propose Motion No. 1 to the House.

[English]

MOTIONS IN AMENDMENT

Hon. Hedy Fry (Vancouver Centre, Lib.) moved:

Motion No. 1

That Bill C-314, in Clause 2, be amended by adding after line 20 on page 3 the following:

"(d) ensuring, through the Canadian Breast Cancer Screening Initiative, the collection, processing and distribution of information on best practices for the screening and detection of cancer in persons with dense breast tissue."

She said: Mr. Speaker, this is a very simple amendment. It says that there is already a Canadian breast cancer screening initiative. This vehicle, without any extra cost or work whatsoever, can conduct the collection, processing and distribution of information on best practices for the screening and detection of cancer in persons with dense breast tissue.

This is necessary because we listened to many witnesses who said that there are some places where this is being done well in Canada. There are other places that are doing some fairly remarkable innovative work in collecting this information. Witnesses felt it would be quick, easy and very valuable if other provinces and areas could use some of those best practices. Those provinces and areas would not have to reinvent the wheel because in many practices currently there is excellent work being done. It has been done for long enough now that there is evaluation that says this works very well.

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There have been suggestions from the Canadian Cancer Society and cancer associations that in places like British Columbia the outcomes from breast cancer screening, treatment and surgery are by far the best in the country, by a really large percentage. We need to look at some of the areas which are doing good work, borrow it and use it without having to spend a lot of time reinventing the wheel, as I said before. This would be very beneficial.

This is an excellent amendment that would really enhance the bill to a great extent.

Mr. Patrick Brown (Barrie, CPC): Mr. Speaker, Bill C-314, An Act respecting the awareness of screening among women with dense breast tissue, is a piece of legislation that I have drafted because I truly want to make a difference. I want to ensure more women are aware of the impact of dense breast tissue on the analysis of a mammogram.

The bill would encourage the use of existing initiatives to increase awareness among women about the implication of dense breast tissue for breast cancer screening, and to assist women and their health care providers in making well-informed decisions regarding screening. It would recognize the work done by the provinces and territories and by many organizations in working towards these important goals. It outlines partnerships that our government has developed to enhance understanding of and to disseminate information about dense breast tissue during screening. I want to thank members from all parties for their support of this bill. I know full well that we are all anxious to ensure the bill passes as quickly as possible.

I would like to thank the hon. member for Vancouver Centre for her support and interest in this bill. She has expressed a desire to ensure best practices are disseminated. She has pointed out that Bill C-314 refers to sharing, through the Canadian breast cancer screening initiative, information related to the identification of dense breast tissue during screening and any follow-up procedures.

Indeed, the Canadian breast cancer screening initiative already helps us look at the best ways to raise awareness of dense breast tissue. The initiative also helps provide screening performance information and support evidence-based decisions.

Launched in the early 1990s, the initiative fully respects the role that provincial and territorial programs play in the early detection of breast cancer in Canadian women and the importance of sharing information and exemplary practices. In fact, it enables provinces and territories to continually share information on their screening programs, and discuss what they are learning.

To ensure strong collaboration and to work in a collective fashion to assess breast cancer screening programs, the government established the federal, provincial and territorial national committee for the Canadian breast cancer screening initiative. The committee is instrumental in providing us with the opportunity to work with provincial and territorial governments to measure screening program performance throughout the country and to develop better screening approaches.

This committee also includes non-governmental organizations, medical professionals and stakeholders. This allows for more opportunities for dissemination of practices, as well as for sharing different views. The initiative is aimed at evaluating and improving the quality of organized breast cancer screening programs. By facilitating information sharing about breast cancer screening across Canada through governments, practitioners and stakeholders, it can achieve this goal.

The bill clearly outlines the need for the Government of Canada to "encourage the use of existing programs and other initiatives that are currently supported by" the entities that have a role in breast cancer screening, be it prevention, detection, treatment, monitoring, research or the provision of information. Collaboration amongst these entities is instrumental.

Members will note that there is a great deal of good work under way through the Canadian breast cancer screening initiative. Jurisdictions are working together, sharing best practices and discussing questions that are important to them.

The amendment brought forward by the hon. member is consistent with the goals and approach of the initiative. The national committee has well-established partnerships to undertake identification and distribution of information on best practices. The committee can direct analysis on breast cancer screening, including best practices for dense breast tissue.

The dissemination of information and facilitation of use of best practices in screening in assessment are key objectives of the initiative. Provinces and territories can use this information for their respective breast cancer screening programs. The proposed amendment speaks to the need for collecting and processing information on best practices for breast cancer screening, and more specifically dense breast tissue. This is a fundamental part of the initiative. It is already enabling us, along with our provincial and territorial colleagues, to look at the best ways to raise awareness of dense breast tissue.

The Public Health Agency of Canada, through the Canadian breast cancer screening database, collects, synthesizes and distributes information on the breast density of women who are screened. It provides this information to provincial and territorial breast screening programs to support the development of best practices.

The concerns with the amendment are with regard to the word "ensuring" used in the proposed amendment. The work of the Canadian breast cancer screening initiative is not controlled by the Public Health Agency of Canada, and as such should not be ensuring the collection, processing and distribution of information or ensuring the identifying, synthesizing and distributing of information.

\bullet (1110)

Therefore, while I appreciate the intention of the hon. member for Vancouver Centre, I do not see the need for this amendment. As we all want to get the bill through, I ask my fellow colleagues to continue to show support for the passage of the bill. Greater awareness and information about dense breast tissue will enable us to make a difference. It would help women and their doctors make well-informed decisions regarding breast cancer screening.

Again, I want to thank the member for Vancouver Centre for bringing this issue up. I hope all my fellow colleagues can continue to support the bill.

[Translation]

Ms. Rosane Doré Lefebvre (Alfred-Pellan, NDP): Mr. Speaker, I am very pleased to rise in the House today to debate Bill C-314, An Act respecting the awareness of screening among women with dense breast tissue. As a young woman, I am aware that I am at risk of developing breast cancer. In fact, we all are, because breast cancer can affect anyone, both men and women, young and old.

According to the statistics, 23,400 Canadian women and 190 Canadian men were diagnosed with breast cancer in 2011. Age is an important factor. It is a fact that older women are at greater risk. In 2011, an estimated 80% of cases were diagnosed in women over the age of 50. Young women are also at risk. It is estimated that 3,500 new cases, or 14%, were reported in women between the ages of 30 and 49 years, and 965 cases, or 4% of cases diagnosed, were women 40 and under.

According to the Canadian Cancer Society, breast cancer starts in the cells of the breast. The breast tissue covers an area larger than just the breast. It extends up to the collarbone and from the armpit across to the breastbone in the centre of the chest. Each breast is made of mammary glands, milk ducts and fatty tissue. The breasts also contain lymph vessels and lymph nodes, which are part of the lymphatic system. The lymphatic system helps fight infections. Lymph vessels move lymph fluid to the lymph nodes. Lymph nodes trap bacteria, cancer cells and other harmful substances. There are groups of lymph nodes near the breast under the arm, near the collarbone and in the chest behind the breastbone. Cancer cells may start within the ducts or in the lobules. Ductal carcinoma is the most common type of breast cancer.

As a woman, I know the importance of mammography, which is a low-dose x-ray of the breast. Mammography pictures, or mammograms, show detailed images and views of the breast from different angles. The breast is placed between two plastic plates. The plates are then pressed together to flatten the breast. Compressing the breast tissue helps make the images clearer. Better quality mammography and increased participation in organized breast screening programs have led to more breast cancers being detected earlier, which means successful treatment is more likely. Unfortunately, this test does not always detect cancer, especially among women with dense breast tissue. In such cases, doctors may opt for scintimammography or an MRI. A biopsy is the only way to make a definitive diagnosis of cancer.

Breast density is a radiological concept, but it has a major impact on the accuracy of mammogram interpretation. Dense breast tissue is a concern for all radiologists, as well as epidemiologists and

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gynecologists. A dense breast appears white on a mammogram because it contains little fat.

Breast tissue is quite variable. Changes in breast tissue are hormone driven and occur throughout an individual's lifetime. For example, young women typically have denser breasts than older women because breast tissue becomes less dense as women age. However, even though older women's breasts tend to contain more fat, women of any age can have dense breast tissue.

Bill C-314 requires the Government of Canada to encourage the use of existing initiatives to increase awareness among women about the implications of heterogeneous or dense breast tissue for breast cancer screening, and to assist women and health care providers in making well-informed decisions regarding screening.

Although the purpose of this bill is to improve breast cancer screening for women with dense breast tissue, we believe that it should go further still. Why not institute accountability measures to shorten waiting lists and ensure that women have access to timely screening?

Any bill designed to improve breast cancer screening should include federal funding for national breast cancer screening programs for all women, which should be systematic, free and available without a doctor's referral, beginning at age 40.

Health care workers and women who are concerned about breast cancer need more than just encouragement in order to raise awareness and promote best practices.

• (1115)

The government should put in place standards. Under these standards, all provincial programs would start screening women for breast cancer from age 40. The standards should include the regular and optimal use of digital mammography machines such as MRIs and ultrasounds for screening purposes. Lastly, screening standards should focus on the particular challenges of screening for breast cancer among women with dense or heterogeneous breast tissue.

The Quebec breast cancer screening program is a good example of a screening program with very good results. Screening using a mammogram targets women aged 50 to 69 and is carried out, systematically, every two years. According to data from Quebec's health and social services department, the breast cancer mortality rate for women who are systematically screened dropped by at least 25% between 1996 and 2006.

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It is high time that the federal government showed leadership by adopting a funding plan and implementing a real national strategy to improve breast cancer screening in Canada. That also means honouring the commitments made as part of the 2003 and 2004 health accords, including the commitment to reduce waiting times and increase the number of doctors and nurses to ensure that women at risk have access to primary care or specialists as quickly as possible.

Experts and organizations fighting breast cancer are asking for more and agree that this project does not go far enough.

The Canadian Breast Cancer Network does not believe that this bill will improve screening procedures for those women most at risk of developing breast cancer. Breast cancer survivors direct the network. It is a national link between all the groups and individuals concerned about breast cancer, and its members, partners and founders include the Canadian Cancer Society, the Canadian Breast Cancer Foundation and the Breast Cancer Society of Canada.

The Canadian Cancer Society supports a bill that would improve cancer screening measures, particularly for patients with dense breast tissue. However, the society believes that this bill will not produce concrete results for patients living with breast cancer and their families.

Lastly, Quebec's association of hematologists and oncologists says that while it is important to increase breast cancer screening, we cannot forget about other kinds of cancers. Improvements need to be made in the prevention of and screening for all cancers. We must not concentrate all our efforts on one single category of women or type of cancer.

I wonder when this government will start to take this issue really seriously? The Conservative government introduced a bill that will in no way improve the lives of Canadian women. The government must start thinking more seriously about this issue in order to prevent even more women from developing this destructive disease.

• (1120)

Ms. Christine Moore (Abitibi—**Témiscamingue, NDP):** Mr. Speaker, Bill C-314 seeks to improve breast cancer screening measures for women with dense breast tissue.

One woman in nine is expected to develop breast cancer during her lifetime, and one in 29 will die of it. The current mortality rate is 21%. Risk factors can be both genetic and environmental, and breast tissue density is one of those factors, hence this bill.

Women with high breast tissue density face two challenges: the probability of developing breast cancer is higher and screening is more difficult because the X-rays are harder to read. It is therefore important to improve care for women with dense breast tissue because of the increased risks to their health.

This bill seeks to do that and:

...requires the Government of Canada to encourage the use of existing initiatives in order to increase awareness among women about the implications of heterogeneous or dense breast tissue for breast cancer screening, and to assist women and health care providers in making well-informed decisions regarding screening. Still today in Canada, not all women are fully informed about breast cancer. As a former nurse, I know that not all women—far from it—have access to a family doctor and therefore to the chance to discuss the risks with a professional. Sometimes people in remote areas do not have the same access to health care as others. Sometimes women end up not having access to full and accurate information about breast cancer, its risks and the importance of screening. And the doctor ends up not having access to the patient's complete medical file because she has several different files. These women see a doctor when they go to emergency. In the long term, there is no continuity of care because doctor visits are always oneoffs.

Women may be seen by their family doctor, and now by specialized nurse practitioners who may also work in this area. Nurse practitioners will ask questions, analyze risk factors, conduct assessments, teach women to perform breast self exams and help them do so. These concrete measures can help these women. If a woman does not have access to a family doctor or nurse practitioner, she will not know that she may have access to screening programs and, consequently, will not take advantage of them.

I believe that it is important to talk about this. Breast cancer will result in the death of 14 women a day in Canada in 2012. It is a very important issue. Screening and awareness of the risk factors are also major issues. Early diagnosis and treatment greatly increase women's chances of survival.

Women with dense breast tissue should be made aware of it and should undergo more tests before being given a diagnosis because cancer is more difficult to detect in x-rays of dense breast tissue. The more tests, the great the difficulty. Consequently it is important to promote detection screening to these women. It is also important to promote and to circulate this information among health professionals so that they can screen women.

We often see people die from cancer because of this. We must not take it lightly.

The Canadian Cancer Society's website talks about the determinants of survival. It points out the factors related to the cancer control infrastructure, such as the availability and quality of early detection, diagnosis and treatment.

Depending on where a woman lives and the quality of infrastructure available, and depending on the timeliness of detection, she will have a greater or lesser chance of dying of cancer.

This is not an equitable situation. In my opinion, access to health infrastructure should not be one of the determinants of breast cancer survival.

• (1125)

The fact that such is the case in Canada in 2012 does not make any sense. And this should also not be the case for any other illness. For example, to date, Nunavut does not have a formal screening program.

We therefore really need to do more than encourage the government to get the message out and to facilitate screening. Clearly, we need more concrete action. We need better access to health care and infrastructure; we need more family doctors, more nurses and more nurse practitioners; and we need improved prevention measures. We must decrease wait times—which have reached record highs—for tests and treatments. We must improve access to medical specialists who are better able to diagnose and treat these patients. We must work with the provinces to come up with a national strategy to combat breast cancer that is fair to all women, regardless of their geographic area or their income.

We have no choice. We must really discuss this with the provinces. We need real leadership on this issue. For example, Canada should abide by the 2003 and 2004 health accords, which were meant to improve the accessibility, the quality and the viability of the public health care system.

In order to prevent all these bills on health from being just words written completely in vain that look good on paper but do not contain any concrete measures, we should ensure that they include measures such as federal funding to create systematic breast cancer screening programs for all women across the country. These programs should be made available free of charge, on a voluntary basis, to women aged 40 and over. Right now, the systematic program that exists in Quebec is free for women over the age of 50.

I would like to take a few minutes to talk to you about my cousin Linda, who passed away from breast cancer when I was in Vancouver in June. Her daughter had just had her first baby when Linda learned that she had breast cancer. She was only 42 years old when she died. I believe that this is a concrete example of why systematic screening programs should be made available free of charge to women as early as age 40, not age 50. This is a good example, and I thought it was important to talk about what happened to my cousin. I was close to her, and 42 is very young. I thought it was important for members to be aware of this.

Such bills should also include standards requiring that existing provincial programs begin screening women at age 40. Early detection is essential and should be a priority. We know that. I do not know if people understand this, but the earlier in a person's life breast cancer—or any type of cancer—shows up, the more likely it is to be aggressive, because an immune reaction takes place. The stronger the immune system's reaction, the more aggressive the cancer can be. That is why very early detection is important, as I just explained.

Similarly, any health-related bills should include standards for existing screening programs to optimize and standardize the use of digital mammography equipment such as magnetic resonance imaging and ultrasound units. Women should have access to these devices, which, once again, improve detection rates, particularly for women with risk factors such as high breast density.

Health-related bills like this one must go farther: instead of offering vague suggestions, they have to propose practical measures. This must be done together with the provinces and territories, of course, because health is under provincial jurisdiction. It is important to truly work with the provinces to develop an action plan. If we do that, we can hope to save lives. If health-related bills are too vague,

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they are not useful; they are nothing but nice ideas on paper that do not really change anything for the better.

• (1130)

[English]

The Acting Speaker (Mr. Barry Devolin): Is the House ready for the question?

Some hon. members: Question.

The Acting Speaker (Mr. Barry Devolin): The question is on the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

The Acting Speaker (Mr. Barry Devolin): All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Acting Speaker (Mr. Barry Devolin): All those opposed will please say nay.

Some hon. members: Nay.

The Acting Speaker (Mr. Barry Devolin): In my opinion the nays have it.

And five or more members having risen:

The Acting Speaker (Mr. Barry Devolin): Pursuant to Standing Order 98, the division stands deferred until Wednesday, March 14, 2012, immediately before the time provided for private members' business.

SUSPENSION OF SITTING

The Acting Speaker (Mr. Barry Devolin): The House will now suspend until 12 p.m.

(The sitting of the House was suspended at 11:34 a.m.)

SITTING RESUMED

(The House resumed at 12:01 p.m.)

GOVERNMENT ORDERS

• (1200)

[English]

AIR SERVICE OPERATIONS LEGISLATION

Hon. Rob Nicholson (for the Leader of the Government in the House of Commons) moved:

That, notwithstanding any Standing Order or usual practice of the House, a bill in the name of the Minister of Labour, entitled An Act to provide for the continuation and resumption of air service operations, shall be disposed of as follows:

(a) the said bill may be read twice or thrice in one sitting;

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(b) not more than two hours shall be allotted for the consideration of the second reading stage of the said bill, following the adoption of this Order;

(c) when the bill has been read a second time, it shall be referred to a Committee of the Whole;

(d) not more than one hour shall be allotted for the consideration of the Committee of the Whole stage of the said bill;

(e) not more than one half hour shall be allotted for the consideration of the third reading stage of the said bill, provided that no Member shall speak for more than ten minutes at a time during the said stage and that no period for questions and comments be permitted following each Member's speech;

(f) at the expiry of the times provided for in this Order, any proceedings before the House or the Committee of the Whole shall be interrupted, if required for the purpose of this Order, and, in turn, every question necessary for the disposal of the stage, then under consideration, of the said bill shall be put and disposed of forthwith and successively, without further debate or amendment, and no division shall be deferred;

(g) when the Speaker has, for the purposes of this Order, interrupted any proceeding for the purpose of putting forthwith the question on any business then before the House, the bells to call in the Members shall ring for not more than thirty minutes;

(h) the House shall not adjourn except pursuant to a motion proposed by a Minister of the Crown;

(i) no motion to adjourn the debate at any stage of the said bill may be proposed except by a Minister of the Crown; and

(i) during the consideration of the said bill in the Committee of the Whole, no motions that the Committee rise or that the Committee report progress may be proposed except by a Minister of the Crown.

Hon. Lisa Raitt (Minister of Labour, CPC): Mr. Speaker, I am here today to explain why we put an act to provide for the continuation and resumption of air service operations on notice. The reasons for introducing this bill are threefold.

First, we are acting to protect the Canadian economy. A work stoppage at Canada's largest airline would be detrimental to our economic recovery.

Second, we are acting to protect the public interest. March break is one of the busiest travel times of the year and a work stoppage right now would affect hundreds of thousands of Canadian families who have made travel plans. In fact, over one million passengers are scheduled to travel with Air Canada over the course of this week.

Third, we are acting to protect all of those additional employees who would be affected by a work stoppage at Air Canada. Air Canada directly employs 26,000 people, but its operations have an indirect impact on an additional 250,000 employees. Many of these people have families and these families rely on the livelihoods of these employees for their daily living expenses.

As members may recall, last June there was a three-day strike by Air Canada's customer service and sales agents. It was quickly resolved by the parties and Canada's economy was spared unnecessary harm.

Also, in 2011, when talks broke down between Canada Post and CUPW, the union representing Canada Post employees, we acted decisively by introducing and passing the Restoring Mail Delivery for Canadians Act. Again, Canada and its hard-working businesses and workers were spared from continued hardship in that case.

Canada faces a new challenge today: Canadians are faced with two potential work stoppages. Talks have broken down between Air Canada and the International Association of Machinists and Aerospace Workers. Talks have also broken down between Air Canada and the Air Canada Pilots Association. Just as they did last year, these developments create uncertainty and doubt where we need stability and certainty, because stability and certainty help keep Canada in business.

I would invite members to ask their constituents or in fact anyone in Canada right now about this and they will hear what I have been hearing, that we cannot afford this work stoppage. It is that simple. The risks are too great and we have a responsibility as parliamentarians to act. That is why I would like to ask this House to support an act to provide for the continuation and resumption of air service operations.

This is an important bill. We have tried to avoid the need to step in, but this measure is necessary because there is something vital at stake. As parliamentarians, we have to take a stand on this issue. We need to take a stand for Canada's recovering economy. We need to take a stand against uncertainty in this matter. We need to take a stand and demand a better solution in the interests of all Canadians.

I will take a few minutes to elaborate on each of these points.

Like other industrialized economies around the world, Canada is coming out of a difficult recession. Our economy has weathered the storm well, but we are mindful that these are uncertain times and that we cannot afford to take our relative good fortune for granted.

Our government is proud of its record of sheltering Canadians from the worst effects of the downturn and laying a foundation for recovery. As of February 2012, our employment rate was at 7.4%, which is an improvement over last year. There is definitely some wind in our sails, but that also means it is a risky time for Canada.

We cannot afford to have disruptions that draw attention and resources away from a growing economy because there is so much potential there. We cannot let a labour dispute in a major industry get in the way, and a labour stoppage that cripples a major transportation sector is certainly no exception. We depend on air service; that is a fact.

• (1205)

It is not just industry that depends on air service, but individual citizens as well. They depend on air service for work and for leisure. The sheer size of our country means that Canadians depend on air service more than citizens of most other nations do.

A work stoppage would have important financial implications for Canada's economy. There is no doubt it would adversely affect our efforts to revive our economy and create new jobs for citizens. A 2009 working paper by the International Labour Organization, ILO, states that for every job lost in the airline sector, up to 10 jobs could be lost elsewhere. Estimates of the impact of a stoppage on the Canadian economy vary, but some put it as high as \$22.4 million for each week of work stoppage.

Consider what this could mean to businesses. A work stoppage at Air Canada could mean the loss of sales at home or abroad. Would businesses be able to recoup those losses? There is really no way to know. Would a business be able to quickly adapt and find alternative solutions? Again, we cannot say, because a labour dispute creates a ripple effect, one ripple of uncertainty after another.

What is clear is that a work stoppage at Air Canada would be bad for Canadians. It would be bad for the workers, and it would be bad for business. Even a short strike could be very costly. For example, in 2005 a one-day wildcat strike involving ground crew workers at Air Canada in Toronto saw 60 flights delayed and 17 cancelled. We have to take a stand against uncertainty.

Let us talk about what a labour stoppage could do to the company as well. The airline business has high fixed costs and it has a low profit margin, and that is at the best of times.

In April 2003 the financial pressures on Air Canada became so severe that the corporation applied for bankruptcy protection. Air Canada emerged from that protection in September 2004 under a court approved plan which saw it stripped of its assets and restructured under the name, ACE Aviation Holdings Incorporated.

Consider what happened after the 2008 global financial collapse when commercial credit markets all but froze. Companies like Air Canada which provided defined benefit pension plans suddenly faced much higher funding obligations. The combined effect of the recession, less air travel, and Air Canada's contractual obligations led to further challenges for Air Canada.

In 2008, in order to avoid the threat of bankruptcy again, Air Canada had no choice but to secure additional loans to keep it going. The company at that time was also able to get the co-operation of its unions to extend its collective agreements without any work stoppages.

The potential for a work stoppage involving Air Canada's pilots and the technical maintenance and operational support employees is creating more uncertainty and more instability for Air Canada.

Air Canada has indicated that it is already feeling the effects of the labour uncertainty. It has to cancel flights on a daily basis and cargo shipments are suppressed. That could be the tipping point for an airline already operating on the very edge of profitability.

Let me take a moment to recapitulate the developments in these two separate disputes that we are talking about today.

The IAMAW, the machinists, represent a unit of approximately 8,200 employees. They are responsible for the technical, maintenance and operational services, including the mechanics who service Air Canada's aircraft and those who handle the baggage and the cargo. Their collective agreement expired on March 31, 2011.

On December 2, 2011 a notice of dispute was sent by the employer to our offices at the Federal Mediation and Conciliation Services. On December 21 Madame Louise Otis, a conciliation commissioner, was appointed to assist the parties in their negotiations from outside of the labour program. Madame Otis is a very respected former jurist in the province of Quebec.

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On February 10 the parties reached a tentative agreement. In her report and recommendations which she shared with me, Madame Otis said the following:

Taking into consideration the situation of the Parties, the tentative agreement is reasonable and fair. The negotiation process, which was carried out diligently and competently, has been exhausted. I do not recommend that negotiations be resumed or that a mediator be appointed. Under the full circumstances, I consider that a reasonable agreement had been reached.

• (1210)

Unfortunately, she wrote this in response to the fact that this tentative agreement was rejected by 65.6% of the union members, having had the tentative agreement unanimously recommended by the negotiating committee. Therefore, on March 6, 2012. the union provided me with its strike notice.

I want to reiterate that one point I made. These parties reached a deal which the union membership did not ratify. That is very important to remember because a similar situation has occurred with the Air Canada Pilots Association. The collective agreement covering a unit of approximately 3,000 pilots expired on March 31, 2011. On March 17, 2011, the parties reached a tentative agreement in direct negotiations without the help of the Federal Mediation and Conciliation Service. The negotiating team recommended the deal because it was subject to ratification by the union membership. On May 19, the union informed the employer that the membership voted to reject the tentative agreement. In October 2011, a notice of dispute was received by our program from the employer in the matter, and on November 10, 2011 a conciliation officer from the Department of Labour was appointed.

This conciliation period was extended three different times in an attempt to provide more time for the parties to reach a deal. A mediator from the Federal Mediation and Conciliation Service was appointed and met with the parties on a number of occasions. On two separate occasions, February 6 and 13, I met with both parties to urge them to reach an agreement and stressed the importance of a deal for the Canadian public.

During the last meeting with the parties, I informed them that I would be appointing two new co-mediators to assist them in reaching a deal and that they would be entering into a process that could take up to six months because they had indicated to me they needed the time. However, despite all this assistance and despite both parties confirming in writing that they would co-operate with the co-mediators and comply with the six-month mediation process, the union sought and received a strike mandate from its membership. The pilots voted 97% in favour of strike action.

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On February 17, the two co-mediators, Madame Justice Louise Otis, who had just been successful with the machinists, and Jacques Lessard from my department, met with the parties. However, following this meeting, Madame Otis determined that it was necessary for her to tender her resignation, the reason being that the details of the mediation on that first meeting were made public by the pilots association. Madame Otis, being a well-respected former member of the judiciary, felt this failure to observe confidentiality would further hamper the efforts of any mediator to assist the parties in reaching a deal. This breach of confidentiality by one party at the table was instrumental in the resignation of a wellrespected former judge. That speaks volumes about the state of bargaining in this matter.

Finally, this brings us to the reason for introducing the bill. On March 8, the employer gave notice of its intent to lock out the pilots on Monday, March 12 at midnight.

I want to take a moment to stress to members of the House that the parties in the case of the pilots association had reached a deal too. They had concluded their collective bargaining process but again, that deal could not be ratified.

As a matter of interest, Air Canada has reached a deal with every bargaining unit that it negotiated with over the course of this fiscal year, six bargaining units. Eight times within those six bargaining units, Air Canada came to the table, reached a deal and shook hands with the respective union bargaining teams, only to find that four of those deals were rejected by the union membership.

This has gone on long enough. This labour uncertainty is eroding the public confidence in travelling. While it goes on, Canadian businesses, travellers, workers, students, parents, seniors and professionals and many others are feeling the pressure. How will businesses manage their travel obligations? How will families take their vacations? What about the 45,000 passengers who fly across the oceans daily? What will Canadians do? We just do not know. In all fairness, these are not questions that Canadians should have to be asking themselves, especially at a time when Canada's economy is still in recovery.

• (1215)

It is important to remember that there is more at stake than the matters being dealt with at the bargaining table.

The employees represented by the International Association of Machinists and Aerospace Workers, IAMAW, want to be treated fairly, and the pilots represented by the Air Canada Pilots Association, ACPA, want to be treated fairly. I understand that. It is very important. What I also understand is there are millions of Canadians who depend upon air service. They want to be treated fairly too. In fact, as I stated earlier, over one million passengers are scheduled to fly with Air Canada over the March break period. This is an incredibly bad time for hundreds of thousands of families with travel plans to be faced with work stoppages. Additionally, Air Canada is simply not in a position where it can afford the risks associated with a prolonged work stoppage. Our economy is also vulnerable.

As stated in the preamble to the Canada Labour Code, free collective bargaining is the basis for sound industrial relations. The

code gives the parties in a dispute the right to strike and walk out. The federal government only intervenes in situations where the public interest is negatively affected. This is true, for example, when the national economy is affected by the threat of a work stoppage, as in this case.

I have no doubt that a work stoppage at Air Canada is contrary to the best interests of Canadians and Canadian businesses. I have no doubt that a work stoppage could cause serious harm to the health of our recovering economy. The economy and the public interest would certainly be affected in this case and the legislation is clearly necessary. That is why the bill must be passed. It would protect our economy and would ensure that Canadian businesses and communities would not continue to suffer.

Some would say that we should do nothing and that we should let this dispute come to its natural end, whatever that may be. That would certainly be easier for all of us, but I say that we must do the right thing rather than the easy thing. Canadians expect us to show leadership and they expect us to act.

• (1220)

[Translation]

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, this is déjà vu all over again.

I have a question for the Minister of Labour. She is not the Minister of Industry, but rather the Minister of Labour, for workers, industries and anything to do with labour. I would like to read part of today's motion:

e) not more than one half hour shall be allotted for the consideration of the third reading stage of the said bill, provided that no Member shall speak for more than ten minutes at a time [we are limited to 10 minutes] during the said stage and that no period for questions and comments be permitted following each Member's speech.

The Canadian Charter of Rights and Freedoms gives workers the right to unionize and to have free bargaining. The minister said so herself. We have the right to debate bills in Parliament. Yet according to this motion, there will not even be a question and comment period. We have seen this before. During the Canada Post lockout, the government intervened and lowered workers' wages even more than the employer was going to do.

What did workers ever do to this Conservative government to make it hate them so much and deprive them of their fundamental rights? What is this government trying to do to workers? It uses the argument of the economy or certain people, but we cannot compare a group of individuals to 3 million people and say that the 3 million people do not want it. This takes away the fundamental rights of workers. I wonder if the Minister of Labour, who is not the Minister of Industry, would be able to explain that to workers, not just to Canadians. Workers have fundamental rights under the Canadian Charter of Rights and Freedoms.

[English]

Hon. Lisa Raitt: Mr. Speaker, as I outlined in my speech, we went to extraordinary measures to ensure there was free collective bargaining at the table. We appointed an outside conciliator. We have monitored the files. Indeed, since I became minister in January 2010, it has been an incredibly important file to us. We recognize from an economic, social or any other point of view, that avoiding an impasse and avoiding a work stoppage is worth far more than having to deal with a work stoppage once it has happened. We put that effort in.

As the Minister of Labour, I am very proud of the efforts we have made with the parties. We have found success in a number of cases. In fact, 94% of the time matters are settled in collective bargaining. This is a unique case. It is a unique case because of a number of external factors.

What I would say to all workers and all Canadians is that at the end of the day, the Canadian public interest is the greater interest. It is the one that has to be taken into consideration, as well as what is happening at the table. That is why we are introducing the legislation.

Mr. Rodger Cuzner (Cape Breton—Canso, Lib.): Mr. Speaker, my friend and colleague, the minister, and I both wear X-rings. We are both Cape Bretoners and no one more than a Cape Bretoner would understand the hard fought battles of Canadians who won that right for free, open and fair bargaining.

What raises my concern is the actions of the government that we have seen time and time again. We have seen rights taken away from pilots, flight attendants, groundworkers, baggage handlers and mechanics. Some 22,000 Air Canada employees have seen their rights evaporate over the last year with the actions undertaken by the government. That adds up to one big wrong. It was employees who over 10 years took rollbacks to ensure this was a viable company. Once it declared bankruptcy 10 years ago, it started the rollbacks. The company has saved \$2 billion on the backs of the workers.

Could the minister not see the injustice, especially in light of the bonus to be paid to Calin Rovinescu, the CEO of Air Canada? He signed on in 2009. By being there for three years, he gets a \$5 million bonus at the end of this month. Does the minister not see herself as being complicit in this grave injustice?

• (1225)

Hon. Lisa Raitt: Mr. Speaker, I thank the member for his shoutout to our Cape Breton roots. I am the proud daughter of a union family. I am sure that a lot of folks in the chamber are shocked by that. However, that being said, we need to balance the interests, as the member knows.

I point out that with respect to his home constituency, where I was brought up, as a result of a work stoppage at Air Canada, Sydney, Nova Scotia would receive absolutely zero air service and would be cut off from the rest of Canada.

Ms. Kellie Leitch (Parliamentary Secretary to the Minister of Human Resources and Skills Development and to the Minister of Labour, CPC): Mr. Speaker, I commend my colleague for her speech. The economy is extremely fragile now and because of that many citizens are very concerned about what type of action this

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work stoppage would have and what kind of impact it would have on their lives.

In my riding of Simcoe—Grey, many families are extremely concerned over this March break period. They may be unable to see their families or spend time with loved ones.

The minister has stated that we will take this bold action. I want to commend her for that. Maybe she could tell the House what efforts she has taken in the past to ensure that we did not come to this impasse and why now this bold action to ensure we can avoid this work stoppage?

Hon. Lisa Raitt: Mr. Speaker, I will share with the parliamentary secretary my concerns for my constituents with respect to the travel. We have heard many calls in the office with respect to concerns regarding March break travel. They have also expressed concerns, especially in my riding, about whether they will have jobs because they work for ancillary services of Air Canada in the case of a work stoppage.

The member has brought to my attention the fact that we have used an extraordinary amount of resources of the federal government in helping along these six separate bargaining units. Much of the time of my staff in the department has been focused on trying to get these parties to a resolution.

Indeed, last year, it was recognized by the Minister of Finance and put in the budget that we should try to do more preventive mediation because that actually helped the parties. We had great success in other sectors. For example, TELUS had an acrimonious work stoppage a number of years ago, but through work with preventive mediation, its last collective bargaining session was very seamless and both parties walked away from the table with a deal.

I hope Air Canada takes the same opportunities with its unions to utilize the services of Labour Canada more and avoid this kind of situation.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I listened to the hon. minister's presentation on the Air Canada labour disputes with two unions representing the pilots and mechanics.

I share the concerns of the hon. member for Cape Breton—Canso that we in the House repeatedly are interfering in independent collective arrangements between employers and employees in areas that do not represent essential services.

As inconvenient and disruptive as it would be, and I agree with the minister, I have tremendous concern for people who have planned March break vacations, but where does this stop? We are clearly undermining free and fair collective bargaining rights.

The Supreme Court of Canada ruled in the B.C. hospital workers case that collective bargaining rights were human rights, and I am afraid we are undermining something very essential to the health of this society. • (1230)

Hon. Lisa Raitt: Mr. Speaker, the member brings up a good point of when interventions occur. Taking a look at the history of Parliament since 1950, Parliament has intervened between 31 and 35 times with respect to these matters. Normally they are in the transportation and the logistics field. That is just a reflection of the reality in 1950, as it is now. We are a large geography. We depend upon our interconnectivity, both in air and rail, and we have to ensure that we keep both people and goods moving.

That is compounded by the reality of the economy and the economic recovery today, and that is why we need to intervene in this matter.

[Translation]

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, I note with sadness that this has all been said before. It is sad to have a bill or a motion of this type from the government. I am going to explain this, so that Canadians understand.

Yes, it is true that it is a break week and that people want to enjoy their vacation time. I very much sympathize with that. I am also a human being and I know that there are families who have planned vacations. However, at the same time, workers have rights, fundamental rights according to the Charter of Rights and Freedoms. They have the right to negotiate freely. As I watch the government continually intervene in negotiations, as the Conservative government does, I think it sends a direct message to employers that they do not need to negotiate. They can take as much as possible from their employees because the government will not tolerate lockouts or strikes, and it will legislate to force workers back to work. In the meantime, the employers get everything they want. They can rely on the government to support them in their battles.

I find this unacceptable and wrong. That is not what the Charter of Rights and Freedoms provides for when it comes to unions. The Supreme Court has even stated that workers are entitled to negotiate freely. It is wrong for the government to interfere in this manner. The government can assist parties by way of conciliation and mediation, and help them reach an agreement, but it should not be interfering in this fashion.

Moreover, there is a lack of respect for democracy in the House of Commons. Earlier, in my question to the minister, I referred to time limits. Not only is the government taking away employees' right to strike or the company's right to lock out employees, no debate is even allowed in the House of Commons. The bill may be read twice or thrice in the same sitting. One, two, three times in one sitting and it is done.

First we hear, "not more than two hours shall be allotted for the consideration of the second reading stage of the said bill, following the adoption of this Order." That is two hours of debate. Then, "when the bill has been read a second time, it shall be referred to a Committee of the Whole." We then hear that at the very most "not more than one hour shall be allotted for the consideration of the Committee of the Whole stage of the said bill." One hour, no more. Then, the motion says, "not more than one half hour shall be allotted for the consideration of the third reading stage of the said bill, provided that no Member shall speak for more than ten minutes at a

time during the said stage and that no period for questions and comments be permitted following each Member's speech".

Where are they going with this, Mr. Speaker? What are they doing to our democracy and the fundamental right to have a Parliament to debate such important questions?

The minister herself said that this was an important issue. Last week in Toronto, the Prime Minister himself said—and I find this hard to believe—that a part of him did not want to intervene in the dispute. Give me a break. Where is the Prime Minister? I do not have the right to say his name, but I think that everyone in Canada knows who the country's Prime Minister is. He is the same person who wants to intervene to raise the retirement age to 67. He is the same person who intervened in the partial strike by postal workers, not only to say that he was legislating them back to work, but also to intervene in the collective agreement. The employer, Canada Post, was going to give workers a 2% wage increase, but the government intervened and lowered it to 1.5%. The government said that Canada Post employees did not need a bigger wage increase than public servants. The government intervened directly in the negotiations.

I am going to say this to Canadians and workers. Last year, it was the postal workers. Today, it is the pilots and maintenance workers at Air Canada. Tomorrow, it may be them. The government's argument is that we cannot allow a group of people to blackmail the rest of Canadians. The interests of all Canadians must be defended.

• (1235)

The government could apply the same argument to the negotiation of every collective agreement. It could apply the same argument to the economy, to the mining industry. For example, if the miners at a large mine in Sudbury went on strike, there is no denying that it would have a negative impact on the entire city. However, striking is a fundamental bargaining right. It is not up to the government to intervene. This is not a matter of health and safety. It is not an essential service. I am anxious to hear what the industrial relations boards will have to say about it.

And there is more. Air Canada has just said that it is going to lock out its pilots the minute maintenance workers go on strike. This basically means that the government is cracking down not only on the unions but also on the company itself. Air Canada could say that its right to declare a lockout is being taken away. Once again, I do not believe it. Talks are being held between the company and the government. The minister herself said that the company was having financial problems.

Let me talk about Air Canada's financial problems. My colleague from Cape Breton—Canso said earlier that the president received a \$2 million bonus. My colleague is indicating to me that it was \$5 million that Mr. Milton, the former president of Air Canada, left with when he washed his hands of Air Canada and all its problems. He collected \$80 million in salary from the company. It was Air Canada's workers who paid for all that; the ones who ensure that people boarding a plane receive services, from flight attendants to baggage handlers. All those services are delivered by these workers and Air Canada now wants to make cuts in order to offer cheaper flights. That is good for the general public, but not for the workers. The problem is that they are not the only ones who will be affected. Who will be next? That is the message the government is sending to industry. I do not like the fact that this is happening during March break either, but whether it happens now or in April, May or June, the flights are always full. This is always going to affect travellers. Air Canada's workers will never have the right to negotiate freely, a right guaranteed under the Canadian Charter of Rights and Freedoms. They will never have the right to strike. What is happening to the balance of power between workers and employers?

The Minister said in her presentation that the union representatives, the people at the bargaining table, had made recommendations to the workers, and they had not accepted them. That is like thinking the workers are required to abide by the recommendations made by the bargaining committee. However, when the government wants to speak ill of the union, which it has done repeatedly, it says the employees never get a say and it is always the union bosses who decide. I have always said there are no union bosses. The real bosses are the members. The members have the democratic right to put a team in place that will bargain for them. It is up to the members to decide whether the offers are sufficient or not, not the team. The team can make recommendations.

I have been a union representative and I have made recommendations that the members refused. I was not angry with them. It is their union; it is their association. It does not belong to the bargaining committee or the company or the government.

• (1240)

The union is the members. The bosses have always been the members and we need to respect the members. They are the ones who chose to join a union. They are the ones who pay their union dues, and the union is accountable to its members.

How does this work? Bargaining is initiated. A presentation is made and it is followed through to the end. At the end of the process, the union presents its members with a collective agreement and makes a recommendation. The day when the bargaining committee decides for the members will be the day there is no more democracy and the union no longer belongs to them. So we have to be careful here, be careful about the message we are sending. That is why there is a vote, a sacred vote. It gives the members the chance to vote democratically within their union, so that it is their own decision and not their representatives' decision.

I have participated in many union meetings and I have never hesitated to tell people that the union is not the people at the table, or the president, the vice-president, the treasurer or the secretary. The union is them. It belongs to them; it is their association. We must not be ashamed of having unions in this country.

The reason we have a fine country, one that is considered to be among the best in the world, the reason we have good conditions, with pension funds and the right to stop work if the job is dangerous, the reason we have all these conditions in collective agreements is that there are unions. People should go to other countries or the third world to see how workers are treated. Should we be going back to those days?

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I charge the Conservative government with being anti-worker and anti-union. During the negotiations with Canada Post, the Conservative government could have intervened to say that it was sending the parties to arbitration to have an arbitrator resolve the problems. That is not what it did. Its bill even included lower wages than the employer was proposing. There cannot be more interference than that. It is not possible to be more anti-worker than that, when the employer promises 2% and the Conservative government reduces it to 1.5%, if you can imagine. Where is the respect?

On Friday, the Prime Minister said that part of him refused to intervene in the dispute. I doubt that very much. We need to remind the Canadians who are watching us today that this is the same government that wants to push the age of retirement up to 67 years. It is the same government that has no respect for the men and women who get up in the morning and go to work and build this country. The Conservative government wants to blame it all on the economy. It should stop spending money on F-35s, gazebos and fake lakes and put the money where it belongs, instead of making working people bear the burden. Then we might well have a smaller deficit in this country.

There is one place where the money might be spent. In our offices, we get telephone calls criticizing the cuts being made in the public sector in relation to employment insurance. How is it possible for this government to decide to close over 100 Service Canada offices when workers are losing their jobs and have to wait 40 days before they receive employment insurance benefits? That is insane. There will be only 22 offices left. That is all connected with the cuts that have a negative impact on working people and on the services provided to Canadians.

Today, the minister has the nerve to stand up and say that she is working in the interests of Canadians, while at the same time the services provided by Service Canada are being cut. All Canadians and Quebeckers are going to lose services to an extent never before seen, be it in relation to old age security benefits, the Canada pension plan or benefits paid to veterans. We are the only country doing this.

For example, the United States and England will not be reducing the benefits paid to veterans and will not be cutting the services provided to veterans in their next budgets, while that is what Canada will be doing in the next budget. The Conservatives voted against the NDP motion.

For all these reasons, and to give working people their rights, we must not be ashamed to stand up and say that there are fundamental rights in this country, and we will defend them.

• (1245)

The Conservative government is making all Canadians pay the price, and that is not right. The government sent a clear message to companies that if they have problems, the government will help them out. Without that, Air Canada would already have negotiated a collective agreement. The airline would have had no reason not to. There is no longer a balance of power; the employer has it all.

This motion is anti-democratic. It would take away our right to hold debates in the House of Commons. The government plans to introduce another bill this afternoon or tomorrow to take away Canadian workers' labour relations rights.

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One day, Canadians will decide what kind of Canada they want. Do we want to build prisons, buy F-35s, spend tons of money and attack workers' pension plans? People will decide what kind of government they want. I am sure that this is not the kind of government they want.

Ask anyone planning to get on a plane what they think of an Air Canada strike, and of course they will say that they do not want it to interfere with their trip. I sympathize with those people, but I want the employer and employees to go back to the bargaining table to negotiate a collective agreement. The government has to send a message to both parties that it will not negotiate for them and that they have to do it themselves. In the long term, that will be a better investment for the economy, democracy, employers and workers' rights.

[English]

Mr. Ed Holder (London West, CPC): Mr. Speaker, both the ACPA and the IAMAW shook hands at the table with Air Canada following thorough collective bargaining sessions. Why does my hon. colleague believe it is okay for these unions to turn their backs on the deals that they shook hands on and use Canadian families, when they travel, as leverage?

Mr. Yvon Godin: Mr. Speaker, if my dear colleague had listen, I told him why.

The leader of the union cannot dictate, like the Conservative government is trying to do today in this House. The union leader cannot dictate a collective agreement to the employees because the union belongs to the to the membership not to the officer. The only power the officer has is to make a recommendation on the collective agreement, which was done.

At the end of the day, I hope my Conservative colleague across the way believes that the members in any association are the ones who make the last decision, not the leadership. That is what the government has argued all along. It keeps referring to the union representative as the union boss. The only boss I know of in a union is the membership. The union belongs to the membership. The union organizes, it fights, it goes to the streets. Our grandfathers and great-grandfathers lost blood in the fight. They went down fighting to have a union, to have health and safety and a pension plan.

Today the Conservative government wants to take it away, the same way it wants workers to work until the age of 67. This is totally wrong and we will fight back. We will fight back for all Canadians, all labour organizations, all men and women who get up in the morning and put in a hard day's work. We will not go backwards in 2012. The workers are not the ones who should pay the price, not at all.

• (1250)

[Translation]

Mr. Marc Garneau (Westmount—Ville-Marie, Lib.): Mr. Speaker, I thank the member for Acadie—Bathurst for his speech.

The Minister of Labour said that she was reluctant to intervene. I think that she was actually in a hurry to intervene, citing a very fragile economy. She first talked to the Canadian Industrial Relations Board about health and safety issues. That is ridiculous, because those issues are not even part of this dispute. I have two questions for the member from Acadie—Bathurst. First, the minister said that job action would have a devastating effect on the economy, but provided no numbers or evidence to support that claim. Second, does the member think that the minister is sending us an implied message that the air transportation sector is an essential service?

Mr. Yvon Godin: Mr. Speaker, there are two sides to this.

Let us first talk about the negative impact on the economy. Disputes sometimes take place. These things can last a week, two weeks, three weeks or a month. That is when a dispute becomes harmful to the economy and we should consider what can be done. But that is not at all the case here. The government announces five months ahead of time that if there is a strike or lockout, it will intervene. It is completely interfering in the negotiations, which upsets the balance of power between the two parties. It is as though the minister told Air Canada to sit back and do nothing, because the government plans to intervene and get the collective agreement that the company wants. The problem with this government is that it interferes. The government should not interfere; instead, it should simply appoint mediators and conciliators. That is the government's job.

Furthermore, as for essential services, last year the government was already looking at the possibility of declaring the economy an essential service in the Canada Labour Code. Come on. If it did that, it would mean the end of bargaining and the end of unions. They would no longer exist. Well, that is the Conservative government for you. It suggested the economy should be considered an essential service. Any employer could then simply claim that a strike would harm the local or national economy, and the right to strike would be over. This goes against the Canadian Charter of Rights and Freedoms. If something like this were to go to the Supreme Court, I think we would win. The government is going further than any other country in the world right now by taking away the right to strike and the right to lockout.

Ms. Christine Moore (Abitibi—Témiscamingue, NDP): Mr. Speaker, I would like to know what my colleague thinks about this motion and the situation of the economy. If we count speaking times, seven members will have the opportunity to speak, if everyone uses their time. That means that 2.27% of the House will have the opportunity to speak to this bill. I think this is a complete lack of democracy. As well, she says it is to protect the economy because of the situation.

I would like my colleague to answer my question. Air Canada is an airline, but are there other airlines in Canada? If someone really has no choice but to travel, can they do business with another airline? Are there buses in Canada? Are there cars, trains, boats or other things? Are Canadians absolutely incapable of travelling if Air Canada is the only one affected? Is it the economy in its entirety and transportation capacity in Canada that are completely threatened by this strike, or is it only a portion, with alternatives for people who really have no choice? **Mr. Yvon Godin:** Mr. Speaker, there are several airlines: CanWest, WestJet and Porter, or Air Transat for people going on vacation. There are indeed airlines. As she said, there are boats, ferries and all sorts of things. In any event, the economy could be used as an excuse for everything. That is what I am afraid of here: the economy can be used as a pretext everywhere. It will always be an excuse. Fundamental rights cannot be taken away from working people.

I want to remind Canadians about the Canada Post case. That was a small group, if we compare it to 33 million people. The government said that 33 million people were going to be deprived of their mail. That was true, but by saying it they automatically deprived those people of a right. It meant that those people did not have that right.

Now it is Air Canada. The government says this is going to prevent people from travelling, so they lose their rights. Who else is going to lose their rights? Who? That is what is disturbing. This is a fundamental right that our parents, our grandparents and our greatgrandparents fought for. To put an end to those battles, workers were given rights: the right to bargain and the right to strike legally so we do not have street fights, so that blood does not run in the streets. That is what was done so that working people would have the right to be respected.

The Conservative government is taking that right away from them. That is not right; it is unfair and it is unacceptable. I say that this way of doing things is contrary to the Canadian Charter of Rights and Freedoms. The government is taking away the right to debate in the House, here, because that is indeed what this is: only 2% of the debate on an important subject will take place. The minister herself says it is important, but she is depriving the workers of fundamental rights.

• (1255)

Ms. Lysane Blanchette-Lamothe (Pierrefonds—Dollard, NDP): Mr. Speaker, my father worked in maintenance at Air Canada for 30 years. Today my thoughts are with him and his former colleagues.

The minister talked about the tremendous efforts the government is making to facilitate the negotiations, and she said that the workers had refused attempts to reach an agreement. That is an edited version of the story, and it attempts to demonize the workers and the unions. We still do not know why these workers refused the agreement, what they are calling for and what working conditions are important to them.

Since the hon. member for Acadie—Bathurst is an expert on these matters, perhaps he could refer to the Canada Post case and tell us what the workers wanted in their agreements and what they were not willing to give up. Can he give us any information on what Air Canada's workers want as working conditions, which they are not willing to give up?

Mr. Yvon Godin: Mr. Speaker, Air Canada's employees have been making concessions for 10 years. For the past 10 years, they having been working to save Air Canada. While they were making efforts to save the company, Air Canada's former president took off with \$80 million in his pockets. Another president left with \$5 million in his pockets. In the meantime, the workers gave their

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all. Today they are saying that it is their turn to have better conditions, better wages, a guaranteed pension and a better schedule.

All of us here know, but maybe Canadians do not: between flights, Air Canada workers do not even have a place in the airport where they can go to take a break. They do not even have a room where they can go and sit down. They walk around and sit on the benches like passengers do. Those are the types of things they want, improvements to their working conditions. Now, the government will decree that the workers will not get what they are asking for, because it is going to step in. The minister herself said that things were not going well for Air Canada and that the government had to intervene. She did not say that things are not going well for the employees, but for Air Canada. She is the Minister of Labour and she has to provide for the well-being of the employees as well.

[English]

Mr. Rodger Cuzner (Cape Breton—Canso, Lib.): Mr. Speaker, it is an episode of Groundhog Day here. Here we go again with more back to work legislation presented. The government is injecting itself in the midst of a labour dispute with a private company.

I would like to go back and comment on some things the minister shared during her speech. She said that Parliament has intervened in various labour disputes in the country over 35 times since 1950. That may be so. If we look at essential services, and what is considered to be essential changes over time, there are times where intervention is warranted. It would be interesting to go back and see, of those over 35 interventions by Parliament, how many have been preceded by a motion to limit debate on a bill that was not even seen yet. The government is setting the table in limiting the debate even before we see the proposed legislation. We have seen some pretty archaic legislation presented by the government, certainly in the case of Canada Post. I would like to know how many interventions have been led by notice restricting the amount of debate on a particular motion before it even came forward.

She also indicated during her comments that the government was taking this action as an important and integral step so that the economy of the country would not slow down, so that this work stoppage would not interfere with the progress that has taken place with the economic recovery in Canada.

I would like to take a moment to reflect on the progress. We know now that 1.4 million Canadians are unemployed. This number has continued to grow since October of last year. We know that there are more unemployed young Canadians. The youth unemployment rate in the country right now is about 14.7%. Even more compelling than that is the shrinking participation rate of the youth workforce in the country over the last number of months. Some young Canadians have given up seeking work. They are disengaging from the economy.

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We know that people are unemployed for longer periods of time. In 2008, the average duration of unemployment was 14.8 weeks. Last year, that duration was 21.2 weeks. Under the stewardship of the Conservative government, we are reaching record highs in youth unemployment. Its answer to that is to close the youth employment service centres across the country and give young people even less of an opportunity to find employment. That has been its approach. If it is doing this for the economy, I am sure Canadians are saying, "the government has helped enough, step away from the economy, the damage has been done".

I would think the impact on the economy of this particular strike would be marginal. It would be fairly limited. There are other carriers in the country. WestJet, Porter and various air carriers offer other opportunities to travel across the country. Most business operators, even though they still travel and use air travel during the course of regular business, use the technology we have available today. Skyping and Internet calling are very commonplace.

• (1300)

Coming from a small community like Sydney serviced by Jazz Air, if we are not able to get to Halifax with a connector flight, we certainly can still get access to it because there are other ways to get out of Sydney. Whether or not this is an essential service, let us look at the transit strike in Halifax. A great number of the residents normally access that public service on a daily basis, ensuring that they can get back and forth to work. That strike has been going on for eight weeks now. Therefore, comparing a public transit strike with this particular lockout and the legislation being brought forward by this minister is like comparing apples and oranges.

We see this as a heavy-handed approach on the part of the government to inject itself here. It is certainly not new. This is the fourth time the government has injected itself into the midst of a labour dispute, and we have seen the actions undertaken by the government in these cases. We know that employees at Air Canada, the grounds crew, baggage handlers, machinists, pilots, flight attendants and customer service attendants, have all been impacted by the actions of the government. Those 48,000 employees have lost their right to free and fair collective bargaining. If we throw in the postal workers, about 75,000 Canadians have lost their rights. All of those lost rights add up to one colossal wrong, and it is wrong on the part of the government to inject itself here.

I am going to give the minister some kudos here because I think she did what she could leading up to this, and I am going to recognize that. She changed the mediator. She did not inject her own personal views into this but saw that the talks were stalling and put in another mediator. If we were in power, we would have done the same thing. However, it was the past actions of the government that gave an indication to the management at Air Canada that the minister was going to come forward with legislation regardless of the outcome of the mediation talks. The management believed it could count on the government to bring forward back to work legislation; that is where the well was poisoned. The landscape was changed as a result of the minister's prior actions because Air Canada management knew this was coming.

What is happening with Mr. Rovinescu, the CEO of Air Canada, is that the Minister is really doing his job. He should be compelled to

find a way through these negotiations, to find some way to accommodate his workforce so that the airline can continue to operate and serve Canadians. Knowing the minister is coming forward with this legislation makes his job easier. In his situation, at the end of this month, he will get his \$5 million bonus. That is unbelievable. Over 10 years, since Air Canada filed for protection under the bankruptcy laws, we know that the concessions made by the workers total \$2 billion. They had wage rollbacks and benefit concessions totalling \$2 billion over 10 years. They have done their part to bring this company around and to help Air Canada survive.

When Mr. Milton left, he got a golden handshake of \$80 million on the backs of the workers. Now we have Mr. Rovinescu picking up \$5 million. I know \$5 million does not look like a lot to some people on the government side, but it is not bad. His job is just made that much easier knowing that the Conservative government will come up with back to work legislation.

• (1305)

It rattles the morale of this company. It further wedges the workermanagement relationship within Air Canada and serves no one well. It further hurts a great airline. Every Canadian complains about the weather and we complain about Air Canada. There is not a lot of love for Air Canada by those who have ever lost a piece of luggage or ever been delayed by them. For them, it is about that darned Air Canada.

I fly three weeks of the year back and forth to my riding and a few times outside of that. I do not think there are any people at any company who have a tougher job and do a better job than the people at Air Canada. The disregard and disrespect for their rights shown by the government is shameful.

Judging by some of the comments made, there is no justification for the steps taken by the government. I want to read a couple of quotes, if I could. The union president, Paul Strachan, from the Air Canada Pilots Association talks about the track record of the government injecting itself into past disputes and the concerns about that. He states that "It does affect the bargaining landscape, absolutely" and that the power to intervene is like the "sword of Damocles hanging over the heads" of all union negotiators.

Dave Ritchie, the Canadian general vice-president of the International Association of Machinists and Aerospace Workers, says:

I asked [the minister] to stay out of the process, but she didn't, so I am disappointed in her move. I'm not too happy about it.

He added that it hurts their relations.

However, it is not just union officials who are going on the record talking about the actions of the government. There is a quote from George Smith, Air Canada's former director of employee relations and now a professor at Queen's University. He talked about the interference of the government in the current dispute and in past disputes. He is a person who sat at the table a number of times and who has been through many negotiations over the years. He argues that if disputes are placed in the hands of arbitrators, management is unlikely to get what it wants. That is a fact.

In his own words:

This has all the appearances of the federal government doing what's best for the country but really it's a disaster... If you are negotiating a difficult labour contract, the process is being taken out of your hands and the government will do it for you. The "showdown" element which hurts in the short run but results in a fair settlement is gone. The net result will be labour agreements that are uncompetitive.

That comes from a respected voice, a guy who sat on the other side of the table representing management in many negotiations.

We know that hammering out labour agreements is a difficult process. Certainly, when we consider the global economy, we see that many businesses are just trying to stay on their feet through these tough times. However, I think that most Canadians understand when they work for a company that has been able to sustain itself and to right itself that they were part of the good work that went on to make sure that company was competitive and stayed afloat and, really, has grown over the last number of years.

• (1310)

There has to be an opportunity provided to those workers who contributed to that success. There has to be an opportunity to share in that success. However, even just the opportunity to share in that success has been taken away by the government. That is what is egregious and truly unfortunate in this case.

We have seen this time and time again where two parties sit down and think they have an agreement in place. The representative of a union representing 8,000 or however many people may leave the table thinking he or she has the bases covered. However, it is not for the union executive to say they have a deal, but instead that they are willing to take the deal back to their membership.

Once a union executive signs off at the negotiating table, it probably has a pretty good feel that it has a chance of getting it through their membership. However, it not a fait accompli, not a done deal. They go back to the membership and have a vote and, in this case, it has been rejected, which just gives them the wherewithal to go back to the table and address the shortcomings of the proposed deal. That is their responsibility and what was going to take place in this case.

However, with the government coming forward with legislation, the management has seen the end of the movie already. One could say that they had a deal in place and that everything was done already, but that it not the case. The union membership has to signoff on any tentative deals. That is why these are called tentative deals, because they are pending the acceptance of the membership. The union executive takes the deal back to their membership and if it gets voted down, we then go on to the next aspect of the process. In this case, they did not get the opportunity to do that.

This is the situation we find ourselves in. I am sure the government has legislation on the shelf ready for it to plug in the name of a company, whichever one is currently in a position to take its membership out and force management to come forward with serious considerations. However, we certainly have not seen any kind of resolve on the part of the government to be seriously supportive of fair and open collective bargaining. We have seen the government compromise that, and I do not think we can get it back. The dye has been cast. I am sure the public service unions in this

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country know they are in the crosshairs and that they have some tough times ahead. Certainly they are watching the upcoming budget with a great deal of anticipation. However, make no mistake about it, this government will certainly be willing to bring the hammer down on them as well.

To wrap up my comments, it is unfortunate that we find ourselves in this situation again. It is unfortunate that the government has taken away the fair right of unions to negotiate fair collective agreements. The government has tilted the playing field in favour of the company. I think organized labour in this country has been dealt a blow since the Conservative government came to power and it is something we are going to see more of in the years to come.

• (1315)

Mrs. Cathy McLeod (Parliamentary Secretary to the Minister of National Revenue, CPC): Mr. Speaker, I listened intently to my colleague's comments regarding the strike and there are two things that stuck out in my mind.

First, he indicated that he did not believe this was an essential service. Coming from small rural communities, I beg to differ.

The member also provided some quotes from Captain Paul Strachan, the president of the Air Canada Pilots Association. I will give the him another quote and ask him for comment. Mr. Strachan testified before the Senate transport committee that he believed Air Canada was an essential service for this country and "...a cornerstone of our entire economy". We happen to agree with Captain Strachan that it is an essential service and important for our economy.

Why does the member disagree with the president of the union and why is he in favour of jeopardizing our fragile economic recovery? Again, he quoted Mr. Strachan on the one hand and then on the other hand said it was not an essential service. That is in direct contradiction with the language Mr. Strachan used before committee.

Mr. Rodger Cuzner: Mr. Speaker, rather than finding ourselves back here in the House time after time discussing back to work legislation imposed by the Conservative government, the government might want to scope out what essential services actually are in this country and then there would be one blanket over all of those essential services. Maybe that is the debate that should be taking place.

If WestJet and Porter, two private airline companies, find themselves in the same situation as Air Canada, will the government bring in back to work legislation with them? That is the question that needs to be asked.

We know we have access to other service providers, other great Canadian airlines and VIA Rail. There are other modes of transportation that Canadians can use.

In order for the government to make it easy on itself, I would suggest that it map out what is considered an essential service here in this country.

• (1320)

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, I would like to bring forward on a personal note an issue involving the city of Winnipeg in Manitoba.

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We need to understand that the government has never been a friend of Air Canada workers, whether they work in Winnipeg, Mississauga or Montreal. We could talk about the flight attendants base or the pilots base in Winnipeg or the overhaul centre that was in Winnipeg. These are all important and valuable jobs to the province of Manitoba and yet Air Canada literally shafted the workers by not standing up for them. In the case of the overhaul maintenance workers, Air Canada allowed a form of privatization into a different area even though it had a legal obligation to maintain those jobs.

For the last couple of years, the Government of Canada has not stood up for those workers and now we see labour legislation being brought in once again to not allow free collective bargaining in an important industry.

Does my colleague understand and appreciate why many of the workers at Air Canada feel that the Conservative government just does not care about the worker, that it seems to support Air Canada over the worker? Does he not think that is unfair in terms of the free collective bargaining process?

Mr. Rodger Cuzner: Mr. Speaker, under the public air act, commitments were made to certain communities with regard to staffing levels and the allocation of resources in particular areas. That came about when Canadian Airlines and Air Canada merged. It is important to ensure that Air Canada abides by the commitments made through that act.

The government claims that Air Canada is a private company and, as such, it does not want anything to do with it. However, in this case, the government is treating Air Canada like a public service provider. It is duplicitous on the part of the government the way it treats Air Canada. It is hands off when it is a private firm, when it is in the interest of the workers, but when, in a case like this in contract negotiations, the government says that Air Canada is like a federal public service so it puts itself in the midst of the situation in an effort to bring it to a close because the Conservatives feel it is their responsibility as a government.

I can see why the member is confused with the government's approach to this particular case.

• (1325)

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, in the context of this debate, my largest underlying concern is that we are undermining collective bargaining rights. However, when I focus on pilots, what comes to mind is the great hero "Sully" Sullenberger who landed a plane on the frozen Hudson River. One of the things that came to light in his interview after that great feat of heroism was his concern that pilots were not being paid enough, that the competition in the U.S. was allowing pilots to fly passengers when earning under \$20,000 a year and that the cutthroat nature of the industry meant that passenger safety was at risk.

If the government is going to intervene, would it not be nice if just once it intervened on the side of increasing wages instead of undercutting the workers in favour of management? If that were to happen, then maybe there would be an incentive for management to come to a fair term and deal with its workers.

In this case, does the hon. member for Cape Breton—Canso think we might be undermining safety?

Mr. Rodger Cuzner: Mr. Speaker, when my friend and colleague from Saanich—Gulf Islands made reference to landing a plane on a frozen body of water, I thought for sure she was speaking of J.A.D. McCurdy on Baddeck Bay .

Her point is absolutely valid and real. With the actions undertaken by the government, we certainly have not see anything that would lend itself to increasing safety within the operational guidelines of Air Canada. Rather, it has been, "What can we do to help our big corporate friends and certainly help along the management at Air Canada?" Whether intended or not, that is what has happened in this case.

Mr. Royal Galipeau (Ottawa—Orléans, CPC): Mr. Speaker, the hon. member for Cape Breton—Canso is an active member both in the House and in his community, so I suppose t he was in his district over the weekend. How would he have returned back here to make that eloquent speech this afternoon if the airline had not been in the air? Is Air Canada not essential to him and to the service that he gives to this country?

Mr. Rodger Cuzner: Mr. Speaker, it is as convenient as heck. Is it essential? Absolutely, positively not. We would have driven to Halifax by car. We could have taken a train from Halifax and came up yesterday. We were delayed as it was. It is certainly convenient but it is not at all essential.

Ms. Kellie Leitch (Parliamentary Secretary to the Minister of Human Resources and Skills Development and to the Minister of Labour, CPC): Mr. Speaker, I rise today to speak to the necessity of the bill that the Minister of Labour has given notice on, an act to provide for the continuation and resumption of air service operations.

Keeping Air Canada flying now is essential to the economy and travellers. Over one million hard-working Canadians and Canadian families have scheduled travel with Air Canada over the March break period. Those people are depending on the government and we think that the travelling public overwhelmingly expects the government to act. As much as we wish that these disputes could have been settled among the three parties themselves, government action is essential to keep the airline flying and Canadians travelling. We will not sit by and let the airline shut itself down. We need to act to provide for the continuation of air service operations at Air Canada.

We are not doing this to take sides. We are not doing this to punish any of the parties. We also are not doing this because it is an easy solution to a difficult problem. We are doing this because it is the right thing to do. We need to do this because it is necessary to protect the Canadian public and Canada's economy recovery that we are all counting on for growth and prosperity in the years to come. Time is of the essence. We must act now.

We need to ensure that Air Canada's operations continue at regular peak period capacity before serious damage is inflicted on our economy. We need to act before Canadian businesses suffer and go elsewhere, and before travelling Canadians have their vacation plans ruined. Under these circumstances at the present time, this is not what the economy needs and it is certainly not what the travelling public needs. Would our government have preferred that the parties come to an agreement on their own? Absolutely. My hon. colleague, the Minister of Labour, is on the record saying repeatedly that the best solution to a labour dispute is when the parties can resolve their differences together without a work stoppage. In fact, 94% of labour negotiations in Canada are settled without a work stoppage. That statistic is not lost on either employers or unions in Canada. There is a better way to solve these disputes and the better way is the path chosen by the parties in an overwhelming majority of cases. In spite of what we wish and, of course, what we find works in the majority of cases, these points do not change the fact that the two disputes are still before us today.

We need to consider the following. On February 10, 2012, IAMAW and Air Canada reached a tentative agreement. However, on February 22, 2012, the union informed the employer that its membership had rejected the agreement. On March 17, 2011, ACPA and Air Canada reached a tentative agreement. On May 19, 2011, the union informed the employer that its membership voted to reject the tentative agreement. That is two tentative agreements that Air Canada reached with two separate bargaining units, two tentative agreements that the respective union memberships voted to reject.

The threat of labour action can be a tool in labour negotiations. It can bring pressure to bear on an employer, which is a legitimate prerogative, but the effect of this pressure does not end at Air Canada. Everyone who depends on air transport feels it and is potentially affected by it. That includes those who are travelling for business, school, new opportunities, vacations or to visit their loved ones.

As everyone knows, Air Canada has an excellent safety record. Air Canada follows rigorous safety rules and procedures. The International Association of Machinists and Aerospace Workers represents Air Canada employees who are responsible for the technical, maintenance and operations services, including cabin grooming, aircraft cleaning, the handling of baggage and the purchases and distribution of parts and supplies. In effect, they are a fundamental component of making Air Canada transportation operations move smoothly, safely and efficiently. They are skilled workers who cannot be easily replaced.

In addition, Air Canada's pilots are responsible for the operation of the aircraft, the safety of passengers and crew members and all flight decisions once in the air. The pilots are obviously a fundamental and key component in the safety of Air Canada's operations. Again, these are highly -trained and skilled workers who are not easily replaceable. Therefore, work stoppages by either of these groups of valuable workers would have a far-reaching economic impact. A work stoppage could threaten the very future of Air Canada. The direct impact on Air Canada could be severe at a time when it is facing financial constraints.

We need to consider the impact on the travelling public and businesses that use Air Canada. To properly understand the scale of that impact, it helps if we look at the size of Air Canada's operations. Air Canada is Canada's largest domestic U.S. transborder and international airline and the largest provider of scheduled passenger services in the Canadian market, the Canada-U.S. transborder market and in the international market to and from Canada. Air Canada

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serves over 32 million customers annually and provides direct passenger service to 170 destinations on five different continents.

• (1330)

A disruption at Air Canada could cost the Canadian economy as much as \$22.4 million a week for every week that it is allowed to continue. However, financial figures are only one of the ways that we can measure the cost of a labour dispute. There is also the cost of jobs lost. There is the cost of lost time and of missed opportunities for every business that relies on Air Canada. There is the cost of someone being stranded, or someone whose business is grounded.

We must also consider the impact on other Air Canada employees. There are approximately 25,000 staff directly employed by Air Canada and there are another 250,000 staff members indirectly related to Air Canada who would be affected. Many of these employees have families. If the airline were to be grounded, all of these direct and indirect employees, as well as their families, would be affected.

As we see, every action has consequences. There would be a ripple effect as the losses are compounded affecting stakeholders in the process. The reduced operations at Air Canada would adversely affect Canada's airports and Air Canada's third party suppliers. What about the passengers? Alternative carriers are not always readily available. Even if passengers switched to other modes of transportation, as suggested by the member opposite, they would suffer inconvenience as well as extra costs. Those who could not switch may be left in a difficult spot and could find themselves stranded at an airport or elsewhere.

As we have said before, over one million passengers are scheduled to travel with Air Canada over the March break period. That is a huge number of Canadians. That means hundreds of thousands of Canadian families' travel plans would be affected or even cancelled due to a work stoppage. What is clear is that these two labour disputes involve more than just Air Canada and its machinists and aerospace workers, more than just Air Canada and its pilots. It involves all Canadians who are stakeholders, whether they want to be or not. Clearly the public interest is at stake and that is why we must act for the continuation and resumption of air service operations at Air Canada.

Some might ask what today's actions say about the status of collective bargaining in Canada. Let me address that point. The Canada Labour Code strikes a balance between rights and interests of employers and workers. The code reinforces a long-standing tradition of co-operative labour management relationships. It recognizes the principles of freedom of association and free collective bargaining. It promotes the negotiation of terms and conditions of employment and the constructive settlement of disputes.

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The Canada Labour Code does not promote government intervention. Rather it is designed to help labour and management settle their differences on their own. The code provides a framework for constructive dispute settlement in federally regulated workspaces and this process is usually all that is required. As I mentioned earlier, the vast majority of collective agreements are negotiated successfully, with compromises made on both sides. If the parties are unable to resolve their differences on their own, the Canada Labour Code provides a process of conciliation and mediation.

The first step in this process is one where the parties file a notice of dispute with the Minister of Labour. The minister can then appoint one or more conciliator officers. If the conciliators are not successful, mediators can be called in. These mediators work intensively with the parties to avert a work stoppage and if these efforts fail, the Canada Labour Code also allows the employer and the union to offer binding arbitration if they both agree. Twenty-one days after the conciliation process ends, the union acquires the right to strike and the employer acquires the right to lock out their employees. At that point, the union must give the employer and the Minister of Labour 72 hours notice in advance of a strike. The employer must do the same if it plans a lockout.

Let me give the House a little background on these two disputes to show how the Government of Canada has worked to try to help each one of these parties every step of the way. The collective agreement covering a unit of approximately 8,200 employees engaged in technical, maintenance and operating support functions expired on March 31, 2011. The workers represented by IAMAW have been working without a renewed contract since that time. On December 21, 2011, a conciliator commissioner was appointed to assist the parties in their negotiations. Even though both parties reached a tentative agreement on February 10, with the assistance of a conciliator commissioner, it was defeated in a ratification vote by the union membership on February 22. The parties acquired the legal right to strike or lockout on March 12.

In the case of the Air Canada Pilots Association, its collective agreement, which covers 3,000 pilots, expired on March 31, 2011. On March 17, 2011, the parties reached a tentative agreement. However, on May 19, 2011 the deal was rejected by a vote of the ACPA membership. Again, another tentative agreement reached by Air Canada and one of its bargaining agents was rejected by the union membership. A conciliation officer was then appointed to assist the parties on November 10, 2011. Further to that, two co-mediators were appointed on February 16 of this year to work with the parties through a six month mediation period.

• (1335)

Despite all of this assistance, including meetings with the Minister of Labour, the parties have been unable to reach a deal.

The minister spoke very clearly on this issue, saying:

Our Government is concerned that a strike at Air Canada would have a significantly negative impact on families and our national economy....We encourage both parties to avoid a work stoppage and restore confidence for the traveling public and Canadian job creators that rely on commercial air services.

This government believes in the principle of free collective bargaining. We have made the resources of the Federal Mediation and Conciliation Service fully available to both parties in an effort to help them reach a negotiated arrangements. However, despite these efforts, work stoppages are still being considered.

These disputes have gone on long enough. We will not wait to see how much damage a work stoppage could do to our fragile economy. History teaches us a sober lesson about what happens when we stand by and do nothing.

Thirty-five work stoppages have occurred in the air transport industry since 1984. Six of these stoppages, about a fifth of them, have involved Air Canada. The most significant of these was in 1998, when 2,100 airline pilots went on strike for 13 days. Financial industry analysts tell us that Air Canada lost about \$300 million because of the cancelled flights. That was 13 years ago, in a booming economy, both domestically and internationally. The severity of the damage this time around would be unimaginable.

Markets do not like uncertainty. Businesses do not like it either. There would be a price paid for every day that we let uncertainty overtake our air transportation system.

Air Canada is already struggling. Just a few weeks ago, Air Canada reported a higher than expected \$80 million fourth-quarter loss. Now it has to contend with the cost of a strike by its machinists and aerospace workers.

All other avenues have been explored to resolve this dispute. Government action right now is necessary to solve this problem. It would end the uncertainty of this important sector of our economy. The business of Canada depends upon this, not just our industry but also our citizens. Canadians are counting on the Government of Canada to do the right thing. They expect us to act to protect our economy, to protect jobs, growth and prosperity. Ensuring the continuation and resumption of air service operations at Air Canada would help restore that certainty.

We need to keep the planes in the air. We need to keep our economy moving and working and not lose the momentum that we have worked so hard to create over the last number of months. Therefore, I urge my fellow parliamentarians to support the government in keeping Air Canada flying. Let us work together to do the right thing for all Canadians.

• (1340)

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, she said that she believed in free bargaining. I do not know if she believes in unions. The Prime Minister says that he is kind of divided on the issue and does not want to get involved.

However, by telling business months in advance that the government will not tolerate, for example, Air Canada not flying because of the economy, would she agree that it sends a message to businesses that they do not have to negotiate with their employees, that they should do what think needs to be done and that the government will be there to legislate the people back to work, thereby taking away their Charter of Rights to be in a union? Workers have the right to go on strike. The employers have the right to have a lockout. It is a private sector. It is not essential services. In this case, for the government to get involved the way it is, is it not the wrong route to take, or is it really the route the Conservative Party wants to take? It hates the unions and workers. Is that the case? When we take a look at Air Canada after it called for bankruptcy protection for 10 years to redo the company, the president left with \$80 million in his back pocket. The last one—

The Acting Speaker (Mr. Barry Devolin): Order, please. The hon. parliamentary secretary.

Ms. Kellie Leitch: Mr. Speaker, we are very disappointed that all three parties have been unable to come to a solution.

Given our fragile economy, a work stoppage is simply unacceptable. The government is moving forward with this legislation in an effort to ensure we protect our national economy and our families.

March break, as I mentioned, is upon us and millions of Canadians are travelling. We want to ensure that Canadian parents, families and our economy are protected, and that is why we are taking this action.

Mr. Rodger Cuzner (Cape Breton—Canso, Lib.): Mr. Speaker, the question posed by my colleague from Acadie—Bathurst is really the nub of the problem.

The negotiating team cuts the best deal it can and then brings it back to the membership. The government seems to have a problem with that. Does the parliamentary secretary reject the democratic right of the union membership to reject and vote against that offer?

• (1345)

Ms. Kellie Leitch: Mr. Speaker, as I mentioned before, the best solution that we can come up with is one to which all the parties agree. What has failed to happen is for the parties to come to an agreement. That is why the government feels there is a need to take action to ensure we protect the Canadian economy in these fragile economic times. That is why last Friday, we moved to protect the Canadian economy. That is why we will take action to ensure Canadian families are protected.

As I mentioned in my speech, we have given ample opportunity on numerous occasions to both of these organizations. We provided opportunities for all parties to negotiate over a significant amount of time. However, the time for action is now to protect the Canadian economy.

Mr. Ray Boughen (Palliser, CPC): Mr. Speaker, I have a question for my colleague. Have we reached a point in time where lockouts and strikes are old technology? I have looked at what we see in the labour disputes of today and of yesterday. The people who are against one another effect so many others who have no stake in the issue at all.

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Could the member share with us her thoughts on whether we have outgrown lockouts and strikes and have to look to different technologies to solve disputes?

Ms. Kellie Leitch: Mr. Speaker, it is very important that all of the parties have had the opportunity to negotiate. The government has provided the opportunity to have the use of a conciliator and a mediator. The parties have not come to a resolution on this issue. The damage to the economy would be overwhelming and unimaginable. We want to ensure that we protect the national interest and Canadians families. That is why the government is moving forward now with legislation. We need to act now to protect the Canadian economy.

Ms. Rathika Sitsabaiesan (Scarborough—Rouge River, NDP): Mr. Speaker, I want to comment on something the parliamentary secretary, as well as the minister, said. She said that the labour code did not support or call for government interference in collective bargaining. I agree with that statement, yet the minister and the parliamentary secretary do not seem to understand the importance of fair and free collective bargaining. The government seems to consistently interfere with that fair and free collective bargaining process. It continues to rob the parties involved of their hard-earned rights, the rights for both the employer to leverage its negotiations and lock out the employees, as well as the employees' right to leverage their solidarity and power to go on strike.

Why is the government on a full frontal attack on the hard-fought rights of workers and working people, the rights for which they fought for decades and decades?

Ms. Kellie Leitch: Mr. Speaker, I beg to differ. Our government is here to protect families and to protect the national economy. We are here for all Canadians and moving forward to ensure we protect the national economy. Taking action to ensure Air Canada continues to fly and there is not a work stoppage does exactly that. It protects Canadian families and the economy.

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, the government seems to be overlooking that many Air Canada employees have families too. The government needs to be sensitive to that fact. Those employees believe in the free collective bargaining process, something in which the government obviously does not believe.

Where was the Government of Canada when Air Canada was turning to Aveos and getting rid of the overall maintenance base in Winnipeg? When the Government of Canada should have been standing up for those Air Canada employees, it threw its hands up in the air and did nothing. Why did the government ignore Air Canada workers when it came to farming out certain aspects of its responsibilities that were set when Air Canada was privatized in 1988? Where was the Conservative government then? • (1350)

Ms. Kellie Leitch: Mr. Speaker, as I mentioned in my speech, there are 25,000 employees at Air Canada outside of these two union groups who will be affected by the stoppage. There are also another 250,000 Canadian families that will be indirectly affected by a work stoppage. Moving forward on this helps to ensure that the 25,000 Air Canada employees who are not involved in these two unions and the 250,000 Canadians who are indirectly affected by this, will continue to work. Most importantly, we need to understand that this affects millions of Canadian families. We need to ensure that those families know we are taking action for them to protect the national economy and their jobs.

Mr. Ted Opitz (Etobicoke Centre, CPC): Mr. Speaker, the hon. parliamentary secretary's speech was very fulsome and logical, but I would not expect anything less from one of Canada's pre-eminent surgeons.

Given that the minister has referred a question on health and safety to the Canada Industrial Relations Board, CIRB, regarding both of these threatened work stoppages, why does the Minister of Labour think that government action is necessary at this time?

Ms. Kellie Leitch: Mr. Speaker, the minister referred this matter to the CIRB in an effort to determine whether a work stoppage at Air Canada would have a negative impact on Canadian families. We want to ensure we are doing the right thing. That means determining whether transport of cargo, something as valuable as a vaccination for a child in the north, or moving patients to a southern facility to receive the care they need, would be impacted by an Air Canada work stoppage. I want to commend the minister for sending this matter to the CIRB to look at the health and safety risks that may occur because of a work stoppage.

Mr. Dennis Bevington (Western Arctic, NDP): Mr. Speaker, I am actually not very pleased to have to stand again and speak to an issue of this nature, dealing with a motion to cut the time we can spend debating the issue of whether we should support the back to work legislation which the Conservatives have sponsored.

I listened to the Minister of Labour's speech. She said that there is more at stake than what is at the bargaining table. That statement is very true. What is at stake with the legislation and the particular approach the Conservatives have taken?

First, when we talk about process in the House, we have a motion that is dedicated to eliminating any discussion on this issue. That is one thing that is very clear. We have some very significant issues with that.

The Conservatives are basing their argument on the principle that this work stoppage, this labour issue, is going to affect the national economy very seriously. We have heard other things from the member for Simcoe—Grey. She said that the work stoppage and disruptions could cost Air Canada \$22 million a week. Carried over a year, that figure would be about \$1 billion. Out of a \$1.5 trillion Canadian economy, it does not appear to be as large a figure. If there was a two or three week labour stoppage, we would be dealing with an impact on the economy of less than \$100 million, according to the figures supplied in the speech that was just given. We are dealing with legislation that is ostensibly put forward for one reason only, to stop the labour dispute because it affects the economy, yet the figures that have been given are laughable.

I also heard concern about not being able to get vaccinations into northern and remote parts of the country. Anyone who lives in a remote part of our country realizes that Air Canada is not the provider of transportation services there. A strike would have to include First Air, Canadian North, and many other sub-carriers which carry people all over the country. They are not part of Air Canada. The remote regions of our country are not going to be impacted tremendously by this labour dispute. That is just not going to happen.

As for the issue of major Canadian transportation across the country, there is another airline that does that very well: WestJet. It does not have executive seats. Maybe that is one thing the Conservative Party is worried about. I walk past many government members on the way back to economy class on Air Canada when I go across the country. I would put that as a very serious consideration.

The bill has more at stake than what is at the bargaining table. Since it got its majority, the government has been dedicated to crushing labour. It identifies organized labour as a prime opposition to its continued hold over the country. The government is taking very firm action right at the beginning to make sure it separates what it considers to be its problem from its legitimate place in Canadian society, with legitimate rights of collective bargaining. This is what is going on here. It is another step. Perhaps it is not as dramatic as the postal work stoppage that we had to deal with in June, but it is one which is clearly along the same lines.

• (1355)

Let us talk about what the Conservative government has not done for the aviation industry to help these companies so that they can afford to pay the workers a decent wage. One is that the government views the industry as a cash cow.

If we look at what the U.S. government charges its airport facilities for rent versus what the Canadian government does with our airports, we would see a remarkable difference. On the one hand the government says it does not want to get involved in a labour dispute, but on the other hand it collects money from the very airline it is supporting. That has made the airline less competitive in the world. Many Canadians cross the border to get flights from the United States. We see that loss of passenger services.

All these things add up to airlines that cannot compete as well. It is not about the cost of wages. Many other factors enter into why our airlines are having trouble today.

Is it the number of passengers on the flights? No. Actually the number of passenger seats that are filled is higher than it has been for a long time. In other words, domestic flights are fuller than they have been in a very long time, so the aviation industry is actually healthy when it comes to that.

It is not healthy in the extra charges, the security charges. What we have to pay for security in Canada, a country where security is not—

6073

Statements by Members

Ms. Rathika Sitsabaiesan: Mr. Speaker, on a point of order. it is hard for me to concentrate on my colleague's remarks as members opposite are carrying on loud conversations.

The Acting Speaker (Mr. Barry Devolin): Order. This matter has been raised before, that there is noise in the chamber prior to question period. I would encourage all members to listen to their colleagues. Certainly today it is not anywhere near as loud as it often is.

The hon. member for Western Arctic has about a minute left.

Mr. Dennis Bevington: Mr. Speaker, there is a difference between people being quiet and people actually listening. I will leave it at that.

When it comes to domestic travel, as I mentioned, the numbers are way up and the aviation industry is healthy in that regard. However, the government has imposed other charges on the industry in the last few years. It upped the security fee. Canadians who fly with our airlines pay three or four times what the Americans pay for security charges. That hurts the industry as well. The government continues to do things which hurt the industry. It sees the industry as a cash cow and that is wrong.

• (1400)

The Acting Speaker (Mr. Barry Devolin): Order, please. The time for Government Orders has expired. The hon. member for Western Arctic will have 12 minutes when the House returns to this matter.

STATEMENTS BY MEMBERS

[English]

HABITAT FOR HUMANITY

Mrs. Susan Truppe (London North Centre, CPC): Mr. Speaker, before I begin my statement on Habitat London, I would like to congratulate the Western University Mustangs men's track and field team for winning their first CIS national title this past weekend.

Some hon. members: Hear, hear!

Mrs. Susan Truppe: Mr. Speaker, since its inception in 1993, Habitat London has built homes for 34 local families. While the houses are simple, they provide families with a home where they can feel safe and comfortable.

Our Conservative government believes strongly that partnerships with community organizations like Habitat for Humanity play a vital role in creating opportunities for families while building stronger communities. I am pleased to inform this House that our friends at Habitat London are expanding their affiliate to Oxford, Middlesex and Elgin counties. Between 2012 and 2016, Habitat London will build homes and serve 38 families. This is more than the number of homes built in the previous 18 years combined.

I am pleased to support Habitat for Humanity London. I congratulate Habitat London's CEO, Jeff Duncan, and his dedicated team for their commitment to a stronger London and a stronger Canada.

[Translation]

THE ENVIRONMENT

Mr. François Pilon (Laval—Les Îles, NDP): Mr. Speaker, just a few days ago, *Le Devoir* reported that, in the Laval region alone, developers have been given permission to fill 25 of the region's last remaining wetlands.

I am very worried about this continuing trend. When he was a minister in the Quebec government, the member for Outremont fought, with the determination for which he is known, against the destruction of wetlands and even ordered that a building site be restored to a wetland in my riding of Laval—Les Îles. Last May, Quebeckers voted en masse for a party that stands up for the environment and Quebeckers' values.

I intend to work hard to draw attention to the wetlands issue during the conservation study that the Standing Committee on Environment and Sustainable Development has just begun.

Mr. Speaker, we in the New Democratic Party will work hard to protect Quebec's natural areas and green spaces and to improve cooperation between the federal and provincial governments on the environment and sustainable development.

[English]

FOCUS FOR ETHNIC WOMEN

Mr. Stephen Woodworth (Kitchener Centre, CPC): Mr. Speaker, last week I celebrated International Women's Day by attending an awards banquet for Waterloo region's Focus for Ethnic Women. This unique volunteer-driven group has, for many years, provided support for women facing the challenge of re-establishing their lives in Canada.

The room was full of articulate, effective women from the four corners of the earth successfully contributing to our community in a great many ways. I was reminded of the infamous Canadian law which would have hindered so many successful women by failing to recognize them as "persons". We can be grateful that law was reformed in the last century. We all win when everyone's fundamental human rights are recognized.

Special congratulations are deserved by the women who won awards: Margaret Skowronska-Binek for achievements as an immigration lawyer and Ann-Marie Marston for a successful banking career. Hats off to Focus for Ethnic Women.

* * *

ARCTIC WINTER GAMES

Hon. Carolyn Bennett (St. Paul's, Lib.): Mr. Speaker, on behalf of the Liberal Party, I would like to congratulate the over 2,000 competitors who competed in this year's Arctic Winter Games in Whitehorse, Yukon highlighting traditional Arctic sports and Dene games.

Statements by Members

[Translation]

The very first Arctic Winter Games were opened in 1970 by former Prime Minister Pierre Trudeau, in Yellowknife, Northwest Territories. More than 40 years later, the games continue to honour the athleticism and pride that are part of the culture and unique traditions of northern Canadians.

[English]

Canadians from coast to coast to coast cheered on our competitors from the Yukon, Northwest Territories, Nunavut, Nunavik and Northern Alberta, and celebrated the victories of northern Canadians.

Rachel Kinvig from the Yukon, age 15, was undefeated in both the 7 dog/13 kilometre and the 6 dog/10 kilometre dog mushing competition. Andrew Bell from Kugluktuk, Nunavut, age 27, won the gold in the Arctic sports triple jump open male competition.

Congratulations to all the competitors from Canada and abroad, their coaches and supporters, as well as the volunteers and organizing committee who made the 2012 Arctic Winter Games a resounding success.

• (1405)

CARMEN CORBASSON

Mr. Brad Butt (Mississauga—Streetsville, CPC): Mr. Speaker, it is with profound sadness that I rise in the House today to announce the passing of former Mississauga City Councillor Carmen Corbasson on Saturday morning.

"Carmen", as everyone affectionately knew her, was a selfless, truly dedicated public servant both in the years she worked as the executive assistant to councillor Harold Kennedy and then in her 16 years of representation in Mississauga's Ward 1.

She put her fingerprint on just about everything that happened in her community. She was never afraid to speak out and was one of the few people in politics I know who returned every call and email. Carmen was a true grassroots politician who will never be forgotten. Her grace under fire and ability to truly listen to people are legendary.

Carmen leaves many, many friends but also her daughters, Lisa and Julie, granddaughter Summer, grandson Gabriel, her great partner, Sebastion, and beloved dog, Maggie.

My family and I join thousands in saying "we will miss our Carmen each and every day".

* * *

[Translation]

TELECOMMUNICATIONS

Mr. Sylvain Chicoine (Châteauguay—Saint-Constant, NDP): Mr. Speaker, the telecommunications industry is one of our economy's most dynamic industries. However, the effects of this industry are not all positive. Recently, in my riding, a cellphone company put up four cellphone towers less than 15 metres high without consulting anyone. The current legislation does not require these companies to consult municipalities, city planners or residents prior to construction. Given the increasing number of companies that offer wireless services, the government needs to adjust its policies so that towers are not just being built haphazardly.

To the extent possible, we must ensure that Canadians are not seeing towers erected right next door to their homes. This is what happened to a resident of Mercier, who says that she cannot sell her home because the tower that was erected several metres from her backyard is scaring off potential buyers.

I am calling for changes to Industry Canada's policy by joining my voice to that of this resident and the mayor of Châteauguay who has said that the current approach is outdated and that the precautionary principle should be applied given the harmful effects that microwaves may have on health.

* * *

[English]

HERBERT H. CARNEGIE

Ms. Lois Brown (Newmarket—Aurora, CPC): Mr. Speaker, it is with great sadness that we learned of Herb Carnegie's passing this weekend. Herb Carnegie was a good friend to many in York region and, indeed, all of Canada.

He was known as many things in his remarkable 92 year life: hockey trail blazer, philanthropist, author and mentor. To me, perhaps most vividly, he was someone who always put the interests of youth at the forefront. His future aces program aimed to inspire youth to be their very best and to enhance character-building initiatives. Fittingly, a hockey arena and school are named in his honour: the Carnegie Centennial Arena in North York and the Herbert H. Carnegie Public School in Vaughan. Among his many awards, he was named to the Order of Ontario and the Order of Canada. In 2006, he was made an honorary police chief with the York Regional Police.

I invite all Canadians to join me in recognizing the remarkable life of Herbert H. Carnegie.

* * *

MATTAWA VOYAGEUR DAYS

Mr. Jay Aspin (Nipissing—Timiskaming, CPC): Mr. Speaker, today I want to recognize the continued success of the Mattawa Voyageur Days festival in my riding of Nipissing—Timiskaming. For the fifth year in a row, Mattawa Voyageur Days has been named one of the top 100 festivals in the province by Festivals and Events Ontario.

Voyageur Days includes many exciting events, including regional talent night, the lumberjack competition, canoe races, performances by noted Canadian musicians and a choreographed fireworks show that should not be missed. This year marks the 15th anniversary of Voyageur Days. Festival organizers expect to see 35,000 visitors and locals attending events in July.

I want to congratulate the community of Mattawa on organizing this festival and sharing its beautiful town with festival goers each year. I am proud to represent the community leaders in Mattawa who make Voyageur Days a success. I encourage all who are able to attend the festival to do so.

Folks should get their wristbands early.

* * *

[Translation]

ALAIN-GRANDBOIS CINEMATIC CULTURAL CENTRE

Ms. Élaine Michaud (Portneuf—Jacques-Cartier, NDP): Mr. Speaker, in the Portneuf village of Saint-Casimir, a large cultural project is nearing completion. In a few weeks, the Ciné-centre culturel Alain-Grandbois will finally open its doors.

The Ciné-centre is a cinematic interpretation centre that promotes culture. In addition to providing a meeting place for people who work in the film industry and the general public, the centre also highlights Saint-Casimir's heritage by giving new life to the old cultural centre that was built in 1947.

Since environmental protection is also part of the centre's mission, it will host the ninth edition of the Portneuf environmental film festival, the first francophone festival of its kind.

The centre's name pays tribute to Alain Grandbois, the great poet and writer from Saint-Casimir. Considered Quebec's first true modern poet, Alain Grandbois sparked our imaginations with his tales of travel and discovery of the world's hidden secrets.

Congratulations to Léo Denis Carpentier and his team for their work on this outstanding project. I wish the Ciné-centre culturel Alain-Grandbois great success and I hope to see you at the Portneuf environmental film festival in April.

* * *

• (1410)

[English]

JAPAN

Mr. Mike Wallace (Burlington, CPC): Mr. Speaker, it has been one year since the devastating earthquake and tsunami struck the coast of Japan. Canadians remember and honour the memory of the thousands of people who perished due to the devastating events of that fateful day.

During this solemn time, our hearts go out to the families whose lives have been changed forever. We think of the children who lost their parents, the parents who lost their children and the seniors who lost their families who were to follow them. As Canadians, we admire the amazing resilience of the Japanese people in the face of such devastation. The people of Japan are an inspiration to us all.

The Japanese continue to rebuild their lives and their communities. Canada responded quickly in the aftermath of these disasters. We will continue to support the rebuilding efforts of the Japanese people. Japan and its people are our friends, our partners and our neighbours. On behalf of all Canadians, our thoughts and prayers are with the Japanese and their families in this difficult time. Statements by Members

CITY OF LASALLE

Ms. Hélène LeBlanc (LaSalle—Émard, NDP): Mr. Speaker, this year, LaSalle will celebrate its 100th anniversary. Located on the banks of the St. Lawrence River, it owes its name to René-Robert Cavelier, Sieur de La Salle, born in 1643 in Normandy. He settled in the region that was later called Lachine—meaning China—because of the great explorer's ambition to find the route to Asia.

[English]

[Translation]

Just like its illustrious namesake, it was builders and labourers who founded LaSalle in 1912. These women and men had that same energy and determination which gave rise to the industrial boom of the Island of Montreal.

[Translation]

Settlers named Bergevin and Newman were followed by others named Caruso, Singh and Wong. Newcomers from Italy, Nigeria, Pakistan, Cameroon and many places in between have found LaSalle to be a vibrant, welcoming and respectful community where they can work and live together. I am looking forward to taking part in the festivities to commemorate the centenary of LaSalle and to celebrate the rich heritage of this forward-looking community.

* * :

[English]

NIGERIA

Mr. Chris Alexander (Ajax—Pickering, CPC): Mr. Speaker, on Sunday, March 11, 2012, a suicide attack outside a Roman Catholic church in Jos killed several people, sparking panic and clashes. This violence follows another attack on a church in Jos on February 26 for which Boko Haram claimed responsibility.

Canada condemns unequivocally these latest cowardly attacks in Nigeria. The victims were targeted because of their religion. Canada sees religious freedom as a fundamental human right. We must not let terrorists undermine it or set religious communities against one another.

[Translation]

On behalf of all Canadians, I would like to offer my sincere condolences to the families and friends of the victims. We wish a speedy recovery to those who are suffering due to this senseless violence. The Canadian High Commission in Nigeria is working actively with Nigerians to restore peace, especially in Jos. We strongly support the people and the government of Nigeria in their efforts to fight terrorism, and to reinforce stability and unity against this scourge.

* * *

TOWN OF MOUNT ROYAL

Hon. Irwin Cotler (Mount Royal, Lib.): Mr. Speaker, I am honoured to rise today to commemorate the centenary of the Town of Mount Royal.

[English]

First conceived as a model city initiative of the Canadian Northern Railway, it is now home to a diverse and dynamic community, rich in history, culture, tradition and sports.

[Translation]

Indeed, this model city was designated a Canadian national historic site in 2008 because it is a "remarkable synthesis of urban renewal movements of the early 20th century."

[English]

Today, the Town of Mount Royal is a veritable green oasis, with 20,000 trees for 20,000 residents and an exceptional quality of life. A series of celebratory events is planned through the hard work and dedication of the Centennial Celebration Society.

• (1415)

[Translation]

On this memorable occasion, I would like to commend the mayor, Philippe Roy, the municipal counsellors, volunteers and residents of Mount Royal.

[English]

Here is to the next 100 years.

* * *

41ST GENERAL ELECTION

Mr. Tom Lukiwski (Regina—Lumsden—Lake Centre, CPC): Mr. Speaker, last week the Liberal interim leader denied the Liberals have the ability to conduct centralized calling. That is a shocking statement, because the Liberals have been using their U.S.-source Liberalist for exactly that purpose, including during the last election. We know that the opposition spent millions of dollars on hundreds of thousands of phone calls during the last election.

We have also heard the shocking revelations that voters in Guelph were targeted by deceptive robocalls from the member for Guelph's campaign. Interestingly enough, Liberalist.ca shows that the Liberals were training their campaign workers to use robocalls on the afternoon of April 30, just hours before a Liberal campaign worker sent illegal, anonymous messages to voters using an assumed name, from a bogus phone number.

Why is the Liberal leader trying to cover up the existence of Liberalist? What kind of dirty tricks are the Liberals teaching their volunteers?

* * *

[Translation]

41ST GENERAL ELECTION

Mr. Pierre Nantel (Longueuil—Pierre-Boucher, NDP): Mr. Speaker, the Conservatives are so rude. The rogue Conservative who organized the fraudulent calls in Guelph hid behind a rather pathetic alias: Pierre Poutine from Separatist Street. Using that particular street name demonstrates just how much contempt and prejudice the Conservatives feel towards Quebeckers.

The Conservative fraudster needed a false Quebec identity and that was the best he could come up with. How disrespectful. This

name, Pierre Poutine, perfectly illustrates all the scorn this government feels towards Quebec. It is unfortunate that Conservative members from Quebec are content to just read their little note cards word for word, because it would have been a good opportunity for them to stand up for us. Quebeckers already know that this government does not share their values. Now, with this Pierre Poutine business, they also know that it is playing tricks behind their backs and laughing at Quebec.

[English]

41ST GENERAL ELECTION

Mr. Scott Armstrong (Cumberland—Colchester—Musquodoboit Valley, CPC): Mr. Speaker, on April 30, 2011, the Liberal Party's national campaign held a secret training session for Liberal campaign workers to teach them how to use robocalls. Hours later, the phones in Guelph were ringing off the hook with a Liberal dirty trick. Someone was calling residents with an anonymous and misleading message from a fictional character named Laurie MacDonald. These were fake Liberal calls from a fake phone number from a fake Liberal volunteer using a fake name.

The member for Guelph has admitted that he paid for these illegal and unethical phone calls to fight the NDP surge. If these calls were simply an "oversight", why did he wait until he was about to get caught to come forward? It just does not add up.

We know the opposition spent millions of dollars on hundreds of thousands of phone calls during the last election. How many other Canadian households did it target with this illegal campaign?

ORAL QUESTIONS

[Translation]

41ST GENERAL ELECTION

Mrs. Nycole Turmel (Leader of the Opposition, NDP): Mr. Speaker, today we learned that a Conservative will finally be blamed for the fraudulent calls in Guelph. Yet last week the Minister of National Defence said that the guilty party had been found. I have to say that this whole affair is very strange.

Can the government tell us who the new scapegoat is in this Conservative scandal?

Mr. Pierre Poilievre (Parliamentary Secretary to the Minister of Transport, Infrastructure and Communities and for the Federal Economic Development Agency for Southern Ontario, CPC): Mr. Speaker, we have learned a lot today. According to CRTC rules, part IV, section 4(d), "...telecommunications shall begin with a clear message identifying the person on whose behalf the telecommunication is made. This identification message shall include a mailing address and a local or toll-free telecommunications number..." **Mrs.** Nycole Turmel (Leader of the Opposition, NDP): Mr. Speaker, the Conservatives' arrogance is truly astounding. They will not take responsibility for anything.

Canadians want the Prime Minister to take this fraud seriously. People want to know who is behind this, which Conservative strategists are involved.

If the Prime Minister has nothing to hide, then he should order a public inquiry. Let us clean up politics. Let us clean house. That is what people want.

• (1420)

Mr. Pierre Poilievre (Parliamentary Secretary to the Minister of Transport, Infrastructure and Communities and for the Federal Economic Development Agency for Southern Ontario, CPC): Mr. Speaker, we support Elections Canada's efforts to find out what really happened in the riding of Guelph. What we do know is that the Liberal member for Guelph has admitted to making illegal calls and breaking the law.

Now we want to know what the Liberal leader and the Liberal Party knew about it. Those calls were dirty, illegal and Liberal.

[English]

Mrs. Nycole Turmel (Leader of the Opposition, NDP): Mr. Speaker, the President of the Treasury Board said that he wanted to change the culture of Ottawa. Changing the culture, like replacing Liberal scandals with Conservative scandals, a culture where people can rig elections, a culture where the Prime Minister does not answer questions, a culture with no accountability and no transparency, and a culture of denial and partisan attacks.

If the Prime Minister wanted to change the culture, he must take responsibility. Will he?

Mr. Dean Del Mastro (Parliamentary Secretary to the Prime Minister and to the Minister of Intergovernmental Affairs, CPC): Mr. Speaker, last week, the Liberal leader indicated that suggestions being brought forward by myself and this party were, indeed, wacko. Unfortunately, they have proven to be absolutely true because we now know that the member for Guelph paid for illegal robocalls that concealed the fact that the calls came from his Liberal campaign. The Liberals used a bogus number and a fictitious character. They broke the CRTC regulations. They broke Elections Canada laws. They have acted in a fashion that is disgraceful, deceptive and dishonest.

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, Canadians want answers to the ever-widening pattern of voter suppression that happened under the Conservatives. Now we understand today that a Conservative will be coming forward to admit responsibility for his or her role in the voter fraud in Guelph. That is a good start, but who paid for those calls? Who provided the scripts and why are they the same scripts that are being used in other ridings? Is there something else the government would like to tell us about its role in this before it comes to a public inquiry?

Mr. Dean Del Mastro (Parliamentary Secretary to the Prime Minister and to the Minister of Intergovernmental Affairs,

Oral Questions

CPC): Mr. Speaker, Elections Canada is the agency that is charged to deal with this.

However, what we have learned, and this is what the Liberal leader must respond to, is that the Liberal leader provided training sessions for Liberal members at one o'clock on Saturday, April 30. They trained them on Liberal robocalls. What the Liberal member for Guelph then did is conduct a phony robocall that broke the CRTC's regulations and broke the Elections Canada Act laws. Indeed, the Liberals have acted in a fashion that is disgraceful, deceptive and dishonest, and I will say it outside.

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, the issue here is not the incompetence of the Liberals with their campaign. It is about voter fraud that happened under the Conservatives.

Now we have a Conservative who is coming forth and the government pretends that he acted alone. Who paid for those scripts? Who gave him the money to make those calls? Why did he have access to the national Conservative database? Do the Conservatives really think that Canadians will believe that the guy who named himself after cheese curds and gravy is behind this as though he is some kind of robofraud equivalent of Dr. Evil? When will the Conservatives come clean with their involvement in this coordinated campaign of voter harassment?

Mr. Dean Del Mastro (Parliamentary Secretary to the Prime Minister and to the Minister of Intergovernmental Affairs, CPC): Mr. Speaker, once again, it is the unsubstantiated smear campaign of the NDP.

What we know and what we have evidence of is that at five o'clock on Saturday, April 30, in the riding of Guelph, the Liberal member for Guelph placed an illegal robocall. These deceptive robocalls used a phony number, a phony person and they attacked and suppressed votes in Guelph. That was the real intent behind them.

The Liberal candidate and the Liberal Party has acted in a fashion that is deceptive, disgraceful and dishonest.

Hon. Bob Rae (Toronto Centre, Lib.): Mr. Speaker, if the hon. member is so certain about his phony allegations, perhaps he would agree with me that the time has now come for a royal commission into what happened in the last election and what happened in previous elections to ensure that it never happens again.

I can assure the hon. member that nobody on this side has anything to fear from a royal commission. We ask for it, we demand it and the people of Canada require it. Is it willing to do it?

Some hon. members: Oh, oh!

• (1425)

The Speaker: Order, please. The hon. Parliamentary Secretary to the Prime Minister.

Oral Questions

Mr. Dean Del Mastro (Parliamentary Secretary to the Prime Minister and to the Minister of Intergovernmental Affairs, CPC): Or, Mr. Speaker, we could just go to liberalist.ca and we could observe on page 105 where it advises the Liberals that they should pick a caller ID for the robocall, that it must be a land line and should be a phone number that recipients can call to contact their team about the robocall.

However, that is not what the member for Guelph did. In fact, the member for Guelph used a completely bogus phone number with an exchange that does not exist.

The Liberal Party has acted in a disgraceful, deceptive and dishonest fashion. We know it made hundreds of thousands of these calls because the Liberal Party paid millions of dollars for these calls to be made right across the country.

Mr. Frank Valeriote (Guelph, Lib.): Mr. Speaker, Elections Canada is fully aware of that voice drop. This was an issue-based call that could have easily been tracked back to our service provider. It was totally different from the fraudulent calls that came from Pierre Poutine on election day. It was included in my financial return and I disclosed it to Elections Canada. I have been fully open and co-operative with Elections Canada.

On the other hand, the deputy campaign manager in Guelph is running and hiding from Elections Canada. When will the Conservatives finally start co-operating with the election fraud investigation?

Mr. Dean Del Mastro (Parliamentary Secretary to the Prime Minister and to the Minister of Intergovernmental Affairs, CPC): Mr. Speaker, it is not uncommon, when confronted by substantiated evidence, where folks will in fact confess when they have broken the law. That is what the member has done. He has confessed to the fact that he has broken the Elections Canada Act and broken CRTC regulations.

For the last number of weeks, that member has conducted an unsubstantiated smear campaign against this party and this Prime Minister but not once did he breathe a word to this House that he had conducted those illegal calls.

[Translation]

Hon. Bob Rae (Toronto Centre, Lib.): Mr. Speaker, we believe, as I am sure the New Democrats do too, that Canadians want a public inquiry, a royal commission. That is what we want. That is what we demand.

Is the government willing to create a royal commission? Clearly, Canadians want a public inquiry, a royal commission to get to the bottom of all of this.

Mr. Pierre Poilievre (Parliamentary Secretary to the Minister of Transport, Infrastructure and Communities and for the Federal Economic Development Agency for Southern Ontario, CPC): Mr. Speaker, let us consider for a moment the hon. leader of the Liberal Party's audacity. Over the past few weeks, members of the Liberal Party have been rising in the House to conduct a smear campaign against our party, knowing full well that the Liberal Party and its members made illegal calls to voters in the riding of Guelph.

The leader of the Liberal Party should rise and apologize to all Canadians for his party's unlawful behaviour.

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, in 2006, the Conservatives were caught red-handed conducting an in and out scheme. They recently decided not to appeal because they are guilty of violating the Canada Elections Act. And yet, during the last election campaign, we once again saw mystery cheques for \$15,000 being given to RMG in a number of ridings across the country. Some candidates admitted that they paid \$15,000 and did not receive any services in return.

This is the 10th anniversary of the Liberal sponsorship scandal, and clearly nothing has changed in Ottawa.

When will the Conservatives change the legislation to give Elections Canada more power?

Mr. Pierre Poilievre (Parliamentary Secretary to the Minister of Transport, Infrastructure and Communities and for the Federal Economic Development Agency for Southern Ontario, CPC): Mr. Speaker, the hon. member is right in saying that the Liberal Party has not changed since the sponsorship scandal.

The problem is not a loophole in the legislation. The legislation is here. I have it in my hands. The problem is that the Liberal Party refuses to obey the law. The Liberal Party is breaking the law.

I am therefore calling upon the Liberal Party to rise and explain why it hid the fact that it broke the law during the election.

• (1430)

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, in reality, we simply traded Liberal scandals for Conservative ones. It is the same old same old.

Let us talk about the facts and the connections that the Conservatives do not want to hear about. First, we know that a plan was put in place to interfere with the voting process. Second, we know that the person or persons responsible are connected to the Conservative Party. Third, we know that Elections Canada's investigation extends much further than the riding of Guelph.

If the Conservatives are not afraid of getting to the bottom of this matter, will they change the legislation to give Elections Canada more power and will they hold a public inquiry?

Mr. Pierre Poilievre (Parliamentary Secretary to the Minister of Transport, Infrastructure and Communities and for the Federal Economic Development Agency for Southern Ontario, CPC): Mr. Speaker, the opposition told us that our allegations were completely ridiculous when we said that the Liberals had paid millions of dollars to make hundreds of thousands of calls and that some of the calls that may have resulted in complaints were made by the Liberal Party.

However, we now know that the hon. member for Guelph, a Liberal, broke the law. He has since admitted to doing so. So what we have been saying from the beginning is completely true. The Liberals should rise in the House and explain their unlawful behaviour.

[English]

Ms. Irene Mathyssen (London—Fanshawe, NDP): Mr. Speaker, Canadians know there were dirty tricks on the last campaign and they want an inquiry. What are the Conservatives hiding?

Elections Canada is now asking for the age of those who received the fraudulent calls and evidence suggests that an overwhelming number of those targeted were seniors. We are talking about seniors who are vulnerable to being misled and who were first identified as not supporting the Conservatives.

How can the Conservatives be so underhanded that they would attempt to trick seniors out of their right to vote? Why did they target seniors?

Mr. Dean Del Mastro (Parliamentary Secretary to the Prime Minister and to the Minister of Intergovernmental Affairs, CPC): Mr. Speaker, this party and the Prime Minister enjoy fantastic support from seniors right across the country because they know this party has stood up for them.

We know there were deceptive calls made in the last campaign. We know it for a fact because we gathered evidence on it. However, the member for Guelph, for the last number of weeks, has taken part in this opposition unsubstantiated smear campaign. He has done so knowing full well the entire time that his campaign ran these illegal robocalls into the riding of Guelph, but he never indicated it to the House. He has acted in a fashion that is disgraceful, deceptive and dishonest.

Ms. Irene Mathyssen (London—Fanshawe, NDP): Mr. Speaker, that is a pox on both their houses.

What we are seeing is evidence of a coordinated nationwide campaign to target the most vulnerable voters. Of course, the Conservatives have been going after seniors for a long time. First, they want to raise the OAS and take away seniors' right to retire in dignity. Now they want to take away their right to vote.

Conservatives will stop at nothing to get what they want. Canadian seniors are paying the price. Why are the Conservatives targeting seniors?

Mr. Dean Del Mastro (Parliamentary Secretary to the Prime Minister and to the Minister of Intergovernmental Affairs, CPC): Mr. Speaker, when we brought in budgets that increased the age credit, not once but twice, the NDP voted against it. When we brought in legislation to increase OAS, the NDP voted against it. When we brought in legislation to introduce pension income splitting, the NDP voted against it. We have no apologies to make with respect to what the NDP has done with seniors.

However, what we can also say very clearly is that the opposition, the NDP and Liberals, has taken part in an unsubstantiated smear campaign for these past two weeks. We know now that the liberal member for Guelph conducted illegal robocalls into his riding. He acted in a fashion that is deceptive, disgraceful and dishonest.

* * *

ELECTIONS CANADA

Mr. David Christopherson (Hamilton Centre, NDP): Mr. Speaker, given the government has formally and finally indicated its intent to support our motion and the amendment to clean up elections and increase the power of the Chief Electoral Officer to demand documents from parties in future and past elections, now it is time for the government to put its money where its mouth is.

Oral Questions

Will the government give a clear, unambiguous commitment today that after tonight's vote, when it honours its commitment to support our motion, it will indeed honour that vote and bring in the legislation within the six months specified in the motion, yes or no?

• (1435)

Hon. Tim Uppal (Minister of State (Democratic Reform), CPC): Mr. Speaker, the government has been clear. We support the motion that was before the House last week. The Conservative Party is assisting Elections Canada with its work.

However, the fact remains that the opposition paid millions of dollars for hundreds of thousands of phone calls that it made in the last election, including the Liberal member for Guelph, who has finally admitted that he paid for illegal robocalls, concealing the fact that they came from the Liberal campaign.

Canadians need to know how many other illegal phone calls were paid by the Liberals in the last election.

* * *

[Translation]

GOVERNMENT APPOINTMENTS

Mr. Jamie Nicholls (Vaudreuil—Soulanges, NDP): Mr. Speaker, Alain Sans Cartier, Mario Dumont's former chief of staff, has been given a plum patronage appointment at Canada Post. Howard Bruce, who ran three times for the Conservatives, was made a member of the National Parole Board. As for Bernard Généreux, he was appointed to the board of directors of the Quebec Port Authority.

The Conservatives treat the boards of directors of transportation agencies as though they were their playthings. When will they stop making patronage appointments?

Hon. Denis Lebel (Minister of Transport, Infrastructure and Communities and Minister of the Economic Development Agency of Canada for the Regions of Quebec, CPC): Mr. Speaker, it is rather interesting that the member did not mention the qualifications of the people appointed to the boards of directors. These people have all the administrative qualifications needed to sit on boards of directors. They will make good administrative decisions for these boards. Jacques Tanguay, who resigned from the board of directors of the Quebec Port Authority, had never before worked in the ports industry and did an excellent job. These people are very competent and will continue to do a good job.

[English]

Ms. Olivia Chow (Trinity—Spadina, NDP): Mr. Speaker, the line at the patronage trough keeps getting longer. Last Friday, Jennifer Clarke, a failed Conservative candidate, was appointed to the Prince Rupert Port Authority. Generous donor Andrew Paterson got the job at the Canada Post Corporation. The Quebec Port Authority got stuck with another failed Conservative candidate. The riding president for the finance minister was dropped on the Oshawa port.

Why will the Conservatives not work on a real jobs plan instead of rewarding their insider friends?

Oral Questions

Hon. Denis Lebel (Minister of Transport, Infrastructure and Communities and Minister of the Economic Development Agency of Canada for the Regions of Quebec, CPC): Mr. Speaker, I think that over 600,000 jobs created in our country is a very good plan. All appointees are great Canadians who have the skills and experience necessary to ensure that Canada does not trail in this global economy, and the economy is still our main goal.

* * *

AIR CANADA

Mr. Yvon Godin (Acadie-Bathurst, NDP): Mr. Speaker, we can see that the Conservatives are not working for Canadians.

Once again, the Conservatives are threatening to introduce a bill to force Air Canada back to work in the event of a strike or a lockout. The government must respect the right of employees to collective bargaining.

Why are the Conservatives attacking this fundamental Canadian right? When are they going to stop interfering in labour disputes?

Hon. Lisa Raitt (Minister of Labour, CPC): Mr. Speaker, disruption at Air Canada will damage Canada's fragile economy that is recovering and it would have an immediate effect on those hundreds of thousands of passengers and, indeed, a million passengers in the next week who are flying Air Canada as a result of the March breaks across the country.

We have been following the negotiations closely. Unfortunately, despite hard bargaining, the parties have failed to reach an agreement. That is why today our government will take further action to protect the travelling public. We will table legislation to sustain its services for Canadian families and businesses.

[Translation]

Mr. Yvon Godin (Acadie-Bathurst, NDP): Mr. Speaker, this does not respect the rights of workers.

The Conservatives must respect the right to collective bargaining that Air Canada workers and other Canadians enjoy. Why are the Conservatives ignoring that right?

The Conservatives cannot choose winners and losers. Will this government do the right thing and urge both parties to negotiate in good faith? Can the Conservatives promise us that they will not intervene in the dispute?

[English]

Hon. Lisa Raitt (Minister of Labour, CPC): Mr. Speaker, our government has made ample opportunity and availability for conciliation and mediating services, and indeed extraordinary means too, appointing conciliators from the outside in each of these disputes to try to help the parties get to a deal, but they simple have not done so.

We are faced right now with a strike and a lockout at Air Canada, which is an incredibly important piece of our economy and incredibly important to the travelling public.

I feel much more strongly introducing this action and having the Canadian public feel certain and know what is going on, rather than taking the position of the opposition members just letting matters happen as they may and wishing for good luck.

• (1440)

41ST GENERAL ELECTION

Hon. Carolyn Bennett (St. Paul's, Lib.): Mr. Speaker, this is not about robocalls. This is about election fraud.

In my riding, Susan Lapell was called by a real person, claiming to represent a Conservative candidate. Not only was she given the wrong polling station, but after Ms. Lapell corrected him, she was told that she could vote twice, once in her regular polling station and again at the other one.

When will the Prime Minister take responsibility for his horrible example of election fraud?

Mr. Dean Del Mastro (Parliamentary Secretary to the Prime Minister and to the Minister of Intergovernmental Affairs, CPC): A real person, Mr. Speaker, like Laurie MacDonald from Guelph?

The Liberal member for Guelph paid for illegal robocalls that concealed the fact that the calls came from the Liberal campaign. He did so in a deliberate fashion.

We know that members of the Liberal Party and the NDP have spent millions of dollars to make hundreds of thousands of calls. We need to know how many other illegal calls were paid for by the Liberal Party. The Liberals should provide all of that information to Elections Canada right now.

As I said, the Liberal Party and the Liberal leader have acted in a fashion that is disgraceful-

The Speaker: Order, please. The hon. member for Random-Burin-St. George's.

Ms. Judy Foote (Random-Burin-St. George's, Lib.): Mr. Speaker, a government's number one priority is to ensure the integrity of our democratic system, and that includes election financing.

Three Conservative members of the Vaughan riding association have sworn affidavits that there was a second and third bank account containing hundreds of thousands of dollars used to fund other Conservative candidates, which is in contravention to the rules.

What is the government doing to ensure Elections Canada investigates these serious allegations?

Hon. Peter Van Loan (Leader of the Government in the House of Commons, CPC): Mr. Speaker, all of the allegations made by the hon. member are entirely false. The activities of the Vaughan riding association and those of the member for Vaughan in this campaign have complied fully with elections laws. That is my first point.

My second point would be that I really fail to see what this has to do with the administration of government business.

[Translation]

Mr. Justin Trudeau (Papineau, Lib.): Mr. Speaker, in many ridings, including Eglinton-Lawrence, Etobicoke Centre, York Centre and Nipissing, hundreds if not thousands of people voted without being on the voters list and without presenting valid proof of residence.

The Conservatives are blaming Elections Canada and saying that Elections Canada is ultimately at fault for not being able to prevent Conservative organizers from engaging in such hijinks.

What will the government do to protect the integrity of Canadian democracy and ensure that no one stuffed the ballot boxes?

[English]

Hon. Tim Uppal (Minister of State (Democratic Reform), CPC): Mr. Speaker, the member very well knows that voter registration is the responsibility of Elections Canada, not political parties, and any specific complaints arising from a specific riding can be directed to Elections Canada.

* * *

[Translation]

NATIONAL DEFENCE

Ms. Christine Moore (Abitibi—Témiscamingue, NDP): Mr. Speaker, with great secrecy and without explanation, the Conservatives are about to announce major reductions in support staff on military bases. Approximately 700 jobs are slated to be eliminated. Families throughout Canada are concerned for their future.

Can the Minister clarify whether or not he intends to get rid of support staff on Canada's military bases?

[English]

Hon. Peter MacKay (Minister of National Defence, CPC): Mr. Speaker, secrecy? Speculation? It is called a budget, and leaked documents and speculation about what will be in the budget are not helpful to the military, the public service, or anyone else.

I am very proud of the fact that our government has made historic investments in the Canadian Forces, over a billion dollars annually. We have invested in infrastructure, personnel, equipment, and in readiness. Guess what? On each and every occasion, the member opposite and his party voted against those investments.

Mr. Matthew Kellway (Beaches—East York, NDP): Mr. Speaker, understandably, military communities across the country are worried about these looming job cuts. Military bases are crucial to the local economy and are often the largest employer in the region. We have been raising this issue for a long time but cannot seem to get a straight answer from the government. Today, so far, is no exception. However, I am ever hopeful.

Will the government finally reassure military communities that it will not cut the jobs of support staff for our troops?

• (1445)

Hon. Peter MacKay (Minister of National Defence, CPC): Mr. Speaker, what I will do is ensure that the member opposite and all members know that we will continue to make investments in the Canadian Forces, as we have been since taking office. Unfortunately, what we can expect from the member opposite, as we have seen throughout his time and his party's time here, are continued votes against every investment we make in the Canadian Forces, whether it be for equipment, whether it be for new bases and infrastructure, whether it be for every means possible to aid and assist our brave men and women in uniform. That is what the member opposite has done. That is what his party has consistently done.

Oral Questions

Mr. Matthew Kellway (Beaches—East York, NDP): Mr. Speaker, a curious thing happened in Washington 10 days ago. The minister came out of his emergency meeting with the same talking points and a renewed commitment to the F-35. The Americans came out of the very same meeting with confirmation that the price of the F-35 was going up, again.

Did the Americans share this news with the minister, or keep him in the dark? If he was advised of the price jump, why is he not telling Canadians? What is the price of the F-35?

Hon. Julian Fantino (Associate Minister of National Defence, CPC): Mr. Speaker, the Royal Canadian Air Force plays an important role in protecting our sovereignty and defending our interests at home and abroad. Canada's CF-18s are nearing the end of their usable lives. A contract has not been signed for replacement aircraft, and we have set a budget for replacement aircraft and have been clear that we will operate within that budget. We will make sure that our air force has aircraft necessary to do the job we ask of it, regardless of what the member opposite thinks.

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SEARCH AND RESCUE

Mr. Jack Harris (St. John's East, NDP): Mr. Speaker, while the Conservatives are spinning their wheels on the F-35, too little is being done about search and rescue. It is three years to the day since the terrible helicopter crash that killed 17 people in the Newfound-land offshore. We know the dangers but the government still does not get it on search and rescue. It has delayed the purchase of search and rescue planes yet again. There is no progress on response times, we have inadequate search and rescue in the north and not enough helicopters to get the job done.

When will the Conservatives finally make search and rescue a real priority in the country?

Hon. Peter MacKay (Minister of National Defence, CPC): Mr. Speaker, search and rescue of course is a huge priority for this government, and for all governments. We have 18 million square kilometres of territory to cover. We have made investments. We continue to do so. We made improvements to the protocol recently in response to the tragic incident in Makkovik. We continue to work with all levels of government, as ground search and rescue responsibility rests with provinces and territories. We continue to do all we can to support our SAR techs, who are true heroes, each and every day as they carry out their important duties around this massive country of ours.

* * *

JUSTICE

Mr. Brent Rathgeber (Edmonton—St. Albert, CPC): Mr. Speaker, Canadians are rightly concerned about crime. Canadians are constantly demanding from government a justice system that will keep them safe in their streets and communities. Victims of crime need to know that the justice system is there for them when they need it.

[Translation]

Oral Questions

Since it was first elected in 2006, the government has been steadfast in its commitment to strengthen Canada's justice system. The safe streets and communities act will crack down on child pornographers, drug dealers, and car thieves. It will ensure that those who commit serious offences receive appropriate sentences that reflect the severity of their crimes.

Could the justice minister please update the House on the status of the safe streets and communities act?

Hon. Rob Nicholson (Minister of Justice and Attorney General of Canada, CPC): Mr. Speaker, I am happy to report that despite the usual obstruction and delays by the opposition, the final vote for the safe streets and communities act will take place tonight.

We promised Canadians that we would pass this legislation within the first hundred days of sitting, and that vote is going to take place tonight. We are keeping that promise.

I know the opposition would rather shut down the House, but given that victims' groups, law enforcement agencies, and 6 out of 10 Canadians support these measures, the opposition should welcome this final opportunity to get on board and crack down on violent crime in our country.

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ABORIGINAL AFFAIRS

Ms. Linda Duncan (Edmonton—Strathcona, NDP): Mr. Speaker, the federal crown has a legal duty to consult aboriginal peoples and to consider and accommodate any potential impacts of project activities on their rights and title. As early as 2010, officials warned that the northern gateway project to ship raw bitumen could be at risk if the government did not properly consult and assist aboriginal peoples.

Will the government finally respond to the demands by first nations and Métis for direct consultation on the risks that this project poses to their lands, waters and peoples?

Hon. John Duncan (Minister of Aboriginal Affairs and Northern Development, CPC): Mr. Speaker, we take our obligations on the duty to consult very seriously. The northern gateway project is under environmental assessment and environmental review. A part of that review involves aboriginal consultation. That is exactly what this government is committed to and we shall fulfill that duty.

• (1450)

Ms. Linda Duncan (Edmonton—Strathcona, NDP): Indeed, Mr. Speaker, the government was also warned several years ago that failure to sufficiently fund first nations' participation could invalidate the pipeline review process. Yet according to the Canadian Environmental Assessment Agency, the government has committed less than a quarter of the funds needed. Contrary to what the government claims, it is not foreign interests that could undermine the NEB process but the refusal to recognize the rights and interests of aboriginal peoples.

Will the government commit today to finance full and fair aboriginal participation?

Hon. John Duncan (Minister of Aboriginal Affairs and Northern Development, CPC): Mr. Speaker, what I can say is that we are funding aboriginal participation in order to fulfill our duty to consult. One can always argue about dollars. The commitment has meant that hundreds of thousands of dollars have been spent over the last few months and the total commitment is in the millions of dollars.

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HEALTH

Ms. Anne Minh-Thu Quach (Beauharnois—Salaberry, NDP): Mr. Speaker, the shutdown in production at the Sandoz plant has plunged the entire country into a serious crisis, and this is only the tip of the iceberg. The whole drug supply system has been shaken. There is an increasing number of shortages. There has even been a shortage in chemotherapy drugs since the fall. Our patients are being deprived of vital treatments. Putting a band-aid on the wound and blaming others is clearly not effective.

When will there be a real strategy to avoid fresh drug shortages?

Mr. Colin Carrie (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, if you read between the lines, it is clear that the NDP does not understand provincial areas of jurisdiction and wants to encroach on these areas.

This shortage is a result of provincial decisions to have sole source agreements. They sign these agreements, not us.

The Minister of Health is taking steps to help the provinces with this issue. Health Canada is going to assist the provinces and territories to identify alternative companies and fast-track the approval process.

[English]

Ms. Chris Charlton (Hamilton Mountain, NDP): Mr. Speaker, this crisis is getting worse every day and the government's finger pointing is cold comfort to the patients who are paying the price.

Mr. Speaker, you agreed to a debate tonight because you know this is an emergency. Why is the government still in denial? The fact is Canadians are going to have to wait longer and longer for important surgeries and procedures. Instead of empty words, the government needs to take responsibility for anticipating, identifying and managing the shortages of medically essential drugs.

Will the Conservatives stop blaming others and take leadership in solving this crisis?

Mr. Colin Carrie (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, we are taking leadership, but I think the NDP members need to talk with one another, as they do not seem to be on the same page. As a matter of fact, at the health committee last week the NDP member for Chicoutimi—Le Fjord filibustered and prevented the committee members from voting on a motion to look at this issue. Perhaps the hon. member opposite could discuss how we as parliamentarians are taking the issue very seriously and suggest that her colleague vote with us next time.

SEARCH AND RESCUE

Mr. Scott Simms (Bonavista—Gander—Grand Falls—Windsor, Lib.): Mr. Speaker, the minister from Labrador held a meeting to explain the new protocol for search and rescue and basically said, "There is no need to call us; we'll call you". However, is that really enough? If we look at the situation, another important question is, why would the rescue centre send orders to helicopters in Goose Bay to do the job when they are not able to fly for mechanical reasons? Bad weather or not, why send out helicopters that just do not work?

Will the minister from Labrador rise in the House and agree that this situation also needs to be looked at?

Hon. Peter MacKay (Minister of National Defence, CPC): Mr. Speaker, deliberately or otherwise, the member is confusing the issue. The issue is not, "Come if you can". The issue is how the Canadian Forces respond to a ground search and rescue request. Weather is a factor, of course, as is availability.

The reality is that we are constantly in a state of deciding where the optimal location is for the Canadian Forces' assets. We are constantly improving. Just last week we had communications between the Canadian Forces and other territory and provincial responsibilities. We will continue to update those efforts constantly.

• (1455)

SERVICE CANADA

Hon. Gerry Byrne (Humber—St. Barbe—Baie Verte, Lib.): Mr. Speaker, with cuts to search and rescue, the decommissioning of CFB Goose Bay, the failure to secure a Churchill Falls loan guarantee, and cuts to federal jobs, the member for Labrador has been mum on it all. The one and only commitment made by the regional Minister for Newfoundland and Labrador to the people of our province is the promise that seven Service Canada employees working out of Goose Bay will continue to work for Service Canada in Goose Bay even after the office is no longer engaged in processing EI applications.

Can the Minister of Intergovernmental Affairs highlight for the House what specifically those seven Service Canada employees will be doing in Goose Bay after EI processing is terminated there?

Hon. Diane Finley (Minister of Human Resources and Skills Development, CPC): Mr. Speaker, as explained before, we are in the process of modernizing and automating the EI system to serve Canadians better. There will be a—

Some hon. members: Oh, oh!

The Speaker: Order. The hon. Minister of Human Resources has the floor.

Hon. Diane Finley: Mr. Speaker, there will be a consolidation. Right now we have over 120 centres where backroom processing operations are done. We are going to be consolidating those down to 22, because that will be more efficient, more effective and more responsive to the needs of Canadians.

Oral Questions

FOREIGN INVESTMENT

Mr. Pat Martin (Winnipeg Centre, NDP): Mr. Speaker, foreign takeovers of our strategic industries should only be allowed if it can be clearly demonstrated that these are in the best interests of Canadians. I cannot imagine any upside to losing our domestic control over grain production and grain marketing.

Will the government commit to doing a full review and undertaking regarding the takeover of Viterra by Glencore Xstrata? Will it agree to intervene if it cannot be clearly demonstrated that this is in the best interests of grain producers and the general public for their food security and their domestic control over our food supply?

Hon. Christian Paradis (Minister of Industry and Minister of State (Agriculture), CPC): Mr. Speaker, unlike the opposition, our government understands the importance of attracting foreign investment to our economy. Foreign investment helps Canadian companies to grow and innovate, and provides new opportunities to connect our firms to the world. Our government will continue to welcome investments that benefit Canada.

* * *

EMPLOYMENT

Mr. Peter Julian (Burnaby—New Westminster, NDP): Mr. Speaker, on foreign investment and in so many other ways we just cannot trust the government. For instance, 3,000 families lost a breadwinner last month, 15% of young Canadians are now unemployed, nearly 40,000 Canadians gave up looking for work last month, and it has been 10 days since the Minister of Finance stood up to answer a question in the House of Commons.

Last weekend we had ministers bragging about cuts in the Conservative budget that will put many more Canadians out of work. Maybe that is why the Minister of Finance is refusing to answer. Why will he not answer for his policies? Why will he not speak? Why will he not explain the job losses to Canadian families?

Hon. Ted Menzies (Minister of State (Finance), CPC): Mr. Speaker, if there is any explaining to be done in the House it would be by the NDP and that member for voting against every initiative that we have put forward to help Canadians, initiatives that have actually helped over 610,000 Canadians since July 2009. That is an important policy we put forward.

We are actually working on a budget. I am not sure they understand the issues around a budget, but we are working on a budget and it will once again focus on jobs and the economy.

Oral Questions

INTERNATIONAL CO-OPERATION

Mr. Russ Hiebert (South Surrey—White Rock—Cloverdale, CPC): Mr. Speaker, people around the world are worrying about the Assad regime's increasing use of violence against the Syrian people. Thousands of victims are being displaced from their homes and are in desperate need of emergency medical care, food and shelter. As this conflict continues to escalate, so does the need for humanitarian assistance.

Can the Minister of International Cooperation update the House as to our government's response to the humanitarian needs in Syria?

Hon. Bev Oda (Minister of International Cooperation, CPC): Mr. Speaker, we remain very concerned about the thousands affected and call for immediate safe and unhindered humanitarian access. Humanitarian groups, however, are now able to provide aid sporadically and under insecure and dangerous conditions in Syria. Today I am announcing that Canada will support their brave efforts so that victims can receive the needed food, medical help and other assistance they require.

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INTERGOVERNMENTAL AFFAIRS

Mr. Scott Andrews (Avalon, Lib.): Mr. Speaker, I will recap question period for the minister responsible for Newfoundland and Labrador and the Minister of Intergovernmental Affairs.

Questions on intergovernmental affairs files: no answers. Questions on search and rescue in Newfoundland and Labrador: no answers. Questions on standing up for the people of Newfoundland and Labrador: no answers.

I say to the regional minister from Newfoundland and Labrador, and I see him at the end of the House acknowledging my question, here is an easy one: What exactly do you do here?

• (1500)

The Speaker: I would remind the member for Avalon to address his questions to the Chair and not directly to his colleagues.

The hon. Minister of Intergovernmental Affairs.

Hon. Peter Penashue (Minister of Intergovernmental Affairs and President of the Queen's Privy Council for Canada, CPC): Mr. Speaker, I was asked what I do. My answer is that I represent the people of Newfoundland and Labrador in the best way that I know how.

I will say one more thing. I invited Newfoundlanders and Labradorians to join me to represent Newfoundland and Labrador on this side of the House during the election, but you chose not to.

Some hon. members: Oh, oh!

The Speaker: Order. Hon. members should address their answers to the Chair and not directly to their colleagues.

The hon. member for Hochelaga.

[Translation]

HOMELESSNESS

Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP): Mr. Speaker, two Hochelaga organizations that deal with drug and homelessness problems have been waiting for months for financial assistance from the federal government. The work done by CAP Saint-Barnabé and Dopamine is crucial in the fight to eliminate drug use and drug-related prostitution and to help the homeless get off the streets. They need money and it is urgent. The situation in my riding is explosive. Yet the government is twiddling its thumbs. Funding applications have been submitted and are on the minister's desk. What is the minister waiting for and why does she refuse to take action?

Hon. Diane Finley (Minister of Human Resources and Skills Development, CPC): Mr. Speaker, in funding organizations that combat homelessness, we are determined to make the best possible use of taxpayers' money. However, there are often more applications than there is money. No organization has a monopoly on funding. Organizations always have the option of making another application.

[English]

AIR CANADA

Mr. Scott Armstrong (Cumberland—Colchester—Musquodoboit Valley, CPC): Mr. Speaker, last week the Minister of Labour asked the CIRB to carefully examine whether a work stoppage at Air Canada would have a negative effect on the health and safety of Canadians.

This being the beginning of March break, over one million passengers, hard-working Canadians and their families, could be affected by a labour stoppage. Labour stability in the air transportation sector is critical for the Canadian economy, the economic recovery, and the confidence of the average Canadian traveller.

Could the Minister of Labour give this House an update on the status of labour negotiations with Air Canada?

Hon. Lisa Raitt (Minister of Labour, CPC): Mr. Speaker, as I said before, the government is very concerned that a disruption at Air Canada will damage Canada's fragile economic recovery. We have been closely following the negotiations and despite the hard bargaining over the past few weeks, it has not elicited a collective agreement. That is why today our government will take that further action to protect the travelling public, the Canadian economy and the public interest by introducing legislation to sustain air services for Canadian families and businesses. We will take the swift action that is needed to ensure that Canada's economic recovery is not negatively affected.

[Translation]

AIR TRANSPORTATION

Ms. Élaine Michaud (Portneuf—Jacques-Cartier, NDP): Mr. Speaker, the Minister of Transport is flip-flopping on the Neuville airport file. A few months ago, he said that it was a matter of provincial jurisdiction and that the federal government had nothing to do with it. Last week, he changed his tune. Four ministers in the Quebec National Assembly sent him a letter to express their concerns regarding the project, and the Minister of Transport told us that it is in fact a matter of exclusively federal jurisdiction. There is a flagrant lack of consistency here.

If he really takes this project seriously, why is he ignoring Quebec's concerns and refusing to consult the municipality and the people who oppose the plans for this airport?

Hon. Denis Lebel (Minister of Transport, Infrastructure and Communities and Minister of the Economic Development Agency of Canada for the Regions of Quebec, CPC): Mr. Speaker, I think the complexity of this issue is completely beyond the member's grasp. It is a very serious issue, and Supreme Court rulings have defined the jurisdictions and the approach in this area. No one is talking about an agreement signed between the municipality of Neuville and the developer. It was signed by mutual agreement. I was not the one who signed it. We have a protocol signed by the mayor and the developers. How does she explain the fact that no one is saying that?

• (1505)

THE BUDGET

* * *

Mr. Louis Plamondon (Bas-Richelieu—Nicolet—Bécancour, BQ): Mr. Speaker, first we had Davos, where the Prime Minister thought it was a good idea to reveal his government's priorities to our international partners before informing us here in the House or telling Canadians. Now, this past weekend, certain ministers treated some Conservative supporters to excerpts from the federal budget, which is not supposed to be presented until March 29. Such privileged information could be considered an unfair advantage, similar to insider trading.

Will it take an RCMP investigation, like the one conducted in 2005 on the leaks regarding the income trust policy, for the Conservatives to respect all voters and protect this privileged information?

[English]

Hon. Ted Menzies (Minister of State (Finance), CPC): Mr. Speaker, I will assure the hon. member that no such thing has happened. We are in the process of working on the budget.

My hon. colleague from the NDP very inappropriately pointed out that the Minister of Finance is not here with us today. I would ask him to stand in his place and apologize because we actually know what the finance minister is doing.

[Translation]

Mr. Dany Morin: Mr. Speaker, I rise today on a point of order. In the past few days, I have been accused twice by Conservative members of filibustering at the Standing Committee on Health, last

Routine Proceedings

Thursday in particular. That is not true. It is not my fault if the chair of the Standing Committee on Health did a bad job of planning the 11 minutes provided for discussing the motion on—

The Speaker: Order, please. This is not a point of order, but rather a matter of debate. If the member has something else to add, he may do so during the next question period.

The hon. member for Montmagny—L'Islet—Kamouraska— Rivière-du-Loup on a point of order.

Mr. François Lapointe: Mr. Speaker, on a number of occasions the Minister of Transport has taken the liberty of stating that my colleague from Portneuf—Jacques-Cartier is incapable of understanding an issue. Based on the number of evasive answers from those opposite, which might reflect an inability to understand an issue, we would—

The Speaker: Order. That is not a valid point of order.

ROUTINE PROCEEDINGS

[English]

GOVERNMENT RESPONSE TO PETITIONS

Mr. Tom Lukiwski (Parliamentary Secretary to the Leader of the Government in the House of Commons, CPC): Mr. Speaker, pursuant to Standing Order 36(8), I have the honour to table, in both official languages, the government's responses to 13 petitions.

PROTECTING AIR SERVICE ACT

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Hon. Lisa Raitt (Minister of Labour, CPC) moved for leave to introduce Bill C-33, An Act to provide for the continuation and resumption of air service operations.

(Motions deemed adopted, bill read the first time and printed)

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COMMITTEES OF THE HOUSE

PROCEDURE AND HOUSE AFFAIRS

Mr. Joe Preston (Elgin—Middlesex—London, CPC): Mr. Speaker, I have the honour to present, in both official languages, the 16th report of the Standing Committee on Procedure and House Affairs.

The committee advises that pursuant to Standing Order 91.1(2), the Subcommittee on Private Members' Business met to consider the items added to the order of precedence as a result of the replenishment on Thursday, February 16, 2012, and recommended that the items listed in the report which it has determined should not be designated non-votable be considered by the House.

• (1510)

[Translation]

The Speaker: Pursuant to Standing Order 91.1(2), this report is deemed concurred in.

Routine Proceedings

(Motion agreed to)

[English]

JUSTICE AND HUMAN RIGHTS

Mr. Dave MacKenzie (Oxford, CPC): Mr. Speaker, I have the honour to present, in both official languages, the fifth report of the Standing Committee on Justice and Human Rights in relation to Bill C-26, An Act to amend the Criminal Code (citizen's arrest and the defences of property and persons).

The committee has studied the bill and has decided to report the bill back to the House with amendments.

INTERNATIONAL TRADE

Hon. Rob Merrifield (Yellowhead, CPC): Mr. Speaker, I have the honour to present, in both official languages, the first report of the Standing Committee on International Trade in relation to the study of the comprehensive economic trade agreement with the European Union.

This agreement would allow us to capitalize on a population of 500 million, a third of the world's GDP. This would be the most comprehensive free trade agreement, if passed, in both of our respective jurisdictions. It is much more comprehensive than NAFTA. A witness told committee that this agreement would add \$1,000 per year to the average Canadian household.

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

* * *

PETITIONS

ABORTION

Mr. Merv Tweed (Brandon—Souris, CPC): Mr. Speaker, I am pleased to present a petition from people from western Manitoba.

The petitioners note that Canada is the only nation in the western world, in the company of China and North Korea, without any laws restricting abortion. Therefore, they call upon the House of Commons and Parliament to assemble and speedily enact legislation that restricts abortion to the greatest extent possible.

[Translation]

SENIORS

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, I have two petitions to present.

The first petition is signed by 99 people from my riding of Acadie —Bathurst, who are asking the government to maintain funding for old age security and to make the necessary investments to enhance GIS benefits to lift every senior out of poverty.

PUBLIC SERVICES

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, the second petition comes to us from people in the Atlantic provinces and Quebec. I am pleased to present a petition containing over 4,575 names calling on the government to reverse plans to cut jobs and public services by \$4 billion; to maintain and improve federal public services to all Canadians; and to reverse corporate tax cuts as a cost-effective way to reduce the deficit.

The petitioners believe that public services are a major contributor to the security and prosperity of our families and communities. Cuts to services undermine our safety, our health and our environment and reduce families' spending power, hurting the economy.

[English]

MULTIPLE SCLEROSIS

Hon. Ralph Goodale (Wascana, Lib.): Mr. Speaker, I have a petition to file today signed by a number of people across a broad swath of central Saskatchewan, including the great constituency of Regina—Qu'Appelle, who are expressing their concern about chronic cerebrospinal venous insufficiency.

The petitioners call upon the Minister of Health to consult experts who have practical experience in dealing with CCSVI. They urge the minister to proceed with phase III clinical trials on an urgent basis. They also urge the minister to require follow-up of patients with Doppler ultrasound and clinical examinations in the period after their treatments, whether those treatments happen in Canada or abroad.

This is one of a long series of petitions from the Saskatchewan people expressing concern about this very difficult condition because one of the highest incidents of MS and CCSVI in Canada occurs in the province of Saskatchewan.

HUMAN TRAFFICKING

Mrs. Joy Smith (Kildonan—St. Paul, CPC): Mr. Speaker, I would like to present a number of petitions from people across Canada who are calling on our government to put forward a national action plan to combat human trafficking in our country. This was a national action plan that was announced during the last election. These people want to see that this is done.

HUMAN RIGHTS

Ms. Rathika Sitsabaiesan (Scarborough—Rouge River, NDP): Mr. Speaker, today I rise to present petitions on behalf of members of the greater Toronto area with respect to human rights in Sri Lanka.

We know the United Nations had a panel of experts who studied the conditions of what happened during the last phase of the war. There were credible allegations that war crimes and crimes against humanity took place on the island of Sri Lanka.

The petitioners call upon the Government of Canada to urge the United Nations to immediately establish an independent, international and impartial mechanism to ensure truth, accountability and justice in Sri Lanka.

• (1515)

THE ENVIRONMENT

Mr. Ted Hsu (Kingston and the Islands, Lib.): Mr. Speaker, I rise today to present a petition from the electors in Kingston and the Islands who call upon the Government of Canada to assume direct responsibility through Environment Canada for monitoring, in a long-term way, climate change in the Canadian Arctic and to make those data freely available to interested researchers.

Polar Environment Atmospheric Research Laboratory and getting long-term data from measurements like that will be very important for understanding what will happen to the Arctic when climate change occurs. We know that the Arctic will be most affected and, if we want to have sovereignty over the Arctic, we should be understanding of what is happening up there.

I believe the government would support this because the Minister of the Environment once stood up in question period and said, "Our government believes that what gets measured gets done." I hope the government will commit to measuring the effects of climate change in the Arctic.

ABORTION

Hon. Rob Merrifield (Yellowhead, CPC): Mr. Speaker, I have four petitions from the riding of Yellowhead.

The petitioners recognize that the Supreme Court said that Parliament was responsible for enacting abortion legislation. They request that the House of Commons enacts legislation as fast as possible to restrict abortion to the greatest extent possible.

TELECOMMUNICATIONS

Mr. Andrew Cash (Davenport, NDP): Mr. Speaker, recently the Minister of Public Safety stood in his place and declared that those who do not agree with the government's lawful access legislation are standing with child pornographers.

That is what the minister is saying to the people in my riding who signed this petition expressing their grave concerns over the Conservative government's online spying bill.

Putting aside the minister's insult, not just to the people of my riding but to people right across the country who are concerned about the bill, the folks who signed this petition did so because they believe that the fundamental underpinnings of a democratic society is the protection of privacy—

Mr. David Sweet: Mr. Speaker, I rise on a point of order. I understand that this is the time for petitions but it was my understanding, procedurally, that members were not supposed to speak for or against a petition. It is my understanding that the member has clearly taken a position on this, which is against the Standing Orders.

The Speaker: I would encourage the hon. member for Davenport to provide a brief summary of the petitions that he is presenting. We could then accommodate more members who wish to present petitions.

Mr. Andrew Cash: Mr. Speaker, the people of Davenport have grave concerns about the government's lawful access legislation, in particular the underpinnings of a democratic society or the protection of civil liberties and privacy.

That is what the petitioners are concerned about and that is what I present, respectfully, to the House today.

INCOME TAX ACT

Mr. Russ Hiebert (South Surrey—White Rock—Cloverdale, CPC): Mr. Speaker, it is a pleasure to rise and present a petition on behalf of the people of South Surrey—White Rock—Cloverdale.

Routine Proceedings

The petition states, in part, that one of the hallmarks of a stable and mature democracy is financial transparency and accountability, that the majority of Canadians believe that labour unions should be required to disclose how they spend their union dues, and that labour union financial transparency would allow Canadians to gauge the effectiveness and financial integrity and health of unions.

The petitioners ask that the House pass the disclosure legislation as quickly as possible.

BOTTLED WATER

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I rise this afternoon to present two petitions.

The first petition is on the subject of the use of bottled water in federal buildings and within the House of Commons. It comes from Canadians from coast to coast, from my riding of Saanich—Gulf Islands all the way to Ontario, and some from Quebec.

This is an issue that many Canadians are concerned about, both from the point of view of solid waste, the tapping of aquifers and the ongoing question of undermining our public services in potable and very high-quality tap water in Canada.

• (1520)

ABORIGINAL AFFAIRS

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, my second petition today is signed by people from an even wider variety of Canadian locations, Calgary, Toronto, Guelph, Hamilton and Saturna Island within my own riding.

The petitioners call upon the Government of Canada to cease and desist from promoting the northern gateway pipeline and, relevant to an exchange earlier in question period between the hon. member for Edmonton—Strathcona and the Minister of Aboriginal Affairs and Northern Development, calls on full, fair and proper consultations in respecting first nations' inherent rights.

ABORTION

Mr. Colin Mayes (Okanagan—Shuswap, CPC): Mr. Speaker, I wish to present three petitions on behalf of my constituents of Okanagan—Shuswap.

The 249 petitioners are calling upon Parliament to enact legislation to restrict abortion to the greatest extent possible.

* * *

QUESTIONS ON THE ORDER PAPER

Mr. Tom Lukiwski (Parliamentary Secretary to the Leader of the Government in the House of Commons, CPC): Mr. Speaker, Question No. 410 will be answered today.

[Text]

Question No. 410-Ms. Hélène Laverdière:

With regard to the Office of Religious Freedom: (a) when did the government decide to establish an Office of Religious Freedom and at whose request; (b) what is the mandate and the objectives of this office; (c) what is the budget breakdown of the office for (i) staff, (ii) programs, (iii) operations; (d) what is the reporting structure of the office; (e) what will the office produce; (f) how many people will be employed in this office and what will be their level; (g) what are the hiring criteria and salary levels for each person employed in this office: (h) how will this office work differently from other sections of the Department of Foreign Affairs and International Trade (DFAIT) already working on human rights issues; (i) who was consulted regarding the creation of the office, (i) when did the consultations take place, (ii) what are the names and affiliations of those who were consulted; (i) what are the names, positions, and religious affiliations of the guests who attended consultations on a new Office of Religious Freedom in October 2011, (i) how many people from religions including, but not limited to, Islam, Hinduism, Sikhism, Taoism, Buddhism were invited to the meeting, (ii) how were the panellists and participants chosen for the meeting with Minister Baird, (iii) who made the final decisions on panellists and participants chosen for the meeting, (iv) what discussions were held at DFAIT about inviting Amnesty International and why was this organization not invited; and (k) who are the employees responsible for the development of the Office of Religious Freedom within (i) the PMO, (ii) the Foreign Affairs Minister's Office, (iii) other Ministers' offices, (iv) DFAIT, (v) other government departments?

Hon. John Baird (Minister of Foreign Affairs, CPC): Mr. Speaker, the promotion and protection of human rights is fundamental to Canada's foreign policy, and the Government of Canada believes strongly in the ability of all people to be free to practise their religion of choice. Canadians enjoy the rights and privileges that come with living in a free and democratic society in which human rights are respected. The government is also keenly aware of the struggles that religious minorities face around the world. During the Speech from the Throne on June 3, 2011, and again at the United Nations General Assembly, the Government of Canada committed to creating an office of religious freedom.

At this time, no formal announcement has been made and work is ongoing. It is expected that the office will focus on areas such as advocacy, analysis, policy development and programming related to protecting and advocating on behalf of religious minorities under threat; opposing religious hatred; and promoting Canadian values of pluralism and tolerance abroad. The budget for the office will be \$5 million per annum for the next 4 years. The government expects to have more to say about this important initiative shortly.

[English]

QUESTIONS PASSED AS ORDERS FOR RETURN

* * *

Mr. Tom Lukiwski (Parliamentary Secretary to the Leader of the Government in the House of Commons, CPC): Mr. Speaker, if Question No. 409 could be made an order for return, this return would also be tabled immediately.

The Speaker: Is that agreed?

Some hon. members: Agreed.

[Text]

Question No. 409-Ms. Hélène Laverdière:

With regard to Ben Ali family members living in Canada: (*a*) what are the names of Ben Ali family members currently residing in Canada and for each individual, what is (i) their immigration or refuge status, (ii) the nature of their assets; (*b*) what actions has the government taken to freeze the assets of Ben Ali family members, including the Trabelsi and El Materi families, (i) what are the names of people whose

assets have been or will be frozen, (ii) for each person, what is the nature and value of their assets, (iii) on what date were the assets frozen, (iv) if these assets were not frozen, why not and by what date will they be frozen; (c) will the government send assets seized from Ben Ali family members to the government of Tunisia; (d) on what day was Belhassen Trabelsi granted permanent residency in Canada, (i) how did he achieve permanent residency, (ii) were there any inconsistencies in Trabelsi's application for permanent residency, (iii) is the government currently investigating Trabelsi's status as a permanent resident and, if so, what are the preliminary conclusions of this investigation; (e) will the government extradite or deport members of the Ben Ali family from Canada; (f) since January 2011, what correspondence has the government had with Tunisian authorities with regard to Ben Ali family members in Canada, (i) what is the date and nature of the correspondence, (ii) what are the names of Canadian governmental officials involved in said correspondence, (iii) what response has the government sent to Tunisian authorities with regard to said correspondence; (g) what correspondence has the government received from the Tunisian community in Canada regarding the Ben Ali family and their assets, (i) what is the date and nature of the correspondence, (ii) what are the names of Canadian governmental officials involved in said correspondence, (iii) what response has the government sent to the Tunisian community in Canada in regards to said correspondence?

(Return tabled)

[English]

Mr. Tom Lukiwski: Mr. Speaker, I ask that the remaining questions be allowed to stand.

The Speaker: Is that agreed?

Some hon. members: Agreed.

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AIR SERVICE OPERATIONS LEGISLATION

NOTICE OF CLOSURE MOTION

Hon. Peter Van Loan (Leader of the Government in the House of Commons, CPC): Mr. Speaker, I give notice that with respect to the consideration of Government Business No. 10, at the next sitting, a minister of the Crown shall move, pursuant to Standing Order 57, that debate be not further adjourned.

GOVERNMENT ORDERS

[English]

PROTECTING CANADA'S IMMIGRATION SYSTEM ACT

BILL C-31-TIME ALLOCATION MOTION

Hon. Peter Van Loan (Leader of the Government in the House of Commons, CPC) moved:

That in relation to C-31, An Act to amend the Immigration and Refugee Protection Act, the Balanced Refugee Reform Act, the Marine Transportation Security Act and the Department of Citizenship and Immigration Act, not more than four further sitting days after the day on which this order is adopted shall be allotted to the consideration of the second reading stage of the bill, and that, fifteen minutes before the expiry of the time provided for government orders on the fourth day so allotted to the consideration of the second reading stage of the said bill, any proceedings before the House shall be interrupted, if required for the purpose of this order and, in turn, every question necessary for the disposal of the said stage of the bill shall be put forthwith and successively, without further debate or amendment.

Mr. Speaker, I might add that will mean there will have been debate on this particular bill on six different days.

The Speaker: There will now be a 30-minute question period. I would ask members wishing to ask questions to keep their comments to about one minute and the minister to keep his responses to a similar length of time so that we accommodate as many members as possible. As has been done in the past, the Chair will give preference to members of the opposition respecting the principle of question period. Members of the government will be allowed to put questions but members of the opposition will be given preference in the rotation.

The hon. member for Windsor-Tecumseh.

Mr. Joe Comartin (Windsor—Tecumseh, NDP): Mr. Speaker, the government has moved 17 time allocation and closure motions since it got its majority and this is now number 18.

Every time we do this, we set an all-time record in the history of this country and this Parliament going all the way back to 1867. The closest any government came to it was the Liberal government in the 2000 to 20404 time period and that Parliament sat for an even longer period of time before it set the record.

How can one possibly continue to justify it when the provinces do not do it and England, Australia and New Zealand do not do it? Those all have parliaments similar to ours. Whether it is on this immigration bill or on any number of bills where the government has applied the motion, how does the government possibly justify it and then still claim that we will continue to be a democracy?

• (1525)

Hon. Jason Kenney (Minister of Citizenship, Immigration and Multiculturalism, CPC): Mr. Speaker, we are a democracy because the government derives its mandate from the people as expressed in a general election. The government is ultimately accountable to the people for its actions, including its management of its legislative agenda.

In that respect, it is a democracy, for example, because our government made a platform commitment to pass at all stages and bring into law the various provisions of criminal justice reform included in Bill C-10 within 100 sitting days. That was an undertaking to the Canadian people, for which, in part, this government received a mandate.

Similarly, we made a very important election commitment to Canadians to take strong legislative action with the adoption of antihuman smuggling legislation, which is incorporated into the bill before this place, Bill C-31.

Furthermore, we have made commitments to Canadians to bring in fundamental reforms to our broken asylum system, which are also incorporated in this bill.

What we are seeking to do through this motion is to keep our trust with Canadians by adopting these measures, as opposed to listening to endless filibusters from the opposition, which, effectively, would preclude our ability to improve the asylum system. We must make these reforms before June 29 due to a coming into force provision included in legislation passed in June 2010.

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, that is quite a shameful answer for the minister to provide.

Government Orders

The minister tries to give the impression that because the Conservatives received a majority government mandate, they have the authority to look and reflect on every brochure that was published during that election and say that because it was in a brochure they have the authority to limit debate and prevent members of the opposition or any member of this chamber from being able to participate in debate.

That is something truly unique. That is not democratic. That is a majority government that has gone awry. It believes it can use time allocation as a tool to get what it wants. That is anti-democratic.

My question is for the Minister of Citizenship, Immigration and Multiculturalism. I would rather have the House leader answer the question but I do not think he is available or able to answer the question. What is the hurry that he cannot even allow for 15 to 20 hours of healthy debate on such a major piece of legislation that would impact tens of thousands of people?

Hon. Jason Kenney: Mr. Speaker, there are several points.

First, when the party to which the member belongs was in government, it invoked closure and time allocation more frequently than had any government in history. Let us be clear. It would be very interesting if he should care to answer this question. Is it his position that a future Liberal government would never use time allocation in order to manage its legislative mandate? If that is his position, let him say so. Let him bind a future Liberal government to that undertaking in a way that no previous Liberal government ever has been.

Second, in terms of limiting debate and precluding members to speak to the legislation, that is nonsense. We are proposing having five full days of debate on this bill, which would permit dozens of members to give speeches and dozens more to ask questions and make comments before the bill even gets to committee for detailed review.

I would further point out that there were already dozens of hours of debate on one-third of this bill, which is the human smuggling element, in this Parliament. There already has been fulsome debate on many of the provisions of the bill.

[Translation]

Ms. Christine Moore (Abitibi—Témiscamingue, NDP): Mr. Speaker, I would like to reiterate what my colleague said. He stated that time allocation motions in similar parliaments, like the British Parliament or the Australian Parliament, are used only very rarely, in situations where there is an urgent need to act or there is a threat to public health and safety. I find it hard to understand how this Parliament could have been faced with threats to public health and safety 18 times since we have been sitting, and that is not even a year.

I can give him an example. When we talk, as we are now doing, about the drug shortage we are experiencing, it seems to me that in this case, there actually is an urgent situation. There are lives at stake because of this problem.

I would like to know how he can compare a situation like a drug shortage, where there are lives at stake, to a time allocation motion for this bill. To me, that makes no sense. It eliminates the entire idea of the urgent need to act on a matter of public health and safety, as well as making the idea of the appropriate use of a time allocation motion meaningless.

• (1530)

Hon. Jason Kenney: Mr. Speaker, I thank the hon. member for raising examples of other jurisdictions that have the Westminster parliamentary system, including New Zealand, Australia and the United Kingdom. I think it is very important that we always keep these examples in mind because their standing orders provide for the ability to limit debate on bills by using various motions.

No parliament, no democratic chamber, can function if it is the intention of certain members to continue engaging in endless filibusters. That is the problem. Obviously, there must be a full debate in which all views are expressed, but ultimately, we have an obligation to Canadians to act on certain important issues and not to have endless debates. That is the question. It is a question of balance. Perhaps we should amend the standing orders of the House to adopt the process used in the United Kingdom and Australia, in order to strike a balance between the business of Canadians and open debate here in the House.

Mr. Marc-André Morin (Laurentides—Labelle, NDP): Mr. Speaker, the question I would like the minister to answer has to do with some aspects of Bill C-31 that raise some very serious concerns.

For instance, in Syria, there are between 400,000 and 500,000 Kurds who have no identification. The births of Kurdish children are not even registered. These people are going to wind up with no identity. When these people want to seek refuge in Canada—where we are supposed to be open to real immigrants and refugees who really need our help—are we going to tell them that if they come to Canada without any papers, without a passport, they will be thrown in prison until they can be identified, for perhaps up to five years?

Hon. Jason Kenney: Mr. Speaker, perhaps the hon. member does not fully understand Canada's asylum system. First of all, he is talking about refugees from Syria. I would remind the member that Canada will accept approximately 20,000 refugees who are living in Syria right now, particularly refugees who have fled Iraq and obtained UN refugee status under the convention.

We will accept about 4,000 refugees from Syria every year for five years. That is the biggest Syrian refugee resettlement program in the world. Our government is increasing the number of UN convention refugees by 20%. We already accept 10% of all of the world's resettled refugees. We are the global leader when it comes to protecting refugees.

As for asylum seekers, it does not really matter whether or not they have papers when they arrive. All asylum seekers will have access to the same process involving the Immigration and Refugee Board.

[English]

Mr. Marc Garneau (Westmount—Ville-Marie, Lib.): Mr. Speaker, the hon. minister gave the impression that when the Liberals had a majority back in the early 2000s, we were also big users of time allocation. Just to get the statistics right, over a four-

year period dealing with some 153 bills, we invoked time allocation about 10 times. The Conservative government has been in power as a majority for about 10 months and I believe this is going to be the 18th time that it has invoked time allocation.

Furthermore, if we look at when time allocation is moved, we would probably find that the Conservatives invoke time allocation after half as many hours as we would do when we were a majority government back in the early 2000s. They are not only doing it more often, but they are also in a big hurry to do it.

Why does the government have an obsession with ramming everything through without proper debate?

• (1535)

Hon. Jason Kenney: Mr. Speaker, I reject the premise of the question. To the contrary, many of the bills which have been the subject of time allocation in this Parliament were subject to enormous amounts of debate in the previous Parliament. One of the reasons Canadians elected a government with a stable majority mandate is that they were tired of important public priorities being endlessly stalled by pointless opposition filibusters.

I have been in the opposition. It is absolutely legitimate for opposition members on certain matters to express their dismay through such tactics as a filibuster on occasion. The problem is that in the previous Parliament and in this Parliament we have seen that kind of tactic used by opposition parties, especially the official opposition, to an extreme. Therefore, a platform commitment that Canadians have voted for, such as these efforts to combat human smuggling, would never be passed into law. They would never become law. We would never keep our commitment to Canadians. We would never have the legislative tools we need to stop human traffickers from targeting Canada were it not for the judicious use of the time allocation tool available through the Standing Orders.

[Translation]

Mr. Guy Caron (Rimouski-Neigette—Témiscouata—Les Basques, NDP): Mr. Speaker, with all due respect to the Minister of Immigration, we disagree on two definitions. The first has to do with democracy. To sum up what he said about democracy: Canadians go to the polls every four years to give a mandate to one party and that party can do whatever it wants.

I disagree. Democracy is what we do here. We each represent a constituency in Canada. I represent the people of Rimouski-Neigette —Témiscouata—Les Basques, who have given me a mandate, as a member of Parliament, to speak to bills introduced by the government. I want to do that, but the fact that the government systematically moves time allocation motions, even before the debate even begins in many cases, prevents us from fulfilling that role.

That leads me to the second definition that the minister and I disagree on: filibuster. How can the minister say that the opposition parties are going to filibuster before the debate has even started? What the minister is saying, in fact, is that a filibuster means hearing anything he does not want to hear or that he disagrees with.

In a debate as crucial as the one on Bill C-31 and on a number of others we have had before, why does the government impose time allocation even before the debate begins in earnest, assuming that there might be a filibuster later?

Hon. Jason Kenney: Mr. Speaker, quite the contrary. The hon. member is wrong because a number of measures in Bill C-31 were included in Bill C-4, which the current Parliament has debated for dozens of hours.

Indeed, we saw the official opposition's clear intention to filibuster in order to prevent the introduction at second reading of a motion to refer the bill to the standing committee. That was clear. The opposition members have already had dozens of hours to continue their filibuster on the measures to fight criminal networks that organize human smuggling.

We have to focus on the substance of the bill. It is very important for fighting criminal human smuggling networks. Human smuggling is a dangerous trade that kills thousands of innocent people every year. We have introduced reasonable measures to combat human trafficking.

• (1540)

[English]

Ms. Joyce Murray (Vancouver Quadra, Lib.): Mr. Speaker, after hearing some of the explanations from the minister on this closure motion, it strikes me that he is missing part of the job of being an elected representative. There is a sacred trust to support the general public's understanding of how our parliamentary process works, not to mislead on how it works.

For example, when there were repeated prorogations in order to avoid the consequences of the Conservative government's own actions, the Conservatives argued that other governments had prorogued. Yes, prorogation happens when the government's agenda is essentially completed, but it is not justified to prorogue in order to run away from a difficult situation.

By the same token, of course closure is used from time to time. The minister put a false choice in his question when asking a Liberal member to promise there would never be closure. That falsely implies that it is either done all the time or it is never done. This undermines people's real understanding of how our political process works.

I would like the minister to clarify that there are times when closure is appropriate, but not the way it is being used unilaterally, 18 times in the short time of this Parliament.

Hon. Jason Kenney: Mr. Speaker, first of all, I hear implicit in that question an acknowledgement from the hon. member, which I appreciate, that time allocation is a legitimate tool in managing legislative business. I think what she is questioning is under what circumstances it is used. She suggested it ought not to be used unilaterally. I would submit that by definition, it is the government that has the responsibility for moving forward a legislative mandate and government orders which must trigger and vote in favour of time allocation when it is used, as was the case under the previous Liberal government and would be the case under any future Liberal government.

Government Orders

On the substance of this, let me clear. In the last Parliament we had dozens of hours of debate on the human smuggling provisions now found in Bill C-31. Canadians were frustrated that the opposition refused to allow those measures to be adopted into law. We had an election. The Conservative Party made legislation to combat human smuggling a key priority in its platform. We had television advertisements on it. The Prime Minister spoke about it across the country. That constituted part of the democratic mandate that we received.

Then we brought in Bill C-4. We had dozens of hours of debate on that bill and faced another opposition filibuster. Now we have included those measures in Bill C-31 and we know perfectly well what will continue if we do not use time allocation.

Just in this Parliament already we have had 18 hours of debate on the human smuggling provisions, 73 speeches and, I would submit, probably more in the previous Parliament. There has been already more than ample debate on these measures. It is time for us as a Parliament to act to combat human smuggling and to keep our commitment to Canadians to do it.

[Translation]

Ms. Christine Moore (Abitibi—**Témiscamingue, NDP):** Mr. Speaker, I would like to repeat my earlier comment because I do not think that the minister gave a satisfactory answer. There are legitimate reasons to move a time allocation motion. As I explained, such motions are to be used when dealing with threats to the health or safety of Canadians, situations in which deaths are imminent or could occur within days if Parliament does not intervene immediately. That is not the case here. The example I gave was the drug shortage, which really is an emergency situation.

Does the minister agree that using time allocation for any number of other reasons is completely ridiculous? Such motions are to be used only in an emergency, so, does this demonstrate lack of respect for the rules and practices of Parliament? Should such motions be used only when there is an immediate threat to the health and safety of Canadians? What does my colleague think?

• (1545)

Hon. Jason Kenney: Mr. Speaker, I do not agree. When a bill is important and is part of the commitments that our party made to voters, we have to study it for a certain time in committee, then move on to the final vote. The opposition is trying to prevent the committee from studying the bill and prevent the final vote. The opposition is trying to prevent the government from keeping its promises. We have made promises.

Bill C-31 is urgent because it concerns people's safety. Every year, thousands of people around the world die during human smuggling. As we have seen in the news, human smuggling rings are trying to organize long, dangerous trips to Canada from Africa's west coast. We are going to need these tools soon.

[English]

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I would like to thank the hon. minister for making himself available for half an hour to discuss why we should not be limiting debate on a bill of this importance.

I would like to ask the hon. minister if he does not think that a bill of this magnitude and importance would be improved by ensuring that when we bring forward sweeping changes to refugee and immigration law, the government has the support of those people most intimately involved and most knowledgeable? I refer to groups like the Canadian Association of Refugee Lawyers and the Canadian Bar Association. We should have legislation which we are sure would meet any charter challenge before we pass it.

Hon. Jason Kenney: Mr. Speaker, I appreciate the member's contribution to debates in this place, but I could not disagree with her more strongly on this particular point.

There is a widespread consensus that the current asylum system is dysfunctional. Yet there are certain discrete special interests, including the so-called refugee lawyers association, that are the core special interests who want to protect the status quo. They are opposed to any meaningful reform. Frankly, any model of refugee reform that that organization supported would continue the dysfunction of the asylum system.

What we are proposing in C-31 goes above and beyond our legal and humanitarian obligations under both the Charter of Rights and Freedoms and the UN convention on refugees. It proposes an asylum system that would be universally accessible and that would respect absolutely our obligation of non-refoulement of people deemed to be in need of our protection. It would provide access to a full and fair hearing at an independent quasi-judicial body, which again goes above and beyond our charter and UN convention obligations. It would create for the first time a full and fact-based appeal at the refugee appeal division, accessible to the vast majority of failed asylum claimants who lose at the first instance.

This is something that I think any reasonable person could support. However, we will not allow ourselves to be blocked from meaningful reform, to provide protection to real refugees by the special interests who have helped to create the problems in the first place.

Mr. Matthew Kellway (Beaches—East York, NDP): Mr. Speaker, I am very disappointed to see the government invoking time allocation for the 18th time in the very short life of this Parliament.

More than that, I am a bit dizzy watching the minister flip-flop back and forth on this issue of the value of debate in this House. There was a time, it seems, when the minister did not use filibuster and debate in this House as synonyms. I go back to the debate around Bill C-11. The minister is on record and I would like to quote his comments about the development of Bill C-11. He said in June 2010: I would like to hear from the minister how he reconciles those comments made in June 2010 with his support for time allocation today.

• (1550)

Hon. Jason Kenney: Mr. Speaker, yes, we are pleased with the outcome of the Balanced Refugee Reform Act in the previous Parliament. We continue to be proud of the work done by all parliamentarians.

However, I make no bones about the fact that the ultimate outcome was not optimal in terms of protecting the integrity of Canada's immigration system. Since the adoption of that bill, we have seen a huge and growing wave of unfounded asylum claims coming particularly from the European Union. It is bizarre to see a situation where now, since the adoption of that bill two years ago, we are getting more asylum claims from the European Union than we do from Africa or Asia.

I think any sensible person would say that is bizarre, particularly given that virtually none of the European asylum claimants even bother to show up at their hearing. Virtually all of them, of their own volition, abandon or withdraw their own claims. However, almost 100% of the claimants show up at the initial interview that is required in order to get the status document to qualify for welfare and other social benefits.

This is a huge gaping hole in the integrity and fairness of our immigration system. it is the responsibility of Parliament to act. Yes, to debate it, but ultimately to act.

We have already had 100 speeches on the human smuggling provisions included in Bill C-31. That clearly indicates the intention of the opposition to continue an endless filibuster.

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, the government is trying to say it does not want any more members of Parliament to debate Bill C-31. It will allow for two or three or whatever number works, but there is a limit. It is trying to prevent members of Parliament from debating the bill.

The minister tries to justify it by saying we have had endless debate on human smuggling over the last year. The minister is fully aware that Bill C-4 is non-existent now. Bill C-31 not only replaces it, but it adds a whole new aspect to the bill.

It is an issue of affording MPs the opportunity to debate. This is something this new Conservative majority government has refused to do 18 times. This is but one example. The government killed the Canadian Wheat Board, with which I know the minister is familiar, using time allocation.

My question is why is the government, time and time again, resorts to time allocation as a way to prevent legitimate, honest debate inside the House of Commons, thereby stealing the voices of Canadians—

The Acting Speaker (Mr. Barry Devolin): The hon. minister.

Hon. Jason Kenney: In fact, Mr. Speaker, we are proposing five days of debate at second reading, a fulsome opportunity for members to participate. This is in addition to 73 speeches in this Parliament on many of the major provisions of the bill, and 27 speeches in the previous Parliament.

I am pleased to report that the proposed reforms in the original version of Bill C-11 received widespread support. However, many concerns were raised in good faith by parliamentarians and others concerned about Canada's asylum system. We have, in good faith, agreed to significant amendments that reflect their input, resulting in a stronger piece of legislation that is a monumental achievement for all involved.

This never typifies the problem. I remember appearing at the Standing Committee on Citizenship and Immigration a few months ago. The hon, member used his entire five minute allotment for questions to complain about not having enough time to ask questions. That is precisely the problem.

Yes, Canadians want debate, as I do in this place, but they want debate to lead to meaningful action. This government has a commitment to Canadians to stop the human smuggling and to protect our asylum system. We must act in that respect.

[Translation]

The Acting Speaker (Mr. Barry Devolin): The member for Richmond—Arthabaska for one last question.

Mr. André Bellavance (Richmond—Arthabaska, BQ): Mr. Speaker, we now know how this government operates. To this government, winning a majority spelled the end of debates and the beginning of installing its ideology. It figured it had four to four and a half years to pass everything it was unable to pass when it had a minority. We know that.

Now, the public is suffering the consequences. Workers are seeing their rights violated. We see what the government did with Air Canada. It has gotten to the point where special legislation is introduced before there is even a dispute. That is pretty bad; it is unheard of.

I imagine this government will never cease to amaze us, even if, here in Parliament, we are less and less surprised.

My question for the minister is quite simple. He was the one who ensured that the opposition parties and his government could manage to work together to draft a bill on refugees, namely Bill C-11, that was acceptable to everyone. Then he simply decided to scrap the whole thing and come up with Bill C-31.

He accuses the opposition of wanting to stall, but why did the government not reintroduce Bill C-11? Everyone agreed on it and there would have been no systematic obstruction.

• (1555)

Hon. Jason Kenney: Mr. Speaker, again, one of the important commitments we made was to take action against human smugglers. That was a promise we made before the last election. We debated this issue for days. The opposition prevented the adoption of legislative measures to combat human smuggling.

We renewed this commitment during the election campaign. We were elected on a mandate to take action on this and we introduced Bill C-4, which was again blocked by the opposition's stalling tactics. At some point, after dozens of speeches, we have to put words into action and allow the committee to study at length the legislative measures we are proposing to combat human smuggling. [*English*]

The Acting Speaker (Mr. Barry Devolin): The time for questions has expired.

The question is on the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

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Some hon. members: No.

The Acting Speaker (Mr. Barry Devolin): All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Acting Speaker (Mr. Barry Devolin): All those opposed will please say nay.

Some hon. members: Nay.

The Acting Speaker (Mr. Barry Devolin): In my opinion the yeas have it.

And five or more members having risen:

The Acting Speaker (Mr. Barry Devolin): Call in the members. • (1635)

[Translation]

Ablonczy

Adler

Albas

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

(Division No. 152)

YEAS Members Adams Aglukkaq Albrecht Allen (Tobia Ambler Anders

Allen (Tobique-Mactaquac) Alexander Allison Ambrose Anderson Armstrong Ashfield Aspin Baird Bateman Benoit Bezan Blaney Block Braid Boughen Brown (Leeds-Grenville) Breitkreuz Brown (Newmarket-Aurora) Brown (Barrie) Bruinooge Butt Calandra Calkins Cannan Carmichael Carrie Chisu Chong Clarke Clemen Daniel Davidson Dechert Del Mastro Dreeshen Duncan (Vancouver Island North) Dykstra Findlay (Delta-Richmond East) Fantino Finley (Haldimand-Norfolk) Galipeau Gallant Gill Goguen Glover Goodyear Gosal Grewal Gourde Harris (Cariboo-Prince George) Hayes Hiebert Hillyer Hoback Hoeppner Holder James Jean Kamp (Pitt Meadows-Maple Ridge-Mission) Keddy (South Shore-St. Margaret's) Kenney (Calgary Southeast) Kent Kerr Komarnicki Kramp (Prince Edward-Hastings) Lake Lauzon Lebel Leef Lemieux Leitch Leung Lizon Lobb Lukiwski MacKay (Central Nova) Lunnev MacKenzie Mayes McLeod McColeman Menegakis Menzies Merrifield Miller

Moore (Port Moody-Westwood-Port Coquitlam) Moore (Fundy Royal) Nicholson O'Connor Oda Paradis Penashu Preston Rajotte Reid Richards Rickford Saxton Shea Shorv Sopuck Stanton Strahl Tilson Toews Truppe Uppal Van Kesteren Vellacott Warawa Watson Wilks Wong Yelich Young (Vancouver South)

Allen (Welland) Angus Aubin Bélanger Bennett Bevington Blanchette-Lamothe Boulerice Brahmi Brosseau Caron Cash Chicoine Chow Cleary Comartin Cotler Cuzner Dion Donnelly Dubé Dusseault Eyking Freeman Garneau Genest-Jourdain Godin Gravelle Harris (St. John's East) Hsu Jacob Kellway Lapointe Latendresse LeBlanc (Beauséjour) Leslie MacAulay Marston May McKay (Scarborough-Guildwood) Moore (Abitibi-Témiscamingue) Morin (Notre-Dame-de-Grâce-Lachine) Murray Nicholls Pacetti Patry Perreault Plamondon Rae

Norlock Obhrai Opitz Pavne Poilievre Raitt Rathgeber Rempel Richardson Ritz Schellenberger Shipley Smith Sorenson Storseth Sweet Toet Trost Tweed Valcourt Van Loan Wallace Warkentin Weston (Saint John) Williamson Woodworth Young (Oakville) Zimmer- 152 NAYS Members Andrews Atamanenko Ayala Bellavance Benskin Blanchette Borg Boutin-Sweet Brison Byrne Casey

Charlton

Chisholm

Côté

Day Dionne Labelle

Easter

Foote

Genest

Giguère

Goodale

Groguhé

Hassainia

Lamoureux

Laverdière

Mathyssen

McCallum

Michaud

Nantel

Papillon

Péclet

Pilon

Ouach

Rafferty

Nunez-Melo

LeBlanc (LaSalle-Émard)

Morin (Chicoutimi-Le Fjord)

Morin (Laurentides-Labelle)

Hughes

Julian

Larose

Liu

Mai

Fry

Crowder

Christopherson Coderre

Doré Lefebvre

Duncan (Edmonton-Strathcona)

Ravignat	Raynault
Regan	Rousseau
Saganash	Sandhu
Scarpaleggia	Sellah
Sgro sor)	Simms (Bonavista-Gander-Grand Falls-Wind-
Sims (Newton-North Delta)	Sitsabaiesan
St-Denis	Stewart
Sullivan	Thibeault
Toone	Tremblay
Turmel	Valeriote- — 118

Nil

The Acting Speaker (Mr. Barry Devolin): I declare the motion carried.

PAIRED

The member for Random-Burin-St. George's on a point of order.

[English]

Ms. Judy Foote: Mr. Speaker, the member for Wellington— Halton Hills arrived after the government whip had taken his seat, so his vote should not be counted.

Hon. Gordon O'Connor: Mr. Speaker, a week or two ago I clarified what the rules were. After I sit down, there may be a gap of time, but the key point is when the Chair says the motion. The Chair did not say the motion and therefore he can vote.

Hon. Michael Chong: Mr. Speaker, my understanding of the rules is that as long as members are in their seats before the Speaker gets up to read the motion that is being put, all is in order. I am surprised the whip for the Liberal Party was not aware of these rules that had been clarified only recently in the House.

The Acting Speaker (Mr. Barry Devolin): I specifically recall that the hon. member for Wellington—Halton Hills had taken his seat before I rose from mine. I believe that clarifies the matter.

* *

• (1640)

[Translation]

PROTECTING CANADA'S IMMIGRATION SYSTEM ACT

The House resumed from March 6 consideration of the motion that Bill C-31, An Act to amend the Immigration and Refugee Protection Act, the Balanced Refugee Reform Act, the Marine Transportation Security Act and the Department of Citizenship and Immigration Act, be read the second time and referred to a committee, and of the amendment.

The Acting Speaker (Mr. Barry Devolin): Resuming debate. The hon. member for Laurentides—Labelle has five minutes.

Mr. Marc-André Morin (Laurentides—Labelle, NDP): Mr. Speaker, earlier, I asked the minister a question and he did not really give me an answer.

I am wondering what will happen to refugees who arrive at our borders in some very specific cases. In general, I find that Canada's international reputation has suffered greatly. We have always been regarded as a progressive country that is open to people from all over the world who need our help. Our reputation is being greatly compromised. We have become a host country for the brothers-inlaw of dictators who come and buy luxury mansions in our posh neighbourhoods, in Montreal, for instance. Construction companies are going to build prisons in Libya and others will provide electricity to a corrupt regime in Syria. We are losing ground all along the line.

What are we going to say to Kurdish refugees who come from Syria without papers? Are we going to invite them to stay, saying that we have safe housing with bars on the windows and that they can stay there for at least a year, and maybe up to five years? I did not really like the minister's response.

These are the questions that are raised by such a shoddy bill. This bill affects so many aspects of our international reputation that we have to wonder if we will ever re-establish it. And, of course, there are also the Canadian security firms, or security firms operated by Canadians, who help fleeing dictators by taking care of logistics for them.

We are wondering where the government is going with our international policy in general. Bill C-31 sends a very bad message. Soon we will be the laughingstock of the world.

[English]

Mr. Chungsen Leung (Parliamentary Secretary for Multiculturalism, CPC): Mr. Speaker, I wish to share my time with my colleague the member for Richmond Hill.

It is with great pleasure that I rise to speak today in support of Bill C-31, the protecting Canada's immigration system act. Bill C-31 would restore integrity to our asylum system by making Canada's refugee determination process faster and fairer, resulting in faster protection for legitimate refugees and faster removal of bogus claimants.

Canada has a well-deserved international reputation for having the most generous and fair immigration system in the world. Canada provides protection to more than one in ten refugees resettled each year worldwide, more than any other developed country in the world. However, the fact is that Canada's asylum system is vulnerable to abuse.

There are countless stories in the media on almost a daily basis about bogus refugees, serious criminals, and those who have committed crimes against humanity who are trying to take advantage of Canada's generous asylum system. This abuse wastes limited resources on bogus claims while legitimate refugees have to wait in a queue behind them. It also undermines public confidence in our immigration system.

Canadians are generous and welcoming but we have no tolerance for those who refuse to play by the rules and abuse our generosity. The current flawed refugee system has made Canada a target for those who are all too happy to take unfair advantage of us. As a result, too many taxpayer dollars are being spent on people who are not fleeing genuine persecution, but seek to exploit Canada's

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generous asylum system to receive lucrative taxpayer-funded health care, welfare and other social benefits.

The facts speak for themselves. For example, in 2011 Canada received more refugee claims from the democratic and human rights-respecting countries of the European Union than from Africa or Asia. Last year alone, a quarter of all refugee claims were made by European Union nationals.

Once these bogus claimants land in Canada most of them are eligible for a generous range of taxpayer-funded social services and benefits within days of arrival. They can then receive benefits for years as they wait for their refugee claims to be heard under the current slow system.

Virtually all of the refugee claims by Europeans are eventually withdrawn, abandoned or rejected. In fact, in many cases, the refugee claimants themselves eventually decide to return to their country of alleged persecution. These claims are, by any definition, bogus. These bogus refugee claims from Europe cost Canadian taxpayers more than \$170 million per year.

Bill C-31 includes three sections, all of which are aimed at improving the integrity of Canada's immigration system.

First, the bill includes further refugee reform. While the Balanced Refugee Reform Act that was passed in 2010 was a much needed improvement, it did not go far enough to ensure that our refugee system was working as effectively as possible. For example, Bill C-31 would allow the government to designate countries that are not generally refugee producing, such as those in the European Union. Claims from these countries would be processed on average in 45 days compared to more than a thousand days under the current system. It is baffling to most people that the current system takes on average more than a thousand days to hear a claim, but it is the unfortunate truth.

Second, the bill includes provisions from Bill C-4, the preventing human smugglers from abusing Canada's immigration system act. These provisions include an increase in penalties for those who organize human smuggling events and the provisions aim to discourage anyone from using the services of human smugglers to come to Canada. It is important to note that there is one important difference: Bill C-31 includes an exemption from detention of minors under the age of 16.

I want to be clear, because there is a lot of intentional misinformation being spread about the detention aspects of the human smuggling provisions. Once the identity of a claimant has been established and a refugee claim is approved, which would be within a few months under the bill in many cases, individuals will be released.

Through the human smuggling provisions, our government is sending a clear message that our doors are open to those who play by the rules, including legitimate refugees, but we will crack down on those who endanger human lives and threaten the integrity of our borders. Human smuggling is a despicable crime and Canadians think it is unacceptable for criminals to abuse Canada's immigration system for financial gain.

• (1645)

Finally, Bill C-31 would provide the government with the authority to collect biometric data, in this case fingerprints and photographs, from visa applicants who want to enter Canada. Biometric data are much more reliable and less prone to forgery or theft. Implementing biometrics will strengthen immigration screening, enhance security, and help reduce identity fraud. It will prevent known criminals, failed refugee claimants and previous deportees from using a false identity to obtain a Canadian visa. It will also bring Canada's system in line with many other industrialized countries such as the U.K., the European Union, Australia, the United States and Japan.

Canadians have given our Conservative government a strong mandate to improve Canada's immigration system. Taken together, the measures included in Bill C-31 will help our government to put a stop to those who seek to abuse our generosity. The bill will save Canadian taxpayers \$1.65 billion over five years. It will provide protect to genuine refugees in a more timely manner while allowing us to remove more quickly the bogus claimants who cheat the system and abuse our generosity. That is in the best interests of Canada and of genuine refugees.

The NDP is against this bill and has now made that much clearer. Unfortunately, its members even tried to kill this bill before any substantive debate was allowed to happen or it be studied at committee. That is more proof that they are more interested in playing games than working with the government to move forward with important pieces of legislation reflecting the priorities of Canadians.

Yet interestingly enough, when asked about Bill C-31, the member for Vancouver Kingsway, the opposition critic, had this to say:

Well, I think what we need to do is build a system that has a fast and fair determination process. And that's something that I'll give [the] Minister...credit for. I do think that's what his intention has been all along. And we all want to work towards that. We don't want endless dragging on of this stuff because refugees, when they come here, you know, they do qualify for basic sustenance...it is at the cost of the Canadian taxpayer.

So we do have an interest in making sure there's a quick determination that's correct and fair and get these people into our communities, working and being productive taxpaying members of our society if they're bona fide refugees.

We want a fast, fair system where we can give a sanctuary to people who need it quickly and we can weed out the people who don't have valid claims, get them through a fair process. And if they're not valid at the end of the day, deport them out of Canada swiftly.

I agree with that statement by the NDP immigration critic, which is exactly what Bill C-31 aims to do. This is why I call on all members of the House to work with our government in the best interests of Canadians and support Bill C-31, the protecting Canada's immigration system act, and ensure its speedy passage through the House.

• (1650)

Mr. Mike Sullivan (York South—Weston, NDP): Mr. Speaker, at the beginning of his speech, the member said that the current asylum system was open to abuse. While that statement may be true, the bill leaves a different kind of opening for abuse available to the government. I refer specifically to the ability of the Minister of Citizenship, Immigration and Multiculturalism to actually determine

which countries are safe or not, without reference to any third party, without reference whatsoever to a panel of experts, which was the agreement between all parties in the last Parliament. They had agreed that this would be an appropriate way to avoid abuse of the system.

The types of abuse we can name are the following. Countries could be placed on a safe list for foreign policy considerations, even though they are not safe. If a different minister or the Prime Minister decided that he wanted to put a country on a safe list for foreign policy considerations, we may end up being able to turn down refugees.

I would like the member to say how we can avoid this kind of possible abuse under this new legislation.

Mr. Chungsen Leung: Mr. Speaker, that is absolutely false. There is no such unilateral power on the part of the Minister of Citizenship, Immigration and Multiculturalism. The minister will take advice in consultation with Foreign Affairs and from our posts overseas, and he will certainly consult with experts in this area before making those decisions.

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, let us be perfectly clear on this: The minister under this legislation is taking the responsibility upon himself to say that he as minister will determine henceforth who is going to be on the safe country list. Before that, it was going to be an advisory group that would provide the recommendation. The advisory group would be made up of professionals, individuals and different stakeholders, to ensure that the right countries would be on the safe country list.

Why does the government need to have the sole discretion to determine who should be going on the safe country list and who should not when the advisory panel, which at one time the minister favoured, has now been thrown out the window?

Mr. Chungsen Leung: Mr. Speaker, we all know the common saying that a decision made by committee is like camel designed from a horse with a hump on it. I think if we go through that process it would take a long time to make these decisions.

In the regulations the minister has a very transparent process whereby he consults with professionals and other departments related to our overall foreign affairs relationships to determine where these safe countries are.

• (1655)

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, this bill has a number of aspects that are likely to be found in violation of the Charter of Rights, particularly the section allowing detention without access to counsel for up to one year for any group of people coming to Canada designated by the minister, without criteria, as an irregular entry. I find that the most egregious section, but there is much in this very complex bill that is worrying.

There are very tight timelines for people arriving here to make a decision and to file within 15 days their appeal and to find a lawyer. There is unrealistic pressure on people coming to our shores, including the requirement that people be put in detention up to one full year without access to counsel.

Would the hon. parliamentary secretary explain how this would pass a charter challenge?

Mr. Chungsen Leung: Mr. Speaker, I do not agree with the premise of that question. Anyone who comes to this country and is landed would be given the full treatment under the charter in recognition of their refugee claim. Whether they are detained or not, I think it is grossly unfair to have them wait over thousand days before we process their refugee claims. I think 35 days is much more humane and fair. It would certainly be a swift removal so that they would know exactly where they stood with respect to their refugee claim.

Mr. Costas Menegakis (Richmond Hill, CPC): Mr. Speaker, I am pleased to have this opportunity to speak in support of Bill C-31, protecting Canada's immigration system act. It is legislation that will improve this country's immigration system in a number of very important ways. Immigration is central in our country's history to our prosperity, our international reputation, our generosity and humanitarianism, and our great success as a nation.

In so many ways Canada is a country that was built by immigrants. Since Canada's earliest days, we have opened our doors to millions of newcomers from everywhere in the world. They have helped to make Canada the peaceful, free and diverse country that it is today.

My family is one of those families that came here as immigrants. My mother, Panagiota Bissas, and my father, John Menegakis, came in the mid-1950s, 1956 and 1957 to be specific. My parents were given every opportunity and are excellent examples of how people from all over the world have come here and have built families and certainly have contributed to our beautiful nation.

Whether those newcomers are pursuing economic opportunities, seeking to unite with family members, or looking for security and stability or asylum, Canada has long been a destination of choice for people around the world.

The Government of Canada recognizes the importance of immigration. That is evident in all of its actions and policies. Since 2006 the government has had the highest sustained level of immigration in nearly a century. In fact, since 2006, the Conservative government has welcomed an average of 254,000 people per year. This is a 13% increase over the level of immigration under the previous Liberal government.

We have also continued to strengthen and support our generous refugee system, which is an important expression of Canada's compassion and humanitarian convictions and of our international commitments. Canada remains one of the top countries in the world to welcome refugees. In fact, we welcome more refugees per capita than any other G20 country. Because our government understands the importance of the immigration system to Canada's future, we also understand the importance of remaining vigilant about keeping that system functioning in our national interest. To do so, we must always be prepared to make improvements to the system according to changing circumstances and identified shortcomings. Indeed, a dynamic country such as Canada requires dynamic and flexible immigration policies that adapt to the times.

It is the government's responsibility to ensure that we have a strong, effective and efficient immigration system. That is why I am very pleased to be speaking today about legislation that is designed to fulfill exactly that responsibility.

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Bill C-31, protecting Canada's immigration system act, aims to strengthen Canada's immigration system in three very specific ways. It will further build on the long-needed reforms to the asylum system that were passed in Parliament in June 2010 as part of the Balanced Refugee Reform Act. It will also allow Canadian authorities to better crack down on the lucrative business of human smuggling by integrating measures which the government previously introduced in the preventing human smugglers from abusing Canada's immigration system act. It will enable the introduction of biometric technology for screening visa applicants which will strengthen our immigration program in a number of ways.

I mentioned earlier the fact that our refugee system is among the most generous in the world and that Canada admits more refugees on a per capita basis than almost any other country. That is certainly true, but when there is a system in place as generous as Canada's, it is particularly important to guard against the abuse of that system and our generosity.

• (1700)

Indeed, for too many years our refugee system has been abused by too many people making unfounded claims. Our system has become overwhelmed by a significant backlog of cases. More recently we have grown more and more concerned about a notable upsurge in refugee claims originating in countries that we would not normally expect to produce refugees. This is adding to the backlog.

I was certainly surprised to learn that Canada receives more asylum claims from countries in Europe than from either Africa or Asia. Last year alone, almost one-quarter of all refugee claims to Canada were from European Union nationals. Let us think about that. European Union countries have strong human rights and democratic systems similar to those in Canada, yet they produced one-quarter of all the refugee claims to this country in 2011. That is up 14% from the previous year.

It can take up to four and one-half years from an initial claim to remove a failed refugee claimant from our country. Some cases have taken more than 10 years. The result is an overburdened system and a waste of taxpayers' money. For too long we have spent precious time and taxpayers' money on people who are not in need of protection at the expense of legitimate asylum seekers.

In recent years virtually all EU claims were withdrawn, abandoned or rejected. That means the unfounded claims from the 5,800 European Union nationals who sought asylum last year to Canada cost Canadian taxpayers an astounding \$170 million.

Many members of the House will remember that back in June 2010 we passed the Balanced Refugee Reform Act. The act contains long-needed improvements that will result in faster decisions and quicker removal of those failed claimants who do not need our protection. However, it has become clear that gaps remain and that further reforms are certainly needed. We need stronger measures that are closer to the original bill we introduced in March 2010.

The measures of Bill C-31, the protecting Canada's immigration system act, will build upon the reforms passed in 2010. These new measures will further accelerate the processing of refugee claims for nationals from designated countries that generally do not produce refugees. It will reduce the options available to failed claimants to delay their removal from Canada. As well, with this new legislation we expect that taxpayers will save about \$1.65 billion in just five years.

An Edmonton Journal editorial stated:

Given the financial stress placed on our system by those numbers, there has to be a more efficient, cost-effective means of weeding out the bogus claimants from Europe and elsewhere. Simply put, we cannot continue to give everyone the benefit of the doubt when it costs that much money and taxes our social systems unduly to do so.

[Bill C-31] is a tough, no-nonsense document that speeds up the review process and takes much of the financial burden off the Canadian taxpayer...Bill C-31 is worth supporting.

Martin Regg Cohn of the Toronto Star said:

I do think our refugee system is, if not quite broken, under a tremendous amount of stress. The acceptance rates for some of these countries—Hungary, Czechoslovakia before a visa restriction was imposed—are one, or two, or three per cent. So it's a tremendous burden on a system that really I don't think we have that much to apologize for.

So I think there is a lot of public policy behind this....I think this might put the system more or less on a better, stronger footing for genuine refugees.

In conclusion, these measures will help prevent abuse of the system and will ensure that our refugee determination process works more effectively. This will definitely be accomplished while maintaining the fairness of the system and without compromising any of Canada's international and domestic obligations with respect to refugees.

• (1705)

I urge all members of the House to support this important bill which will make important reforms to strengthen Canada's asylum system, something which is desperately needed and on which the previous Liberal government refused to act.

* * *

BUSINESS OF THE HOUSE

Mr. Chris Warkentin (Peace River, CPC): Mr. Speaker, I believe you will find support from all parties for the following motion. I move:

That, notwithstanding any Standing Order or usual practices of the House, during the debate tonight pursuant to Standing Order 52, no quorum calls, dilatory motions or requests for unanimous consent shall be received by the Chair.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, my office has been consulted by the Conservative Party on this motion. I do not wish to block the motion. I see that all the other parties are in favour. I gather this is more or less a routine procedure with respect to emergency debates to have a motion that says all parties consent that we really do not have to be here. I find it unfortunate, but I certainly will not block it.

The Acting Speaker (Mr. Barry Devolin): The Chair appreciates the point raised by the member for Saanich—Gulf Islands.

Does the hon. member for Peace River have the unanimous consent of the House to move the motion?

Some hon. members: Agreed.

The Acting Speaker (Mr. Barry Devolin): The House has heard the terms of the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

(Motion agreed to)

PROTECTING CANADA'S IMMIGRATION SYSTEM ACT

The House resumed consideration of the motion that Bill C-31, An Act to amend the Immigration and Refugee Protection Act, the Balanced Refugee Reform Act, the Marine Transportation Security Act and the Department of Citizenship and Immigration Act, be read the second time and referred to a committee, and of the amendment.

Ms. Rathika Sitsabaiesan (Scarborough—Rouge River, NDP): Mr. Speaker, my colleague serves with me on the citizenship and immigration committee.

The Standing Committee on Citizenship and Immigration has been tasked with studying biometrics as an option for immigration, monitoring entry into and exit from the country, and yet before the committee has even finished the study and produced a report, the government is saying that this is going to become legislation. Does the government not respect the standing committees that are established in this Parliament?

Mr. Costas Menegakis: Mr. Speaker, I do not necessarily accept the conclusion which the hon. member has come to, that the government does not respect the wish of the committee.

Certainly this legislation is the framework which gives the minister and the ministry the opportunity to pursue the good work they do to ensure that our borders are secure at all times. I know that the minister is waiting with much anticipation for the results of our very important study. We are studying the issue of security and biometrics, which will give an additional tool to officials to ensure that those who are seeking to come to Canada are indeed the people they claim to be, and that they are good, law-abiding citizens in the countries from which they come.

• (1710)

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, I wonder if the member could comment on the component where the minister can say that someone is an irregular arrival. He is referring more to arrivals by boat, but it also applies to individuals who would land at any of our airports.

Someone who is labelled as an irregular arrival could be detained for up to a year. After that detention there would be a five-year waiting period before the person would be able to sponsor someone. A 26-year-old man who has left a country where his life was threatened and has managed to escape that country would be waiting years. It would be five or six years before he could even put in an application to sponsor someone, his child, for example, which could then take another five or six years. His six-year-old child would be 17 or 18 years old by the time the child arrived here.

I wonder if the member could comment in terms of the fairness of that aspect of the legislation.

Mr. Costas Menegakis: Mr. Speaker, let us talk about fairness. Without question, Canada has the most fair and generous immigration system in the world. However, Canadians, and we are hearing this every day in our ridings, have no tolerance for those who would abuse our generosity and would take unfair advantage of our country.

At some point we have to have a balance. We must take action to crack down on the abuse. Our government is committed to strengthening the integrity of Canada's immigration system.

Hon. Lynne Yelich (Minister of State (Western Economic Diversification), CPC): Mr. Speaker, one of the changes that has been made to the bill from the previous human smuggling bill is the detaining of children under the age of 16.

Could the member comment on that specific change and how it strengthens the bill?

Mr. Costas Menegakis: Mr. Speaker, the protecting Canada's immigration system act will make our refugee system faster and fairer for everyone. It will put a stop to foreign criminals, human smugglers and bogus refugees abusing our generous immigration system and receiving lucrative taxpayer-funded health and social benefits.

At the same time, the bill will provide protection more quickly to those who are truly in need.

Ms. Rathika Sitsabaiesan (Scarborough—Rouge River, NDP): Mr. Speaker, I will be sharing my time with the member for Beaches —East York.

I rise today to add my strongest objection to Bill C-31, the Protecting Canada's Immigration System act. I find it ironic that the bill would be given this title. It would do anything but protect our immigration system. In fact, the bill would set out to dismantle our immigration system, damaging it legally, socially, morally and internationally. I find the omnibus nature of the bill very disturbing.

This particular bill groups together two major pieces of legislation, Bill C-4, the Preventing Human Smugglers from Abusing Canada's Immigration System act, and C-11, the Balanced Refugee Reform act from the last Parliament. Then it introduces the mandatory collection of biometrics for temporary residents. These are three major issues that deserve adequate attention and debate.

I have already stood in the House and expressed my strong objection to C-4, yet components of the bill reappear here in C-31. The bill would attack refugees rather than human smugglers. By placing an overwhelming amount of power in the hands of the minister, the bill would allow the minister to designate a group of refugees as an irregular arrival. If the minister believed, for example, that examination for establishing identity could not be conducted in a timely manner, or if it were suspected that the people were being smuggled for profit, or a criminal organization or terrorist group was involved in the smuggling, designated claimants would then be subjected to a number of rules. They would be mandatorily detained on arrival, or on designation by the minister, with no review by the Immigration and Refugee Board for their detention for a year. Release would only be possible if they were found to be true refugees. If the Immigration and Refugee Board ordered their release within a year, even then the Immigration and Refugee Board could

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not release people if the government said their identities had not been established, or if the minister decided that there were exceptional circumstances.

Decisions on claims by designated persons could not be appealed to the Refugee Appeal Division. A designated person could not make humanitarian and compassionate applications. A designated claimant could not apply for permanent residency for five years. If the person failed to comply with the conditions or reporting requirements, that five year suspension could be extended to six years.

This raises a number of concerns. First, this is extremely discriminatory as it would create two classes of refugee claimants: real refugees and designated claimants. This is possibly a violation of the Canadian Charter of Human Rights and Freedoms' equality rights, as well as the refugee convention, which prohibits states from imposing penalties on refugees for illegal entry or presence.

Second, detention without review is a clear violation of the charter rights. The Supreme Court already struck down mandatory detention without review on security certificates. This legislation would imply indefinite detention on the basis of identity with no possibility of release until the minister decided that identity had been established. Arbitrary detention is also a violation of a number of international treaties.

Third, designated persons would have no access to the Refugee Appeal Division. This means that these claimants would not have the right to an appeal, thereby removing any system of checks and balances.

Additionally, the mandatory five year delay in applying for permanent residency would further delay the family reunification process, forcing claimants to wait eight to ten years to be reunited with their spouse or child living overseas. Last, this legislation would create an undue barrier for humanitarian and compassionate claims. I am extremely concerned with the idea that the minister could name someone a designated claimant based on irregular arrival with no explanation of what constitutes an irregular arrival.

If we look at the history of the legislation of this nature, introduced by this government, we can see that it has glaring resemblances to Bill C-49 in the last Parliament.

• (1715)

Bill C-49 was hastily drafted by the government when Canadians witnessed the spectre of boats coming to the shores of British Columbia, carrying some of the most damaged and wounded people on earth. These were people fleeing, as the minister has rightly pointed out, one of the worst civil wars in the world, in Sri Lanka. Never ones to pass off a good photo op, the Minister of Citizenship, Immigration and Multiculturalism and the Minister of Public Safety were in British Columbia, holding news conferences where they publicly accused the people on these boats of being bogus refugees, harbouring terrorists and trying to jump the immigration queues. They called these people "queue jumpers".

I find this extremely confusing. The government seems to be speaking out of both sides of its mouth. On one hand, we have the Minister of Foreign Affairs referring to the Sri Lankan civil war as a great atrocity where numerous war crimes and crimes against humanity were committed. On the other hand, we have the Minister of Citizenship, Immigration and Multiculturalism and the Minister of Public Safety accusing people fleeing this very violence of being bogus. This is completely absurd. Which one is it?

Some of the refugee claimants and the refugees who arrived on the MV *Sun Sea* now live in my riding of Scarborough—Rouge River. Many of them have told me stories of their trip to Canada and their arrival in British Columbia. Many of them had UNHCR refugee cards. Upon their arrival, the people who greeted them gathered all of their refugee cards. When there was not the same number of cards as people, all the people aboard were told that they had not presented adequate identification and documentation when they came. Regardless of whether they had refugee cards, they were all detained. Thankfully, many of these people have now been released, but some are still in detention. Some of these people who had refugee cards are still being detained.

I am going to go back to the idea of an irregular arrival. This concept is not defined in this legislation. Based on the history of this bill, it is easy to jump to the conclusion that irregular arrival means arrival by boat. This bill is essentially saying that people who arrive in an irregular fashion, or by boat, are not refugees but rather are criminals. This bill is saying that people who wish to flee war, conflict or persecution but do not have the means to pay for a plane ticket so instead risk their lives by throwing themselves onto a rickety cargo boat and spending months crossing an ocean are not real refugees. No, the government is saying they are criminals. They are not real asylum seekers. They are not really fleeing a horrible situation, leaving behind their homes, livelihood and families with hopes of creating a better life here in Canada. No, these people are criminals. This is what this bill and the government are telling us.

Furthermore, if they fail to provide adequate identification, they can be detained without review. Most refugees who come to Canada do not have documentation, regardless of which process is used to enter the country. When people flee their home nation, they leave everything behind. How can we expect people who have left a wartorn country to carry valid identification? This concept of queue jumping, as the minister likes to say, is completely bogus. These people still must go through the same immigration process as any other immigrant to Canada. When people are fleeing persecution or war, they cannot be called queue jumpers. For refugees, there is no queue to jump. There is no lineup for people who are in serious danger; people living through a civil war; or people being persecuted because of their gender, religion, sexual orientation, et cetera. When people's lives or the lives of their families are called into question, there is no line. These people must leave their country immediately. Once they are safely here in Canada, they must joint the same queue as everyone else who wants to gain some sort of status in our country.

The second part of this bill comprises of Bill C-11, from the last Parliament, and the calling of safe countries. In the 40th Parliament, after a lot of work and compromises, Bill C-11 passed this House with all-party support. It was scheduled to come into effect this spring. However, before the legislation that was passed by this House could even have a chance to come into effect, the members opposite have including the original legislation, Bill C-11, excluding any part of the amendments that were accepted by all parties, in this current omnibus bill. The government has not even given the original Bill C-11 from the last Parliament a chance to work.

• (1720)

The Conservatives are using fear-mongering and fear tactics to scare the current immigrants in Canada and current Canadians. They are pitting Canadians against immigrants and new immigrants against other newer immigrants. This type of fear tactics is absolutely wrong.

[Translation]

Mr. Robert Aubin (Trois-Rivières, NDP): Mr. Speaker, I would like to thank the hon. member for her informed and enlightening speech.

When I was a teacher, I often told my students that it is impossible to find a simple solution to a complex problem. However, I get the impression that this has become the Conservatives' speciality. They present everything to us in black and white as though it were possible to cut right down the middle and say that there is a good side and a bad, black and white, when, in reality, life is full of grey areas to which we need to learn to adapt.

Is this bill not just another example of a black and white view of a problem? I would like the hon. member to provide some clarification in this regard.

[English]

Ms. Rathika Sitsabaiesan: Mr. Speaker, my colleague is absolutely right. The immigration system in Canada is very complex. Just saying that we are going to put a whole bunch of legislation together, that we are stopping debate on it and not letting the democratic process run itself out, that we are just going to make safe countries, that we are going to stop people who are coming by boat because there are fake refugees in our country and that we are going to now ignore the parliamentary processes that have been established by ignoring the committee and the work that the citizenship and immigration committee is going to be doing, or is doing, is absolutely another example of the government's black and white easy fix to every problem, "Let's just rewrite the law, because that's what we do".

• (1725)

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, I want to pick up on the point to which the member just made reference. I, too, sit on the citizenship and immigration committee. We are spending thousands of tax dollars to do a study on biometrics.

Like her, I was surprised that the government introduced a bill with regard to it. We are still in the midst of a study. I would argue that the minister is, once again, undermining the work of the citizenship and immigration committee.

Could she be clear and succinct on the point of the minister undermining the efforts of the committee?

Ms. Rathika Sitsabaiesan: Mr. Speaker, I absolutely agree with my colleague from Winnipeg. The minister is clearly undermining the processes of the citizenship and immigration committee. The committee has been tasked with the job of looking into whether biometrics would be a good way to go for the government and for our country to protect the safety and security of our borders. Yet, instead of waiting for the committee to hear expert witnesses and feedback from Canadians and then waiting for the report from the committee, the minister just goes ahead and says that he has made the decision and that he does not care what the committee says.

Once again, he is going ahead, undermining the committee and not respecting Parliament and the processes that we have in Parliament.

Mr. Rick Dykstra (Parliamentary Secretary to the Minister of Citizenship and Immigration, CPC): Mr. Speaker, I certainly appreciate the speech and the questions and answers between my colleagues who sit on the immigration committee. However, I want to tell members I have a completely different perspective on this, and that is the question I would like to put to the member.

We just completed a report on backlogs. One of the first things the minister did was listen to what we had said about the whole issue around super visas for parents and grandparents to come to this country in a much quicker manner. The committee made the recommendation. The committee discussed this for a number of weeks. The minister made the decision even before the committee had finished the work. There is not a minister who is listening more closely to his committee and to the reports that are coming forward than the Minister of Citizenship, Immigration and Multiculturalism.

Let me also point out that there is backlog upon backlog in the refugee system, an average of 55,000 per file. I would like to know why the member and her party will not support a process that would quicken this and ensure that refugees, true refugees, come to our country in the appropriate time and appropriate manner.

Ms. Rathika Sitsabaiesan: Mr. Speaker, it is funny that the day after the minister came to the committee, when we were contemplating looking at the possibility of super visas, he then went off and made an announcement. Was it suggested at the committee because he was ready to make an announcement?

The same thing happened here. A committee is looking at the potential of biometrics, but it has not even decided if biometrics is a good way to go. We are still listening to experts from Canada and around the world who are providing us with their expertise. The

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committee has not even made a report, yet the minister has already made his decision as to what he will do.

This is not a minister who waits for the report and study to come from a committee before making his decisions. This is a minister who makes decisions and then makes a suggestion to the committee that it should study this. It is really the opposite of what the parliamentary secretary is saying.

Mr. Matthew Kellway (Beaches—East York, NDP): Mr. Speaker, as yet another member of the citizenship and immigration committee, I am pleased to stand and talk to Bill C-31, although I am disappointed to have to do so under time allocation.

Bill C-11 of the previous Parliament, which Bill C-31 seeks to replace, is due to come into effect in June 2012, a mere three months from now. Bill C-11 was a product of a minority Parliament, but according to the minister, it was also the product of good faith, something that should guide the way that all Parliaments, minority and majority alike, function.

The minister told Canadians that he listened to all the speeches on Bill C-11 and that:

During the debates and consultations, the government took constructive criticism into account and recognized the need to work together with the opposition to design a bill that reflected the parliamentary consensus.

What emerged from this approach to developing legislation, according to the minister himself, was "a stronger piece of legislation...a bill that is both faster and fairer than the bill as it was originally tabled".

That progress, that monumental achievement for all involved, as the minister once described Bill C-11, is now about to revert to the slower, less fair, weaker piece of legislation in the form of Bill C-31 and the collective wisdom that informed Bill C-11 all but erased. What is left is a bill characterized by a terrible irony.

This is a bill that is meant to set out how to treat people who have fled their country of origin on the basis of persecution or fear of persecution on grounds that are protected by human rights laws and convention. Yet this is a bill that is dismissive, if not actually contemptuous of the rights and freedoms that Canadians and citizens of many other countries around the world feel are fundamental.

The Canadian Charter of Rights and Freedom, for example, is not reflected in the bill. Bill C-31 carries over from Bill C-4 the power of the minister to create a second, or in the terms of the bill, a "designated" class of refugee that face mandatory detention upon arrival. Such detention in the absence of good reason and sound process clashes with section 7 of our charter, which provides for the right to life, liberty and security of the person.

Further, group detention of refugees implies the detention of individuals without specific assessment and therefore grounds. Such arbitrary detention raises a violation of section 9 of our charter, and that is the right not to be arbitrarily detained or imprisoned.

The fact that there is no review of the detention for at least 12 months raises further issues. Section 10 of the charter requires that everyone arrested or detained has the right to be informed promptly of the reasons therefore, retain and instruct counsel and to be informed of that right, to have the validity of the detention determined within 48 hours and to be released if the detention is not lawful.

These are not the rights and freedoms of Canadians alone. They are what we call "human rights" and we consider them to be inalienable. In the language of our charter, they "belong to everyone".

Long before our charter, we were signatories to the Charter of the United Nations. As a signatory to the UN charter, we reaffirmed our "faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small..."

What follows is our signature on a number of United Nations declarations and conventions and our participation in that organization all for the purpose of putting these beliefs into practice. Most relevant to today's debate is the International Bill of Human Rights, the Convention and Protocol relating to the Status of Refugees and the Convention on the Rights of the Child. Today I would like to focus on the latter and the treatment of children under Bill C-31.

Bill C-31, as we know, reintroduces Bill C-4 to the House with some minor changes. One of those changes is with respect to the treatment of children in that Bill C-31 does not commit children to detention, but nor does it say what becomes of the kids who arrive in a group that the minister declares irregular.

• (1730)

International declarations with respect to the rights of the child go back almost a century. Over this time, what has remained constant in the successive iterations of such rights and the recognition that: children embody human rights; that they are entitled to special safeguards, care and assistance, including appropriate legal protection; that, "for the full and harmonious development of the child", they should grow up in a family environment.

And finally, and therefore:

...the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance....

Such consideration and commitments to children and their families who form part of an irregular arrival are nowhere to be found in Bill C-31.

Interestingly, and hopefully instructively, others have gone before us to measure the impacts of mandatory detention of child refugees against the Convention on the Rights of the Child.

Australia, as the government side will know, has a mandatory immigration detention system. It applies to children who arrive in Australia without a visa, so-called "unauthorized arrivals". The Australian Human Rights Commission studied the impacts of this system and concluded that this system breached the following convention provisions: article 37(b) and (d), which is to ensure that detention is a measure of last resort for the shortest period of time and subject to effective independent review; article 3.1, which is to ensure that the best interests of the child are of primary consideration in all actions concerning children; article 37(c), which is to ensure that children are treated with humanity and respect for their inherent dignity; and article 22.1, article 6.2 and article 39, which all protect the right of children to receive appropriate assistance, to ensure recovery from torture and trauma, to live in an environment which fosters health, self-respect and dignity, and to enjoy to the maximum extent possible their right to development.

It further found that children in immigration detention for long periods of time were at high risk of serious mental harm and that the failure of its country, Australia, to remove kids from the detention environment with their parents amounted to cruel, inhumane and degrading treatment of those children in detention.

In short, the commission recommended the release of children with their parents and that immigration detention laws be compliant with the convention and based on a presumption against the detention of children for immigration purposes.

I have taken this time to review the findings of the Australian Human Rights Commission because it is a cautionary tale. Australia has gone before us down this path of immigration detention and, if it were not already obvious, there is at least now laid at the feet of the government more than ample evidence to suggest that it proceed with the detention of children and their parents in full understanding that such action is in conflict with the Convention on the Rights of the Child and causes harm to children and their families.

It is, in part, I am sure, because for our historic commitment to human rights, that from time to time people end up on our shores seeking safe haven or asylum from persecution and yet Bill C-31 proposes to deny to others the very rights and freedoms that define this country for ourselves and in the international community and make us so proud to be citizens of it.

• (1735)

Hon. Lynne Yelich (Minister of State (Western Economic Diversification), CPC): Mr. Speaker, regarding exemptions, the bill does include an automatic exemption for the detention of minors under the age of 16 and adults 16 years and older would be released from detention as soon as they receive a positive opinion.

I would like the member to acknowledge that this has been addressed for the children who are detained.

Mr. Matthew Kellway: Mr. Speaker, the bill would not protect the unity of the family in these circumstances, with the detention, effectively incarceration, of parents. It is very unclear in fact that the separation of parents from their children who arrive together in what the minister deems unilaterally to be an irregular arrival.

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, under Bill C-11, which passed unanimously with the support of the Liberals, the New Democrats and the Conservatives, there was an advisory council that would ultimately determine and recommend to the minister what countries around the world would be designated as a safe country to be put on to a safe list.

Now the Minister of Citizenship, Immigration and Multiculturalism has changed his mind thinking he knows best and that he alone should be the one who makes the determination. Given the consequence of that particular designation, would he not agree that this is the wrong way of approaching the putting together of a safe country list and that the government should support an amendment that would be brought forward from the Liberal Party saying that it should be an advisory group, not the individual minister, that makes the determination of which country is a safe country?

• (1740)

Mr. Matthew Kellway: Mr. Speaker, I concur with the concerns of my friend from Winnipeg North. One of the hallmarks of the bill is the excessive powers that would be placed on or assumed by the minister himself. Without any disrespect to the minister, these are complicated issues and issues with respect to designated countries of origin should most certainly have the input of experts.

I remember not too long lots of noise coming out of the Conservative Party with respect to human rights abuses in China. Without commenting on the validity of those concerns, the government changed its tune on the issue of human rights, which, at one time, was a bar to trade with that country. Suddenly, China, without having changed its position with respect to human rights, became a friend .

There is clear evidence that such powers should not be assumed by the minister because they will be abused for partisan purposes.

Ms. Rathika Sitsabaiesan (Scarborough—Rouge River, NDP): Mr. Speaker, I want to follow up on a question asked by the Minister of State for Western Economic Diversification earlier.

I understand that the requirement for the mandatory detention of children has been removed. If the parents are mandatorily detained and are given the option of what to do with their children, most parents who have just fled from somewhere and are seeking asylum would want to keep their children close to ensure they are keeping them safe.

What is the government really trying to do with these children? Is the government saying that it will not mandatorily detain them but that it is really the parents who are putting their children in detention centres? Is the government just trying to pass the buck once again?

Mr. Matthew Kellway: Mr. Speaker, as a fellow member of the Standing Committee on Citizenship and Immigration, my colleague will be well aware of the testimony brought to that committee by experts in matters of immigration, particularly refugee matters.

It was an expert who brought our attention to the study done by the Australian Human Rights Commission on the effect of detention on children and separation from their parents. The impacts are quite alarming. The separation from family seems to be a clear contravention of the Convention on the Rights of the Child.

Mr. Ted Opitz (Etobicoke Centre, CPC): Mr. Speaker, I will be sharing my time today with the member for Mississauga—Brampton South.

I am happy to have the opportunity to speak to Bill C-31, protecting Canada's immigration system act. Canadians have given us a strong mandate to protect Canada's immigration system and we are acting on that mandate.

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Bill C-31 would make significant improvements for our refugee system. It would crack down on human smuggling and provide the government with the ability to collect biometric data from foreign visitors to Canada. This legislation would make Canada's refugee system faster and fairer. It would put a stop to the abuse of our generous immigration system while, at the same time, provide protection more quickly to those who are truly in need.

Bill C-31 is the latest step by our Conservative government to ensure that our immigration system is no longer being abused by foreign criminals, bogus refugee claimants and human smugglers.

Today, I will focus my remarks on the provisions included in this bill pertaining to biometrics.

Canadians from coast to coast to coast have told our government that the safety and security of their families is one of their top priorities. They want their government to pursue policies that keep criminals off the streets and foreign criminals out of the country. They should expect no less. Our Conservative government has listened and is doing exactly that. Bill C-31 would provide the government with the authority to collect biometrics, fingerprints and photographs from foreign nationals who want to enter Canada. Security experts from across the globe agree that fingerprints are one of the most effective ways to determine the true identity of an individual and to combat identity theft and fraud.

Biometrics would be an important new tool to help protect the safety and security of Canadians by reducing identity fraud and identity theft. As fraudsters become more sophisticated, biometrics would improve our ability to keep violent criminals and those who pose a threat to Canada out. In short, biometrics would strengthen the integrity of Canada's immigration system and help protect the safety and security of Canadians while helping to facilitate legitimate travel.

The use of biometrics would put Canada in line with most other western countries that are already using or preparing to use biometrics in immigration matters, countries including the United Kingdom, Australia, the European Union, New Zealand, the United States and Japan, among others. Unfortunately, there are countless examples of serious criminals, human smugglers, war criminals and suspected terrorists, among others, who have entered Canada in the past.

I want to provide the House and all Canadians with some real-life examples of cases that clearly demonstrate the need for biometrics to be implemented. For example, Esron Laing and David Wilson were convicted of armed robbery and forcible confinement. They returned to Canada three different times. In fact, they are known as the yo-yo bandits because, just like a yo-yo, they kept coming back. I know that three times seems like a high number but I am sad to say that many serious criminals are deported and manage to return Canada many more times than that.

Another example is Anthony Hakim Saunders who was convicted of assault and drug trafficking. He was deported on 10 different occasions and, just like the yo-yo bandits, he kept coming back. Edmund Ezemo was convicted of more than 30 charges, including theft and fraud. He was deported and then subsequently returned to Canada eight times. That is incredible. Dale Anthony Wyatt was convicted of trafficking drugs and possession of illegal weapons. He was deported and returned to Canada on at least four separate occasions. Kevin Michael Sawyers was convicted of manslaughter. He was deported and returned to Canada twice. Melando Yaphet Streety served a jail sentence in Canada after he was linked to four underage girls working in Toronto's sex trade. This criminal was deported and then returned to Canada within the same year. Once he returned to Canada, he continued his life of crime.

My final example is the case of a human smuggler from Iran who the IRB found has repeatedly engaged in the despicable crime of human smuggling. There really are few crimes lower than human smuggling. He was removed in 2007 after he arrived in Canada with a suitcase full of fraudulent identification in his briefcase. However, using false documents yet again, he managed to enter Canada a year later.

• (1745)

Unfortunately, this is only a small sample of the serious criminals entering and re-entering Canada. There are even cases in which serious criminals were able to re-enter Canada 15, 19, and even 21 times using false identities and documents. This absolutely has to stop.

Our officials are very highly trained and do their best to catch identity theft and fraud. However, fraudsters have become more sophisticated, and so have the documents they produce. Biometric data will go a long way to determining the true identity of criminals and preventing them from entering Canada in the first place.

After years of inaction by previous governments, our Conservative government is taking the prudent action required to end this. We will be unwavering in moving forward on the implementation of biometrics.

Unfortunately, we are moving forward without the support of the opposition. The NDP and the Liberals are opposing this bill and the authority to implement biometrics as an integral part of this bill. Not only do they not support the implementation of biometrics included in this bill, but the opposition also voted against the funding needed to put biometrics in place. In other words, the opposition NDP and the Liberals have repeatedly voted against our government putting a stop to serious criminals, like the ones I listed above, from entering Canada and living in neighbourhoods among their constituents, my constituents, and all Canadians who just want to protect their families from foreign criminals.

The opposition is on the wrong side of Canadians on the issue of biometrics. They are off-side with the numerous security experts and other stakeholders who have praised our government's decision to move forward with biometrics. For example, according to *The Globe and Mail*, the implementation of biometric identification such as fingerprints and photos for people who apply for visitor's visas is a "...welcome change [that] will guard against the use of false identities".

The Montreal Gazette had this to say:

The collection of biometric information is a sensible security precaution that will be a valuable tool in preventing people from slipping into the country with false identities.

On this side of the House we believe in facilitating the process for legitimate travellers and we have taken several steps toward that end. However, our government also takes seriously its responsibility to keep serious criminals, suspected terrorists, and war criminals, among others, out of Canada.

Canadians, including my constituents in Etobicoke Centre, have made it clear that they want us to take action to protect their safety and security. That is exactly what our Conservative government is doing with Bill C-31. Biometrics is one of the most effective ways to ensure that criminals can no longer use increasingly sophisticated false documents to enter Canada.

In short, biometrics will strengthen the integrity of Canada's immigration system. In fact, all of the changes included in Bill C-31, the protecting Canada's immigration system act, are aimed at deterring abuse of Canada's generous immigration and refugee system. With these proposed measures, the integrity of Canada's immigration programs and the safety and security of Canadians will be protected.

I urge all members of this House to stop and listen for a moment, to support this important bill and ensure its timely passage in this House.

• (1750)

Mr. Matthew Kellway (Beaches—East York, NDP): Mr. Speaker, from one member of the Standing Committee on Citizenship and Immigration, through you to another member, I would point out that we are currently engaged in a study at the committee on the very issue of biometrics. Lots of experts are coming to talk to us. It surprises me to see the member opposite giving such a hearty speech in support of biometrics. In my world, we would call that prejudice, the making of decisions and coming to some judgment about biometrics before we have even done the study and listened to the experts.

I am wondering, what does the member opposite actually think we are doing at the standing committee when we are actually studying, listening, and talking to experts on the issue of biometrics?

Mr. Ted Opitz: Mr. Speaker, it is not a prejudice to defend the safety and security of Canada and the families in our constituencies. It is an important role and responsibility our government has.

As the parliamentary secretary has said earlier on, that the minister listens, as he did in other matters involving the committee. He listened and acted early, especially on issues with visas. He is listening now as we go through committee and listen to experts talk about biometrics and securing our borders.

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, it is interesting that the member makes reference to the fact that biometrics would have resolved those horrendous or terrible crimes he talks about. Most Canadians, I think, would believe that refugees who had committed those type of crimes and were deported would have had their biometrics take already, such as fingerprints and live ID pictures. It is only after being in power for six years that the government has finally brought biometrics to the table. It bundled biometrics in with other aspects of legislation to which the opposition is opposed. Therefore, I question how genuine the member's belief is that the opposition is somehow supportive of these criminals when he knows full well that we are not. I would ask him to provide more clarity on that issue.

• (1755)

Mr. Ted Opitz: Mr. Speaker, I am not suggesting that the opposition is in league with criminals. However, I think they are short sighted in their opposition to this bill and because of that they will allow more criminals to enter Canada.

This government has a responsibility to respect all Canadians and their families from these types of criminals entering Canada and biometrics will be a significant feature in doing that.

This is a forward-thinking government. We act. We do not wait, and we get it done for Canadians.

Mr. Rick Dykstra (Parliamentary Secretary to the Minister of Citizenship and Immigration, CPC): Mr. Speaker, I want to compliment the member for his extremely well done speech. He serves the committee well and understands the file. I wanted to ask him a question from his riding's perspective.

We can come to the House of Commons and speak to particular issues and the impacts they have across the country, but this is really one of those issues that hit home time and time again in each of our ridings. The member deals with visas and permanent residency and refugee applications in his caseload, as well as the folks who come into his office to talk about those. I am wondering if he could allude to how much this bill would assist him from a local perspective in delivering local services to his constituents.

Mr. Ted Opitz: Mr. Speaker, I think biometrics would go a great length to help us solve a lot of the open files that we have and have seen in the past, not only in my riding but also in other members' ridings. It would eliminate the confusion that exists in some of these cases and files.

I think this is the right road and the right path for Canada and all Canadians.

Ms. Eve Adams (Parliamentary Secretary to the Minister of Veterans Affairs, CPC): Mr. Speaker, thank you for the opportunity to speak in the House today on Bill C-31, the protecting Canada's immigration system act. I congratulate my hon. colleague, the Minister of Citizenship, Immigration and Multiculturalism, for tabling this important legislation. I encourage all members of the House to join me in supporting Bill C-31 to ensure that it passes into law.

Canada has a proud humanitarian tradition of providing protection to those who need it. Every year of the roughly 20 countries that resettle refugees, Canada annually resettles between 10,000 and 12,000, or one out of every ten refugees resettled globally.

In fact, my father came to Canada as a refugee and today I find myself in this hallowed chamber because of Canada's generosity and compassion. My parents worked hard for years, raised a family and created jobs for Canadians. They were always grateful to Canada and proud of their new homeland.

Government Orders

There is no doubt that our government is committed to continuing this proud tradition of ours. That is why we will uphold Canada's previous commitments to resettle more refugees. By 2013, Canada will resettle up to 14,500 refugees, an increase of 2,500 refugees since 2010. That is an increase of 2,500 refugees.

Our generous immigration system is not only the envy of the world but also enjoys broad support among Canadians.

What concerns us is that in 2011, 62% of all claims were either rejected by the Immigration and Refugee Board of Canada or were abandoned or withdrawn by the claimants. Considering that this represented more than half of all asylum seekers last year, Canadians would agree that far too many taxpayer dollars are being spent on these claims. Indeed, for the average failed refugee claim, taxpayers are currently footing about \$55,000.

The bill is in the best interests of Canada and of genuine refugees themselves, but do not just take it from me. Listen to what the experts have to say. Immigration lawyer, Richard Kurland, called the Minister of Citizenship, and Immigration a "loophole closer". Kurland said:

Finally someone recognized that the open wallet approach of the past, offering free education, free medicare, and a welfare cheque to anyone who touched Canadian soil making a refugee claim was not the right thing to do. So I'm glad to see today that finally, after several years, someone has the political courage to take the political risk of saying, if you're from a European country and you can land in London or Paris or Berlin, fill out paperwork, and legally live there, work there, pay taxes there, you shouldn't be allowed to make a refugee claim in Canada. Buttress that with this reality check. Over 90 percent, and in some years 95 percent, of the target group, the Roma claimants, didn't even show up for their oral hearings. They rode on the taxpayer.

We were just taken for a ride by a lot of people for a long time. Today that loophole is dead, and I really hope the word gets out to the smuggler community and back to source countries to not try it.

Julie Taub, immigration lawyer and former member of the Immigration and Refugee Board, says:

I can tell you from theory and practice that the current refugee system is very flawed and cumbersome and definitely needs an overhaul. It takes up to two years to have a claimant have his hearing and there are far too many bogus claims that clog up the system and use very expensive resources at a cost to Canadian taxpayers.

Immigration lawyer, Mendel Green, in support of the government changes, says:

The system is being re-designed to stop the abuses.

Paul Attia, from Immigrants for Canada, says:

Immigrants for Canada (IFC) represents the views of countless immigrants across our nation who hold strongly to the view that Canadian immigration policy should always be in Canada's best interests. The immigrants IFC represents worked very hard—

-like my father and mother in fact-

—and sacrificed much to arrive on Canadian shores, and who chose to do so in an honest and legal way. Accordingly, these same immigrants welcome legislation that works to ensure that people who have no valid claim to our protection are not able to use the refugee determination system to obtain permanent residence in Canada.

• (1800)

Julie Chamagne, executive director of Halifax Refugee Clinic, says:

We don't want people coming here and taking advantage of Canada's immigration rules. And you know, that does hurt the legitimate claims and that's what [the Minister of Citizenship and Immigration] is saying.

Even the *Globe and Mail* applauded the government for bringing in needed refugee reform. It writes:

The legislation rightly focuses on weeding out claimants who are not genuine, and stemming the flow of asylum seekers from countries...that are democracies with respect for basic rights and freedoms.

These experts support our government's actions to create a refugee determination process which is both faster and fairer.

The facts speak for themselves. Legitimate refugees would have their case determined faster and would not have to wait in a queue, while bogus refugees took their spot.

In recent years, over 95% of European Union claims were withdrawn, abandoned or rejected. The total number of refugee claims from the E.U. in 2011 was 5,800. We received more refugee claims from the E.U. than from Asia and Africa, and it is a 14% increase over 2010. Something needs to be done. These numbers are just too dramatic and growing too quickly. The percentage of total refugee claims coming from the E.U. in 2011 was 23%, again more than came from Africa or Asia.

Canada's top source country for refugee claims was Hungary. The percentage of total refugee claims coming from Hungary in 2011 was 18%. My mother is Hungarian. The number of refugee claims from Hungary alone in 2011 was 4,400. That is up some 50% from 2010, a very dramatic increase. By comparison, in that same year, 2011, Belgium received only 188 claimants from Hungary, the U.S. received only 47 claimants from Hungary and France and Norway each received 33 claimants from Hungary. Therefore, for some reason, people are deciding to apply to Canada. I would suggest it is because we are being far too generous. The number of refugee claims made by Hungarian nationals in 2010 was 2,300.

One-quarter of all claims are coming not from war-torn countries ruled by tyrants and plagued by persecution, but instead from democratic European allies. If this trend continues, that means that the unfounded claims from the 5,800 E.U. nationals who sought asylum last year will cost Canadian taxpayers nearly \$170 million. Bogus refugee claimants do not only stop legitimate refugee claimants from gaining asylum, they also place a large burden on every taxpaying Canadian. We need to send a message to those who would abuse Canada's generous system that if they are not in need of legitimate protection, they will be sent home quickly.

In order to remove a failed refugee claimant from Canada, it still takes an average four and a half years from claim to removal and some removals have dragged out for more than a decade. While they are still in Canada, these failed claimants are eligible to receive social benefits. This contributes to their overall economic burden on Canadian taxpayers. At the end of the day, there is only one taxpayer, whether they are drawing social supports off the property tax bill, health and education supports off the provincial bills or from our federal tax coffers. For many years, Canada has spent far too much time, effort and money on failed refugee claimants who do not need our country's protection. This hurts those who very much do need our protection.

The refugee reform measures in Bill C-31 build on the reforms that were passed in the House in June 2010, as part of the Balanced Refugee Reform Act. These measures would help prevent abuse of the system and would help ensure that all of our refugee-determined processes would be as streamlined as possible. The reforms proposed in this bill will speed up the processes of both deciding on refugee claims and on removing failed claimants. The cost to taxpayers of bogus refugee payments from the E.U. alone is \$170 million per year. This bill would save an additional \$1.65 billion over five years in social assistance and education costs to our provinces. Hardworking Canadians need to see better use of their tax dollars. They cannot afford bogus refugees. We need to crack down on the illegal abuse, while still showing compassion to those who genuinely need our help.

• (1805)

Mr. Randall Garrison (Esquimalt—Juan de Fuca, NDP): Mr. Speaker, why does the hon. member, who spoke so passionately, think it takes four and a half years? It is not because of delays by refugees who are trying to establish their status and get reestablished in a new life after fleeing. It seems to me it is because of a lack of government resources dedicated to things like dealing with those claims and dealing fairly with some kind of an appeal process. Therefore, it is not the fault of the refugees, yet the bill also blames them.

The member talks about the Roma groups. She said that the government was going to cut off Hungary so Roma could not make claims. What about the gay or lesbian Roma who would like to make a claim? What about that person who might have a very legitimate fear of persecution and might have a very legitimate need for sanctuary in Canada? How will take care of that with a safe country list that cuts off entire countries?

Ms. Eve Adams: Mr. Speaker, if people are coming from a designated country, for instance, the Roma, they can still absolutely make an application and they still have a right of appeal to the Federal Court. Everybody can still make an application and everyone still has at least one level of appeal.

To answer the first question on why it takes four and a half years to ten years, it is because people are applying and appealing over and over. The facts speak for themselves. Ninety-five per cent of those people who are currently filing claims abandon their own claim. They are simply there as placeholder claims so they can avail themselves of our social services.

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, just over a year ago, the minister of immigration brought in Bill C-11 that, with the support of Liberals and New Democrats, ultimately passed. It was supposed to deal with the backlogs and streamline the system. The member even made reference to that bill.

Did the government mess up that badly that it had to reintroduce more legislation, when it did not implement the previous legislation even though it passed the House of Commons? Did that legislation not address the issues which, at one point in time, the minister of immigration told Canadians the bill would resolve the problems? It is like conceding the fact that the minister messed up the first time around. That is the way I think most people would interpret it.

• (1810)

Ms. Eve Adams: Mr. Speaker, the member's important question gives me the opportunity to clarify.

In fact, as my speech indicated, the number of bogus claims coming from EU countries is growing exponentially, so, clearly, even more needs to be done.

I would suggest that we are building on an already very successful foundation, but the time has come to continue to act. That is exactly what our minister of immigration is doing. He is taking very reasonable steps in order to address this very growing problem.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, the hon. parliamentary secretary and a number of members of the Conservative Party who have spoke to Bill C-31 have talked about the cost savings. I have yet to see anything about what it will cost to have the families that arrive in Canada. We know that the refugee claimants who are deemed to arrive by irregular entry are to be detained for up to a year; that is, men, women and children 16 and over. They are still children between 16 and 18 under international law. The children under 16, if we use what happened with the *Sun Sea* as an example, are likely to stay with their mother in incarceration.

What will all of that cost the Canadian economy and are the figures the Conservatives are using about cost savings netting out the costs of jailing refugee families?

Ms. Eve Adams: Mr. Speaker, I think people are trying to fearmonger by citing the one year. It is up to one year. Those who are under 16, as we have already said, will obviously be allowed to immediately vacate the area. Then as individuals are cleared and we are quite convinced that there is no security threat to our general public, they are allowed to vacate at that point.

The area I represent is just next to the Toronto international airport. It is to my area that many of these individuals are coming in and settling. I want to ensure that my residents are protected and safe and that we know the identify of the people who are coming to our country. That is a very reasonable thing to require.

Government Orders

Mr. Jasbir Sandhu (Surrey North, NDP): Mr. Speaker, I will be splitting my time.

I rise today to speak to Bill C-31, an act to amend the Immigration and Refugee Protection Act, the Balanced Refugee Reform Act, the Marine Transportation Security Act and the Department of Citizenship and Immigration Act.

Before I get to that, we have heard in the House that in the previous Parliament, Bill C-11 was passed. I want to quote what a member of the government was saying at that time. He said:

I am pleased to report that the proposed reforms in the original version of Bill C-11 received widespread support. However, many concerns were raised in good faith by parliamentarians and others concerned about Canada's asylum system. We have, in good faith, agreed to significant amendments that reflect their input, resulting in a stronger piece of legislation that is a monumental achievement for all involved.

Who said that? The current Minister of Citizenship and Immigration. I quote him further. He said, "I am happy to say, create a reform package that is both faster and fairer than the bill as it was originally tabled". He even praised how parties worked together to reach consensus and come up with that bill that worked for all parties. He went on to say, "Miracles happen".

He further went on to say that the government took constructive criticism into account and recognized the need to work together. That was just a year ago. That was Bill C-11. All of the parties worked together to come to a consensus that would deal with some of the issues such as backlogs, having a fairer system for refugees, and so forth. He went on further to say, "The reforms we are proposing should have been implemented a long time ago".

What has changed since June 2010 until now? Is it because the Conservatives got their slim majority and they are bringing out their hidden agenda? Instead of catching the smugglers, now they want to punish the refugees.

I will outline my concerns in regards to Bill C-31.

Bill C-31 is basically an omnibus refugee reform bill that combines the worst parts of the former Bill C-11, Balanced Refugee Reform Act, from the last Parliament, with Bill C-4, , preventing human smuggling, from this Parliament. It has basically three main purposes: a repeal of most of the compromises from former Bill C-11. It reintroduces Bill C-4, preventing human smuggling, which targets refugees instead of the smugglers. It introduces the collection of biometrics for temporary residents.

Bill C-31 would concentrate more power in the hands of the minister by allowing him to name safe countries and restrict refugees from those countries. Under the former bill, Bill C-11, this was to be done by a panel of experts, including human rights experts. Refugee claimants from safe countries would face extremely short timelines before hearings, 15 days. They would have no access to the Refugee Appeal Division in the event of a bad judgment. They would have no automatic stay of removal when filing for a judicial review and could not apply for a work permit for 180 days. It would also limit access and shorten timelines to file and submit a pre-removal risk assessment application and evidence.

Not only would the minister have the discretion to designate countries of origin, safe countries, the minister would also have the power to designate a group as an irregular arrival and determine what condition would be placed on those designated as refugee claimants.

• (1815)

Let us take a look at the designated countries of origin, DCOs. Designated countries of origin would be countries which the minister believes do not produce legitimate refugees, usually because they are developed democracies. The designated countries of origin would be decided by the minister, not by experts as was previously agreed to with the consensus of all parties.

Refugee claimants from the designated countries of origin would face a much faster determination process and a faster deportation for failed claims. Furthermore, an initial form would be filed in within 15 days.

Failed designated countries of origin claimants could be removed from Canada almost immediately, even if they asked for a judicial review. In other words, a person could be removed before his or her review was heard. DCO claimants would have no access to the new refugee appeal division.

There are a number of concerns with this. The accelerated timeline of 15 days would make it difficult for people to get proper legal representation. This could lead to mistakes and subsequently a negative decision. Legal experts have warned that these accelerated timeframes and restricted access to the refugee appeal division would create an unfair system.

Furthermore, the effect of the accelerated deportation would mean that people would be removed from the country before the legal process had run its course. The refugee appeal division should be available to all claimants.

There are also concerns in regard to changes to the humanitarian and compassionate consideration. The humanitarian and compassionate consideration is a tool whereby a person can stay in Canada despite not being eligible on other grounds. Under Bill C-31, claimants waiting for an IRB decision could not apply for humanitarian and compassionate consideration at the same time. A person would have to choose at the beginning whether he or she wanted to file for refugee status or for humanitarian or compassionate consideration.

Failed refugee claimants could not apply for humanitarian and compassionate consideration for one year following a negative decision, by which time they would likely be deported. There are a number of concerns with this aspect of the bill. This strips much of the usefulness from the humanitarian and compassionate consideration. Humanitarian and compassionate consideration is a very important tool in our immigration system. Many people whose refugee was claim denied could nonetheless have a legitimate claim on humanitarian and compassionate grounds. Therefore, a failed refugee claim should not get in the way of humanitarian and compassionate consideration.

Another part of this bill that concerns me is clause 19(1) which adds new language into the loss of status section for permanent residents. It adds that existing criteria for ceasing refugee protection can be a reason to lose permanent residency status. Included in the list is if the reasons for which the person sought refugee protection have ceased to exist.

In summary, there are many concerns with this bill. The new bill does not address some of the needs of our current system. The Conservatives are playing politics with refugees, and concentrating excessive and arbitrary powers in the hands of the minister. The Conservatives continually frame their draconian legislation in terms of bogus refugees and those abusing the system, but what they are really doing is punishing refugees with ineffective measures that will not stop human smuggling.

• (1820)

Hon. Jason Kenney (Minister of Citizenship, Immigration and Multiculturalism, CPC): Mr. Speaker, I categorically reject the notion that the bill would punish refugees. That is absurd. The bill would reinforce, in fact strengthen, Canada's commitment to protect people who flee a country because of a well-founded fear of persecution.

I need to point out one thing to the member. He and his colleagues in the NDP need to understand just how extraordinarily far from the mainstream they are in terms of international policy and practice in this respect. The labour social democratic government of Australia detains as a matter of policy and law all asylum claimants, not just smuggled asylum claimants. The labour social democratic party of the United Kingdom brought in a policy to detain all asylum claimants from designated safe countries. Most social democratic parties and governments of western Europe have pre-emptory assessment of claims coming from safe countries usually done in 24 or 48 hours, sometimes no longer than a week.

I would simply point out to my colleague that the measures we have proposed, limited detention until someone gets a positive asylum decision if the person comes in on an identified smuggling event, are far more modest than those in virtually any other western democracy that I am aware of.

Why is the NDP not more tuned to the mainstream of social democratic parties around the western world when it comes to refugee protection and protecting the integrity of our immigration system?

Mr. Jasbir Sandhu: Mr. Speaker, New Democrats recognize and respect our responsibilities to refugees, unlike the Conservatives who have taken an approach that would damage Canada's reputation internationally.

It is good that the minister is in the House. It was interesting for me to go over some of the notes on Bill C-11. The minister not only praised, but called it a miracle, that all parties had worked together to develop Bill C-11. That bill was passed in the last Parliament.

Why is the minister moving away from that? Where is he going? Bill C-11 was passed with the consensus of the House.

The Acting Speaker (Mr. Bruce Stanton): I would remind hon. members that it is not appropriate to allude to the presence or absence of members in the House.

Questions and comments. The hon. member for Winnipeg North.

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, I want to pick up on the point which the member has referenced.

Bill C-11 passed with the unanimous support of the parties in this chamber. One of the reasons for that support was that there was agreement that an advisory committee was needed which would ultimately provide recommendations to the minister for determining which countries around the world would be listed as safe countries.

An hon. member: That was then.

Mr. Kevin Lamoureux: My colleague is right, Mr. Speaker. That was then. Now the minister says that he himself will make that determination.

We in the Liberal Party look forward to providing an amendment so that we can bring the provision back to what it was. Does the member think the way to go is to amend the legislation to reinstate what at one time the minister agreed to?

• (1825)

Mr. Jasbir Sandhu: Mr. Speaker, it is troubling for me to see power being consolidated in the minister's office. We have a very capable Minister of Citizenship and Immigration, but it still troubles me that the decisions would be made solely by the minister, not by an expert panel as agreed upon by all parties in the House.

It is really puzzling to me why the minister would want to have all the power in his own office, why he would make arbitrary decisions that should be made after receiving advice from experts.

[Translation]

The Acting Speaker (Mr. Bruce Stanton): Before I recognize the hon. member for LaSalle—Émard, I must inform her that I will have to interrupt her at 6:30 p.m., at the end of the time provided for the consideration of government business.

The hon. member for LaSalle-Émard.

Ms. Hélène LeBlanc (LaSalle—Émard, NDP): Mr. Speaker, it is an honour and a privilege to rise in the House today and speak to Bill C-31 on behalf of the people of LaSalle—Émard. It is a privilege that is becoming increasingly rare, given that 18 time allocation motions have been moved in this 41st Parliament.

Bill C-31, entitled Protecting Canada's Immigration System Act, is in fact a recasting of several bills previously introduced in the House

Business of Supply

of Commons. The bill amends the Immigration and Refugee Protection Act, the Balanced Refugee Reform Act, the Marine Transportation Security Act and the Department of Citizenship and Immigration Act. Furthermore, these amendments give greater discretionary powers to the Minister of Citizenship, Immigration and Multiculturalism.

Before I outline some serious concerns I have about this bill, I would like to say a few words about my riding. According to the 2006 census, the riding of LaSalle—Émard has 27,000 constituents who were born in other countries. Just over 25% of my riding's population consists of immigrants. Almost 6,000 of them have arrived within the past seven years. Just like our ancestors, some of these newcomers have fled economic destitution, religious persecution or the ravages of war and revolution. LaSalle—Émard is a mosaic of French, English, Italian, Greek, Indian, African, Chinese and Lebanese communities. We live side by side with respect and admiration for one another, as well as tolerance for our differences.

Having moved to a foreign land where they have few allies, new Canadians face phenomenal challenges. They must learn a new language, new customs and a new collective history. Without exception, they must master a new way of life in a world where the guideposts can be completely different. They work in order to earn a living with dignity. They study and pay for courses in order to obtain recognition of degrees they earned elsewhere.

The new Canadians living in LaSalle—Émard send their children to school, CEGEP and university. They pass on to their children what their journey has taught them: the discipline of work, applying themselves and perseverance. At the same time, they have a sense of community and co-operation, which reminds me every time that there is strength in numbers, that prosperity is shared, and that if an individual can face a thousand challenges, a united community can face an unlimited number of challenges.

I see this in my very diverse contacts with members of the Italian community, the worshippers at the Sikh temple and the young married couples in the Pakistani and Nigerian communities, or when celebrating the Chinese new year. Despite our different backgrounds, we all share the impulse of wanting to distinguish ourselves through our efforts, our talents and our desire to excel. We all know that Canada is a land of immigrants and second chances. For these reasons, southwestern Montreal is a mosaic that reflects Canada's reality. Those are our values.

Bill C-31 threatens this common vision of hope and our collective desire to build a nation where compassion is the rule.

* * *

• (1830)

BUSINESS OF SUPPLY

OPPOSITION MOTION-CANADA ELECTIONS ACT

The House resumed from March 8 consideration of the motion and of the amendment.

Business of Supply

The Acting Speaker (Mr. Bruce Stanton): It being 6:30 p.m., pursuant to order made Thursday, March 8, 2012, the House will now proceed to the taking of the deferred recorded division on the amendment to the motion relating to the business of supply.

Call in the members.

• (1855)

[English]

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

(Division No. 153)

Ablonczy Adler Albas Alexander Allen (Tobique—Mactaquac) Ambler Anders Andrews Armstrong Aspin Aubin Baird Bélanger Bennett Benskin Bezan Blanchette-Lamothe Block Borg Boulerice Brahmi Breitkreuz Brosseau Brown (Newmarket-Aurora) Bruinooge Bvrne Calkins Carmichael Carrie Cash Chicoine Chisu Choquette Christopherson Cleary Coderre Côté Crowder Daniel Davies (Vancouver Kingsway) Day Del Mastro Dion Donnelly Dreeshen Duncan (Vancouver Island North) Dusseault Easter Fantino Finley (Haldimand-Norfolk) Freeman Galipeau Garneau Genest Giguère Glover Goguen Goodyear Gourde Grewal Harper Harris (St. John's East)

YEAS Members Adams Aglukkaq Albrecht Allen (Welland) Allison Ambrose Anderson Angus Ashfield Atamanenko Ayala Bateman Bellavance Benoit Bevington Blanchette Blaney Boivin Boughen Boutin-Sweet Braid Brison Brown (Leeds-Grenville) Brown (Barrie) Butt Calandra Cannan Caron Casey Charlton Chisholm Chong Chow Clarke Clement Comartin Cotler Cuzner Davidson Davies (Vancouver East) Dechert Devolin Dionne Labelle Doré Lefebvre Dubé Duncan (Edmonton-Strathcona) Dvkstra Eyking Findlay (Delta-Richmond East) Foote Fry Gallant Garrison Genest-Jourdain Gill Godin Goodale Gosal Gravelle Groguhé Harris (Scarborough Southwest)

Harris (Cariboo-Prince George)

Hassainia	Hayes
Hiebert	Hillyer
Hoback Holder	Hoeppner Hsu
Hughes	Hyer
Jacob	James
Jean	Julian
Kamp (Pitt Meadows—Maple Ridge—Mission) Kellway	Keddy (South Shore—St. Margaret's) Kenney (Calgary Southeast)
Kent	Kerr
Komarnicki	Kramp (Prince Edward-Hastings)
Lake	Lamoureux
Lapointe Latendresse	Larose Lauzon
Laverdière	Lebel
LeBlanc (Beauséjour)	LeBlanc (LaSalle-Émard)
Leef	Leitch
Lemieux Leung	Leslie Liu
Lizon	Lobb
Lukiwski	Lunney
MacAulay	MacKay (Central Nova)
MacKenzie	Mai
Marston Masse	Martin Mathyssen
May	Mayes
McCallum	McColeman
McKay (Scarborough—Guildwood)	McLeod
Menegakis Merrifield	Menzies Michaud
Miller	Moore (Abitibi—Témiscamingue)
Moore (Port Moody-Westwood-Port Coquitia	
Moore (Fundy Royal)	
Morin (Chicoutimi—Le Fjord)	Morin (Notre-Dame-de-Grâce—Lachine)
Morin (Laurentides—Labelle) Murray	Morin (Saint-Hyacinthe—Bagot) Nantel
Nicholls	Nicholson
Norlock	Nunez-Melo
O'Connor	Obhrai
Oda Pacetti	Opitz Papillon
Paradis	Patry
Payne	Péclet
Penashue	Perreault
Pilon Poilievre	Plamondon Preston
Quach	Rae
Rafferty	Raitt
Rajotte	Rathgeber
Ravignat Regan	Raynault Reid
Rempel	Richards
Richardson	Rickford
Ritz	Rousseau
Saganash Saxton	Sandhu Scarpaleggia
Schellenberger	Sellah
Sgro	Shea
Shipley	Shory
Simms (Bonavista—Gander—Grand Falls—Wir Sims (Newton—North Delta)	ndsor)
Sitsabaiesan	Smith
Sopuck	Sorenson
St-Denis	Stanton
Stewart Strahl	Storseth Sullivan
Sweet	Thibeault
Tilson	Toet
Toews	Toone
Tremblay	Trost
Trudeau Turmel	Truppe Tweed
Uppal	Valcourt
Valeriote	Van Kesteren
Van Loan	Vellacott
Wallace Warkentin	Warawa Watson
Weston (Saint John)	Wilks
Williamson	Wong
Woodworth	Yelich
Young (Oakville)	Young (Vancouver South)
Zimmer- — 283	

Nil

Nil

Adler

Albas

Aubin

Baird

Block

Borg

Boulerice

Breitkreuz

Brown (Newmarket-Aurora)

Brosseau

Bruinooge

Carmichael

Byrne

Carrie

Cash

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Chicoine

Choquette

Christopherson

Calkins

Brahmi

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Pacetti

Paradis

Payne

Pilon

Penashue

Poilievre

Quach

Rafferty

Rajotte

Regan

Ritz

Rempel

Richardson

Saganash

Schellenberger

Saxton

Ravignat

Davidson Davies (Vancouver Kingsway) Davies (Vancouver East) Dechert Devolin Dionne Labelle Doré Lefebvre Dubé Duncan (Vancouver Island North) Duncan (Edmonton-Strathcona) Dvkstra Eyking Findlay (Delta-Richmond East) Finley (Haldimand-Norfolk) Foote Fry Gallant Garrison Genest-Jourdain Gill Godin Goodale Gosal Gravelle Groguhé Harris (Scarborough Southwest) Harris (St. John's East) Harris (Cariboo-Prince George) Hayes Hillyer Hoeppner Hsu Hyer James Julian Keddy (South Shore—St. Margaret's) Kamp (Pitt Meadows-Maple Ridge-Mission) Kenney (Calgary Southeast) Kerr Kramp (Prince Edward—Hastings) Lamoureux Larose Lauzon Lebel LeBlanc (LaSalle-Émard) Leitch Leslie Liu Lobb Lunney MacKay (Central Nova) Mai Martin Mathyssen Mayes McColeman McKay (Scarborough-Guildwood) McLeod Menzies Michaud Moore (Abitibi-Témiscamingue) Moore (Port Moody-Westwood-Port Coquitlam) Moore (Fundy Royal) Morin (Chicoutimi—Le Fjord) Morin (Notre-Dame-de-Grâce-Lachine) Morin (Laurentides-Labelle) Morin (Saint-Hyacinthe-Bagot) Nantel Nicholson Nunez-Melo Obhrai Opitz Papillon Patry Péclet Perreault Plamondon Preston Rae Raitt Rathgeber

Raynault

Richards

Rickford

Rousseau Sandhu

Sellah

Scarpaleggia

Reid

Business of Supply Comartin

Cotler

Cuzner

NAYS Coderre Côté Crowder Daniel PAIRED Day Del Mastro The Speaker: I declare the amendment carried. Dion Donnelly The next question is on the main motion as amended. Dreeshen Is the House ready for the question? Dusseault Easter Some hon. members: Ouestion. Fantino Freeman The Speaker: The question is on the motion as amended. Is it the Galipeau pleasure of the House to adopt the motion as amended? Garneau Genest Giguère Some hon. members: Agreed. Glover Goguen Some hon. members: No. Goodyear Gourde The Speaker: All those in favour will please say yea. Grewal Harper Some hon. members: Yea. Hassainia The Speaker: All those opposed will please say nay. Hiebert Hoback Holder Some hon. members: Nay. Hughes Jacob The Speaker: In my opinion the yeas have it. Jean Kellway And five or more members having risen: Kent • (1905) Komarnicki Lake Lapointe Latendresse (The House divided on the motion as amended, which was agreed to on the following division:) Laverdière LeBlanc (Beauséjour) (Division No. 154) Leef Lemieux YEAS Leung Lizon Members Lukiwski MacAulay Ablonczy Adams MacKenzie Aglukkaq Marston Albrecht Masse Allen (Welland) Alexander May Allen (Tobique-Mactaquac) Allison McCallum Ambler Ambrose Anders Anderson Menegakis Andrews Angus Merrifield Ashfield Armstrong Miller Atamanenko Aspin Ayala Bateman Bélanger Bellavance Bennett Benoit Murray Nicholls Benskin Bevington Blanchette Bezan Norlock Blanchette-Lamothe Blaney O'Connor

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Business of Supply

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Trudeau	Truppe
Turmel	Tweed
Uppal	Valcourt
Valeriote	Van Kesteren
Van Loan	Vellacott
Wallace	Warawa
Warkentin	Watson
Weston (Saint John)	Wilks
Williamson	Wong
Woodworth	Yelich
Young (Oakville)	Young (Vancouver South)
Zimmer 283	
	NAYS
N.''I	

Nil

Nil

The Speaker: I declare the motion as amended carried.

* * *

PAIRED

[Translation]

SAFE STREETS AND COMMUNITIES ACT

The House resumed from March 9 consideration of the motion in relation to the amendments made by the Senate to Bill C-10, An Act to enact the Justice for Victims of Terrorism Act and to amend the State Immunity Act, the Criminal Code, the Controlled Drugs and Substances Act, the Corrections and Conditional Release Act, the Youth Criminal Justice Act, the Immigration and Refugee Protection Act and other Acts.

The Speaker: The House will now proceed to the taking of the deferred recorded division on the amendment to the motion in relation to the Senate amendments to Bill C-10.

• (1910)

[English]

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

(Division No. 155)

YEAS

Members

Allen (Welland) Angus Aubin Bélanger Bennett Bevington Blanchette-Lamothe Borg Boutin-Sweet Brison Byrne Casey Charlton

Atamanenko Avala Bellavance Benskin Blanchette Boivin

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Ablonczy Adler Albas Alexander Allison Ambrose Anderson Ashfield Baird Benoit Blanev Boughen Breitkreuz Brown (Newmarket-Aurora) Bruinooge Calandra Cannan Carrie Chong Clement Davidson Del Mastro Dreeshen Dykstra Findlay (Delta-Richmond East) Galipeau

Choquette Christophersor Coderre Côté Crowder Davies (Vancouver Kingsway) Day Dionne Labelle Doré Lefebvre Duncan (Edmonton-Strathcona) Easter Foote Fry Garrison Genest-Jourdain Godin Gravelle Harris (Scarborough Southwest) Hassainia Hughes Jacob Kellway Lapointe Latendresse LeBlanc (Beauséjour) Leslie MacAulay Marston Masse Mav McKay (Scarborough-Guildwood) Moore (Abitibi—Témiscamingue) Morin (Notre-Dame-de-Grâce—Lachine) Morin (Saint-Hyacinthe-Bagot) Nantel Nunez-Melo Papillon Péclet Pilon Quach Rafferty Raynault Rousseau Sandhu Sellah Simms (Bonavista-Gander-Grand Falls-Wind-Sitsabaiesan Stewart

Thibeault Tremblay Turmel

NAYS Members

Adams Aglukkad Albrecht Allen (Tobique-Mactaquac) Ambler Anders Armstrong Aspin Bateman Bezan Block Braid Brown (Leeds-Grenville) Brown (Barrie) Butt Calkins Carmichael Chisu Clarke Daniel Dechert Devolin Duncan (Vancouver Island North) Fantino Finley (Haldimand-Norfolk) Gallant

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Business of Supply

And five or more members having risen:

• (1920)

Toews

Truppe

Uppal

(The House divided on the motion, which was agreed to on the

following division:) (Division No. 156) YEAS Members Ablonczy Adams Aglukkaq Adler Albas Albrecht Alexander Allen (Tobique-Mactaquac) Allison Ambler Ambrose Anders Anderson Armstrong Ashfield Aspin Bateman Baird Bezan Benoit Blanev Block Boughen Braid Brown (Leeds-Grenville) Breitkreuz Brown (Newmarket-Aurora) Brown (Barrie) Bruinooge Butt Calandra Calkins Cannan Carmichael Carrie Chisu Chong Clarke Clement Daniel Dechert Davidson Del Mastro Devolin Dreeshen Duncan (Vancouver Island North) Dykstra Fanting Findlay (Delta-Richmond East) Finley (Haldimand-Norfolk) Galipeau Gallant Gill Glover Goodyea Goguen Gosal Gourde Harper Hayes Grewal Harris (Cariboo-Prince George) Hiebert Hillyer Hoback Hoeppner Holder James Jean Kamp (Pitt Meadows-Maple Ridge-Mission) Keddy (South Shore-St. Margaret's) Kenney (Calgary Southeast) Kerr Kent Komarnicki Kramp (Prince Edward-Hastings) Lake Lauzon Leef Lebel Leitch Lemieux Leung Lizon Lobb Lukiwski MacKay (Central Nova) Lunney MacKenzie Mayes McColeman McLeod Menegakis Menzies Merrifield Miller Moore (Port Moody-Westwood-Port Coquitlam) Moore (Fundy Royal) Nicholson Norlock O'Connor Obhrai Oda Opitz Payne Poilievre Paradis Penashue Raitt Preston Rajotte Rathgeber Reid Rempel Richards Richardso Rickford Ritz Schellenberger Saxton Shea Shipley Shory Smith Sopuck Sorenson Stanton Storseth Strahl Sweet Tilson Toet

Trost

Tweed

Valcourt

Gill Glover Goguen Goodyea Gosal Gourde Grewal Harper Harris (Cariboo-Prince George) Hayes Hiebert Hillver Hoback Hoeppner Holder James Kamp (Pitt Meadows-Maple Ridge-Mission) Jean Keddy (South Shore-St. Margaret's) Kenney (Calgary Southeast) Kent Kerr Komarnicki Kramp (Prince Edward—Hastings) Lake Lauzon Lebel Leef Leitch Lemieux Lizon Leung Lobb Lukiwski MacKay (Central Nova) Lunney MacKenzie Mayes McColeman McI eod Menegakis Menzies Merrifield Miller Moore (Port Moody—Westwood—Port Coquitlam) Moore (Fundy Royal) Nicholson Norlock O'Connor Obhrai Oda Opitz Paradis Payne Penashu Poilievre Preston Raitt Rathgeber Rajotte Reid Rempel Richards Richardson Rickford Ritz Schellenberger Saxton Shipley Shea Smith Shory Sopuck Sorenson Stanton Storseth Strahl Sweet Tilson Toet Toews Trost Truppe Tweed Uppal Valcourt Van Kesteren Van Loan Vellacott Wallace Warawa Warkentin Weston (Saint John) Watson Wilks Williamson Wong Woodworth Young (Oakville) Yelich Young (Vancouver South) Zimmer-- 154

PAIRED

The Speaker: I declare the amendment defeated.

Amendement negatived

• (1915)

Nil

[Translation]

The next question is on the main motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

The Speaker: All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Speaker: In my opinion, the yeas have it.

COMMONS DEBATES

Van Kesteren Vellacott Warawa Watson Wilks Wong Yelich Young (Vancouver South)

Allen (Welland) Angus Aubin Bélanger Bennett Bevington Blanchette-Lamothe Borg Boutin-Sweet Brison Byrne Casey Charlton Chisholm Chow Cleary Comartin Cotler Cuzner Davies (Vancouver East) Dion Donnelly Dubé Dusseault Eyking Freeman Garneau Genest Giguère Goodale Groguhé Harris (St. John's East) Hsu Hver Julian Lamoureux Larose Laverdière LeBlanc (LaSalle-Émard) Lin Mai Martin Mathyssen McCallum Michaud Morin (Chicoutimi-Le Fjord) Morin (Laurentides-Labelle) Murray Nicholls Pacetti Patry Perreault Plamondon Rae Ravignat Regan Saganash Scarpaleggia Sgro sor) Sims (Newton-North Delta) St-Denis Sullivan Toone Trudeau Valeriote-- 129

Nil

Van Loan Wallace Warkentin Weston (Saint John) Williamson Woodworth Young (Oakville)

Zimmer

- 154

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NAYS

Members

Andrews Atamanenko Ayala Bellavance Benskin Blanchette Boivin Boulerice Brahmi Brosseau Caron Cash Chicoine Choquette Christopherson Coderre Côté Crowder Davies (Vancouver Kingsway) Dav Dionne Labelle Doré Lefebvre Duncan (Edmonton-Strathcona) Easter Foote Frv Garrison Genest-Jourdain Godin Gravelle Harris (Scarborough Southwest) Hassainia Hughes Iacob Kellway Lapointe Latendress LeBlanc (Beauséjour) Leslie MacAulay Marston Masse Mav McKay (Scarborough-Guildwood) Moore (Abitibi-Témiscamingue) Morin (Notre-Dame-de-Grâce-Lachine) Morin (Saint-Hyacinthe-Bagot) Nantel Nunez-Melo Papillon Péclet Pilon Quach Rafferty Raynault Rousseau Sandhu Sellah Simms (Bonavista-Gander-Grand Falls-Wind-Sitsabaiesan Stewart Thibeault Tremblav Turmel

PAIRED

The Speaker: I declare the motion carried.

* * *

• (1925)

[English]

EMERGENCY DEBATE

DRUG SHORTAGES

The Speaker: The House will now proceed to the consideration of a motion to adjourn the House for the purpose of discussing a specific and important matter requiring urgent consideration, namely drug shortages.

Ms. Libby Davies (Vancouver East, NDP) moved:

That the House do now adjourn.

She said: Mr. Speaker, first of all, I would like to say that I will be sharing my time this evening with the hon. member for Beauharnois —Salaberry.

I would like to thank you, Mr. Speaker, for agreeing to my request to have an emergency debate on this very critical issue of drug shortages in Canada. I made the request on Friday and I am very glad that the House has an opportunity to discuss this very critical issue. Being in our ridings and our home communities over the weekend, I have no doubt that many members of Parliament probably heard from constituents how concerned they are about this escalating drug shortage in Canada.

We know that this shortage has been ongoing for a period of time, but in the last month or so it has become something that is now approaching a critical nature because of the closure of the Sandoz plant. We are also aware that this shortage is projected to last 12 to 18 months. Across the country many regions have had to change their prescription strategies to use replacements, often without experience about how they work, and to limit elective surgeries. As we gather information across the country and from ongoing news reports, we know now that pretty well every province and region is affected.

We need to put on the record that this shortage is having the most serious impact on patients in intensive care units and those who are dying and in need of pain management. We know that hospitals in Quebec are cancelling elective surgery and that hospitals in Ottawa are saying that they will probably have to do so in the next few weeks if their drug supplies are further depleted. We also know that in Alberta, Manitoba and B.C., they are also suggesting that they will have to do the same if the situation continues.

Although I am not a health expert, certainly from all of the information that we have before us, we know that injectable opiates are the main method of pain control for surgery, post-operative care and any hospital admission. With the hospitals running low on these drugs, they are now being forced to cancel elective surgeries and to save the medications for severely ill patients and those who need serious pain management.

We know, for example, that for patients in Alberta who are undergoing chemotherapy they are now being asked to buy their own anti-nausea drugs because the hospitals can no longer provide extra supplies. These drugs are very expensive. They can cost up to \$13 a pill and it is good to know that the Province of Alberta has said it would reimburse the cost, but still it puts patients at a great hardship and disadvantage.

Right across the country there are stakeholders, health care interests, who are speaking out and I would like to read into the record some of what is being said about this crisis. For example, Dr. Rick Chisholm, president of the Canadian Anesthesiologists' Society, has been calling on the federal government to develop a national strategy to "anticipate, identify and manage shortages" of essential drugs.

We know that the Ontario Health Minister, Deb Matthews, has said that Ontario did not get any advance notice about the shortages. In fact, she pointed out that the provinces have no way of knowing when a supply is short because the federal government does not require drug companies to report gaps in supply.

We know that the Alberta Health Minister, Mr. Horne, has said that "We're not going to stand by and simply wait to hear from Sandoz", the company that shut down, "or the federal government".

We hear from a specialist nurse manager in Vancouver who specializes in pain management, who says that she cannot understand how the federal government has allowed the supply of all injectable opiates to be threatened.

The Cancer Control Society has pointed out that Health Canada is the regulator of drugs. It approves and certifies drugs for sale and monitors safety and regulates the way drug companies operate. It also points out that other countries have taken much more action to protect patients, including mandatory reporting and inquiries to address the root causes. It calls for a plan that must focus on the needs of patients.

We also know that the Canadian Medical Association did a survey more than a year ago where 74% of doctors surveyed said that they had encountered shortages of generic drugs, most commonly antibiotics.

• (1930)

We also know, and this is very concerning, that the Canadian Pain Society has reported that it is seeing an increase in people who are feeling suicidal because they are so worried about the lack of medication that they depend on every day. We are facing an incredibly serious situation.

There have been many reports over the years from the Canadian Pharmacists Association. The pharmacists have been sounding the alarm on this issue for a very long time and there have been media reports. Yet the response we have seem from the federal government has been, at best, completely inadequate and in fact really quite pathetic.

What has the federal government done? Well, it set up a voluntary reporting system. As we have heard from some of the provincial health ministers, setting up a voluntary system does nothing to

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require these companies to report information when they know they are going to have a shortage.

I think it is very interesting that in the United States, by contrast, in October 2011, President Obama issued an executive order directing the FDA to require drug manufacturers to provide adequate notice. In fact, there is currently legislation in the American Congress to require, not just ask, all companies to give six months' advance notice of potential shortages, punishable by civil fines for non-compliance that could reach \$1.8 million under the proposed bill.

We can see that this problem is very widespread. It does not just involve Canada, but other countries have taken much more serious note of what is happening and are being proactive in intervening and ensuring that patients are not suffering.

It is very sad and disturbing, unfortunately, to see that the federal government and Health Canada have not taken such action in Canada. Therefore, I think it is very important to have this debate to hear the perspectives of different parties on the nature of the crisis and what we believe should be done.

I would suggest that the first issue we need to focus on is the need for Health Canada and the federal government to become much more involved in this issue. A voluntary committee is just not going to cut it. We know that provincial health ministers are now having daily calls to try to sort out this mess and the very real threat they face in deciding what to do in their individual jurisdictions and with the hospitals that depend on these now unavailable drugs.

I think it is imperative that Health Canada and the federal government acknowledge that they have not been proactive on this issue. Calling for voluntary measures to set up a website has not done anything to mitigate the crisis now before us. They need to take much stronger action.

We believe that there should be a review, an inquiry, about why these shortages exist and that we should put in place a mandatory reporting system. This is being done in other countries and is working for them. I think there needs to be a much better explanation from the drug companies about the problems they may encounter and if there are other factors at play such as mergers or a focus on marketing more expensive drugs, which, in effect, diminish the supply of generic drugs. This is a major issue that requires investigation.

It is an important first step to have this debate tonight to investigate what is going on and to say to the federal government that more has to be done. All of the stakeholders in Canada, some of whom I mentioned tonight, are calling for strong leadership and action by the federal government.

I hope that as a result of this debate tonight and the focus on this issue, we will see action and not see the health minister basically blame everyone else and in saying, oh well, it is the drug companies, it is the provinces, it is the territories and it is their problem. This is all of our problem; this is something that requires our attention.

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We need to focus on the needs of patients. We need to make sure that people are not left in dire circumstances without proper pain management or the drugs they require because of a shortage that can be prevented and managed. We can put in place a plan that would work for people.

I look forward to the debate tonight and the various points of view that are offered.

• (1935)

Hon. Bob Rae (Toronto Centre, Lib.): Mr. Speaker, I want to congratulate my friend from Vancouver East for moving the motion and encouraging us all to address this question. All of us have been very troubled by it and have been raising it as an issue. My colleague from Vancouver Centre will be participating in the debate. We are all very concerned about it.

I would like to ask the hon. member the following. I still did not hear in her speech what she thinks are the actual causes of this shortage. There is obviously a huge market for a variety of products being produced by a variety of companies.

Is it that the companies do not feel they are getting sufficient payment for those products? Is it that they feel they can make more money by selling other products? If that is the case, would the member tell us, apart from a task force, and here I think we all recognize that something is required to get the discussion going, what she would envisage as a solution to ensure that the drugs, the painkillers and the supplies required by hospitals and doctors, will in fact be provided by the companies in question?

Ms. Libby Davies: Mr. Speaker, 10 minutes goes by very fast. I was barely able to touch on that very important issue. I do think this is why we need to have proper inquiry.

A number of reports, some of them American, have come out and given us some information on why these shortages are taking place. I did try to illuminate some of the causes or reasons.

Some of the drug companies say it is a problem with getting some raw materials, and so the production side and actually assembling what is needed is a problem. I think that needs to be investigated.

I do think there is an issue, and I have certainly been reading about this, with the increasing number of mergers of these drug companies in recent years. That means there are now fewer companies that are producing. Certainly the issue of sole-source supply is also a cause of concern and something that needs to be investigated. We saw this issue with the H1N1 vaccine when the federal government was scrambling to find an adequate supply.

There is also an issue, and there have been many queries and concerns about this, that this is so reliant on the marketplace. To me, this is in the public interest and it is imperative that the federal government intervene. When we leave it to market production and see mergers and issues with generic brands possibly being decreased in favour of more profitable brands, this is not serving the needs of patients.

These are all factors that contribute to the shortage that we are seeing and that need to be investigated with a proper reporting mechanism and a proper inquiry.

[Translation]

Mr. Pierre Nantel (Longueuil—Pierre-Boucher, NDP): Mr. Speaker, I would like to congratulate my colleague on her speech.

She talked about the infamous H1N1 epidemic that the government had to place an emergency order for. This issue is especially important to me because the Sandoz plant is in my riding. Many of my friends and neighbours work at the plant, and I have met a lot of people who work there too. These people are feeling a lot of pressure from the whole country. I am talking about individuals, not the company. These people are under enormous pressure.

As a Canadian, I was astounded to find out that a single company was providing nearly 100% of certain drugs, narcotics, and 90% of injectable drugs. I cannot believe that a single provider has been allowed to have a monopoly on something so crucial. I would like my colleague to comment on that.

[English]

Ms. Libby Davies: Mr. Speaker, I think the issue at Sandoz, as my colleague has outlined, is something that has really made the situation very serious, but it is part of an overall shortage.

The whole issue of sole-source suppliers is something that does require a very thorough investigation. We do know that Canadian hospitals relied 100% on this one company for their injectable opiates, for examples, and they were not given adequate warning. In fact, we know that this company was initially warned by the U.S. Food and Drug Administration that they had to make upgrades, and yet this information was not properly communicated.

It does raise the question, just as we saw with the H1N1 vaccine, that the federal government as a major player has to be involved to ensure that these kinds of developments can be prevented. We could have prevented this. I am sure that the people at the plant want to get back to work and do the job they know needs to be done. However, if there is no system in place and no involvement by the federal government, then we have a disaster on our hands.

• (1940)

[Translation]

Ms. Anne Minh-Thu Quach (Beauharnois—Salaberry, NDP): Mr. Speaker, I thank my hon. colleague from Vancouver East for taking the initiative with this evening's emergency debate on the drug shortage that Quebec is experiencing right now and that could affect the rest of Canada. As I rise here this evening to speak to this crucial issue, thousands of patients are wondering if their surgeries will go ahead as planned or if they will receive their cancer treatments.

Last week, dozens of surgeries in the Outaouais alone had to be postponed. At this time, Quebec hospitals are doing an inventory of their essential drugs in order to plan for possible shortages, and pharmacists are following the situation across Canada hour by hour. On voluntary disclosure websites that track drug availability, the list of drug shortages is now six pages long: pravastatin, fluconazole, dobutamine, feproz, amoxicillin and methotrexate, a drug used to treat leukemia that has been in short supply since last fall. A number of health experts consider the current situation to be critical, but let us not forget, the current crisis is just the tip of the iceberg. Drug shortages have become more frequent over the past few years; since 2008, in fact. There are a number of reasons for this. There is the global shortage of molecules for producing drugs and the production shutdowns at certain companies for technical reasons or because of problems meeting quality and safety standards.

The situation at Sandoz in Boucherville, Quebec, falls into the last category. It was the United States Food and Drug Administration that criticized that pharmaceutical company's drug production methods, saying that the company did not satisfy American safety rules. The most troubling thing about this case is that the company knew for months that it had to make changes. The correspondence between the American agency and the company goes back to last November. Inspections were done in the summer of 2011. It was not until February 2012 that the information on the drug shortage at Sandoz was made public. Why did the company fail to inform the provincial and federal health authorities sooner? Did Health Canada know that the company was going to slow down production?

Obviously, the fire in the plant's roof did not help matters, but it is completely unacceptable that the governments, pharmacists, doctors and patients learned about the shortage at Sandoz so late in the game.

Let us not forget that Health Canada has a responsibility to ensure that the products offered on the Canadian market meet rigorous safety, effectiveness and quality standards. It is also the responsibility of the federal government to ensure that Canadians receive the health care they need. What is Health Canada doing to resolve the shortage problem? Not much for now. The federal government should show some leadership and work with the provinces to come up with a plan for the long term.

Currently, there are two websites for the voluntary disclosure of information about shortages. Pharmaceutical companies can use them to publish the names of their drugs for which production has slowed down or stopped. Unfortunately, the system is not reliable because there is also a shortage of information. Not all pharmaceutical companies contribute to updating the sites, and some refuse to disclose certain pieces of information.

Many stakeholders in the health care field are calling for better monitoring. Ontario's health minister, Deb Matthews, believes that there should be a mandatory drug information system. The Quebec order of pharmacists is calling for the same thing. The spokesperson for the Canadian Pharmacists Association, Jeff Morrison, called the existing system frustrating because it is up to drug companies to decide what information to share with the public. Today, the Canadian Cancer Society called on the federal government to fix the problem and released the following statement:

The Canadian Cancer Society believes that cancer patients must have access to high-quality, timely care no matter where they live in Canada. We are concerned and disheartened about reported drug shortages in Canada, including cancer drugs. For patients who are already going through a difficult time, not having access to appropriate drugs can be stressful and trying.

While the Society applauds the efforts being made by hospitals, doctors and pharmacists in dealing with this issue, we believe a national coordinated approach is needed to find effective solutions. Other countries have taken a more pro-active approach to drug shortages. The Society urges the Federal Minister of Health to provide leadership to address this critical healthcare issue... S. O. 52

• (1945)

When will the federal government take responsibility?

Ottawa cannot simply say that the supply issue falls under provincial jurisdiction, as we have been hearing for the past four or five days. Health Canada must work with the provinces and with the industry to find concrete solutions, particularly since this is a worldwide crisis and since closer co-operation with other regulatory bodies is vital to finding a sustainable solution right away.

But what is this government doing? It is in panic mode and so it finds a hasty solution by importing the injectable drugs that cannot currently be obtained on the Canadian market. This is a temporary and short-term solution that does nothing to resolve the problem in the long term. We must get to the root of the problem. One of the major causes of the drug shortage is the way the supply system operates in Canada. We should explain that bulk buying groups purchase drugs on behalf of hospitals. Clearly, buying in bulk reduces costs, which is a great benefit; however, the adverse effect of this way of doing things is that it considerably reduces the number of suppliers, as is the case with Sandoz in Quebec.

The drug shortage shows what can happen when we leave the market unsupervised and unregulated. Drugs are essential products upon which millions of Canadians depend. They are different from other goods. Dr. Peter Ellis, an oncologist at the Juravinski Hospital and Cancer Centre in Hamilton, believes that Health Canada must play a bigger role in this area. In his opinion, the only way to prevent future shortages is to better regulate the industry. This opinion is shared by SigmaSanté, the buying group that represents health institutions in the Montreal and Laval region.

While we wait for this government to finally realize that it is time to act, here are a few suggestions that may inspire the Minister of Health.

First, Health Canada could make a list of essential generic drugs. Before approving them, the department could require the pharmaceutical companies that produce the new versions of these drugs to commit to supplying them for five years.

Second, the federal government could ask companies for at least six months' notice—something like what is done in the United States —before they stop producing these drugs.

Third, Health Canada should always have a plan B because accidents can happen anywhere. A fire, contamination, a power outage—any of these things could have an effect on drug production.

Fourth, a government enterprise could also produce essential drugs to ensure a safe and continuous supply, as is currently done in Sweden.

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The best solution is to enforce the regulations on an ongoing basis. We might wonder whether Health Canada has the means to do so. Need I remind the government that, last fall, the Auditor General sounded the alarm with regard to the drug verification process? He said:

The Department does not take timely action in its regulatory activities...In particular, the Department is slow to assess potential safety issues. It can take more than two years to complete an assessment of potential safety issues and to provide Canadians with new safety information.

If problems were identified sooner, as they arose, then catastrophe could be averted and the problems addressed gradually. It is high time for Health Canada to take action. It is the federal government's responsibility to work with the provinces and with the industry to find solutions to the drug shortages.

I hope we will be able to reach conclusions and learn lessons from this crisis because this is about Canadians' health—the health of all patients who need drugs for their well-being.

I hope that the Conservatives opposite will follow suit and find solutions that are more sustainable than importing drugs from other countries. I hope that they will introduce more effective monitoring to ensure a sustainable, long-term plan so that people can get the care they need.

• (1950)

[English]

Mr. Ron Cannan (Kelowna—Lake Country, CPC): Mr. Speaker, I would like to thank my hon. colleague across the way for her insightful comments this evening on a very important issue for all Canadians from coast to coast.

I was advised of this issue last month. My daughter's fiancé is a pharmacist. The head pharmacist for the Interior Health Authority contacted my office. I immediately did some investigating. I realized that there was only one supplier in Canada for morphine and other drugs that are vital for surgeries across Canada. The more I investigated, the more I realized that it is the province's jurisdiction and it did not have a plan B. I was very surprised, just like all of us here. It is important that we all work together, take the high road and do not blame anybody. There is an issue within our Constitution that each province and territory is responsible for providing the necessary medication.

I would ask my hon. colleague this. In the future, as we move forward in finding a solution, does she think that the provinces, out of due diligence, should not go to a single-source supplier and allow for a plan B?

[Translation]

Ms. Anne Minh-Thu Quach: Mr. Speaker, I would like to thank the member opposite for his question about this issue, but I think that it is up to the federal government to ensure that all provinces have access to many kinds of drugs so that patients can get appropriate treatment.

When there is only one supplier, obviously a small technical glitch can quickly cause problems. It is up to the federal government to ensure compliance with regulations and effective monitoring so that we can identify places where there is a production slowdown or drug safety issue. The government would then be able to prevent this kind of catastrophe and shortage by working with the provinces. The government will not solve the problem by pointing at the provinces and saying that it is up to them to make sure they have the resources. Everyone will have to work together and work hard to find long-term solutions.

[English]

Mr. Ted Hsu (Kingston and the Islands, Lib.): Mr. Speaker, I would like to follow up on the question from the hon. member on the government side. It surprises me that in the drug market, where Canada imports most of its drugs from overseas, foreign regulations such as those of the United States Food and Drug Administration can affect production in Canada and in Quebec, which affects the supply of drugs in Ontario.

When the effects are all mixed up between Canada and foreign countries, and what happens in one province can affect another province, I find it amazing that we would leave the provinces to fend for themselves in a situation where it is clearly an international problem. With production in Asia and Europe, and raw materials coming from different places, and regulations in different countries affecting other countries, why should we leave this to the provinces to fend for themselves? Should the federal government not be making contacts with other countries, bringing this up in global health organizations, working with other countries, and using Canada's great reputation to lead the world in finding long-term solutions to this global problem?

[Translation]

Ms. Anne Minh-Thu Quach: Mr. Speaker, I thank my Liberal colleague for the question.

Indeed, the Government of Canada needs to show some leadership on this issue. This is not the first time Canada has experienced drug shortages. In Quebec alone, from January to June 2011, over 100 drugs were in short supply. This is a recurring problem that comes up every year.

The Conservative government has had the opportunity to deal with these situations. It could have—and still can—come up with lasting solutions. First of all, monitoring is not being done quickly enough right now. We heard from a number of health experts last Monday who told us that we need to act continuously along the way, and not wait for a crisis. Once a crisis hits, it is already too late. We absolutely must stay ahead of the curve and ensure that regular verifications are done. We also need a system that expands the number of suppliers. That could even be regulated. We have many options. In Sweden, the government has a public institution that supplies 2% of all drugs. That could ensure a consistent quantity of drugs on the market.

• (1955)

[English]

Hon. Leona Aglukkaq (Minister of Health and Minister of the Canadian Northern Economic Development Agency, CPC): Mr. Speaker, I rise before the House today to address a subject that is important to the health and well-being of Canadians. We know our health care system relies on a safe, secure and reliable supply chain for medicinal drugs and our country's doctors need to know that when they write prescriptions for patients or make requests for drugs to be available during surgery, that they will be there.

Health Canada is our country's regulator with regard to the safety, quality and effectiveness of the drugs available in Canada, but it is up to industry to produce drugs and it is up to the customers purchasing those drugs to ensure their suppliers will be able to fill their requests. That is the system we have created in conjunction with the provincial and territorial governments. Those are important facts that should not and cannot be lost in this debate. The circumstances that have led to the current situation have raised several red flags with regard to how some provinces have chosen to source their medicinal drugs. Unfortunately, the situation is more difficult than it might have been if Sandoz Canada had taken the steps we expect a drug manufacturer to take in these kinds of circumstances.

Last November, four months ago, Sandoz was notified by the U.S. FDA of concerns about production quality standards related to one product at its Boucherville plant and that product was not even produced for the Canadian market. Similar FDA findings were made about two Sandoz plants in the United States. It is important to note that at no time did the FDA find that the production issues were of such gravity to require Sandoz to cease production at any of these facilities. At no time before mid-February was notice given to anyone, neither Health Canada nor the country's customers, that this issue with just one product line at Boucherville would have such major supply consequences for all Canadians.

Following up on the FDA findings, my department inspected the plant and found it to be compliant with our rules for safe, quality production. My officials held discussions with the company about how it planned to address the FDA findings, but the size and scope of the company's production cutbacks was never revealed. That is, until February 15, when Sandoz simultaneously informed Health Canada and its customers that it was significantly cutting the output of medically necessary products from the plant. When the company was asked what alternate sources of supply it had secured to make up for the shortfall for its customers, it said that it was just starting to do that.

Sandoz made a decision to temporarily stop production of some products without first finding alternate sources for its customers who needed these drugs. Technically, its customers may be provincial or territorial governments and health authorities. It is the provincial and territorial governments that are responsible for the delivery of health care. They are the ones that deliver to Canadians in need of medical treatment. Ordinary people who are sick or in pain are the consumers and they are vulnerable. Sandoz has a responsibility to see that its customers are informed of anticipated shortages as soon as it becomes aware of the potential problems so Canadians are not left without an essential supply of its products.

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Since December, there have been two public websites up and running that Sandoz could have used to post warnings of these anticipated shortages. It did not post that information until it was urged to do so by my officials at Health Canada. In a letter sent to Sandoz 10 days ago, I made it clear that I was disappointed with its lack of transparency and its failure to secure an alternate supply of drugs for which production was being interrupted. Hospitals and clinics, bulk drug purchasers, provincial and territorial governments and Health Canada have had to poke and prod Sandoz at every turn. Supply pledges made by this company have frequently not been met by distributors. Sandoz has promised to provide updated supply information to health professionals, but their worried calls to my department for help indicate that either the information or the supply, or both, are not getting through.

• (2000)

On Sunday, March 4, Health Canada became aware of a fire at the Boucherville plant through media reports. My department officials also received an email from Sandoz on March 4 confirming the facts. My officials urged Sandoz to go public with information about the fire, especially with their customers, again, the provinces and the territories.

When it became clear that information was not forthcoming, my officials advised the provinces and the territories of the fire, at noon on March 6. At the urging of my department, and only after we had advised the provinces, Sandoz finally issued a press release March 6. Only then did it publicly concede that the fire had forced a suspension of all production at the plant for at least a week. It took the company almost three weeks after the February 15 notification to deliver submissions for alternate supplies to my department in order that they be assessed for safety and effectiveness.

Sandoz is now scrambling to come up with a plan to solve the problem that interrupted production and created that shortage. Sandoz is also working to find alternative suppliers to make up for the shortfall from its production line.

I want to assure members of the House that our government is doing everything within its power to help minimize the impact of the shortage on hospitals and patients. We have been working around the clock to provide support to the provinces and the territories as they manage their drug supplies for their jurisdictions.

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As I have mentioned, the current situation has highlighted the fact that there is over-dependence on the part of the provinces and the territories on a single supplier for essential drugs. The provinces and the territories cherish their independence when it comes to choosing suppliers. Provincial and territorial health authorities have set up bulk buying groups to purchase medically necessary drugs for patients. These groups sign supply contracts with drug makers. They determine who their supplier is, how many suppliers they need and establish penalties for non-delivery. In short, they are the ones that enter into contracts with industry. If they decide to enter into a contract with a sole provider, it would be beneficial to also have a backup plan.

There is ample evidence of more frequent drug shortages, but we have not seen a parallel increase in the sharing of shortage information or advanced planning on the part of drug purchasers or suppliers. Purchasers express surprise and frustration at shortages that have appeared to come out of the blue, but rather than seeking multiple sources as a cushion against supply interruptions, we have seen a great reliance by them on fewer suppliers. Producers do not appear to have done any real work to identify alternate sources in advance, even though they are fully aware of the global supply constraints.

While we respect their independence, we would advise against creating a supply chain that is reliant on just one supplier. Our advice has been, and continues to be, that provincial and territorial governments not become overreliant on one source of medicinal drugs.

What role does our government play? We are assisting the provinces and the territories by identifying approved Canadian suppliers for drugs if their current source should be unable to fill a request. When asked, we are fast-tracking approvals of products, including those produced abroad, without compromising our higher standards of safety. We are ensuring that all of the important players are in contact with one another and that they have the latest information about potential or current shortages.

We have also been working with companies and health stakeholders to increase the amount of information available to Canadians on potential and actual shortages. In fact, I initiated this last summer when I wrote to industry with a request to find an efficient way to inform those purchasing drugs of potential or upcoming shortages. In these situations there is no substitute for advance information to allow doctors and patients to adjust treatment.

• (2005)

To date, industry has started to respond and we have had some success on this front. Two websites are now being used to post such information. Industry and professional health care associations also need to do their part and continue to work on information sharing and ensuring they create stability in their supply chains to prevent drug shortages from occurring. When supplies are interrupted, hospitals, clinics and health professionals implement strategies to ensure the most efficient use of existing supplies and to minimize impact on patients. They keep patients advised of the supply situation in each facility and community and adjust treatment schedules and procedures, if needed. Our approach on this has been to strongly encourage industry to be more open with information about shortages. If industry fails on this front, we will consider regulations that would require drug manufacturers and suppliers to provide information about potential shortages in a timely manner. Sandoz has committed to posting information for health professionals on current and potential drug shortages on its website, on the University of Saskatchewan Drug Information Services site and an equivalent French-language site. We expect Sandoz to keep providing information on what products may be in short supply. The timeliness and completeness of the information Sandoz provides will be closely monitored to determine if changes need to be made in the future to ensure Canadians have access to the information they need.

I have advised Sandoz that providing timely, accurate and comprehensive updates on the supply situation to its provincial and territorial customers is key and anything less is unacceptable. I was encouraged to hear about the letter that Sandoz sent out today in response to my letter to it, saying that it would respond to our call for transparency and sharing of details about drug shortages in the future a full 90 days in advance. I only wish there had been 90 days notice in this instance before the company had made changes to its level of production. I will choose to take Sandoz as its word, but will reemphasize that millions of Canadians will be watching closely to see if it follows through. For information on any actual potential local impacts, we encourage Canadians to contact their local health care authorities or health care professionals. Health care professionals may wish to contact the company directly for more information.

As we work our way through the situation, the well-being of every patient and the health and safety of all Canadians will always be our priority if faced with an actual or potential drug shortage. Doctors, pharmacists and patients need enough advance notice from industry so treatment can be planned in accordance with the supply of medicines available.

My department is the driving force behind the posting of information on shortages by industry on the public website where Sandoz is now posting shortage information. This is an important first step in responding to my call for increased transparency on drug shortages, but I have also called on industry and health professional stakeholders to follow through on their pledge made in the fall of 2011 to create a national one-stop drug shortage monitoring and reporting system in 2012. The Sandoz situation has underlined the urgency of completing this work as soon as possible. My department has a variety of tools available to help minimize the impact of any shortage. We will work to help maintain the supply of high-quality, safe and effective drugs by working closely with companies so they can quickly resolve any issues related to the manufacturing process, the quality of the products and any issue related to distribution. We are working with the manufacturers to ensure that any changes in the manufacturing process or location can be reviewed and authorized on a priority basis. That would also include any requests to supplement the supply from another manufacturer. We will be ensuring that all the necessary licensing requirements are met so there is always the assurance that drugs are safe and effective.

• (2010)

We are working with our international counterparts, such as the U. S. Food and Drug Administration, to identify additional sources of supply and to share information. We will also be making sure that the necessary information is available to the provinces and the territories for access to alternatives should there be an emergency. In other words, we will use all of the means at our disposal to help ease the impact of any shortage. Our response will be tailored to the situation as it arises.

Canadians can be assured that Health Canada is already fully engaged in our response to this situation, and we are equally ready to adapt our response as the situation evolves.

We also strongly encourage provincial and territorial health authorities to source drugs from multiple suppliers so that they are not vulnerable to production interruptions from a sole supplier.

It is also worth reminding members of the House that drug shortages are a worldwide preoccupation.

Members may recall the isotope shortage not so long ago. This is an example of how we had to collaborate with the provinces and the territories, as well as health care providers in order to find alternatives for imaging and tests that were much needed by cancer patients. There were a lot of positive lessons learned from that experience, and we are much better accustomed to finding alternatives.

Health professionals are equipped to recommend alternative drugs for patients when shortages do occur. Through our cooperative relationships with trusted regulators, such as the U.S. FDA and the European Medicines Agency with high safety standards like Canada, we have ready access to a wealth of information that will speed up our approval process for new sources.

We are expediting our authorization processes during the ongoing Sandoz shortage to help hospitals and doctors access alternative sources of safe supply. We will never compromise safety.

We have a team of experts assigned to deal with shortage requests. We are providing guidance to purchasers so that they have a clear understanding of the safety information we require when a new source of supply is found.

Overall, Health Canada's rules and regulations for authorizing drugs and manufacturing plants are designed to ensure that drugs sold in Canada are safe, effective and of high quality. Our safety

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standards are high because the health and safety of Canadians are what matter most.

Canadians deserve the maximum protection from drugs that are unsafe or do not work. We apply the same standards to all drugs, whether they are made in Canada or imported from another country.

Proof that a drug will improve the medical condition for which it is manufactured is required. We will authorize a drug only after we determine that the potential health benefits for patients outweigh the potential risk of using the drug.

We also require that drugs be packaged and distributed with information that will help doctors and patients make informed choices about their use. Drugs must be made by qualified, trained personnel and in a plant that is equipped to make and store the drugs according to the approved formula without contaminating it. A drug must also be tested for safety, effectiveness and quality before it leaves the plant, and it must be labelled correctly.

These are the standards to which we will adhere throughout any shortages, but working within the regulatory framework, we believe that we can help alleviate the shortages as they arise. We will help by sharing information between governments, health professionals and stakeholders. We will continue to work with manufacturers and stakeholders to share all relevant information on potential and actual shortages. Having a reliable source of information will give doctors and other health professionals the time and the opportunity to adapt according to the predicted supply disruptions.

When alternative supplies are identified, we will fast-track approval without compromising safety.

We will keep working with Sandoz to keep abreast of the production levels at the Boucherville plant so that we can interpret the impact any change might have on Canadians.

We will be making sure that all of the important players are in constant touch with one another and that they have the latest information about potential shortages.

There is nothing more important to this government than the health and well-being of Canadians. As we work our way through the current situation, we will also be looking to the future. We will be looking for ways to help the provinces and territories create a drug supply system that does not leave Canadians vulnerable because of changes on a single production line.

• (2015)

From now on drug suppliers and purchasers have to break with comfortable and profitable supply habits and assumptions. From now on we as a country cannot allow ourselves to remain in a position where the decisions of one drug maker can so seriously disrupt the entire health care system.

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In fact, all of the players in our drug approval and supply system have to be sure that their thinking and planning is always with a goal that is in the best interests of the patients and their needs. Canadians deserve nothing less.

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, I thank the Minister of Health for being in the House tonight to participate in this very important debate. We certainly need to hear what the federal government is saying about this issue and what has happened over the last few months.

In listening to the minister's speech, I find it incredible that there is no recognition or acknowledgement that the lack of any plan has created this disaster. Does the minister believe that she and her government have properly served the needs of patients in responding to this crisis?

Will she acknowledge that these voluntary measures, the website and sending letters back and forth, simply have not worked? She has given a whole litany of complaints with the company. This is no small player. This is the federal government and the Minister of Health. Surely it raises the question that the lack of a proper reporting mechanism such as we see in other countries has contributed vastly to this crisis.

I would like her to respond to that and reflect on what has taken place over many months now. We were warned of these shortages a long time ago. I would like her to reflect on the so-called plan the government has which simply has not worked. Otherwise, we would not be having this debate tonight.

Hon. Leona Aglukkaq: Mr. Speaker, the drug supply chain is very complex. It does not just occur in Canada; it occurs outside Canada as well. The supply chain can be disrupted within Canada and outside Canada.

As the member is well aware, the provincial and territorial health ministries deliver health care. Our role is to work with the provinces and territories and assist them in addressing the issue of drug shortages. Within the regulatory authority that we have in Canada, we have provided information to the provinces and territories to ensure that they have access to other companies in Canada that provide the drugs in question.

In terms of moving forward, we have to work with the provinces and territories. They are the ones that deliver health care in Canada. We have to respect the Canada Health Act. The provinces and territories are best positioned to respond to their supply needs. At the same time, they have contracts in place with a number of industries. They can best tell whether they have the notice provisions or notification of any disruptions and so forth. Our role is to work in partnership with them as well as with industry to address this concern.

Hon. Bob Rae (Toronto Centre, Lib.): Mr. Speaker, could the minister tell us in the government's view, is it or is it not the responsibility of the federal government to do two things: one, to ensure there is an adequate supply of necessary drugs across the country; and two, if the voluntary system is so patently not working, to provide a regulatory framework to ensure there is accountability for the supply of drugs?

• (2020)

Hon. Leona Aglukkaq: Mr. Speaker, the regulatory process is always an option for us to look at. My response was to deal with the immediate issue before us. If I started the regulatory process for jurisdictions, that would take about two years to complete. I needed to respond immediately to the drug shortages in Canada to be able to look at and identify sources for the provinces and territories.

The provinces and territories deliver health care. They have contracts with the industry to make sure that they have the drugs for their health care system.

Health Canada approves drugs for Canada and they are available for each jurisdiction whether they want to include them in their formularies or not. We also have emergency review processes in place to respond quickly to any type of shortage. We are doing that.

Again, it is up to the provinces and territories to purchase the drugs and to look at alternate suppliers so that they are not put in the situation which they are in now. Health Canada has been working 24/7 to assist the provinces and territories in dealing with the drug shortage situation.

Mr. Parm Gill (Brampton—Springdale, CPC): Mr. Speaker, I understand this is not the first time there has been a drug shortage in Canada or in other parts of the world. All members in the House understand that health care is the responsibility of the provinces and the territories.

Could the minister provide us with some information as to what Health Canada and the hon. minister are doing to minimize the impact on Canadians of this shortage of drugs?

Hon. Leona Aglukkaq: Mr. Speaker, in circumstances where the shortage of important drugs does occur, Health Canada will work with the provinces, territories, manufacturers and health professionals to minimize the impact.

Canadians can also be assured that Health Canada is ready to respond on a priority basis. For example, we can help authorize access to alternatives on an emergency basis and expedite the review of manufacturers' changes or new suppliers. We will use the right tools for the situation at hand. The time required for each will depend on the specific request.

We expect Sandoz, as an example, to post all of its drug shortage information on its website and existing public websites at the University of Saskatchewan Drug Information Services. An equivalent French website has been established. Health Canada is closely monitoring the timeliness and completeness of the information that Sandoz has provided to determine if changes are needed to make sure that Canadians have access to the information they need. We are encouraged by its response.

[Translation]

Mr. André Bellavance (Richmond—Arthabaska, BQ): Mr. Speaker, it is true that the federal government does not have much to do with health care, but what little it does, it should do properly. Transfers to Quebec and the provinces are one thing, but the list of unavailable drugs is also within the federal government's purview. Right now, drug company participation is voluntary. The minister can respond, but I believe that her government is receptive to the idea of making the list mandatory. That would help. A system to alert stakeholders about shortages is clearly within federal jurisdiction.

I would like to ask the minister one simple question. The FDA found a problem with one single product at the Sandoz plant, so why did it conclude that the entire pharmaceutical company was compromised? The government could talk to the U.S. government about that. There was a problem with one single product, a product that is not even used in Canada or Quebec. That is unbelievable.

• (2025)

[English]

Hon. Leona Aglukkaq: Mr. Speaker, that one product that is produced by Sandoz is not used or sold in Canada. The FDA notified Sandoz because Sandoz provides that drug to the United States.

The problem escalated because there was a fire at the Sandoz factory. Late notification from Sandoz to the provincial health authorities has created this situation. We are working with the provincial and territorial health ministries to respond to the situation.

At the same time I would encourage members of the House to read today's press release stating that members of Canada's pharmaceutical industry have come together to address the drug shortages in Canada.

I am encouraged by the response we are receiving from industry to provide timely and accurate information to the provinces and territories, pharmacists, medical associations, and all stakeholders involved to deal with drug shortages or anticipated drug shortages across the country. This is a work in progress.

What we saw with Sandoz has resolved that we need to do this as quickly as possible.

[Translation]

Mr. Denis Blanchette (Louis-Hébert, NDP): Mr. Speaker, I thank the minister for taking part in this debate.

One of the reasons we have this problem right now is that health costs are increasing considerably, and the provinces are always looking for ways to reduce costs. Because the federal government does not want to provide the provinces with enough funding for health care, among other things, the provinces are forced to have a single supplier in order to get a better price. This causes the problems we are experiencing right now. All the minister is offering is to advise the provinces to ask the private sector to co-operate.

I have two questions for the minister. First of all, at what point is she going to stop simply asking people to co-operate and finally show some leadership? Second, once she finally decides to show some leadership, what does she plan to do to ensure that Canadians never have to go through this again?

[English]

Hon. Leona Aglukkaq: Mr. Speaker, I again must emphasize that the provinces and territories deliver health care. I work with the Quebec provincial health minister who I have spoken to in regard to this situation. The provincial health ministers know best what their hospital requirements are with respect to supplies. The provincial governments have contracts with their suppliers who tell them what products they need when and where. Each jurisdiction signs a contract with the industry to purchase its drug supplies.

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When we were dealing with the isotope shortage situation, we diversified our supply chain. The lesson learned in that situation should be applied in this situation. Jurisdictions should also diversify their supply chain for the drugs that are used within their hospitals.

We will continue to work with the jurisdictions and the provincial and territorial health ministries to ensure that they have a backup plan with respect to the contracts they have with drug suppliers.

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I am pleased to speak to this issue probably because we have been raising it at the health committee and with the minister in this House for almost the last year.

The minister said some important things that I did not realize she had jurisdiction over. She said that the federal government has jurisdiction over the regulatory framework that allows it to look at contamination and safety standards and quality for unsafe manufacturing standards in any kind of manufacturing sector that has to do with health. I need to ask the minister a question and I hope she will be able to answer it at some point in time in the House.

Sandoz was told by the FDA in July 2009 that it had breached manufacturing standards with regard to aseptic and contamination processes and with regard to crystallization in its intravenous products. The minister should have known that if she had been checking and inspecting the plants the way she told us she had been. However, she obviously did not bother to do that in July 2009. Then, just prior to the FDA giving a letter to Sandoz in November, the health department decided that Sandoz was doing absolutely appropriate manufacturing practices and that its quality controls were very good.

I need to find out from the minister why she did not act long before she knew about this. To say that she only found out about it recently really concerns me because it means that somebody is footdragging on the job here.

We raised this issue in August, September and November 2011 because I, as a physician, and the Liberal Party were very concerned about the potential risk to patients and the safety of patients in this country. We knew this because the Canadian Pharmacists Association had written a report in the fall of 2010 warning and asking the federal government and, in some instances, provincial governments to act with regard to impending shortages. Ninety-eight per cent of pharmacists surveyed in 2010 said that they were having trouble finding certain drugs within the last week.

We are not only talking about drugs used in the ICU, in the OR and in the emergency room. We are talking about drugs used for children, antibiotics, pediatric drugs and essential cancer drugs for patients. We are talking about painkillers and drugs like Prednisone that is an essential drug for many conditions and can actually save lives. We are talking about a shortage of ordinary drugs for epileptics that have been used for many years.

It is interesting to see the surprise the minister evidences when she says that this is the first time she has heard about this even though she knew about it in 2010. Her and the government's reaction in 2010 was to set up a voluntary system. I wanted to contrast this to what the United States did. As soon as it found out about this shortage, congress did an investigation. We have been asking the Department of Health, the minister and the health committee to do a similar investigation, with absolutely no results. Not only that, but the president issued a directive stating that he would like to look into various components of the root causes of this problem, some of which relate to why companies are not making drugs anymore, why a profit margin is a big problem for them and what we can do about it. He was looking for collusion. He was looking for actual financing problems within a manufacturing sector that is very private and is based on supply and marketplace demands only. Therefore, he felt that it was important for him to look at pricing as a cause for why certain drugs were not being made anymore.

Congress will soon be tabling legislation that basically says that companies would need to give three months to six months notice when there is an impending shortage or when they decide they will no longer make a drug. Other companies would then have the opportunity to pick up the slack and make that drug.

We are talking, as the minister so eloquently put it, about drugs that are essential for the life and health of Canadians. As the minister also so eloquently put it, the health department is responsible for the safety of patients in this country.

• (2030)

The United States took immediate steps a while ago to deal with an issue that everyone knew about but our health minister continued her voluntary system, which has not worked, and then waited for a catastrophe to occur, a catastrophe that she is now trying to avert and blame everyone.

The issue of what is happening at Sandoz is only the tip of the iceberg. It is an issue that is affecting many drugs. Sandoz has flagged it. It has created a crisis that made the government suddenly decide to wake up, take notice and do something, except I still hear the minister talking about not regulating and no mandatory websites, but simply going back to trusting everyone to do the very best they can.

I am pleased to know that the minister is interested in working with the provinces, instead of blaming them for sole sourcing. If one looks at the issue of drug shortages, it is not only what happened at Sandoz. We know there are many reasons. For instance, many drugs that were made by generic companies that are no longer profitable are not being made. That is about 90% of the problem. The other 10% of the problem is the fact that there are no raw materials available. However, that is not really an issue. One can deal with raw materials by looking at a robust R and D system that might be able to find new materials to make drugs.

The problem really is that the provinces need to buy the drugs they can afford on their formularies and, therefore, are looking for the cheapest drugs. When a drug becomes so cheap in the country that there is no profit margin for a generic company, the generic company stops making it. Regulations will be put in place in the United States to deal with that. Why does the minister not look at the legislation and regulations in Canada and do the same thing in order to forewarn us and find a way to look at a moral imperative, whether it is a tax credit or whatever the incentive, to ensure that companies that no longer make drugs because of lack of a profit margin have some sort of incentive. I do not know what the answer is but this is the greatest source of the problem and we need to look at it.

The minister was warned and yet has done very little. Now, suddenly, she is saying that she is willing to do a lot of things. I would like to give her some ideas.

Within the Food and Drug Administration there is sector called the drug shortages program which has been in place for quite a while. I believe there are 11 people working in that sector and they are there to work closely with the manufacturing sector, the hospitals and the pharmacists to find out what drugs will have shortages, find a way to avert the shortage and ensure that there will not be a shortage. They have been doing that quite well within the Food and Drug Administration of the United States. Why has the food and drug administrative area within the minister's department done the same thing? It has a best practice and it has seen it work.

We are talking about what a responsible government does. We have seen what the United States FDA does as a responsible government. We have seen what congress does as a responsible government that cares about the health of its citizens. I would like to know the reason for the foot dragging. What is the reason for us not following the best practice?

When we look at global shortages, the minister is putting a bandaid on a problem. Sandoz is not the problem. Sandoz is part of the problem but it is only one of the things that is causing drug shortages. The minister says that she and her department are going out of their way to get offshore sourcing for the drugs that Sandoz is no longer making. Because this is a global problem, there will come a time when those drugs will not be available to us in Canada and I would like—

• (2035)

The Speaker: I hate to interrupt the hon. member. She has one minute left to conclude her remarks. I was wondering if she could inform the Chair as to whether she was planning to split her time.

Hon. Hedy Fry: Yes, Mr. Speaker, I am splitting my time with the member for Halifax West.

Problems are occurring. The minister and Canada have good standing at the World Health Organization and they should be talking about this as an urgent global problem. I can understand why the minister would not do that. Since she herself has not addressed the urgent problem in Canada, it probably would be a bit of a problem to ask other people to address a problem that she has not taken any steps to prevent or avert.

The federal government has in its power the ability to look at regulations, legislation and work with pharmacists, hospitals, provinces and manufacturers to build a system that we could strongly regulate and pay attention to the way the United States is doing. We could flag when there are going to be shortages, avert them and protect Canadians.

I would hope that, having learned a lesson, as the minister said, she will no longer drag her feet and she will take important mandatory steps to deal with this problem.

[Translation]

Ms. Anne Minh-Thu Quach (Beauharnois—Salaberry, NDP): Mr. Speaker, I would like to commend the hon. member for Vancouver Centre on her speech, which allows us to continue the debate and ask the Minister of Health some very important questions.

Although the Minister of Health continues to repeat that this issue falls under provincial jurisdiction, the federal government also has responsibilities, including the responsibility to ensure sufficient regulation, as the hon. member said so well, in order to prevent shortages like this one from happening again.

The Minister of Health said earlier that it would take two years to establish a regulatory system; however, if we do not establish one, we will never have one. We will always be reacting to problems as they occur instead of implementing a long-term solution by creating a mandatory registry and diversifying supply sources in co-operation with the provinces. In order to do so, the federal government must speed up the approval process for the various supply sources. The current drug verification process is very long; even the Auditor General has said as much. Verification can sometimes take over two years. I would like to know what the Liberal member thinks about this.

• (2040)

[English]

Hon. Hedy Fry: Mr. Speaker, as a physician, I look at best practices and I look at results. Our neighbour to the south has shown us the way to best practices. The minister has absolutely no excuse for not looking at the kind of legislation that is being put in place by Congress with regard to mandatory early warning systems with a penalty from manufacturers if they are no longer going to be making a drug, so that another manufacturer might want to pick up the drug. That is important.

The minister has a duty to ensure that manufacturing practices for drugs and food in this country are safe for Canadians. She has already said so herself. There are many things the minister can do immediately. But in the long term, there still needs to be a long-term

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plan to deal with the problem of companies no longer wanting to make drugs because they are not profitable, to deal with the longterm plan for raw materials shortages and to deal with a mandatory reporting site.

I do not know if the hon. member saw it, but there is a press release that just came out from the brand name pharma, research and development pharmaceutical companies, the generic companies, suggesting they are prepared to put \$100,000 each into starting a process to deal with this issue. Should the Minister of Health not have done that?

Mrs. Joy Smith (Kildonan—St. Paul, CPC): Mr. Speaker, clearly I have to applaud the minister for her leadership and being a catalyst to anticipate the collaboration between industry and provincial jurisdictions, but we are talking about provincial jurisdiction here tonight. Drugs are manufactured and supplied by industry. It is the most appropriate place to do that. Through that, it is the provinces that deal with the formulation of the plan to have the drug supply for each individual province.

I am wondering if the member thinks we can supersede the provincial jurisdictions in this area, because this is not the jurisdiction of the federal government. I have to applaud the minister for taking the leadership to pick up the phone and ask those questions and encourage the provinces and the industries to work together.

Could the member please answer that question?

Hon. Hedy Fry: Mr. Speaker, the federal government is responsible for the Canada Health Act, which speaks clearly to the issue of accessibility, of universality. Accessibility means regardless of ability to pay; and accessibility means it does not really matter where one lives. So the federal government has a role to play to ensure that the federal government looks at the manufacturing standards and the safety of the manufacturing of drugs in the country. If the federal government had done that, it would not have okayed Sandoz just before the FDA sent it the last letter. It would have also known there was a problem with it.

The other thing that the minister might want to know—

Hon. Leona Aglukkaq: This is not so with Canada. Did you not hear my speech?

Hon. Hedy Fry: Mr. Speaker, if you wish, I will sit down until the minister stops commenting and I may be able to speak freely.

The Speaker: I will ask all members to hold off on comments until the Speaker gives them the floor. The hon. member for Vancouver Centre has 20 seconds left to conclude.

Hon. Hedy Fry: Mr. Speaker, there are lots of things the minister can do. We have seen it happen in other countries. We have seen the United States take steps. I have repeatedly brought this to the minister's attention. She has completely ignored the problem and only responded when there was a crisis.

Even now with the crisis, the minister does not seem inclined to do anything that is mandatory, any regulation, and to do the job—

The Speaker: Resuming debate, the hon. member for Halifax West.

Hon. Geoff Regan (Halifax West, Lib.): Mr. Speaker, I am very pleased to take part in this emergency debate. In fact there is certainly a need for an emergency debate and it has been building for some time now. It was almost two years ago, in fact it was late 2010, that the Canadian Pharmacists Association sounded the alarm on shortages.

We have heard the minister this evening tell us that it takes about two years to bring in regulations. That is not much of an excuse, when in fact the Conservative government has had almost two years and it has not begun the process of bringing in regulations.

A few minutes ago the minister said to my colleague to be nice, and I do not think she was being unpleasant or making any particular personal attack, but she did not like the criticism, it seems. None of us likes criticism, but we all have to take it, and we have to take it in this place from time to time, especially when one is a minister. That is the way life is for a minister. One has to take responsibility and be held accountable in this place. That is our job, as MPs, to do that.

The question really is this. Did the minister and her department act urgently when a problem appeared, and did they take the appropriate steps? That is a reasonable and fair question. It is not a matter of not being nice. That is the appropriate question we have to ask here to test the competence, the accountability, the actions of the government.

The fact is that the Conservatives have known about this for two years. The fact is that we warned them several times last year, and my colleague asked at least twice in committee for studies of this issue, to look at the drug shortages issue.

We suggested the idea of regulations. We recommended a mandatory reporting system. All of these have been disregarded by the government. It said it had it under control. It said, "We know what we are doing. We do not have to listen to any of this. We will not listen to you, because you are another party. You are the Liberals. We do not want to hear anything the Liberals say", which of course is unfortunate. That is a very unwise attitude for any government to take, because the responsibility of being in government is that one has to try to look out for the whole country, or ought to, and one has to accept criticism. One has to accept ideas from wherever they come.

It was two years ago, as I said, that the Canadian Pharmacists Association sounded the alarm and noted that 90% of pharmacists were facing drug shortages each week when filling prescriptions, and it noted that these shortages have got worse over time. This is not at all a new problem.

We talk about this issue with Sandoz Canada. The minister said that particular drug was not sold in Canada. What she did not say was that her department is inspecting that plant and watching what it is doing in a variety of areas, and what is concerning is that the FDA, the U.S. food and drug administration, could find serious problems at that plant, and Health Canada did not.

What is going on over there? Why did it miss these things? Why is it not doing a more thorough job? Why is it not sounding the alarm? Why is it not letting people know about these problems? It ought to have known for two years now about a serious problem in this area. It has done nothing about it. In relation to Sandoz, it was July 2009 when the first issues arose in relation to this particular drug. Is the minister telling me that every other drug was being manufactured exactly to standard, that no problems existed when there were repeated manufacturing problems identified by Sandoz Canada? That really stretches credibility.

In the fall my colleagues and I held a round table with drug experts across the country on the drug shortages, because we were becoming concerned about what was happening, what we were hearing from pharmacists and what we were hearing from patients, for instance, who had epilepsy.

I have a bill to make March 26 purple day. I appreciate the support of members around the chamber. It has gone off to the Senate now, but through the process of working on that, I have heard from people with epilepsy and those involved in those organizations about that shortage. It is not a new problem, but what is the government doing about it?

We hear the minister saying her department will watch what happens and maybe it will bring in some kind of regulation. This is two years into the problem that she is saying this. We know it did not do that when it came to sodium or trans fats. Once again, instead of having a mandatory reporting system, it went voluntary. It is a voluntary reporting system, so it has had opportunities over and over to take action and has failed to do so. That is disturbing.

• (2045)

In fact, the reporting system the government brought in, the voluntary one, is truly toothless. It does not have any bite.

What really astonishes me, in view of that, is that tonight the minister, who up until now has been blaming the provinces for the problems, now blames the pharmaceutical generic drug company, Sandoz Canada, for not giving notice and for not putting it on this voluntary website earlier. What did the government expect when it made it voluntary?

Even now, when the minister sees that it has not taken advantage of this voluntary reporting system and has not reported on that and she expresses her frustration and anger at Sandoz Canada for not doing what she says it should have, instead of saying, "Now we're going to put them down hard and we're going to make this mandatory", she is saying, "Look. We're going to watch things and if things don't improve, maybe we'll regulate".

We can go back to what I said at the beginning about our responsibility to hold ministers and the government to account and what standard we have to apply. It seems to me clear that the minister and the government are not meeting a reasonable standard in this case. If there were real concern, if they were acting quickly, if they were acting with alacrity, if they saw this as urgent, surely they would do more than say, "Well, we aren't happy with Sandoz but maybe, if things don't improve over the next who knows how long, maybe we'll bring in some regulation". Boy, that is really cracking the whip. Can members imagine a tougher approach? I sure can, as a matter of fact. However the fact is, as my colleague has said, that ensuring a safe supply of essential drugs is a key responsibility of the Government of Canada. Who inspects these places? It is not the provinces. It is Health Canada. It does inspections. It is its responsibility to oversee that. Surely, this is a national issue for all of us across the country to ensure we have equal access to health care, equal access to these important drugs.

It is not a new problem, this shortage of essential drugs needed for common health issues and procedures. This shortage has been going on for quite a while. As my colleague said earlier, it is not limited to Canada. It is a global problem. Therefore, to say that during this crisis we are going to get them from other countries, which was one of the answers the government suggested, how does that make sense if it is a global shortage?

One of the problems here is that the provinces have not had advance notice. The provinces did not hear from the Government of Canada about this in advance. They heard about it two weeks ago. They had no advance warning, the kind of warning that Health Canada ought to have been able to give them and ought to have given them. In fact, had they been able to know sooner, they could have started to make adjustments.

I mentioned epilepsy. People with epilepsy who have to change the medication they are on cannot do it at the flip of a switch. It takes time. They have to reduce one drug and then start another one gradually. They cannot do it instantly. Of course, in that transition, there are difficulties. Obviously if they have a drug that is working well and suddenly they have to use less of it, that is a concern. Then they have to switch to a new one, which they hope will not have negative side effects, and see how that goes, and then they ramp up gradually. That is why it is so important that the provinces get notice ahead of time and get a chance to prepare for this. It is all the more reason to have a mandatory reporting system.

I know we have heard the Canadian Generic Pharmaceutical Association say that generic pharmaceutical manufacturers are pursuing all options in trying to find ways to deal with this, and I appreciate that, and that there are shortages from time to time. However, the question is not whether there are shortages but how the government deals with these issues.

The Best Medicines Coalition, which is a national broad-based alliance of patient organizations, is extremely concerned about these shortages. It is seeing them. We are hearing about this from patients. We are hearing about it from all kinds of medical groups. Pharmacists, obviously, are experiencing this on a daily basis.

When drug shortages occur, patients are at risk, so why would the minister say it is the provinces' fault, because they only had one source for each of their drugs? Why would she say it is the company's fault? Why would she not say, "Look. We have a responsibility here. We're going to take action now. We're not going to say 'Maybe some day we'll take action'. We're going to act now and do something about this."?

• (2050)

Disruptions in drug supply can compromise patient care. In some cases, such as drugs that are used in surgery, they can be life threatening. That is a scary thing.

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It is an urgent matter. It is time for the government to take an active role and get on the ball with this. It is time for the government to realize that urgent action is required. It is time to wake up, get moving, get the ball rolling and bring in mandatory reporting. It is not the time to be making excuses and blaming the provinces.

• (2055)

Mr. Colin Carrie (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, I have been paying attention to the speeches this evening. I found one of the comments from my colleague, the member for Brampton—Springdale quite interesting. He said everyone in the House understands the difference between federal and provincial jurisdiction. Listening to the speeches tonight, I do not think that is true. It is obvious, for anyone who knows the jurisdictional issues, that Health Canada has a regulatory obligation to approve drugs sold in Canada, determine the appropriateness of the drugs to be sold in Canada and ensure that where the drug is manufactured is safe.

We have been hearing this evening that we should be regulating, regulating, regulating. However the truth is we cannot really regulate supply. We cannot mandate supply. I was listening to my colleague talk about reporting. We have a voluntary system in place and we are monitoring that. I wonder if he could explain to us what the federal Liberal regulations would look like so that Canadians would know?

Hon. Geoff Regan: Mr. Speaker, I hope my hon. colleague is not asking me to draft regulations here on the floor of the House of Commons this evening. I am sure if he talks to the officials at Health Canada, because they are not going to do the job themselves, obviously—

They need someone to do it for them. I am disappointed if there are not officials at Health Canada, or perhaps the Department of Justice, who could do that kind of drafting for them. The Government of Canada has a responsibility to inspect drugs and to make sure that Canadians have a supply of safe drugs. That is its responsibility.

If the Conservatives have moved in this direction at all, why can they not bring in mandatory reporting of shortages? If they are not prepared to do that, then we are going to have a serious problem. It is time for them to take action and stop making excuses, which is all we have heard tonight.

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, I would like to pick up on those comments, I think there is a very high level of awareness in the House about the federal, provincial and territorial division of power and responsibility. I heard the minister say earlier that the provinces and territories deal with the suppliers. That is not what we are talking about. We are actually talking about an oversight role and a reporting mechanism. Even the provincial health ministers are saying they want the federal government to get involved in this. There are a number of them, including the provincial health minister from Alberta.

Would the member comment on that? I know he understands that differential between federal, provincial and territorial levels. We are not talking about wading into a provincial role here. We are talking about the federal government's responsibility under the Canada Health Act, for the safety and availability of drugs, to be proactive on this issue.

Hon. Geoff Regan: Mr. Speaker, I thank my hon. colleague, and I agree with her comments. In fact, the minister and the Conservatives have been talking tonight about the fact that they did not know. My colleague made the argument eloquently, as did my leader, about the Canada Health Act and its role and the responsibilities of the government under it. Even if the minister and the Conservatives did not agree with us, in their role as inspectors of the safety of drug manufacturing, they ought to have known much sooner. They ought to have been able to give notice.

We know there has been a problem with drug shortages for two years now. There have been problems at the Sandoz Canada plant since at least July 2009. That the government had no idea makes us very seriously concerned about the competence of the government and what is going on over there.

Hon. Bob Rae (Toronto Centre, Lib.): Mr. Speaker, I wonder if the hon. member would agree with me that this ideological attempt by the Conservative Party to simply throw all the responsibility onto the provinces and then to blame a particular company for a particular problem is in fact a complete evasion and abdication of responsibility on the part of the federal government?

Whatever the Prime Minister may like to think, the Government of Canada has a major responsibility and role in the health care system. It is a regulator. It is speaking to something which has been deemed by Canadians to be a key aspect of Canadian citizenship. It is also a large provider of health care to veterans and to aboriginal people. It can no longer abdicate this responsibility.

In that regard, I wonder if the member would not agree with me that this particular federal government has completely failed in its responsibility with respect to the safe supply of drugs?

• (2100)

Hon. Geoff Regan: Mr. Speaker, when a member's Party leader asks if the member agrees, the member gets a little worried about what he is going to say next, and hopes to agree.

I find myself in the happy position of saying, "Yes, I agree completely with his comments."

Mr. Colin Carrie (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, I am sharing my time with the member for Kildonan—St. Paul.

[Translation]

I am pleased to be taking part in this important debate this evening. I believe that all members' constituents have expressed their concerns about the drug shortage by email, telephone and even fax.

[English]

Some have family or loved ones who worry about possible delays in needed surgery. They are unhappy about the scope of the shortage. Understandably, people want to know how this happened. They want to know what is being done to fix the problem.

This evening the government will address all aspects of this complex and frustrating situation. We have just heard the Minister of Health lay out the broad strokes of action she is taking to help address the shortage. I would like to express my deep appreciation for her, for the work she has done to make drug makers like Sandoz and drug purchasers live up to their responsibility to do better and to prepare better for shortages.

I know that she and her officials have worked 24/7 to help solve the drug shortage issue since suddenly learning about it a few weeks ago. Before we can understand the proper role of the federal government on drug shortages, I think it is important to understand the basics of drug approval and supply in Canada.

[Translation]

The federal government's main role is to ensure that drugs purchased or sold in Canada are safe, effective and of high quality. Once Health Canada has approved a drug, the manufacturers and buyers are free to enter into commercial contracts for its supply. The terms of these contracts—cost, quantity, rate of use, number of suppliers required, distribution and penalties for failure to supply are all agreed to by the buyers and the suppliers.

[English]

Provincial and territorial health authorities have set up bulk buying groups to buy drugs for patients. This model has worked for provinces and territories because it has maximized their purchasing power and price leverage over suppliers. It has worked for suppliers because it means they do not have to negotiate separate deals with each government, health authority or hospital.

The federal government has no involvement in or knowledge about the nature of these arrangements. Indeed, one would wonder how the provinces and territories would react if the federal government tried to dictate to them any terms of these private, commercial arrangements.

The most important consideration in any shortage situation is the needs of the patients. Doctors and pharmacists need enough advance notice of a shortage so that treatment plans for patients can be smoothly adjusted if needed. When production and distribution of medically necessary drugs is interrupted, a drug maker is the first to know that a shortage is about to happen. This means it will not be able to fulfill the terms of its supply contracts. The drug maker is responsible for advising its health care customers in advance what drugs are affected and how long they may be in shortage.

Drug makers must also identify alternative supplies that can make up the shortfall to customers. This may be found within their own operations or from other suppliers that make similar drugs in Canada or in other countries. The drug maker must also come up with a plan to solve the problem that caused the shortage in the first place. When supplies are interrupted, hospitals, clinics and health professionals must implement strategies to ensure the most efficient use of existing supplies and to minimize the impact on patients. They keep patients advised of the supply situation in each facility and community and adjust treatment schedules and procedures if required. If a shortage is significant and long in duration, alternative supplies may be sought from drug makers within Canada or in other countries.

Once we understand the basic facts of how drug purchasing and supply works, then the proper role of the federal government in any shortage situation is clear and logical. When there is a shortage, Health Canada, consistent with its mandate and authority, works closely with purchasers and suppliers to ensure any new supplies of needed drugs are safe, effective and of high quality. Health Canada has a variety of tools available to help do this. It works closely with companies so they can quickly resolve manufacturing, quality and distribution issues. It works with manufacturers to ensure alternative suppliers, changes in manufacturing processes or locations can be reviewed and market authorized on a priority basis. It ensures all necessary licensing requirements are met. It works with international counterparts, such as the U.S. Food and Drug Administration, to identify additional sources of supply and to share needed safety and quality information. It provides priority access to alternatives on an emergency basis.

Health Canada will use the right tool for the situation at hand. The time required for each will depend on the specific request, but Canadians can be assured that Health Canada responds on a priority basis.

Health Canada is expediting authorization processes during the ongoing Sandoz shortage, but safety will never be compromised. The last thing anyone wants is for patients to be harmed by unsafe drugs authorized in a rush to fill supply gaps. A team of departmental experts has been assigned to deal with shortage requests. They are providing fast, real-time guidance to purchasers so they have a clear understanding of the safety information needed when a new source of supply is found. Through the various networks supported by the health portfolio, Health Canada is bringing together purchasers and companies to exchange the latest supply information and to foster pan-Canadian coordination of the shortage response. Through co-operative relationships with other trusted regulators, such as the U.S. Food and Drug Administration and the European Medicines Agency, Health Canada has ready access to the wealth of information that will help expedite approval of foreign sources.

One of my colleagues will be addressing the recent and growing global nature and impact of drug shortages a little later on. Despite the ample evidence of this phenomenon, we have not seen a parallel increase in the systematic sharing of shortage information or advance contingency planning on the part of drug purchasers or suppliers. Purchasers express surprise and frustration at shortages that have appeared to have come up out of the blue. Rather than seeking multiple sources of product as a cushion against supply interruptions, we have seen a greater reliance by them on fewer suppliers. Sandoz, for instance, has been allowed to become the sole or dominant supplier of many critical medications. Producers do not appear to have done any real work to identify alternative sources in advance, even though they are fully aware of the global supply constraints.

• (2105)

I cannot say why this state of affairs has been allowed to develop, but the bottom line is that in a shortage situation there is no substitute for information. The right information needs to get in the right hands at the right time. This means doctors, pharmacists and patients getting enough advance notice from manufacturers so that treatment plans can be smoothly adjusted if needed and if possible. That is why the Minister of Health has been encouraging companies to fill

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information gaps around actual and potential drug shortages and make it a top priority.

Health Canada's collaborative work with industry has paid off. It has resulted in a commitment by Canada's research-based pharmaceutical companies and the Canadian Generic Pharmaceutical Association, of which Sandoz Canada is a member, to collect information from member companies on current and impending drug shortages. They have committed to communicating this information to Canadians on two existing public websites on drug shortages.

Industry, together with health professional associations, have also committed to the development of a national one stop drug shortage monitoring and reporting system in 2012. The minister commends companies that have stepped up to provide more information.

• (2110)

[Translation]

However, she is disappointed, and with good cause, that Sandoz Canada has not met this commitment in the current situation.

[English]

The government is disappointed with the lack of clear and timely information that Sandoz has provided to Canadians about this serious shortage. The company knew months ago that it was coming, but it did nothing to find other supplies until very recently and it only advised customers and Health Canada about the extent of the impending shortage a few weeks ago. I am cautiously optimistic that Sandoz has heard our concerns about information sharing and making information available as soon as possible to provinces, territories and medical professionals.

While Health Canada officials were speaking with Sandoz about possible disruptions in light of the FDA warning letter, requests for specific details about which drugs would be affected were not responded to. Today the company has said that it is responding to the Minister of Health's concerns about transparency, committing to share information about potential future drug shortages 90 days in advance.

I want to encourage Sandoz by saying that if the company were to take this step, it would go a long way to rebuilding trust that patients need for the company to be successful in the long run.

[Translation]

Ms. Isabelle Morin (Notre-Dame-de-Grâce—Lachine, NDP): Mr. Speaker, the parliamentary secretary spoke a great deal about the role of the federal government in all this, and he also bragged about what Health Canada is doing.

Health Canada currently has a voluntary reporting system. What we are asking for is that the system be mandatory in order to have drug producers tell us in advance if they are going to have a problem with certain drugs so that we can plan for it. It is not true to say that the federal government does not have a role to play in this.

I would like the member opposite to explain why he says that this is not the federal government's role. I do not know where he gets that idea, but imposing a mandatory system falls under our federal jurisdiction. I would like to hear what he has to say about that.

[English]

Mr. Colin Carrie: Mr. Speaker, the member's question is being asked by a lot of people. What she does not understand is it is the provinces and the territories that sign the contracts with the companies and the suppliers. Any of the details within those contracts are details between the provinces and the suppliers. As I said in my speech, even if we brought this forward, I doubt the provinces would want to give us that information. Frankly, the provinces, within their jurisdiction, could make these regulations.

I would encourage her to look at the jurisdictional issues and encourage her province, if it wants to take this step forward, to go ahead. I think it could do that.

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I listened carefully to the hon. member make statements about what he saw as the federal role and what the federal jurisdiction was about. The member says that it is obviously the provinces that are at fault for sole sourcing. He said that Sandoz was at fault for not telling everybody on time.

The hon. member has pointed out why a voluntary system does not work, if the government does not get the warning on time. However, the hon. member also took responsibility as a federal government for the manufacturing, the quality control, the contamination, and all that occurs in the manufacturing plant.

I keep asking this question and I would really like to hear an answer. Given that the Food and Drug Administration in the United States pointed out the problem in 2009 and given that the Minister of Health passed the inspection of Sandoz just prior to the second letter from the FDA in 2011, why does the government continue to say that it did not know? If it did know, and it knew the provinces were sole sourcing, then why did it not warn the provinces back in November 2011?

Mr. Colin Carrie: Mr. Speaker, if members listened to the question, it was quite convoluted. It went every which way. I am not sure if it takes me up to Nunavut and back again.

I would like to answer the question the member brought forward and, if she was paying attention, the minister did answer that in her speech.

The drug that was found in Sandoz manufacturing was manufactured for the American market. It was not a drug that was being sold on the Canadian market. Health Canada went into the plants and determined that the drugs made for the Canadian market were fine and it did not find any problems with them. The member is getting this mixed up between the American and Canadian markets. Some of the comments seem to be mixed up with the Canadian and American systems.

We are very proud of the Canadian health care system and we are committed to working with the provinces and territories because it is within their jurisdiction. We want to help them come up with a good solution for Canadians.

• (2115)

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I hope members will bear with me. I want to ask a question that goes above and beyond the current moment of crisis.

We seem to have a persistent problem of accessing painkilling drugs globally and we recognize that. However, there has been an idea that has been floated for a number of years with the Senlis Council relating to Afghanistan. The hon. member may know where I am going with this question now.

There has been some very viable and impressive proposals to use poppies for medicine. In Afghanistan, there is an ongoing problem of development, poverty and conflict. A solution that makes sense to us in the Green Party is a system to develop painkillers from the poppy crops of Afghanistan. This industry would be legal and end the heroine trade, which is illegal and dangerous. It would provide painkilling opiates and the shura councils would be the local coordinators of this in Afghanistan.

I would add that this has been done in Turkey and it worked. It shut down the illegal opium trade by creating a safe, secure supply of painkilling drugs to the world, while also providing some sustainability to those farmers and that—

The Speaker: I have to stop the member there. The parliamentary secretary has about 30 seconds to respond.

Mr. Colin Carrie: Mr. Speaker, I did see the newsreels today with this proposition brought forward. Unfortunately, at this stage of the game I have not had a chance to really look at what the report had to say, so I cannot make an educated comment on her question. I will try to look into it further and see if we can have a conversation later.

Mrs. Joy Smith (Kildonan—St. Paul, CPC): Mr. Speaker, I am pleased to speak to this important issue. Primarily, though, I know a lot of this is under provincial jurisdiction, but this is an emergency debate that has to be addressed.

It is important to understand the issue of drug shortages and the roles and responsibilities of all the groups involved in the aspect of drug shortages. This involves many people, industry health professionals, provincial and federal governments and third-party people.

Drugs are manufactured and supplied by industry. It is generally accepted throughout the world that industry is most appropriately placed to understanding the supply needs for its product, for managing its inventory to meet these needs and understanding the potential impacts of supply interruptions on its customers. It is up to customers, which include governments, to get the right deal with the right guarantees to meet their needs. Health Canada has no authority to require manufacturers to bring products to the Canadian market or to require them to maintain adequate supplies to meet the needs of patients. These are very important decisions in the supply chain, but they rest with manufacturers. As a regulator, Health Canada's primary role is to ensure that drugs sold on the Canadian market meet high standards with respect to safety, efficacy and quality. This includes: reviewing product submissions for market authorization; inspecting and licensing facilities that manufacture, distribute, import, test, label or package health products; enforcing good manufacturing standards; and conducting post-market safety surveillance. Most of these activities are very technical and involve a wide variety of scientific and medical experts. I will explain each activity in simple ad clear terms without all the confusing technical jargon.

Before a drug is authorized for sale in Canada, it must undergo a pre-market assessment of safety, efficacy and quality by Health Canada. When a manufacturer decides it would like to market a drug in Canada, it files a submission with detailed information about a drug's safety, efficacy and quality. Health Canada does not solicit submissions for market authorizations. Aside from the basic administrative details, a drug submission has three important elements.

The first is the data and information about the safety and efficacy of the product. This includes detailed results of studies conducted on animals and humans to identify the potentially beneficial and harmful effects of the drugs. I am told that these studies are usually conducted over several years and can involve hundreds or even thousands of patients.

The second element of a submission is the quality information. This includes details of the product development, method of manufacturing and the controls and tests to be used to measure the drug's quality.

Finally, the third element is the product information. This is the information that will be given to patients and health professionals to explain when and how a drug should be used, as well as outline possible side effects that patients might experience.

I am told that a drug submission typically consists of between 100 and 800 binders of data that have to be carefully evaluated by the department's scientific experts. Evaluation of the submission is typically done in three stages, and that is screening, scientific review and then finally the label review. During this process, Health Canada may request additional information from the applicant to clarify information in its submission. For many instances, Health Canada will seek the advice of domestic and international experts, including trusted regulatory agencies in other parts of the world, such as the United States or Europe.

All drugs have side effects and risks associated with their use. The goal of this review is to determine that the product's benefits outweigh the risks. Only when they do, it has market authorization, including a drug identification number or notice of compliance issued to permit the sale of the drug in the Canadian market. Most submissions are reviewed in the order they are received. However, in exceptional circumstances, Health Canada has the discretion to expedite the review of a drug submission. This is a submission

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management tool that can be used to help maintain access to critical drugs in Canada.

I would also like to talk about the review process for generic drugs, since this is where most shortages seem to occur.

• (2120)

I have just outlined the main elements of a submission for market authorization. These elements are the same for generic and brand drugs. All products must have filed sufficient evidence of their safety, efficacy and quality before they can be sold in Canada. However, the type and amount of data required to demonstrate this are quite different for brand and generic drugs.

For generic drugs, a manufacturer must demonstrate that the drug product is comparable to a Canadian brand name counterpart. This means that the generic product must contain the same active medicinal ingredient, strength, dosage form and route of administration as a brand name product. This ensures that the generic drug will have the same clinical effects as a brand name drug.

In addition to the pre-market assessment done by Health Canada for each drug, all facilities that manufacture, package, label, distribute, import or test a drug must hold a valid Canadian establishment licence. The purpose of establishment licensing is to make sure that what was approved when the market authorization was granted is made consistently and to safety standards. For example, each and every pill must have the same consistency and contain no contaminants. This is achieved by making sure that everyone involved in the supply chain, including manufactures, is following an internationally recognized standard for manufacturing practices known as good manufacturing practices, or more commonly as GMP.

The key elements of good manufacturing practices include, among many other things, qualified personnel, validated equipment to prove procedures, suitable storage and transportation, and proper record keeping. Drug establishments in Canada are inspected by Health Canada and an establishment licence is only issued if Health Canada is satisfied that the site meets the good manufacturing requirements.

For foreign sites, Health Canada uses its mutual recognition agreements or other similar instruments to assess and access the quality of products that are imported for sale in Canada. It is important to note that the companies doing business in Canada that supply foreign markets must meet that foreign jurisdiction's requirements.

Health Canada does not have responsibility there and has no authority to manage how industry addresses these requirements. Once an establishment is licensed, however, it is inspected by Health Canada on a cyclical basis. The inspection cycle is variable, depending on the activities conducted at each manufacturing facility and their track record. These inspection cycles are in keeping with those of our international regulatory partners.

During the course of an inspection an inspector may face situations where the facility does not comply with Canadian standards. All compliance and enforcement actions to be taken are assessed on a case-by-case basis according to the principles outlined in Health Canada compliance and enforcement policies. The primary objective of any compliance and enforcement strategy is to manage the risk to Canadians and to use the most appropriate level of intervention to ensure that the responsible party comes back into compliance.

Several factors are used by Health Canada to determine appropriate enforcement action, including risk to health and safety, compliance history of the regulated party and the degree of cooperation involved. In very exceptional circumstances and without compromising health and safety, Health Canada may also consider the potential impacts of enforcement action on product availability. In general, when a non-compliance issue is identified, it is brought to the attention of the company or individual involved, who is then responsible for proposing an action plan to resolve the noncompliance issue.

Health Canada assesses the acceptability of the action plan in order to grant compliance with Canadian requirements. It is the company's responsibility to take action in a timely manner to resolve all issues identified during the course of an inspection and ultimately to meet Canadian legislative and regulatory requirements. If a company is unable or unwilling to comply with Canadian requirements, enforcement actions are considered.

There are several measures that Health Canada can use when a regulated party does not comply with the regulations. Health Canada may cancel, refuse, suspend or amend an establishment licence, or issue a warning or publish a public communication to all Canadians.

In addition to post-market activities related to the establishment licences, manufacturers must monitor the safety of their product on an ongoing basis. Health Canada plays an instrumental role in monitoring the safety and effectiveness of health products once they are on the market.

To facilitate adverse drug reporting, Health Canada has developed a website, set up a toll-free number, as well as reporting centres across Canada. Health Canada also receives and considers safety information from around the world. This is important because some safety issues are very rare and can only be detected in larger populations.

• (2125)

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, this is actually a question I had hoped to ask the parliamentary secretary, but time ran out. I know that the hon. member across the way is also the chair of the health committee, so I am hoping that she might be able to provide some information.

One thing we know is that the Minister of Health has said that the government will speed up the approval process for new suppliers. The question, though, is where will those suppliers be and will they be more generic producers or those of higher-priced prescription medications? This is something that is obviously of concern to the provincial health authorities and hospitals because their supplier was a generic supplier. If the alternative suppliers the government says it is looking to expedite are basically non-generic brand names, this will obviously have severe cost implications.

I wonder if the member might be able to address that as a member on the government side and chair of the health committee. Does she know whether it will be generics or brand names?

Mrs. Joy Smith: Mr. Speaker, as we know now, Health Canada is expediting our authorization processes during the ongoing Sandoz shortage to help hospitals and doctors assess alternative sources of supply in all areas. It is never at the expense of safety, however. Never. The last thing anyone wants to happen is for a patient to be harmed by unsafe drugs authorized in a rush to fill supply gaps. As we know, those supply manufacturers are selected at the provincial level by provincial governments.

Health Canada's rules and regulations for authorizing drugs and the plants they are manufactured in are designed to ensure that drugs sold in Canada are safe, effective and of high quality.

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, my question for the hon. member is about the fact that everyone has admitted there is no oversight body, whether in the government or not, and no third party oversight body to look at the whole issue of identifying, anticipating and doing something about impending drug shortages so they do not occur. We are speaking now about provinces bulk buying and buying from sole sources, et cetera. This may very well be for generic drugs only and certain things that are used in hospitals, but if we have a global shortage of drugs, what happens when we need to access a drug?

Pharmacists are saying their ability to access drugs is compromised. They are waiting for drugs and there are shortages. Accordingly, there needs to be some kind of body that anticipates a shortage, identifies which drug will be in short supply and finds a way well before we do the kind of emergency procedure that was done to try to find whatever drugs we are missing. It is not always going to be this easy.

I would like the member to tell us what the government proposes to do to protect patients who are currently at risk.

• (2130)

Mrs. Joy Smith: Mr. Speaker, the member is on the health committee as well and knows or should know that when a shortage arises, Health Canada, consistent with its mandate and authority, works closely with purchasers and suppliers to ensure that any new supplies of needed drugs are safe, effective and high quality. That is the federal jurisdiction.

Health Canada has a variety of tools available to help do this. It works closely with companies so they can quickly resolve manufacturing quality and distribution issues, which is happening right now, and works with manufacturers to ensure alternative suppliers. Changes in the manufacturing process or location can be reviewed and the market is authorized on a priority basis. These are all things to help the drug shortage situation.

[Translation]

Mr. Alain Giguère (Marc-Aurèle-Fortin, NDP): Mr. Speaker, my question and my comment are relatively straightforward.

Has Canada become a third world country, one that cannot produce the drugs it needs? Does it really need to rely on foreign companies that are raking in huge profits and, unfortunately, are not delivering the goods?

Canada is not a third world country. If this government wants to take measures to correct the situation, all of the political parties will support that decision. When will we finally have such a policy?

[English]

Mrs. Joy Smith: Mr. Speaker, as the member knows, this is a provincial jurisdiction. The provinces decide whom they want to do business with.

At this level right now, the federal government works with all international counterparts, such as the U.S. Food and Drug Administration, to identify additional sources of supply and to share needed safety and quality information to assist the provinces. It also provides priority access to alternatives on an emergency basis.

Federal jurisdiction and provincial jurisdiction are very important, and the Minister of Health has shown real leadership in ensuring that both jurisdictions are addressed in the proper way.

Ms. Chris Charlton (Hamilton Mountain, NDP): Mr. Speaker, I will sharing my time tonight with the member for Saint-Bruno—Saint-Hubert. I am delighted to be able to participate in tonight's emergency debate on the critical shortage of drugs currently facing our hospitals and their patients.

I particularly want to commend my NDP colleague, the member for Vancouver East, who requested this debate and without whose leadership this issue would never have come to the floor of this House. For sure, the government would not have taken this kind of positive initiative. On the contrary, while patients, hospitals, and provincial and territorial governments are all looking to the federal Minister of Health for leadership, the minister is ducking, weaving and passing the buck. It is patients who are paying the price.

Let us be clear: It is the federal government that can and must take responsibility for anticipating, identifying and managing shortages of medically essential medications. The government knows it, but thus far has simply abdicated all responsibility.

Let us take a look at how we got here, who is being impacted and what needs to be done to ensure that we never end up here again. The issue, of course, is that Canada is currently experiencing a shortage of medically essential drugs, projected to last 12 to 18 months.

Across the country, many regions have had to change prescription strategies, use replacements, often without experience of how they work, or cancel elective surgeries altogether. It is patients who are paying the price.

The medications in question are painkillers, anesthetics, anticoagulants, antibiotics and cancer drugs. One set is injectable opioids, the main method of pain control throughout surgery and in the postoperative setting, and with most hospital admissions.

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Thus, with many hospitals running low on these drugs, the shortage is having the most serious impact on patients in intensive care units and those who are dying and need pain management. Nurses working in palliative care have told us that many of those in palliative care are dependent on injectable opioids since they cannot take medications by mouth. It is imperative that we have supplies for these patients or they will go through withdrawal, adding further pain and suffering to their last few days or months.

The Canadian Pain Society has reported a spike in suicidal callers concerned that they will not be able to manage their chronic pain without the necessary pain medication. Indeed, the impact of the shortages is being felt right across our country.

Here is what we are being told. Two hospitals in Quebec are cancelling elective surgeries, and hospitals in Ottawa are saying that they will have to do the same if their drug supplies are further depleted. In my hometown of Hamilton, Hamilton Health Sciences expects to run out of at least 10 types of mostly intravenous medications within the next 90 days, and has identified roughly 50 drugs that are affected. As a result HHS is warning of cancellations to surgeries and procedures as early as this week.

Alberta, Manitoba and British Columbia are suggesting that they, too, may have to cancel some surgeries. Patients in Alberta are being asked to buy their own anti-nausea drugs because hospitals can no longer provide extra supplies to patients.

Clearly this drug shortage is creating a crisis from coast to coast to coast. I am so pleased that you, Mr. Speaker, allowed us to have this emergency debate here in the House tonight. However, I must also point out that it did not need to be this way.

The crisis we are facing today could and should have been prevented. The problems with drug shortages, sadly, are recurrent and systemic. In fact it has been a few years now since Canadian doctors and hospitals have become increasingly aware of the risk of a substantial drug shortage. They have spoken out and have advocated. In the process, they have made it clear that the crisis we are facing today could have been prevented.

Similarly, the Canadian Pharmacists Association took the absence of any reliable national data or reporting into its own hands. It decided in September 2010 to conduct a survey to better understand the extent of the problem. The report indicated that out of 427 pharmacists from across Canada, 93.7% of those pharmacists indicated they had trouble locating medications to fill a prescription in a week, and 89% of them indicated that drug shortages had greatly increased since the previous year.

On December 15, 2010, using the information from the Canadian Pharmacists Association's report, *The Globe and Mail* wrote that the shortage of common drugs was becoming more and more wide-spread across the country, pointing to the shortage of key ingredients as one of the causes of the increased shortages.

Just a month later on January 27, 2011, anesthesiologists warned in an article in *The Globe and Mail* that the discontinuation of the production of sodium thiopental in the U.S. combined with the potential shortage of propofol could make it impossible for anesthesiologists to do their work and could postpone surgeries.

• (2135)

On May 13, 2011, both *The Globe and Mail* and CTV reported that the cancer drug carboplatin was in short supply and that hospitals were worried that patients receiving chemotherapy could face delays. Staff at Princess Margaret Hospital in Toronto were forced to scramble and get stock from an Australian hospital just to meet patient demand.

On August 18, 2011, the *National Post* reported that Health Canada had added 16 more medications to its list of drugs in short supply across the country. Health Canada blamed the situation on a manufacturer in the United States.

I am not suggesting that this list is exhaustive, but it does serve to point out that both drug shortages and calls for federal government action well pre-date the current crisis.

In fact, in August 2011, the health minister herself raised this issue with the pharmaceutical industry, but she stopped short of taking meaningful action. Instead, she set up a voluntary reporting system that clearly has not worked. Rather than mandating pharmaceutical companies to inform the government whenever there is a slowdown in production, the Conservatives made it voluntary. That is where the current drug shortage at Sandoz, the pharmaceutical drug company based in Quebec, becomes illustrative in showing why voluntary measures do not work.

Sandoz knew last November that it was going to be slowing down production because it had received a warning letter from the United States Food and Drug Administration regarding "significant violations" at its manufacturing sites which could cause the drug products to be "adulterated". Sandoz stopped or reduced production of 110 different drugs while it was making quality control improvements to its physical plant in Boucherville, Quebec. The company did not give prior warning of this production halt, despite the fact that it knew months before that such action would be necessary. That is the problem with voluntary reporting. If it is going to affect the bottom line, why would a company voluntarily report on itself?

If mandatory reporting were in place, the federal government could have acted to protect Canadians and the provincial partners could have developed a complementary response.

As it stands now, federal-provincial co-operation has been virtually non-existent. In fact, the federal health minister's preferred modus operandi is to point the finger and assign blame rather than accept responsibility. Here is what she said in this House on March 7 in response to a question on drug shortages posed by my friend and colleague, the NDP health critic and member for Vancouver East:

I want to be very clear that the shortage has been created largely by the decision of the provinces and territories to pick a sole source supplier, and that supplier cannot provide the drugs now.

Really? Is it the fault of the provinces and territories? I do not think so. Instead of blaming health providers and the provinces, the minister should protect and defend their interests. That is what real leadership is about. That is the kind of leadership that would give Canadians confidence that the minister is on top of her file.

Instead, patients and health care providers are witnessing a mad scramble by Health Canada to speed up the approval of offshore medications, rushing them through testing for quality and effectiveness. That is probably of small comfort to the many patients who fear that quality control will be compromised in the name of sheer expediency.

We have the opportunity to do the right thing. I would urge the minister to start collaborating with drug producers and health care professionals, as well as her colleagues in the provinces and territories, to find lasting solutions, solutions to both the current crisis and to maintaining the integrity of the supply chain so that future issues can be prevented or, at the very least, mitigated. It is about showing leadership. Canadian patients deserve nothing less.

• (2140)

[Translation]

Mr. Jacques Gourde (Parliamentary Secretary to the Minister of Public Works and Government Services, for Official Languages and for the Economic Development Agency for the Regions of Quebec, CPC): Mr. Speaker, I thank my colleague for her speech. What is her perception of respect for federal-provincial jurisdictions in this evening's debate?

[English]

Ms. Chris Charlton: Mr. Speaker, I very much appreciate the question, although I have to say that when a member of the government asks about whether I respect federal and provincial jurisdiction, of course, I do.

However, that is no reason for abdicating all leadership on a file where there is unanimity outside the Conservative caucus that the government must show leadership to ensure that essential drugs are there when patients need them.

All we are asking the government to do is instead of having voluntary reporting on some website, that it take its responsibility seriously for actually ensuring that drug shortages are managed and that the provinces have the tools for them to meet patient needs within their respective jurisdictions. That would be a sign of leadership. That is what Canadians are demanding. Frankly, patients deserve nothing less.

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, we are drilling down to the source of the problem tonight.

We are talking about a problem for ORs, ICUs and emergency departments. That is just the tip of the iceberg, because there will be more shortages of common drugs that people are trying to buy.

Many seniors depend on generic drugs. Many provinces buy generic drugs because of the cost issues. Many generic companies do not wish to make low-cost generic drugs mainly because they do not make a profit, or so we are told.

What will happen when the global supply of generic drugs begins to deplete itself? How will we find substitute drugs for patients, whether they are in an ICU, emergency or whether it is a parent whose child needs asthma medication? How will we deal with that problem? That is the root of the problem.

Ms. Chris Charlton: Mr. Speaker, that is exactly the question at the heart of tonight's debate. This is exactly why we are calling on the federal government to do some planning, to do some management of this file which has been so badly lacking.

The member is right. It is an issue about generic drugs. It is an issue about dealing with the entire supply chain and managing its integrity, not just for today, not just in the middle of a crisis, but frankly for years down the road.

This is why we are having this debate. I wish the government would answer this question because it deserves an answer and in fact is what triggered tonight's debate.

• (2145)

[Translation]

Mr. Jean Rousseau (Compton—Stanstead, NDP): Mr. Speaker, I thank my colleague for her excellent speech.

With Health Canada and a Minister of Health that have failed to carry out their responsibilities, we might as well transfer all responsibilities to the provinces, which would perhaps accept them.

With Health Canada and a Minister of Health who does not carry out her responsibilities, we are always in improvisation mode, as we were a few years ago when there was an isotopes crisis that affected people suffering from cancer and serious illnesses. Improvisation prevails, and the government always takes emergency measures at the last minute, unless it is forcing people to go back to work to prevent a strike by workers who are just standing up for their rights.

Why does the government not do some long-term planning and accept its responsibilities in order to ensure an adequate supply of drugs for such serious diseases as cancer?

[English]

Ms. Chris Charlton: Mr. Speaker, the member is absolutely right. In fact, he has put his finger right on the core issue in this debate tonight.

It is about the need for the government to anticipate, identify and manage shortages of medically essential medication. Without that, as we have seen in media coverage from coast to coast to coast, the people who are suffering as a result of the government's abdication of any responsibility are people in intensive care units and people in long-term care who need help with pain management.

The federal government is abdicating its responsibility on the backs of the most seriously ill patients. This is completely outrageous. That is why I would suggest that you, Mr. Speaker, have actually granted an emergency debate tonight, to underscore the importance of this crisis, and I welcome the continuation of this debate. I hope the government will follow up on the findings of tonight's discussion.

[Translation]

Mrs. Djaouida Sellah (Saint-Bruno—Saint-Hubert, NDP): Mr. Speaker, this is the most severe drug shortage that our country has ever experienced. The current shortage is having serious consequences. Among other things, surgeries had to be cancelled in some hospitals in Quebec, many pharmacists, health professionals, as well as managers and administrative employees in hospitals are working extremely hard to find alternative drugs and new suppliers. Health professionals do not know whether they will be able to give the treatments required and patients are unsure whether they will be able to receive treatment.

And these are only the direct and visible effects of the current shortage. What I find even more fascinating is the government's reaction; once again, it is improvising. The government seems surprised by the shortage. I am prepared to admit that the unfortunate events that occurred at the Sandoz facility, which is located very near my riding, could not have been predicted. However, a possible drug shortage created by the temporary closure of a generic drug factory, regardless of where it is found and what drugs it manufactures, is a much more predictable situation.

We do not have to look very far back in history to see that the current phenomenon is not an isolated or unique event. It is a recurrent trend. I can list some problems that have occurred in just the past few months.

In August 2011, as a result of the temporary closure of the Ben Venue Laboratories factory, there was a shortage of about a dozen drugs in Canada, some of which are used to treat cancer and have no substitutes. The situation was the same as that at Sandoz. In December, we learned of a shortage of misoprostol, a drug used in obstetrics to reduce post-partum hemorrhaging. There is no substitute for misoprostol available on the market and, according to an article in *La Presse*, the drug will not be available until 2013.

Last October, the media reported a recurrent shortage of some anti-epileptic drugs. For many drugs, a shortage means that a new supplier or an equivalent drug must be found. Things are not that simple in the case of certain anti-epileptic drugs. Many of these drugs are not very profitable and thus are not manufactured by very many factories. So, when production is temporarily stopped, there are few or no alternate suppliers.

Over the past few years, some patients have been told at the their local pharmacy that their medication was out of stock. What adds to the problem is that, for patients who take anti-epileptic drugs, it is very dangerous to suddenly change medications. Change must be made gradually in order to ensure the patient's safety. The problem is that, without a mandatory reporting system for drug shortages, it is difficult for patients to transition smoothly to new drugs when their regular drugs are not available.

I have brought these facts before the House in order to make two very specific points. First, the drug shortage has real and concrete impacts on Canadians, and we should be concerned. Second, I wanted to show that the current drug shortage was a foreseeable situation but that the government ignored the warning signs.

Speaking through its mouthpiece, the Minister of Health, the government seemed so proud of its plan when the NDP questioned it during a Standing Committee on Health meeting. Today we see that the plan is completely ineffective and inadequate. I hope that the minister sees that she should have done more and that earlier shortages should have raised a red flag.

I would like to add that the Canadian Medical Association consulted its members on this subject in January 2011. The results of the consultation were very interesting. Three out of four respondents said that they had had problems with drug shortages in the previous year. Two-thirds of respondents said that the shortages caused what they considered to be serious consequences for patients.

• (2150)

Once again, Canadian patients are paying for the Conservatives' bad health care decisions. What is of even greater concern is the fact that patients are living in fear, wondering whether the surgery they have already been waiting a year to have will be postponed once again because of the minister's complacency. They are the ones who go to the pharmacy hoping that they will not have to run all over town to get their prescriptions.

Today, the drug shortage in hospitals has led to this emergency debate, and we must examine the problem. However, we must never forget all the Canadians who need their medications on a daily basis.

According to the Canadian Medical Association survey, the majority of drugs that are in short supply are once again, first and foremost, antibiotics such as penicillin, anti-depressants and antihypertensives. These drugs are used on a daily basis by thousands of Canadians and a shortage creates uncertainty that should not exist.

The events of the past few weeks with respect to Sandoz have highlighted a problem that has existed for quite some time.

We must now find a solution to guarantee that Canadians can have the care they deserve and to which they are entitled. We must find a solution to guarantee the supply of drugs for our hospitals and our patients.

In closing, I would simply like to say that the drug shortage is a public health problem.

We need to make people the focus of our actions and our deliberations. We need to act immediately, for the people.

[English]

Ms. Kellie Leitch (Parliamentary Secretary to the Minister of Human Resources and Skills Development and to the Minister of Labour, CPC): Mr. Speaker, does the member know who has jurisdiction for health care services in our country?

My patients and my clinic knew that the provinces had jurisdiction. I, as a physician, know who has jurisdiction for health care services in this country, and that is the provinces. This clarity of responsibility is something that helps make our health care system run so well, the clarity that the provinces have responsibility for health care services.

Does the member opposite know who has responsibility for this jurisdiction? Will she work with us to ensure that we, as a federal government, are working with our provincial partners to ensure we are dealing with these issues as opposed to her approach today?

• (2155)

[Translation]

Mrs. Djaouida Sellah: Mr. Speaker, I want to thank the member opposite for the question.

I think we are talking about a drug problem, not health care delivery. I realize that health care is a provincial and territorial jurisdiction, but we are talking about the Conservative government's lack of leadership with regard to forecasting shortages and coming up with proposals for imposing mandatory reporting requirements on the pharmaceutical companies. If that were already the case, we would not be here this evening having this debate.

[English]

Mrs. Joy Smith (Kildonan—St. Paul, CPC): Mr. Speaker, I know that each province has its jurisdiction. Clearly, the provinces are in charge of ensuring they get the manufacturers they want. Sandoz was a sole source for a lot of the provinces. Therefore, Quebec, Manitoba and Saskatchewan made those decisions.

Is the member suggesting that the federal government should impose its will on the provinces and take over the provinces jurisdictions?

[Translation]

Mrs. Djaouida Sellah: Mr. Speaker, I want to thank my colleague and chair of the Standing Committee on Health for her question.

I never said or mentioned today—neither I nor my colleagues on this side of the House who spoke before me—that we need to impose anything on the provinces. We are just asking the federal government to work with the provinces and territories to find common solutions for Canada as a whole.

[English]

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I have been hearing all night the concept that most people in the House, other than the Conservatives, do not seem to understand jurisdictions. As a physician, I know that the province is responsible for where health care is delivered and who delivers it and it ensures it complies with the principles of the Canada Health Act, for which the federal government is responsible. The act discusses issues like universality, portability, accessibility and that people should have the same quality of health care no matter where they are in the country.

This is not about the delivery of health care. The provinces may have a responsibility in certain instances for providing pharmacare to people who cannot afford to buy their drugs and for various jurisdictions within the provinces and to make the decision on what that is. However, a t the end of the day, the people who provide health care for the well-being of Canadians happen to be physicians. The hon. member is a physician. In her speech, the Minister of Health said that there was nothing more important than the health and well-being of Canadians. She should know that the core issue here is how we ensure the health and well-being of Canadians under the Canada Health Act?

[Translation]

Mrs. Djaouida Sellah: Mr. Speaker, I thank my hon. colleague, Ms. Fry, who like me, is a member of the Standing Committee on Health. You put your finger exactly on the sore spot, if you will. If the minister were really thinking about the well-being of Canadians, she could have done something about this crisis today.

As you know, my dear colleague, the drug shortage is having a very serious impact on patients in intensive care and on terminally-ill people whose pain can only be eased with opiates. On the list of drugs produced by Sandoz, unfortunately, there is a shortage of injectable opiates—

• (2200)

The Speaker: Order. I must interrupt the hon. member and remind her that it is not the practice of the House to use proper names and that she must address her questions and comments to the Chair, and not directly to her colleagues.

Resuming debate, the hon. Parliamentary Secretary to the Minister of Human Resources and Skills Development and to the Minister of Labour.

[English]

Ms. Kellie Leitch (Parliamentary Secretary to the Minister of Human Resources and Skills Development and to the Minister of Labour, CPC): Mr. Speaker, I will be splitting my time with the member of Parliament for Brampton—Springdale.

As we debate the issue of drug shortages this evening, and in particular how shortages can be prevented, many people are asking why Canada has not learned from its international regulatory counterparts, in particular our neighbours to the south of the border.

I will take this opportunity to speak to the relative roles of Health Canada and the United States Food and Drug Administration in response to drug shortages. There is no magic bullet to resolving this issue. Health Canada has been in contact with international regulatory counterparts and studied their systems and there is no one clear solution to fixing this problem globally.

I will start by explaining more generally the role of Health Canada in comparison to what I know about the FDA. I will then provide some information about the specific issue of drug shortages and the relative and respective roles of the two organizations.

The Food and Drug Administration is the regulatory arm of the U. S. department of health and human services for food and health products, such as drugs and medical devices. The FDA is considered the American equivalent of the health products and food branch of Health Canada. The FDA is responsible for protecting the public by ensuring that human drugs, medical devices and other health products intended for human use are safe and effective. The FDA is responsible for conducting clinical trial reviews, conducting premarket assessments of health products for market authorization, post-market surveillance of drugs and other health products, and the compliance and enforcement activities.

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Although Health Canada has a broad mandate to help Canadians maintain and improve their health , while respecting individual choices and circumstances, its regulatory activities administered by the health products and food branch are quite similar to the activities of the U.S. FDA. More specifically, the primary role of Health Canada's health products and food branch is to ensure that health products sold in the Canadian market meet high standards with respect to safety, efficacy and quality. Like the FDA, this includes clinical trial review and assessments, pre-market assessments of applications for market authorizations or establishment of licences, post-market safety surveillance, and the range of compliance and enforcement activities.

The basis and principles of the scientific review process are generally accepted and similar worldwide within scientific communities. However, science is only part of the overall regulatory approach. There are differences in the laws in each country. There are differences in socio-economic factors, reimbursements and government funding structures, all of which influence the Canadian health care system landscape and, consequently, how Health Canada regulates.

With respect to drug shortages, it must be acknowledged that the supply chain is complex and typically involves many players to take a drug from raw material to retail sales. For this reason, it is not surprising that disruptions can occur in the supply chain that lead to shortages. In the past, these were largely seen as unfortunate but manageable issues that were dealt with by industry. Only in rare cases did they result in shortages on the market where patients were no longer able to access the recommended treatment. These situations are particularly challenging for patients as they can cause treatment delays or changes to a less effective alternative.

Within the last 10 years, there has been an increasing trend in the number of drug shortages. Both the U.S. FDA and Health Canada have studied the issue to better understand the root causes. The FDA has tracked a number of reported drug shortages in the system since 2005 and the number has increased steadily. The data they collected showed that shortages can arise for a variety of reasons, from manufacturing or capacity issues to shortages in raw materials, or regulatory decisions related to quality, safety or efficacy of a product.

Last year, Health Canada engaged the Canadian Agency for Drugs and Technologies in Health to examine the issue of drug shortages. The agency arrived at a conclusion similar to what was found in the data collected by the U.S. FDA: there is no one root cause for a drug shortage.

I will now speak in more detail to the respective roles of Health Canada and the FDA in responding to drug shortages, specifically in relation to shortage coordination, shortage notification, assistance to companies on regulatory activities and enforcement discretion.

The impacts of certain drug shortages are currently being experienced on the front lines. My colleagues are experiencing them across the province of Ontario and in other places across the country. Resolution of this issue is complex and ongoing.

Through outreach to health care professionals, international regulators and patient groups, Health Canada has been told that early notification of any anticipated or occurring drug shortage is key to assisting health care professionals respond to and manage drug shortages.

• (2205)

Both Health Canada and the FDA have taken action to see that companies are notifying health care professionals and the public of any problems that could lead to shortages. The FDA encourages voluntary reporting of any issues that can lead to a drug shortage and also has a narrow regulatory requirement for sole-source manufacturers of medically necessary drugs to inform it six months in advance of a temporary or permanent discontinuation. Health Canada also has a mandatory requirement for all manufacturers to notify it of discontinuations. With the implementation of the national drug monitoring system in 2012, as promised by industry and health care professional associations, Canada will have a voluntary system in one location for reporting all anticipated or occurring drug shortages.

As members will recall, it was the Minister of Health's action in 2011 that was the driving force behind the industry's commitment to post information on anticipated or occurring drug shortages. In a recent letter to Sandoz, the minister expressed her disappointment to the company for not following through on that pledge. However, even early communication and notification of drug shortages will not prevent all drug shortages, but it will allow health care professionals to better manage shortages when they occur.

When it comes to drug shortages, this is not where the role of the regulator ends. Health Canada and the FDA staff know the importance of being proactive in these shortage situations. When Health Canada becomes aware of a shortage that is impacting patients, the department does everything in its power to minimize the impact of shortages and to facilitate access to alternatives. This includes working closely with companies to resolve manufacturing and quality issues, ranging from simple fixes like enforcing the proper expiry date to correcting problems related to product sterility. The department will also work with manufacturers to see that submissions related to alternative suppliers and changes in manufacturing processes can be reviewed on a priority basis. These are important activities that can ensure the continuity of supply when companies fail to plan properly to prevent shortages.

Health Canada can also facilitate access to alternatives on an emergency basis by facilitating and working with foreign manufacturers to allow for temporary and limited importation of foreign versions of a drug. These activities are all very similar to the role played by the scientific and regulatory staff at the U.S. FDA. Regulators at Health Canada and at the FDA work with manufacturers as needed to ensure the information about shortages and alternative medications are made available to those who need them.

Both Health Canada and the U.S. FDA publish information on their respective sites about which products have been approved for sale by which company. These sites provide buyers with the information they need to diversify supply and seek alternatives. In addition, I would like to draw the members' attention to another drug shortages website that is maintained by the American Society of Health-System Pharmacists, an organization that is similar to our professional association of hospital pharmacists. The AHSP website is populated through voluntary reporting by industry and includes a comprehensive list of current and resolved shortages, information on available products and multiple resources for managing drug shortages. The two websites that Canadian industries are currently using to post shortages information on a regular basis are a step in the right direction to getting similar transparency here in Canada. It is expected that when industry and the health care professional associations deliver on their commitment for a national drug monitoring system in 2012, they will strive for functionality on par with this American site.

Our government would like to see a comprehensive national drug shortage monitoring system in place in the coming months that would provide early notification to those who need it as well as the best practices guidelines and information for managing shortages.

Our government understands the significance of this issue and the opportunities of learning from our international partners. In this case, we believe that Health Canada is taking steps very similar to our U. S. counterparts to improve communication and transparency in order to prevent and mitigate the impact of drug shortages.

• (2210)

[Translation]

Mr. Guy Caron (Rimouski-Neigette—Témiscouata—Les Basques, NDP): Mr. Speaker, I am pleased that the parliamentary secretary spoke about the reporting system. She made a comparison with the United States. In our opinion, the main problem is that manufacturers were not required to report the impending shortage. As early as 2010, they knew that shortages of some drugs were approaching. In her speech, the parliamentary secretary boasted about the voluntary reporting system. To be honest, there is not much difference between a voluntary reporting system and no system at all. If, for one reason or another, the companies do not announce that there will be a shortage of certain drugs, there is no way we would get this information.

In the United States, a significant shortage led President Obama to issue an order for mandatory reporting of upcoming shortages. The United States Congress is thinking of requiring six months' advance notice of shortages, and any company failing to comply could be fined up to \$1.8 million.

Can the parliamentary secretary tell us how a voluntary reporting system could have prevented this, when manufacturers already knew that a drug shortage was coming? A mandatory reporting system would have allowed our health care providers to better prepare.

[English]

Ms. Kellie Leitch: Mr. Speaker, as I mentioned before, drug shortages are a global problem. Shortages are often temporary, but they are often resolved by industry. The intent of this government, as has been put forward, working in collaboration and in partnership with industry and professional associations, is to move forward with a national strategy in order to bring all players to the table.

As I mentioned, the jurisdiction for the actual health care services sits in the hands of the provinces, and we would encourage our provincial partners to step up and make sure they are looking at alternatives so that patients are receiving the medications they require by their provincial jurisdictions.

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I was very pleased to listen to the hon. member's speech because she laid out very carefully, as my colleague said, the parallel systems of the FDA in the United States and the Canadian system and how the Health Protection Branch of Health Canada is responsible, like the FDA, for the health and safety of Canadians. We also know that the federal government is responsible for ensuring medicare works and has set out five principles for doing this.

The point I am trying to make is that the member talked about looking at best practices. We saw the best practices in the U.S. The president, at the highest level of the country, thought it was very important for responsible government to protect its citizens and ensure they do not have the kind of situation in which patients may die or be placed at severe risk because they do not have the ability to get the drugs they need. The government knew of the drug shortages. Why did the government not pay attention to the best practices of the United States and follow the Food and Drug Administration in its mandatory monitoring and anticipatory regulations?

Ms. Kellie Leitch: Mr. Speaker, as I mentioned already, it is the responsibility of the provinces for health care services in this country and we would encourage our provincial partners to step forward, make sure they have alternatives so that all Canadians know that when they enter a health care facility, whether it be in the province of Ontario, British Columbia or New Brunswick, they can receive the care they expect from their health care provider that is in the jurisdiction of the provinces.

Our government is showing leadership. The Minister of Health is moving forward and making sure industry is working in partnership with the provinces as well as with professional associations to make sure we have a national registry, we can make sure we can identify these things early and make sure that people like me, physicians, as well as patients know and can anticipate shortages in the future.

Mr. Parm Gill (Brampton—Springdale, CPC): Mr. Speaker, I am very pleased to have the opportunity to address the House on the issue of drug shortages in Canada and around the world.

We know drug shortages are a concern for all Canadians, and we know this is not the first time our health care system has suffered as a result of a shortage situation. What we are experiencing here in Canada is a symptom of a much larger global problem. Drug shortages are global in nature and are felt by patients worldwide. If we are to resolve them, there will need to be collaboration on an international scale.

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What brings us together today is our mutual concern over the drug shortages caused by the production slowdown at the Sandoz manufacturing facility in Boucherville, Quebec. The manufacturing issues that are currently ongoing at Sandoz in Canada are a local example of a global issue. Interruptions to supply such as the one Canada is facing can arise as a result of a variety of factors.

I would like to take this opportunity to share with the House some of the global factors that can bring about drug shortages here in Canada.

Often a drug shortage is a result of shortages in a raw material required to make the drug. These raw materials are often scarce and, in addition, they can be quite difficult and complex to produce. Perhaps most importantly, the ingredients for many medications are sourced internationally.

For example, a complex drug to treat cancer may be manufactured in Canada, the United States or Switzerland, but its raw materials can come from places such as India, China and Latin America. Furthermore, within these countries there are a limited number of suppliers of raw materials. When taken together, that means fewer raw material suppliers operating from a small number of countries but supplying the world's needs. The ability to meet the demands of the international community on a continuing basis is highly vulnerable to risk, which might affect that supply. Because of this worldwide dependency on a few raw material manufacturers, the market is in a constant state of flux between being able to meet supply demands and there being a lack of supply of the ingredients for the global market. Shortages of raw materials can occur when there is just one raw material supplier for a high-demand drug or if there is competition between several manufacturers for a raw material that is in short supply. As a result, our respective domestic supply chains are very much intertwined with international supply chains.

We also know that manufacturers in the countries we rely on for the supply of raw materials for drugs can run into many different types of production issues, which can deeply impact the overall global supply. As a regulator, Health Canada is responsible for reviewing the safety, quality and efficacy of drugs and for authorizing their sale in Canada. Once a drug is authorized for sale in Canada, Health Canada will monitor the safety of the marketed drug by collecting, analyzing and assessing adverse drug reaction reports that are submitted by the pharmaceutical industry, health professionals and consumers. If safety concerns are identified with a product, this may in turn result in a company recalling the drug, which in turn will result in a drug shortage for that particular drug.

The trigger for the remediation activities currently being undertaken at the Sandoz facility was the warning letter that was issued by the U.S. FDA. The U.S. FDA's observations for the facility focused on a product manufactured in Canada but intended exclusively for the U.S. market. Sandoz' international parent company, Novartis, made a business decision to focus on addressing U.S. concerns. As we are now clearly seeing, this decision has had a significant impact on Canadians.

• (2215)

In response to this letter, Sandoz decided to cease production on a number of its production lines in order to upgrade operations at its facility. However, some of those production lines were used to make drugs that were scheduled to be sold and consumed in Canada.

It should be noted that the reaction of Sandoz to the FDA ruling is not unusual. It is, in fact, fairly typical of the pharmaceutical industry to appease its customers with larger markets in order to assure its continued access to those markets. It also shows how global business practices of pharmaceutical companies should take into account the needs of our local population.

The business practices of the various players within the pharmaceutical drug supply chain can contribute to drug shortages in a number of ways. For example, manufacturers and wholesale drug distributors will routinely their supply by minimizing end-ofquarter or end-of-year product inventories. Manufacturers and wholesalers sometimes also limit the shipment of product based on the previous year's demand. Both practices can result in shortages at pharmacy and hospital levels.

In an effort to keep costs down and profits up, many manufacturers, wholesalers and pharmacies maintain minimal supplies of drugs in production or in stock. Just in time strategies like this can contribute to drug shortages. Some health care organizations keep little or no inventory on hand and are dependent on daily delivery by suppliers. In this case, a temporary supply disruption of a medically necessary drug can become a crisis for physicians and for patients.

Finally, we know that global pharmaceutical companies and manufacturers play a key role in bringing drugs to the market, but we also know that their business models have changed in the wake of globalization. Pharmaceutical industry consolidation has become the norm around the globe. When companies merge, less profitable product lines are often reduced or discontinued. Sometimes manufacturing facilities are closed altogether. When companies merge with similar product lines, this will often result in product consolidation, possibly resulting in changing a multi-source product into a single-source product. These practices result in fewer sources for drugs, leaving markets vulnerable to shortfalls.

When companies consolidate around the world, this means that the supply of drugs for both Canada and other countries increasingly rests on fewer and fewer production sites. Twenty years ago, a problem in one production site for a drug could be resolved by increasing supply at a similar site. In today's climate this is not possible because there is often only one company that produces a certain type of drug globally. These are some of the global causes of the drug strategy shortages that we experience in Canada, but let us bear in mind that drug shortages are occurring around the world. To the south, the United States is experiencing drug shortages in increasing numbers. In the United Kingdom drug shortages are also emerging, often as a result of drugs meant for British markets being shipped and sold to Europe.

Un to now, the Canadian experience was not as drastic as that which has been experienced in the United Kingdom and Europe. Managing the global factors affecting supply of Canadian pharmaceuticals is a significant matter.

Our government recognizes that drug shortages are a concern for all Canadians. The health of those who rely on drug therapy and pharmaceuticals is a primary concern for this government. However, we should know that drug shortages occur in the global context and are as a result of a number of factors at work in the global supply chain.

• (2220)

[Translation]

Ms. Anne Minh-Thu Quach (Beauharnois—Salaberry, NDP): Mr. Speaker, I want to thank my colleague for taking part in this very important debate on drug shortages. The thing that bothers me is that all the Conservative MPs who rose in this House this evening spoke mostly about provincial responsibilities, even though the emergency debate was about finding out what the federal government is going to do to help come up with solutions to prevent future shortages.

The Minister of Health said she was going to try to speed up the process for approving other suppliers more quickly and efficiently. Still, there also need to be reporting mechanisms to ensure that, for instance, a mandatory registry is imposed on the drug suppliers and that we have a plan B for the long term to make sure this does not happen again.

• (2225)

[English]

Mr. Parm Gill: Mr. Speaker, I would like to remind the hon. member, as I mentioned in my speech and as was mentioned earlier by the Minister of Health, that it is the responsibility of the provinces and territories to provide health care.

At the same time, our government and Health Canada have shown a very clear leadership by working very closely with Sandoz, the manufacturing facility. As we all know, this problem arose not because of the situation within Canada, but it was initiated by the U.S. FDA. Health Canada and the Minister of Health are doing everything in their power to ensure this issue is addressed in a very timely fashion.

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I have heard the Government of Canada speak about the jurisdictions, again and again.

I will simplify my question. Even if the Government of Canada refuses to take any responsibility for the well-being and health care of Canadians, it does have a responsibility for the health care and well-being of first nations people, Inuit, the RCMP, the Canadian Forces and veterans.

Will the government set up a mandatory reporting system that will anticipate and ensure that there will be no drug shortages for those people for whom it is directly responsible?

Mr. Parm Gill: Mr. Speaker, I would assume the hon. member, being a physician herself, would know and would clearly understand that when I say that health care is the responsibility of the provinces and the territories, it is true.

At the same time, the Government of Canada has a responsibility to ensure Canadians are protected and have adequate drugs that they require. It is the provinces and territories that work with the manufacturers. They are the real customers.

When it is out of the Government of Canada's hands, or the information does not get to the government or Health Canada in a timely fashion, it is limited in its resources. I hope that answers the question.

Mrs. Joy Smith (Kildonan—St. Paul, CPC): Mr. Speaker, our government recently committed to a long-term stable funding arrangement with the provinces and territories, right up to 2017.

The member is part of the health committee and has done a great job. How will the government ensure there is accountability, such as ensuring the provinces and territories do a better job of ensuring there are medically necessary drugs for all Canadians?

Mr. Parm Gill: Mr. Speaker, I thank the hon. member for doing a wonderful job of chairing our House committee.

This measure brings financial predictability for all provinces and territories, as they can count on long-term stable funding arrangements that will see transfers reach \$40 billion by the end of the decade.

• (2230)

[Translation]

Ms. Laurin Liu (Rivière-des-Mille-Îles, NDP): Mr. Speaker, I will be sharing my time with the member for Marc-Aurèle-Fortin.

I am pleased to take part in this emergency debate on Canada's drug shortage. Our official opposition health critic requested this debate, and I thank her for her initiative. In my opinion, this debate is necessary because of the Conservative government's negligence and the fact that a shortage of generic injectable drugs poses a real threat to public health.

Despite the government's reassuring statements, for the past three weeks, hospitals in Quebec and Canada have been dealing with the most severe injectable drug shortage ever. This crisis came about because the entire Canadian system depends on a single supplier, the Sandoz plant in Boucherville, for 90% of its generic injectable drugs. Sandoz manufactures 235 products, including morphine, anticoagulants, antibiotics and cancer drugs. Sandoz products are essential for palliative and intensive care, as well as surgery.

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People in Rivière-des-Mille-Îles and residents of the lower Laurentians are worried about the shortage. Many of them depend on services provided by the Hôpital de Saint-Eustache, which is in my riding. Fortunately, facilities in the Laurentians have not yet been affected, but we know that some Quebec hospitals are coping with a shortage of drugs that are essential to critical and intensive care.

The situation is very disturbing. For example, at the Hôpital Maisonneuve-Rosemont, drug reserves have dwindled to a five- to seven-day supply—half of what they should be. Last week, some 80 surgeries were cancelled in the Outaouais. In the GTA, elective surgeries have been postponed or cancelled. In Alberta, some chemotherapy patients now have to go to pharmacies to get their own anti-nausea medication because they cannot get it intravenously at the hospital. Their pills can cost up to \$13 each. The shortage of injectable opiates will hit intensive and palliative care patients particularly hard because they cannot take drugs by mouth.

The health care community is very worried. Myriam Sabourin, spokeswoman for the Agence de la santé et des services sociaux des Laurentides, admitted that if this situation continues, it could become a real problem. Ontario's health minister, Deb Matthews, said that patient safety is at significant risk. HealthPRO Canada, Canada's largest group purchasing organization, which is responsible for purchasing drugs for 255 institutions outside Quebec, estimates that the shortage could last for one year.

While this situation is critical, the Conservative government is wasting time trying to lay blame. It has blamed the provinces, which often tend to use a single supplier for their drugs. Clearly, this government has reached the height of hypocrisy. How can it criticize the provinces for trying to save some money using group purchasing, especially since this government just announced its unilateral decision to cap the indexing of health transfers?

Unlike this government, which is dragging its feet, the health ministers of British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and Quebec are showing leadership and holding weekly conference calls to establish supply priorities.

Not content to blame the provinces alone, the government has also tried to point the finger at Sandoz. The Minister of Health said that she is very concerned about how Sandoz has managed the situation. We are also concerned about how Sandoz has managed it, just as we are concerned about the lack of transparency of other companies in the pharmaceutical industry. But unlike the Conservatives, who want to deregulate everything, we believe that tighter regulations are needed, including a mandatory production reporting system.

The Conservative government has also tried to explain its disorganization by claiming that it could not have anticipated that a fire that took place on March 4 at the Sandoz facilities would stop production for over a week. Yet production problems at Sandoz date back to before the March 4 fire.

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• (2235)

On February 16, the pharmaceutical company sent a letter to its clients announcing that it had to stop or temporarily suspend production of a number of its drugs, some of which are considered essential by Quebec hospitals.

This slowdown was the result of a warning from the U.S. Food and Drug Administration, which noted serious violations in the company's production standards. We should note however, that these violations should not affect products distributed in Canada. However, Sandoz has been working for the past two weeks on making the changes requested by the FDA, which has resulted in a significant slowdown in production. The March 4 fire obviously made things worse.

Nevertheless, our Canadian government has known, at least since February, that Sandoz would have difficulty meeting its commitments. Three weeks later, the Conservative government still has not come up with a credible solution and Sandoz still cannot say when it will be able to resume production.

In order to address the drug shortage, the Conservative government is trying to implement an expedited approval process for a number of drugs manufactured abroad that meet European or American standards. It generally takes at least three months for a drug to be approved by the Public Health Agency of Canada. The government hopes that expediting the approval process will make it possible to import substitutes.

Many observers are skeptical about this solution because the generic drug manufacturers are already working at capacity. Even if the federal government approves new products, the industry will not necessarily be able to manufacture them because they are already working full tilt.

Marc-André Gagnon, a professor of public policy at Carleton University and an expert on pharmaceutical programs, does not believe that this is an effective solution. Let me quote him.

We live in an era of just-in-time production...We must understand that the market for generic drugs is expanding. Thus, production is at full capacity at this time. Drugs cannot be stockpiled abroad in the event that a shortage occurs somewhere.

In short, the situation is precarious and it will take a long time to resolve the crisis because we lack the communication tools and the checks and balances for keeping the industry in line. The Liberal and Conservative governments refused to take action when they needed to. As a result, the provinces have come to realize, once again, that they must be self-reliant.

In closing, I would like to point out some of the solutions proposed by the NDP in recent years, which have been cited recently by the health community.

First, we think it is essential to implement a mandatory manufacturing reporting system so that the risk of stock shortages can be identified in advance. This proposal was reiterated by the Alberta and Ontario health ministers, the Canadian Cancer Society and doctors and administrators in hospitals across Canada.

We are also proposing that a special agency be given the mandate of monitoring the industry on an ongoing basis so that Health Canada can react more quickly when there is a potential drug shortage. I am very pleased to see that this proposal was recently mentioned by Diane Lamarre, president of the Ordre des pharmaciens du Québec.

Moreover, as the provincial ministers of health have proposed, the federal government should also approve certain suppliers, selected by the provinces, in order to address the drug shortage. To do this, the Conservative government must stop blaming others and agree to work with the provinces.

Finally, a longer-term vision must be developed. Drug shortages have become more frequent since 2008.

As doctors, pharmacists and some patient groups have called for, a broader investigation needs to be conducted into drug shortages. This investigation should focus on the transparency and business practices of pharmaceutical companies. It should also make recommendations in order to ensure that public authorities have all the tools they need to protect the common good.

I hope that the government will listen and will co-operate with stakeholders from the health care community and the provinces in order to resolve this recurring problem in the generic drug industry once and for all.

• (2240)

The federal government has a leadership role to play and must act in concert with the provinces to ensure that Canadians have all the drugs they need.

Lastly, I would like to thank all the employees of the House and all the pages who stayed in order to allow us to hold a debate on this very important subject.

I am ready to answer questions from my hon. colleagues.

[English]

Ms. Kellie Leitch (Parliamentary Secretary to the Minister of Human Resources and Skills Development and to the Minister of Labour, CPC): Mr. Speaker, my constituents in Simcoe—Grey have a clear idea of why there are drug shortages and understand that this is a global problem.

I would like to correct the member opposite on something that she said. I want to be very clear that there is not just one supplier of these medications. There is a challenge here because a choice was made by hospitals and provinces to choose to have a single company supply drugs. By way of example, midazolam, which may be one of those drugs that is talked about, has multiple suppliers, whether that be Apotex or Teva; and fentanyl has suppliers like Hospira Healthcare and Technilab Pharma. Let us understand that this is not a single, focused issue where there is one supplier, as the member opposite mentioned. There are multiple suppliers and there was a choice.

Why do the member and her party not want to work with us to make sure that we have a common interest in working together with industry and association partners to solve this problem for Canadians so that they have drugs available from multiple companies and multiple alternatives, as opposed to going on about how they want to focus on just one supplier? **Ms. Laurin Liu:** Mr. Speaker, we have seen throughout this entire debate the government finger pointing, blaming the provinces for these problems and refusing to take a leadership role.

We on this side of the House have proposed some solutions and we will keep proposing them. These solutions have been supported by various groups across Canada and we hope that the government will pay close attention to them.

We proposed three simple solutions. First, we proposed that the government in co-operation with the provinces, territories and industry develop a nationwide strategy to anticipate, identify and manage shortages of essential medications. Second, we proposed that drug manufacturers be required to promptly report to Health Canada any disruptions or discontinuations of production. Furthermore, we would ask that the government expedite the review of regulatory submissions in order to make safe and effective medications available to the Canadian public.

Why is the government content to keep finger pointing? The NDP has proposed solutions. We propose that the government take a leadership role.

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, I really pick up on my colleague's comments, as we all feel a sense of frustration now. We came to this emergency debate with a real sense that we would not only talk about the real nature of the crisis facing Canadians around these drug shortages but also figure out what could be done. However, all we have heard all night is a shifting of the blame. Speaker after speaker on the government side has blamed everyone else, saying it is everyone else's problem. I do find that ironic, because even the Minister of Health said that she had written letters and done this and that. She seemed to express some frustration about what was going on. If the government had a plan, it has not been working and we are in a real mess.

I just want to offer that comment to my colleague, because she has hit the nail right on the head. This is not about blame but about figuring out what the heck we can do.

Ms. Laurin Liu: Mr. Speaker, as my colleague mentioned, we have seen a lack of leadership in the House tonight.

In a letter to the Minister of Health, the Canadian Anesthesiologists' Society called for the federal Department of Health to play a leadership role in developing nationwide strategies to "anticipate, identify and manage shortages of medically essential medications", shortages that jeopardize patient health and safety in all parts of Canada.

We do hear a call from civil society and the provinces for the federal government to act. The government needs to stop passing the buck and take action right now.

• (2245)

[Translation]

Mr. Alain Giguère (Marc-Aurèle-Fortin, NDP): Mr. Speaker, this problem has been around for a long time. We have this problem because our country, like many others, has surrendered an essential aspect of public health to pharmaceutical companies, particularly generic drug manufacturers.

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Canada is not a third world country. It is perfectly capable of producing drugs. It has the people, the know-how and the natural resources to do so. It has everything it needs for a drug shortage to be unheard of, yet here we are with a drug shortage. That is because, for too long now, we have allowed an industry that clearly does not grasp its public health duty to call the shots. In a civilized country, as we like to think of ourselves, we do not let sick people suffer because of a lack of drugs. This important aspect has obviously been forgotten.

There are many people we can blame for this policy. The important thing is not laying blame, but solving a problem that starts with drug production. Blaming the people who provide medical services or who produce a particular drug will not solve the larger problem, which is the drug shortage.

We can point accusatory fingers at some, but will that help us, as a country, to address this public health challenge? The answer is no. Perhaps it is time to overcome certain federal-provincial quarrels and certain internal parliamentary politicking to tackle this problem more seriously.

We are dealing with a generic drug industry that will do everything it can in the fight to destroy a competitor's patent, that will do everything and invest everything in order to be able to produce a drug without the patent and without having taken part in the research. This industry tends to be very generous in marketing its products to doctors and pharmacists. This industry invests more money in PR and advertising than it does in production or in building facilities capable of producing these drugs. This industry cares a lot more about the bottom line than it does about the shared goals of public health. This is nothing new, and it is every private company's prerogative to try to maximize profits.

At times, this industry has gone too far. It was called to order by the Commissioner of Competition, who rightly said that generic drugs are being sold at unacceptable prices in Canada. In response to that situation, the service providers got together to make bulk purchases at a lesser cost in order to lower their overall drug budget. We cannot blame the hospitals and provincial governments for lowering their costs, especially when the federal government is cutting transfer payments for health. They are doing precisely what they are being asked to do: making a concerted effort to reduce their costs.

• (2250)

They are successfully staying within their drug budget, but now they are being criticized. Perhaps we need to be more consistent. We could continue to try to find who is responsible. We are all responsible. We did not work together to put an end to this situation.

The Parliamentary Secretary to the Minister of Human Resources and Skills Development said that it was time to work together to find a solution. That is a great idea, but we must find an effective solution that leads to concrete results, an observable change and a marked improvement. Essentially, the solution must put an end to drug shortages. We must develop a truly Canadian pharmaceutical industry that is able to respond to our country's needs. We must no longer depend on imports—rather like public charity from other countries—to address our drug shortages. We must attack the problem, not just draw attention to it. Everyone knows that there is a problem. We must find a solution.

It is true that the federal government is likely incapable of finding a miracle solution on its own. The federal government must cooperate with the provinces, hospitals and other who provide medical care. There must also be some co-operation with the pharmaceutical industry. I am sorry to say it and to insist so strongly, but the pharmaceutical industry must conduct a thorough review of its priorities.

The pharmaceutical industry's role is to manufacture drugs, not to pay for doctors or pharmacists to go on trips to Thailand. The industry's role is to produce inexpensive and effective drugs for all Canadians, not to have the biggest advertising budget. This is exactly where the problem lies. Their priorities are not compatible with the establishment of an effective public health care system.

Canada has the resources. It has the means. It is up to us to ensure that it has the intention. The intention of this government, of this Parliament, must be to guarantee public health, to ensure that Canadians will have absolutely guaranteed access to these drugs both now and in the future.

The NDP has proposed some solutions. Not only have we proposed solutions but we have also listened to the suggestions of other authorities: provincial governments, pharmaceutical industries, doctors' and pharmacists' associations, hospitals and even the government. The basic requisite is that these proposals must lead to solutions. The current solutions are no good. Asking these people who are too focused on profit to take care of public health is unacceptable. That is not their role; it is ours.

It goes without saying that I do not intend to abdicate this government's responsibility to private companies.

• (2255)

Mr. Jacques Gourde (Parliamentary Secretary to the Minister of Public Works and Government Services, for Official Languages and for the Economic Development Agency for the Regions of Quebec, CPC): Mr. Speaker, I thank my colleague for his question and I also congratulate him for being open-minded about solutions.

My colleague has been in this chamber for more than 10 months. Could he explain how Quebec might perceive the intrusion into its jurisdictions when it comes to such a fragile and delicate matter as health?

Mr. Alain Giguère: Mr. Speaker, the government of Quebec has sole jurisdiction over the delivery of health care services to its people. The problem is not that services are inadequate, that services are not provided, or that we want to provide services instead of the

province. The pharmaceutical industry is under federal jurisdiction, and we need to figure out how the Canadian government can ensure that the industry supplies drugs to people, governments and hospitals so that they can use them. That is the problem. It is not a matter of jurisdiction; it is a matter of production.

[English]

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, I would like to thank my colleague for his very thoughtful comments. He provided us with a larger picture of how these major drug companies have so much power and control. Government intervention in the public interest is required.

We have talked tonight about shortages for people who are facing serious surgeries, for people who need pain management and for people in palliative care. However, there are also other groups facing shortages. People with epilepsy have been facing crucial shortages in medications that prevent seizures for a period of time. Many people are worried about that. There are also people in the trans community who undergo surgery and need to take certain kinds of medications and hormones. They are also facing shortages. So we begin to see how widespread this is and the anxiety that it causes.

I know the member is fully aware of this. It reinforces the importance of the federal government to show some initiative here and to stop hiding and saying it is somebody else's problem. The federal government should actually think about what it can do and listen to the suggestions, including those from the member, that have been made in the debate here tonight.

[Translation]

Mr. Alain Giguère: Mr. Speaker, it can listen to the suggestions that we have made this evening and the entire House can listen to proposals from all the provinces, all the hospitals, all sorts of professionals and even people from this government. The main thing is that we have to succeed. That is what is important. We have to resolve the shortage problems now and forever.

[English]

Ms. Kellie Leitch (Parliamentary Secretary to the Minister of Human Resources and Skills Development and to the Minister of Labour, CPC): Mr. Speaker, we have heard again and again from the opposition members about the need for federal intervention into provincial and territorial jurisdiction, that only we can solve this supply problem. I would like to remind the member opposite that it is provinces and territories that sign the contracts with these companies like Sandoz because they know their jurisdictions and the patients who need to be taken care of. Does the member not believe that these decisions should be made by those people closest to care? Or does he think that we should be making those decisions in this House of Commons?

[Translation]

Mr. Alain Giguère: Mr. Speaker, with all due respect for the parliamentary secretary, the Patent Act is a federal act. Quality control for drugs is governed by federal legislation. It is as though she were saying that because we want to control the quality of manufacturing and investments in this industry, we want to take over a provincial responsibility. As far as I know, the provinces have never had this responsibility.

• (2300)

[English]

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): Mr. Speaker, I would like to inform you that I will be splitting my time with the member for Lotbinière—Chutes-de-la-Chaudière.

When I rise in the House to address an issue I am pleased to do so, but not tonight. The very serious shortage of medically necessary drugs that has brought us to this emergency debate could have been mitigated if only Sandoz Canada had planned ahead and had been transparent with its customers. I must say that the more I learn about the company's behaviour, the angrier I get.

We can discuss every aspect of the drug shortage issue tonight. We understand that it is a complex global phenomenon with many causes.

We know of the serious work that our Minister of Health has done to bring purchasers and suppliers together to find a co-operative Canadian solution to this global challenge. These solutions are based on information sharing and solid contingency planning. They are direct, efficient solutions based on a clear and logical understanding of how the drug approval and supply system works in Canada. The minister's goal has been to help ensure that the right information gets into the right hands at the right time so that advance planning and notice can take place, alternative sources of supply can be found and treatment plans for patients can be adjusted if necessary.

I read the newspaper over the weekend. The warning system does not work well when the warning comes too late. Sandoz clearly did not warn the world about a looming shortage until it was too late to avoid it.

Last November, four months ago, Sandoz was notified by the U.S. FDA of concerns about production quality standards related to one product at its Boucherville plant. This product is not even produced for the Canadian market. Similar FDA findings were made at the Sandoz plants in the United States. It is important to note that at no time did the FDA find that the production issues were of such gravity to require Sandoz to cease production at any of these facilities.

As we all know, Sandoz is a virtual sole supplier of many medically necessary drugs for hospitals and clinics across the country. However, members now know that because of the painful events of the past few weeks, Sandoz was presumably aware of these facts in November. Nonetheless, before the middle of February, the company did not give full details of its plan to shut down its plant in Boucherville. This is especially concerning, considering it would have major supply consequences for all Canadians.

Following up on the FDA findings, Health Canada inspected the plant and found it to be compliant with our rules for safe, quality

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production. The department's officials held discussions with the company about how it planned to address the FDA findings, but never during those discussions were the full details or plans of the company's production cutback revealed, that is until February 15. That is when Sandoz simultaneously informed Health Canada and its customers that it was significantly cutting the output of medically necessary products from the plant.

When the company was asked what alternative sources of supply it had secured to make up shortfalls for customers, it said that it was starting to do that. So the company dropped a bombshell like this on the Canadian health care system and then said it was just starting to identify other suppliers. Sandoz did not even include an estimate of how long the shortages would last. It had to be asked.

The House has been aware of the work that the minister has done to encourage drug makers to be more transparent with customers and Canadians about drug shortages. Early last fall, she received a commitment from several professional and industry associations for a voluntary plan to provide more timely, accurate and comprehensive information about drug shortages to health care professionals and patients across Canada.

• (2305)

Sandoz Canada is a member of the Canadian Generic Pharmaceutical Association which contributed to the development of this plan. However, I have to say that the abject failure of Sandoz to date to provide clear, precise and timely information on the massive impact of its production cutbacks is completely contrary to the spirit and principles of the pledge made in the fall.

The information provided to Health Canada officials, the media and the public has been, at best, reactive, fragmented and incomplete. As a result of this information vacuum, health care providers across the country find themselves having to piece together the full scope and extent of the supply situation and scramble to maintain patient care. Hospitals and clinics, bulk drug purchases, provincial and territorial governments and Health Canada have had to poke and prod Sandoz at every turn. Supply pledges made by the company have frequently not been met by distributors. Sandoz has promised to provide updated supply information to health professionals, but their worried calls to Health Canada for help indicate that either the information or the supply, or both, are not getting through.

Then on Sunday, March 4, Health Canada became aware of a fire at the Boucherville plant through media reports. Health Canada also received an email from Sandoz on March 4 confirming there had been a fire. Health Canada urged Sandoz to go public with information about the fire, especially with its customers, the provinces and territories.

When it became clear that information was not forthcoming, at noon on March 6, Health Canada advised the provinces and territories of the fire. At the urging of Health Canada, and only after Health Canada had advised the provinces, Sandoz finally issued a press release on March 6. Only then did it publicly concede that the fire had forced the suspension of all production at the plant for at least a week.

It took the company almost three weeks after the February 15 notification to deliver to Health Canada submissions for alternative supplies to be assessed for safety and effectiveness.

Health Canada is expediting its authorization process during the shortage to help hospitals and doctors access alternative sources of supply.

Through the various networks supported by the health portfolio, we have been taking a leadership role by bringing together purchasers, provinces, territories, health care professionals and Sandoz to exchange the latest information on supply and to ensure that our collective efforts to address shortages are coordinated. Health Canada has a team of experts assigned to deal with shortage requests.

We are providing guidance to purchasers so they have a clear understanding of the safety information we require when a new source of supply is found. Through our co-operative relationship with other trusted regulators with high safety standards like Canada, such as the U.S. Food and Drug Administration and the European Medicines Agency, we have ready access to a wealth of information that will expedite our approval of foreign sources.

I want to assure Canadians that, notwithstanding these urgent circumstances, we will never compromise safety. The last thing anyone wants is for patients to be harmed by unsafe drugs authorized in a rush to fill supply gaps.

In Canada, the federal government has taken a leadership role in encouraging enhanced co-operation among all players in the drug approval and supply system. The Sandoz situation shows there is still a lot of work to do to improve information sharing and contingency planning by purchasers and suppliers. It is still our hope that this will happen. We believe that a voluntary purchaser-supplier solution is the most effective and efficient way to handle shortages. If necessary, the government will regulate mandatory advance notification in order to ensure Canadians get the information they need and deserve.

• (2310)

[Translation]

Mr. Guy Caron (Rimouski-Neigette—Témiscouata—Les Basques, NDP): Mr. Speaker, I am pleased that my colleague opposite raised the issue of information, because lack of information was one of the major contributing factors to the problem we are dealing with now. I asked a question earlier, and I would like to ask it again because I have not really received an answer yet.

My colleague said that the voluntary reporting system for potential shortages works really well. The United States is bringing in a mandatory system. Companies will have to disclose when they expect a shortage of certain drugs. Congress is even talking about imposing fines of up to \$1.8 million if companies do not announce a potential shortage at least six months in advance.

I would like to know how the member can justify a voluntary system that lets companies choose whether or not to announce a shortage, compared to a mandatory system that makes them responsible for advance notification and holds them accountable.

[English]

Mr. Wladyslaw Lizon: Mr. Speaker, I do not know how many times during this debate it has been mentioned that we are dealing with provincial jurisdiction.

Health Canada is not involved in contracts with drug companies to buy drugs for hospitals, clinics or doctors. If the hon. member had listened to my speech, he would have heard the last sentence of my speech, which I will repeat. If necessary, the government will regulate mandatory advance notification in order to ensure Canadians get the information they need and deserve.

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, actually, I am getting quite confused about what the provincial and federal jurisdictions are. I thought I knew what they were because I used to be a government minister. I thought I understood that very well when I went to federal-provincial-territorial meetings.

On the one hand I hear the provinces say that the federal government had a duty to warn them earlier. Obviously the provinces think that the federal government should be the one that warned them. Then the minister said that if she had known sooner, she would have warned the provinces sooner.

We are getting mixed messages. It is obvious that the minister believes it was her duty to inform the provinces about the problem, that it is her duty to find substitute drugs, and it is her duty to do a lot of things.

How can the minister believe she has the duty and then say it is a provincial jurisdiction in the next breath?

Mr. Wladyslaw Lizon: Mr. Speaker, the member opposite mentioned that she has been around for a long time and was on the government side. I am surprised she is actually asking the question because the regulations are the same as they were when she was in government. Nothing has changed in that respect.

It is the responsibility of the federal government to regulate the safety of drugs. The hon. member knows very well that all the contracts and purchases are done by the provincial bodies under provincial jurisdiction.

To answer the question, the minister showed great leadership to help in the situation in any way she could. That is great leadership.

Mrs. Joy Smith (Kildonan—St. Paul, CPC): Mr. Speaker, the member's commentary on this very important issue was very insightful.

I would like the member to inform the House where Canadians can find the most up-to-date information on the Sandoz shortage. I know there is a place where that can be found.

• (2315)

Mr. Wladyslaw Lizon: Mr. Speaker, Sandoz is providing regular updates on the supply situation to its provincial and territorial customers.

For information on actual or potential local impacts, we encourage Canadians to contact their local health care authorities and their health care professionals.

Sandoz is committed to posting the information for health professionals on current and potential drug shortages on its website, and on the website of the University of Saskatchewan, Saskatchewan Drug Information Services, and Ruptures d'approvisionnement en médicaments au Canada. This information can be accessed.

[Translation]

Mr. Jacques Gourde (Parliamentary Secretary to the Minister of Public Works and Government Services, for Official Languages and for the Economic Development Agency for the Regions of Quebec, CPC): Mr. Speaker, we are here this evening to discuss drug shortages. We have to understand and talk about the fact that the pharmaceutical industry supplies drugs and decides which drugs and how much of them to produce.

The pharmaceutical industry is in the best position to monitor actual and potential drug shortages and to share that information with stakeholders.

We would not be here tonight if the industry had done that. The industry is responsible for the nationwide drug shortages. Our government is very disappointed that Sandoz failed to fulfill its commitment to provide timely, accurate information about actual or potential drug shortages.

We believe that Sandoz could have prevented the shortage by issuing a press release about changes to its drug production volumes. Sandoz's failure to communicate made it even harder for patients and our health system to deal with a difficult situation. Our government is responsible and must ensure that there is no threat to the health of 34 million Canadians or the system they rely on.

Our current system is facing many complex, closely related challenges that create the conditions conducive to drug shortages. Production delays or the discontinuation of products are the factors contributing to shortages that are most commonly cited by Canadian sources. This problem is certainly not unique to Canada. This is a universal phenomenon that results from the ever-increasing globalization of the supply chain.

Despite these global challenges, we would be remiss if we did not draw attention to the shortcomings of Sandoz at the local level that contributed to the drug shortages we are currently experiencing. When Sandoz decided to stop production in response to concerns raised in a letter from the Food and Drug Administration in the United States, a letter that indicated that Sandoz was not following good manufacturing practices, did it consider the consequences this decision would have for the Canadians who need its products?

According to responsible business practices, a company with an international clientele, like Sandoz, must think about its responsibilities to all the patients who use its products, whether American or Canadian.

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When a manufacturer makes decisions regarding the production of drugs used in hospitals to treat serious diseases, does it ensure that its clients, hospitals, have an adequate stockpile of drugs before stopping production?

Based on what happened at Sandoz, the only answer to this question is no. One of the disadvantages of the fact that the industry is always trying to improve efficiency is the risk of disruption. And when this disruption happens, there is a good chance that the supply chain will suffer.

How many of these companies get their raw materials from a single source or a limited number of sources? By limiting the number of their suppliers, manufacturers are exposed more to supply interruptions. When they can, companies should have more than one supplier of their basic ingredients.

This principle also applies to drug purchasers, including hospitals and drug benefit plans. That is why the government asked Sandoz to look in Canada and abroad for other suppliers or other facilities that could quickly produce the most essential drugs in order to minimize the impact this would have on patients in Canada.

• (2320)

Have Canadian manufacturers put in place appropriate contingency plans in the event of a disruption in supply? Again, the Sandoz case would suggest not. If Sandoz had had risk mitigation strategies, the current situation could have been avoided.

Unfortunately, doctors and pharmacists are now in a delicate situation. They have to make substitutions using only the stock they have on hand. If the manufacturer had warned them early enough, they would have been better prepared and could have made other arrangements.

These companies know how much their products are needed. Although they do not see every patient who benefits from their products, they should not forget that the victims of their lack of transparency and lack of honest communication are the patients.

Sandoz failed to follow a best practice we expect from a global company. As it was focusing exclusively on upgrading its equipment and on opening up the U.S. market for its product, it ignored the effects this would have on Canada. The consequences are unacceptable.

Sometimes unethical business practices are used after a manufacturer issues a notice of a drug shortage.

For example, some wholesalers might procure drug reserves at a reduced price in anticipation of a possible change in price by a manufacturer in order to maintain their profit margins. Rumours of price increases could also cause pharmacists to build up reserves.

One would hope that all parties put the patients' needs above profits, because health and safety must come first.

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The Government of Canada encourages its industry partners to be more transparent when it comes to their manufacturing processes and to be more communicative about them.

We are also working with our provincial and territorial partners to increase the number of drug production sources because when we rely on sole sources we are more vulnerable to shortages.

In that regard, the Minister of Health has told the provinces and territories a number of times to enhance the efficiency of their system.

Even though negotiating contracts with a sole drug supplier can indeed result in cost savings in the short term, those savings must not open the door to risk or higher costs in the long term.

For that reason the federal government strongly encourages provincial and territorial health authorities to obtain drugs from several suppliers in order to avoid being vulnerable to interruptions in the production of a single supplier.

All health professionals working in the system and their associations are already doing everything in their power to ensure that patients get the treatment they need. However, the lack of coordination of time-sensitive communications increases the burden on the system.

In the end, Canadians will pay for this weakness in the system: they will either have to pay more for expensive substitutes, or their health will be compromised because of delayed treatment.

That is why greater transparency is needed throughout the supply chain and there must be better communication on the part of industry. The industry must honour its commitments with respect to clear, transparent and timely communication of all information on current and potential drug shortages.

The federal government has thus insisted that Sandoz use public websites for reporting drug shortages to provide that information so that health professionals have access to the information they want. • (2325)

Mr. Denis Blanchette (Louis-Hébert, NDP): Mr. Speaker, I thank the member for Lotbinière—Chutes-de-la-Chaudière for his speech, in which he listed many aspects of the problem. The only problem I can see is his conclusion. He states that the pharmaceutical industry should be somewhat more co-operative. As it is not, because profit comes first, we are experiencing shortages.

I have a question for my colleague. In view of the fact that pharmaceutical companies will not want to voluntarily discuss their problems—and these are definitely their problems—and they will also not want other companies to know they are having problems, when should reporting no longer be voluntary and measures be imposed to ensure that the patient comes before profit, as my colleague said?

Mr. Jacques Gourde: Mr. Speaker, I thank my colleague for the question. Our government is determined to implement a system that works for Canadians. In the future, we will ensure that the national drug shortages monitoring and reporting system has the most accurate and up-to-date information so that decision-makers, health administrators, health care professionals and patients have the information they need.

As already mentioned, work is under way to create a single website to report drug shortages. The problems we experienced recently in terms of drug supply interruptions following the fire at the Sandoz plant in Boucherville, Quebec, are proof that this work needs to be completed immediately.

We must learn our lessons from this shortage. Let us ensure that every link in the drug supply chain takes the necessary precautions, as we have done at the federal level. It is only by admitting that some things need to change and by acting on them that we will create an improved health care system that is more efficient and more resilient for all Canadians.

[English]

Mrs. Joy Smith (Kildonan—St. Paul, CPC): Mr. Speaker, I thank my colleague for his very insightful speech and some wonderful suggestions.

Could the member please explain what system is in place right now to encourage companies to report drug shortages? Also, can the government force companies to share information about drug shortages?

[Translation]

Mr. Jacques Gourde: Mr. Speaker, I would like to thank the hon. member and all the other members on this side of the House for their excellent questions.

The industry, whether it be the manufacturers, wholesalers or distributors, is in the best position to detect and monitor potential drug shortages. That is why the Minister of Health has clearly communicated her expectations to industry partners. Industry partners must agree on practices that will allow them to give doctors advance warning of potential drug shortages so that they can adapt accordingly. If the industry partners cannot or will not do that, we are prepared to act in the best interest of patients and prescribe a solution.

Our government is emphasizing that communication must be improved and it is expecting industry partners to provide accurate and relevant information about current and potential drug shortages and to keep their commitment to making accurate, complete and relevant information about current and potential drug shortages available to health professionals and patients across Canada.

In closing, the federal government is closely monitoring the relevance and comprehensiveness of the information being provided by Sandoz in order to ensure that the company is meeting the needs of its clients and health professionals.

• (2330)

[English]

Mr. Robert Chisholm (Dartmouth—Cole Harbour, NDP): Mr. Speaker, I will be sharing my time with the member for Manicouagan.

I am pleased to speak in this important debate tonight. I thank my colleague, the member for Vancouver East, for introducing the motion.

Why are we here tonight? We are here as a result of a very serious situation that has resulted from a large manufacturer and supplier of drugs in this country that has come up short and is unable to meet the demand for drugs. There is no question that this is a crisis situation but it is not new. It has been ongoing for at least five years and the government has been well aware of that.

In fact, the Minister of Health finally responded to pressure from organizations in the health care sector, the provinces and the opposition in August 2011 and began working with the industry and associations across the country to come up with a solution. What solution did she come up with? She came up with a voluntary monitoring system whereby companies, like Sandoz, were supposed to voluntarily indicate what their status was in terms of its ability to supply drugs to health authorities and hospitals across the country.

We need to ask how that is working so far. The problem is that it is not working. We are not just talking about there being a bit of a delay here. We are talking about this affecting tens of thousands or hundreds of thousands of Canadians who are receiving or are about to receive elective surgery and will not get the kind of injectable drugs they need. We are talking about people receiving cancer treatments or treatment for epilepsy, and transgenders who are receiving treatment and injecting various drugs in order to ensure their progress is insured. Those are the people being affected as a result of this decision.

Who is Sandoz and what does it do? Sandoz supplies 90% of injectable drugs to hospitals from one end of the country to the other. It is no little corner store type drugstore. It is a significant company that is providing medicines, drugs and pharmaceuticals to provinces from one end of the country to the other. The government says that it cannot step in and use too strong a position with respect to the company because it is a provincial jurisdiction and it would be stepping on its toes.

The government already has an important role to play with respect to drugs in terms of registering, reviewing, monitoring and ensuring they are safe, although it is having some trouble with its ability to do that. However, it has been asked by many provinces and Canadian associations that represent anesthetists and pharmacists, as well as the Canadian Cancer Society to step forward and deal with the problem by putting some teeth into its ability to monitor the supply of drugs to the provinces and hospitals across the country.

The United States is doing that. Last year, the President of the United States recognized that there was a serious problem with drug shortages in the U.S. The pharmaceutical companies were unable to meet the demand for drugs and were not letting health authorities and hospitals know the situation and what their ability was in terms of meeting the demand or what the supply would be.

• (2335)

The government has said the companies will tell us whether they are able to supply the drugs, what drugs they will be able to supply, and they will voluntarily declare when they are having some trouble. In this case, Sandoz was advised in November of 2011 by the FDA

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in the U.S. that there were real problems with some of their facilities and that their production was going to be interrupted if it did not bring some of them up to standard. One of them was the plant that had production interrupted in Quebec.

Did the government hear about that? There was not a word. Did Canadians hear about that? There was not a peep. It was not until late February of this year that we began to get an indication that, in fact, there was going to be an interruption to the supply of drugs to hospitals and jurisdictions across this country. Clearly, the government's own strategy of asking the pharmaceutical companies to voluntarily, pretty please, make that information available has not worked. What this resolution says and what my colleagues on this side have said, one after the other in an incredibly articulate fashion, is that the government has to step forward and take some responsibility. It has to recognize that the strategy it put in place is not working and that Canadians' safety and health are at risk as a result of its failure to act.

The point is simply this. It should work with the provinces and health jurisdictions across the country and come up with one national system to monitor the supply of drugs across the country. It is that simple. It is not complicated. We are not talking about it coming in with a heavy hand, as it is doing in the Air Canada dispute, and taking the side of the employer and putting the jackboot down on working people. We are not asking it to move with that type of aggressive action. We are asking it to recognize that it is a partner in health care. The federal government and the provinces have a joint constitutional responsibility to ensure Canadians receive a certain quality of health care in this country. The government continually wants to abdicate that responsibility, and that is a problem for New Democrats.

In this debate, we are simply pointing out the flaws to the voluntary system. "Pretty please, big Sandoz, tell us what is going on and we will be okay" is not working. The government has to start putting some teeth to these issues and begin to deal with this question once and for all. It is not going to work otherwise, and that is the issue. If we do not deal with it, Canadians' health, comfort and ability to receive the treatment they need when they need it is jeopardized. Surely the government recognizes that is a situation that needs to be avoided.

Members on this side are telling the government to work with the provinces, recognize their jurisdiction and its own jurisdiction, take some responsibility and action to ensure this kind of situation does not happen again and the Canadians, because of their health circumstances, who need safe pharmaceuticals will receive them when they need them without going through these kinds of delays.

I am thankful we were able to proceed with this important emergency debate at this particular point in time.

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, let us

for a moment accept the federal government's statement that it is not

responsible for the well-being and health of Canadians across this

country. Does the member think that at the very least the federal

government should be responsible for the health and well-being of

the people for whom it has direct responsibility, such as first nations,

Inuit, RCMP, the armed forces and veterans? And taking that

responsibility seriously, does the member believe that the federal

government should therefore set up a system similar to the one in the FDA in the United States where it anticipates and works with

manufacturing companies to address, prevent and avert shortages

• (2340)

before they occur?

[Translation]

• (2345)

Mrs. Djaouida Sellah (Saint-Bruno—Saint-Hubert, NDP): Mr. Speaker, I want to thank the hon. member for his very interesting speech.

The thing that concerns me the most is the health and safety of our fellow Canadians. Under Canadian law, we know that the government has to ensure health and safety, but even more importantly, ensure access to care and therefore access to drugs. The current shortage is the worst we have seen.

Why has the Conservative government not shown any leadership and been proactive, despite the warnings it received from a number of organizations?

[English]

Mr. Robert Chisholm: Mr. Speaker, the member is bang on. That is absolutely the case. This is not a new problem. This problem has existed for several years. The government's first step in trying to correct it, under great pressure, was a voluntary monitoring system. How is that working? It is not.

The government has to go back to the drawing board. Tonight, my colleagues laid out a whole host of solutions to solve this problem. We are calling on the government to take action now to get this problem solved once and for all.

[Translation]

Mr. Jonathan Genest-Jourdain (Manicouagan, NDP): Mr. Speaker, as is my custom, I would like to change the subject a little in order to direct the listener toward possible solutions and other paths that have yet to be explored.

This emergency debate is a good opportunity to shed some light on the real impact that pharmaceutical products have on our society. The deprivation resulting in part from this chance occurrence has brought some issues related to addiction and social vulnerability into the open. Such exposure adds to the environment of fear fed by the government's anticipated cuts on the delivery of services to the public.

Now, I would like to say that I hope that the current drug shortage will make Canadians more aware of drug addiction and prescription drug and substance abuse. In fact, this problem is generally condemned, and I think that now is the right time to address this type of problem.

Overmedication is a significant problem in Canada. In addition to having serious consequences for the physical and mental health of patients, it is also very harmful to the health care system. Hospital admissions due to drug reactions or interactions are very expensive, not to mention the cost of the drugs themselves.

One member of Parliament told me that psychiatric care would surely suffer as a result of this drug shortage. In my practice—I am a lawyer, specifically a criminal lawyer—I was responsible for hundreds of cases involving confinement to institutions, and it seems that the drug shortage will affect anxiolytics, antidepressants and anticonvulsants. This is a problem right now, and I wanted to mention it. It is psychiatric patients who will be the most affected by this drug shortage.

Mr. Robert Chisholm: Mr. Speaker, there is no question that constitutionally the federal government has direct responsibility for certain identified groups. However, we have increasingly seen that it has been devolving the responsibility by shoving those folks, whether they be veterans or others, onto the responsibility of the province. I do not accept that the federal government does not have some responsibility, and I want to say to the government that if it is not prepared to step up and take its responsibilities seriously, to clear those benches and let us elect the government that will take its responsibilities seriously.

Ms. Kellie Leitch (Parliamentary Secretary to the Minister of Human Resources and Skills Development and to the Minister of Labour, CPC): Mr. Speaker, I want to make a comment regarding what the hon. member for Vancouver Centre said earlier, that she was somewhat confused about where provincial and territorial decisions are being made. It also seems that the NDP is slightly confused. I am happy to provide some direction on this.

There is leadership being shown and it is on the issue of supply. Although the provincial and territorial areas are responsible for determining drug supply and for determining what suppliers will be used in their jurisdiction, we are in a circumstance where we are working with industry and we will help identify and fast-track. That is our responsibility. However, it is the responsibility of the provinces and territories to work with suppliers to ensure that those patients who they know well in their jurisdictions are receiving the medications they need. We encourage them to do so. I would like the member opposite's comments on that.

Mr. Robert Chisholm: Mr. Speaker, the only people who are confused on this issue are those on the government side, on this and many other issues. When it comes to standing up and fighting on behalf of Canadians, when it comes to solving problems that are facing Canadians, hundreds of thousands of Canadians today are having their health care affected as a result of this decision and as a result of a lack of action. What members on this side are saying and what I have said is that the government has to step up, take some responsibility, work with its partners, work with the provinces, work with the hospitals, work with the health care associations across this country and get this problem solved once and for all. That is not that difficult to understand.

On another note, oddly enough, the breakdown in the pharmaceutical supply cycle coincides with recent discoveries about the true impact of narcotics addiction on our country's aboriginal communities. According to the figures released to the Canadian public over the past few weeks, the rate of addiction to OxyContin, a prescription pain killer, was up to almost 70% in remote communities. I am referring to the information in the media about the community of Cat Lake, where the community leaders reported this rate of addiction. Obviously, I hope that it is 70% of adults who are addicted to this drug. I did not look into the subject any further but it has been mentioned in the House before and it came to my attention. I wanted to mention it.

This high proportion should be considered only from the viewpoint of the government's tendency to blind delegation and its refusal to manage, follow up and administer prescription drugs to certain restricted social units, which are, in addition, very well insured.

I shall return momentarily to these restricted units, and I will also talk about the promiscuous nature of life in the communities, that is, the extreme crowding these people experience. I shall also talk about the coverage enjoyed by the aboriginal citizens of our country.

What is provided to Canada's first nations under Health Canada's non-insured health benefits program covers a wide range of prescription drugs, including restricted drugs, the so-called downers and uppers. People in my home community take a lot of these drugs, and do not always respect the recommended dosage or prescriptions.

I want to talk a little about my community. We have a clinic back home called Uauitshitun Santé et Services sociaux. The health services also manage the social services, which include child and family services. And in even more remote areas, these health services are also asked to determine the proper dosages to give patients and to manage prescription drugs.

As I said, aboriginals benefit from very generous coverage for all kinds of drugs.

• (2350)

In many cases, the people receiving these prescriptions are elderly. In many cases, their prescriptions are misused by family members. I will discuss that in more detail shortly.

The overmedication of target groups—aboriginal communities and elderly individuals in those communities—justifies a review of health care priorities as defined by the nation's decision-makers.

There is an institutionalized tendency to direct patients with a variety of symptoms toward treatments that rely heavily on the use of modern pharmaceuticals. Far be it from me to suggest that the pharmaceutical industry promotes the use of prescriptions for aboriginal patients. However, that argument has been brought to my attention. It is a valid hypothesis. There is a lot of suffering in my home community and in other Innu communities. Doctors are often powerless to alleviate human suffering. Some might be tempted to overmedicate an individual with problems that resemble depression. More thorough testing might reveal that the problems can be treated with holistic measures and without the thoughtless administration of pharmaceutical products.

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I want to come back to the crowding in communities. I said that seniors are most often users of opiates, including OxyContin. I would not say that this is a widespread phenomenon, but seniors' drugs will sometimes be stolen. Some people are well aware of the effect of downers and will arrange to steal drugs meant for seniors. Social services could confirm this problem, which is condemned. Ultimately, the senior is missing several tablets at the end of the week. Young people or the people who steal a drug grind it into a powder to snort it. The drug can also be injected, but most of the time it is snorted. People will steal drugs, regardless of the dosage. All they want is to get high or come down.

The current shortage associated with Sandoz and its impact on addicts clearly illustrate the problems that can result from a sudden disruption in the supply of targeted drugs in the country. An expert from Simon Fraser University recently talked about the impact such a shortage can have on Canada's social fabric and the certain involvement of organized crime cells. The increase in the black market price of targeted drugs such as uppers and downers including opiates—will lead to a marked increase in criminal activity connected with trafficking.

Finally, let us hope that this crisis situation will prompt Canadians to re-evaluate their relationships with pharmaceutical products, because sometimes abundance can lead to abuse.

• (2355)

[English]

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I thank the member for bringing up the issue of overmedication, which is a complex issue that would be a good idea for debate in the House one day.

As we have seen in the House time and time again, the government tends to spin things and create misinformation wherever it can. One of our hon. colleagues said that I was confused. I suppose the hon. colleague should be able to understand the difference between sarcasm. I was sarcastic because I heard conflicting statements in the House from the minister about what she saw as her responsibility and later when she said that it was not her responsibility. I know the responsibility between federal and provincial jurisdictions extremely well.

The member is from the Inuit community. Does he believe the federal government has a fiduciary responsibility, a right, to look at the health of Inuit communities? As a result, should the federal government not come up with a mandatory reporting system, an ability to anticipate drug shortages? The government should remember that if this is a global issue, there will be a time when we will be unable to get the substitutions we need to help Canadians.

[Translation]

Mr. Jonathan Genest-Jourdain: Mr. Speaker, I want to thank my colleague for her question.

I just want to specify that I do not come from an Inuit community. I come from an Innu community. It is close, but roughly 10 degrees lower in latitude. Now, the reason I delved into Indian issues is because everything to do with Innu and Inuit communities falls under federal jurisdiction. Thus, I took the liberty of elaborating on this subject.

Now I am going to talk about the fiduciary relationship with regard to the administration of pharmaceutical products in the communities. This fiduciary responsibility must not be expanded to cover every stages of an individual's life. Free will applies to all human beings and the communities are going to have to take a position. They are going to have to do some soul searching. That type of thinking should open one's eyes to the substance of the issues and encourage mobilization at the local level.

[English]

The Acting Speaker (Mr. Bruce Stanton): Questions and comments.

My apologies to the hon. parliamentary secretary. Indeed, members are able to put questions from anywhere in the chamber they wish according to the rules of this emergency debate.

The hon. parliamentary secretary.

Ms. Kellie Leitch (Parliamentary Secretary to the Minister of Human Resources and Skills Development and to the Minister of Labour, CPC): Thank you, Mr. Speaker. I am glad I got a bit of exercise this evening since there is a lot of room within the House for me to move and choose a desk to ask my question from.

I guess I would like to ask the member opposite what exactly he believes we are focused on in debating tonight.

The government takes very seriously our responsibility with respect to jurisdiction. We take very seriously the position of whether or not the provinces or territories have a responsibility with regard to health care services. The government, federally, has the responsibility for expediting drugs with regard to shortages and other things. I guess I would just like to ask him what his focus was this evening. I was having a challenge following his direction in the debate and whether or not he agrees with respect to the jurisdictional responsibilities that we each have.

[Translation]

Mr. Jonathan Genest-Jourdain: Mr. Speaker, I thank my colleague for her question.

You were having a challenge because it is the aboriginal way of dealing with issues; it is a roundabout way. It is a new way in this Parliament. You will have to live with it. I am truly sorry, but that is the way it is. Sometimes, issues are raised that have not been brought to the public's attention for 500 years. Things start piling up. You will have to learn to live with it.

I will talk about federal administrative methods, and also, ultimately, about transporting drugs to remote areas. I will speak entirely to the aboriginal experience as it is the only area in which I am on solid ground. Getting back to the fiduciary relationship, the federal government has a definite responsibility in that regard. It means something to the rest of Canada, and the government has a crisis on its hands. The Conservatives are currently in a position to take action and do what is necessary to remedy this very problematic situation. I submit this respectfully.

• (2400)

The Acting Speaker (Mr. Bruce Stanton): I would remind all hon. members to address their questions and comments to the Chair, not directly to other hon. members.

[English]

It being midnight, I declare the motion carried. (Motion agreed to)

The Acting Speaker (Mr. Bruce Stanton): Accordingly, this House stands adjourned until later this day at 10 a.m., pursuant to Standing Order 24(1).

(The House adjourned at 12 a.m.)

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