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Monday, May 15, 2017

—

Speaker: The Honourable Geoff Regan

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HOUSE OF COMMONS

Monday, May 15, 2017

The House met at 11 a.m.

Prayer

PRIVATE MEMBERS' BUSINESS

● (1105)

[*English*]

ITALIAN HERITAGE MONTH

The House resumed from November 18, 2016 consideration of the motion.

Mr. Kevin Waugh (Saskatoon—Grasswood, CPC): Mr. Speaker, I wish to speak to Motion No. 64, Italian heritage month. As deputy critic for Canadian heritage for our party, I certainly support the motion.

The first Italian to land in Canada was the explorer Giovanni Caboto. That was back in 1497. He is better known to us as John Cabot. The first settlement of Italians in Canada did not occur, though, until 1865, when soldiers from areas of what is present-day Italy were recruited by the French army.

Italians also served with the British military in Lower Canada during the war of 1812. When their regiments were disbanded in 1816, some of the soldiers stayed in Canada, settling in Ontario and in the Eastern Townships.

The first significant wave of Italian immigration began in the early 1870s, until 1914. With the construction of the railroad in Canada, demand for workers was sensational. The second wave occurred between 1920 and 1930, and the greatest number of Italians came to this country between 1950 and the 1970s.

Leaving Italy, of course, was not easy for many of them. One Italian immigrant commented:

I know that my father loved his family, his home and his country and the experience of leaving it all behind must have been heartbreaking, nonetheless he pressed on towards the Canadian shores to give his family a new...life.

Those who came to Canada after World War II came from a war-torn country to build a better life for their families. There were very few jobs in Italy, so a number of families decided to make the move to Canada. Many came to Canada with just a suitcase in their hand, and that was all they had.

Today, there are approximately 1.4 million Canadians of Italian descent. Of the 10,000 who live in Saskatchewan, the majority live in Saskatoon and Regina. About 3,000 make Saskatoon their home, and almost a third live in my riding of Saskatoon—Grasswood.

The Italian culture is rich in tradition. We all know that. When one of my Italian constituents was asked to describe what Italians are like, she replied, “We are very resilient, hard-working, and hospitable. We love to socialize. We believe in unconditional love, and family means everything to us. We are very proud of our culture.”

What was it like for a family to leave Italy and come to Canada? One member of the Saskatoon Italian community, Rosemarie Palidwor, shares her family's story: “My parents, along with other Italian families, immigrated to Canada, to Saskatoon, in the late 1950s and the early 1960s. They were young. They were motivated, and they wanted a better life. They were told that Canada was a 'land of opportunity', a place to put down roots and raise a family. With some Italians already in Saskatoon, they were sponsored, so, on borrowed money, they chose to leave Italy and take the journey to what they hoped would be the beginning of a wonderful new life.

“It was a cold day on November 22, 1959 when my parents arrived at Pier 21 in Halifax, after spending two long weeks on the ocean. To this day, my mother is still afraid of water and becomes seasick at the thought of being in a boat. My mother was four months pregnant with my sister at the time.”

“Upon arrival, it did not take long for excitement to turn into anxiety and much uncertainty: not being able to speak English, no means of transportation, and no jobs. The first few years were especially hard. A tight network of family and friends certainly helped my parents through the tough times. They were able to lean on this support group and begin to build the life they were hoping for.

“The prairie winters were long and very cold. Italian immigrants who were new to Saskatoon were taught how to make preserves for the winter months. Italians were resourceful, and they looked for ways to save money for their first house. Many families rented a garden plot of a dollar from the City of Saskatoon at the corner of 33rd Street and Avenue P. They planted lots of tomatoes. It was not uncommon for Italian gardens to have 200 tomato plants. They made a lot of delicious tomato sauce and canned the sauce for the winter months. Many families purchased freezers, which came in very handy throughout the year.

Private Members' Business

•(1110)

“As time went on, there was an opportunity to learn English. Many Italians would go once a week to the Gathercole building in downtown Saskatoon to learn the English language.

“The majority of Italian immigrants worked in low-paying, manual jobs, as cleaners or construction workers. My father, like many of the men, had very little or no education, but they were skilled tradesmen. Many were bricklayers, carpenters, stonemasons, and tile setters. In fact, my current home was built by Angie and Joe Iula of Valentino Homes in Saskatoon. It is the finest craftsmanship. We had it built by the Italian couple in 1989.

“Everyone worked hard during the week, and everyone looked forward to the weekend, much as we do today. It was a time of getting together for playing cards, eating good food, and drinking homemade Italian wine. The old saying held true: ‘work hard, play hard’. I am very proud to say that many of my family members went on to become successful entrepreneurs in Saskatoon, my father included.

“I also grew up with many family traditions. Sundays were always family days that began with mass at St. Mary’s Catholic Church, and then a pasta dinner shared with aunties, uncles, and cousins. Italians are a strong faith-based community. Christmas and Easter are two very important religious celebrations. Attending mass at Christmas and Easter is at the heart of these celebrations.

“Many Italians love to make wine. Every September, the Italian men in my family would order copious amounts of grapes in crates from California. Families would get together and set up shop in a relative’s garage to make wine that would last a year. This was a family tradition, and everyone would help take the grapes off the vines and place them into a vat, where they would be crushed. As much as this was labour-intensive for an entire day, it was also a celebration, with Italian music, food, and last year’s wine, a true celebration of all that life has to offer, family and good health. This tradition is still carried on today in my garage with my children, nieces, and nephews.”

Italian culture is rich in tradition. Italians, through their hard work and generosity, have helped to make our community strong, vibrant, and beautiful.

There are many famous Canadians of Italian descent. For example, Guy Lombardo was born in London, Ontario and became a world-famous band leader. Michael Bubl  is a singer, songwriter, actor, and record producer. He was born in Burnaby, B.C. He has won several awards, including four Grammys and multiple Junos. His Christmas albums have become a staple in many homes at that time of year. Meghan Agosta played for the Canadian women’s ice hockey team. She represented Canada in the 2006, 2010, and 2014 winter Olympics. She won gold medals at all three and was named the most valuable player in the 2010 games. She has also played at the women’s world championships three times, capturing one gold and two silver medals.

There is no doubt that Italians have contributed significantly to the prosperity and the fabric of this country, and that is why I support Motion No. 64 here today for a designated Italian heritage month.

I want to thank Rosemarie Palidwor, as well as many others in Saskatoon for their contribution to this presentation, including Dominic Iula, Francesca and Paola Fortugno, Rocchina Frassetto, and Anna Lorenz.

I support Italian heritage month and Motion No. 64.

•(1115)

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Mr. Speaker, I am happy to rise today to speak in favour of Motion No. 64, a motion recognizing June as Italian heritage month in Canada. First, I have to admit some limitations in my ability to speak about Italian heritage.

I grew up in a decidedly un-Italian household. My parents were quiet Anglo-Saxon Protestants. There was no wine in the house, no grappa, no garlic. Like many people, I have sent off DNA samples to learn more about my family history. I do not have the results back yet, and I know the ads all say that people will be surprised with the results, but I can say that I would be truly surprised if the results suggested I have any amount of Italian blood in me.

I had my first real contact with Italian culture at the end of 1977 and early 1978, when I spent a week over New Year’s in Naples, staying with a Napolitano friend and his family. The exuberant meals, always accompanied by generous amounts of wine, loud talking, and wild hand gestures, were truly exciting events, even though I understood almost nothing of what was going on. I can still taste the spaghetti vongole.

About a year later, I met my future wife in Vancouver. Margaret’s parents were born in the Grand Forks area of British Columbia, but her father’s parents had come from Sweden and her mother’s parents, the Mazzocchis, from Italy. The Mazzocchis had come to British Columbia from a tiny village in northern Italy called Segromigno, known for the exceptional quality of its olives. The family reunions I went to with Margaret, usually held in the Mazzocchi homestead in Fife, just above Christina Lake, immediately reminded me of those meals in Naples. I really liked this family I had the good fortune to join.

I learned about special Italian foods. My favourite is the flat, waffle-like cookies called pizzelle, although the Mazzocchis call them *cialde*. I volunteer to make a double batch of those every year at Christmas. My wife makes antipasto most years, but that is so labour-intensive I am happy to leave that task to her and other members of the extended family.

I learned to drink a glass of wine at every meal, but I must admit I have failed at making drinkable wine myself. I admit I have not tried Buddy DeVito’s recipe for making grappa with grape skins and raisins. I learned how to grow good tomatoes, and I learned to play bocce, although recently I discovered that the Mazzocchis play by different rules than the rest of the world.

Private Members' Business

The centre of Italian culture in my riding is the city of Trail. Trail had its start as a hub for the early mining industry in the Kootenays. As mines were developed in the late 1800s and early 1900s, the Trail smelter was built. Now owned by Teck Resources, it is one of the biggest lead-zinc smelters in the world and has been the biggest employer in the region for decades. These were well-paying jobs. By the 1940s, Trail workers had some of the highest annual incomes in Canada.

Railways were mapped out through the mountains to serve industry, agriculture, and the growing population, and labourers were needed to build them. Italian stonemasons built spectacular sections of rock walls where the rails ran along precipitous mountainsides.

Immigrants came from all over the world to seek a better life in the Kootenays, but in Trail, Italians answered that call in record numbers, moving into The Gulch on the west side of town. First to arrive were people from Tuscany, followed by folks from Abruzzo, Treviso, Friuli, and Calabria. Today, practically every dialect is represented in this city of Italians, and there are families with names like Fornelli, Rella, DeVito, De Rosa, Poccia, Matteucci, D'Andrea, DeBiasio, Nutini, Stefani, Gattafoni, Morelli, Cecchini, Santori, and so many others.

Coincidentally, last weekend was the big Silver City Days celebration in Trail, and I had the honour and pleasure of attending many of the events. I watched the spaghetti-eating contest and the grape stomp, but unfortunately I missed the bocce tournament.

After the big spaghetti dinner at Colombo Lodge, John D'Arcangelo and Joe Parrilla gave me a tour of the archives of that Italian cultural organization. I was deeply impressed by the rich history portrayed in the photos and artefacts on the shelves. The photos celebrated many famous Trail citizens of Italian heritage, including Thomas d'Aquino, president of the Canadian Council of Chief Executives and one of the private sector architects of NAFTA. Perhaps from a slightly different part of the political spectrum, but contemporary with Mr. d'Aquino and also influential in the economic history of our country, we have Ken Georgetti, former president of the Canadian Labour Congress.

●(1120)

The arts are well represented, perhaps best illustrated by Bruno Freschi, the architect of Expo 86 in Vancouver.

As for hockey players, Trail has always been a centre of excellence for hockey in Canada. The Smoke Eaters won world championships in 1939 and 1961, and the Italian community has supplied numerous NHL players, including Cesare Maniago, Ray Ferraro, and Steve Tambellini.

The wine industry in British Columbia, now worth billions to the Canadian economy, has to thank Italian immigrants for its early successes. Pasquale Capozzi, better known as Cap Capozzi, arrived in Canada in 1906 and worked as a railway labourer before managing the co-op store in Trail. He opened his own store in the mining town of Phoenix, high above Greenwood, in 1917, then moved to Kelowna, where he became a successful merchant. In 1932, Cap Capozzi teamed up with the Casorso family, which had been growing grapes for years in the Okanagan, to form Calona Wines, and by the 1960s, it was the biggest winery in British

Columbia. When I was growing up in Penticton, one of our neighbours, Tony Biollo, helped found Casabello Wines, another successful early Okanagan winery.

I am happy and proud to stand here today to support Italian heritage month. However, we must remember that Canada has not always been welcoming to other cultures.

I lived in the idyllic town of Naramata for 15 years, located just north of Penticton on Okanagan Lake. When Naramata was first settled, in 1906, the developer published advertising pamphlets that were distributed in eastern Canada and Britain. Besides the beautiful setting of the town and the opportunity to grow peaches, apricots, and cherries, the leaflets also declaimed, "You would not wish to find yourself surrounded by garlic-eating foreign neighbours, with whom you had nothing in common socially. The class of people coming to Naramata is not of that type. They are of the very best Canadian stuff."

Italians were not welcome in Naramata a century ago. However, 10 years later, Italian stonemasons were working on the Kettle Valley Railway in Naramata, and their handiwork is now a point of local pride.

Last weekend I talked to a lot of people of Italian heritage in Trail. One of them told me that when he joined the RCMP in 1957, he was one of the first members of Italian heritage accepted into the force. That means that there were 80 years of the RCMP before it started accepting Italians.

My daughter Julia works in an immigrant services centre in Penticton teaching English to Syrian refugees and other immigrants. She is named after her grandmother, Julia Mazzocchi. True to her Italian heritage, Julia works half-time in the burgeoning Okanagan wine industry, but she needs that half-time job because federal funding for immigrant services has been cut significantly. We should not cut funding for immigrant services as we, properly, encourage more people to move to our country.

If we choose to celebrate the cultures that make up Canada, and I think of course we should and must, which is why I am supporting this motion, we have to ensure that we provide new arrivals with the help they need, such as language classes, employment counselling, and driver training, so they can quickly become productive and proud citizens of our country.

On that note, I would like to finish with a quote from an article in *Weekend Magazine*, back in 1957, about the Italian heritage of Trail.

Private Members' Business

The man of Trail would be a prince in any country in Europe. He lives on the gold, silver, and zinc resources of the Kootenays, and they will never be exhausted. As a statistical unit, he is unique. As a man working in his garden, or driving in his new car on a Sunday afternoon, he is strictly a product of the new world—with overtones of spaghetti and home-made wine. Even when automation comes, there will still be, it is hoped, a Setty D'Arcangelo. There will still, pray God, be a Signora Pasquale Angerelli making meatballs and spaghetti at her great black stove, and a Frank D'Arcangelo at his casks.

Grazie.

[*Translation*]

Mr. Nicola Di Iorio (Saint-Léonard—Saint-Michel, Lib.): Mr. Speaker, I would like to share my time with the member for Alfred-Pellan.

• (1125)

The Assistant Deputy Speaker (Mr. Anthony Rota): Does the member for Saint-Léonard—Saint-Michel have the unanimous consent of the House to share his time with the member for Alfred-Pellan?

Some hon. members: Agreed.

[*The Assistant Deputy Speaker spoke in Italian*]

[*Translation*]

Mr. Nicola Di Iorio: Mr. Speaker,

[*Member spoke in Italian*]

[*Translation*]

It is with tremendous pride, great excitement, and hard-to-contain enthusiasm that I express to this venerable House my full support for my colleague from King—Vaughan's Motion No. 64.

Italians have been in Canada since it was discovered. Giovanni Caboto and Giovanni da Verrazzano were among this country's first explorers. Later, Jesuit Francesco Giuseppe Bressani and the Carignan-Salières regiment came to New France. The Italian presence grew steadily as the decades and centuries passed, and Italians have always left their mark on Canada.

Italians who came to Canada brought with them the priceless treasure of 5,000 years of civilization. Although they were poor because of turmoil in their mother country, Italians carried a priceless treasure in their hearts, minds, bodies, and souls, a treasure they shared with this whole country and with every community in which they flourished.

There is no question that Canada would not be what it is today without the extraordinary contributions of the Italians who settled here. Of all the generations that have come to the country, I especially appreciate the post-war generation, which began to arrive in 1949. My father, Giovanni Di Iorio, from Casacalenda, in the province of Campobasso, was among those people, and so was my mother, Giuseppina Ranellucci, who is from Larino and arrived in 1955.

The post-war generation breathed new life into the institutions created by people who arrived in the early 20th century and during the inter-war years, and created new institutions. The postwar generation completely changed the face of Montreal, which is celebrating its 375th anniversary this week.

Italians of that generation made great personal sacrifices through their hard work and willingness to do without, thereby ensuring a brighter future for their families.

In Quebec, once-strong religious ties no longer seemed to matter when it was time to send their kids to school, because the stigma of internment created barriers. During the Second World War, the government of this country arrested and detained men, some who were Canadian citizens and others who were in the process of becoming citizens, without ever charging them or telling them why, and without allowing them to seek justice before the courts. Questioning government decisions was impossible at the time, which gave an aura of legitimacy to the actions and created a stigma against Italians in Canada. This can still be felt today, sometimes openly because of unwarranted, inappropriate generalizations, but too often in a more insidious and subtle manner.

Despite this welcome marked by prejudice, these newcomers got to work immediately to earn a living, thereby making a huge contribution to building the Quebec we know today. They revitalized the Italian churches founded in the early 20th century, including the Madonna del Carmine and the Madonna della Difesa, not to mention all the others founded later on.

Italians created businesses, schools, and hospitals as well as community, cultural, and charitable organizations, and even built towns and cities.

The riding of Saint-Léonard—Saint-Michel, which I am so proud to represent, is made up of the two former towns of the same names. In just 15 years, from 1955 to 1970, their population multiplied fifty-fold thanks to the hard work of these Italians after the war.

• (1130)

Casa d'Italia is the oldest cultural centre in Canada. Centro Leonardo da Vinci, which I founded with Giuseppe Borsellino and Silvio De Rose, is home to Quebec's Italian community.

The Fondation communautaire canadienne-italienne du Québec supports over 100 charitable organizations in our community, in addition to the countless associations representing hometowns and home villages, as well as all the federations. The varied entities created by Italians are too many to name in such little time.

I also want to acknowledge my colleagues from LaSalle—Émard—Verdun and Alfred-Pellan, whose work contributes to the development of our community.

We must never fail to remember and share the history of the rich and exceptional contribution of Italians to building Canada, a contribution that deserves to be recognized and cherished.

[*Member spoke in Italian*]

[*English*]

Mr. Angelo Iacono (Alfred-Pellan, Lib.): Mr. Speaker, [*Member spoke in Italian*].

[*English*]

Private Members' Business

First, I would like to thank my colleague, the member for King—Vaughan, for putting forward this motion. The recognition of the Italian community and heritage in Canada is dear to my heart as a Canadian Italian. I am grateful for her dedicated work on this motion.

Motion No. 64 would allow the 1.5 million Italian Canadians to celebrate, every June, the deep and rich heritage of their roots. Not that Italians really need a reason to throw a party, this would be a good one to celebrate now.

The Italian community in Canada will now be celebrated all over the country, and their history will be put forward so that all Canadians of every origin can recognize the great contributions made by the community.

[*Translation*]

When Italians began to immigrate to Canada, especially in the early 20th century, they often faced a harsh reality and difficult conditions. However, through their determination, their deep sense of family and community, and their hard work, they not only overcame challenges, but also managed to become prosperous entrepreneurs and community leaders who contributed to building the Canada of today. I am so grateful to them.

[*English*]

The motion discussed today recognizes not only the contributions Italian Canadians have made to Canadian society but also the richness of the Italian language and culture and the importance of educating future generations about Italian heritage. This is what I have tried to do with my son Gabriel, who enjoys gardening, eating pasta with meatballs and lots of homemade tomato sauce, and even a bit of homemade wine. He never says no. I feel it is really important for him to remain connected to his roots and to know the history of his grandparents and how they came to Canada and worked hard so that the generations to follow could have a better quality of life.

I will always be thankful to my parents and all the Italian immigrants of their generation for immigrating to this wonderful country I call my own now. They paved the way for me, fellow Canadian Italians of my generation, and all future generations in becoming responsible citizens, conscious of the greatness of Canada and respectful of the opportunities we have due to their sacrifices. It is those sacrifices that allowed me to be a member of Parliament today representing the great riding and city of Alfred-Pellan in Laval.

• (1135)

[*Translation*]

I want to take a moment to acknowledge my Italian constituents in Alfred-Pellan, Laval, and Montreal. They are part of a rich, vibrant, active, and large community in our region.

[*English*]

I am proud to be able to stand here in the House of Commons to represent their interests, and so proud to be able to vote in favour of this motion in their name.

[*Member spoke in Italian*]

Ms. Filomena Tassi (Hamilton West—Ancaster—Dundas, Lib.): Mr. Speaker, I would like to ask to split my time with the member for Humber River—Black Creek.

Buongiorno a tutti. I am so proud and honoured to rise today to speak on—

The Assistant Deputy Speaker (Mr. Anthony Rota): I am sorry, I will have to interrupt the member for a moment.

Do we have unanimous consent to divide the 10-minute period into two five-minute periods so that the member can split her time with the hon. member for Humber River—Black Creek?

Some hon. members: Agreed.

The Assistant Deputy Speaker (Mr. Anthony Rota): We have that consent. My apologies. The member may continue.

Ms. Filomena Tassi: Mr. Speaker, I thank all my colleagues in the House. I am so proud and honoured to rise today to speak to Motion No. 64 that recognizes the month of June as Italian heritage month. I must say, Mr. Speaker, it is nice to see you in the chair this morning for this debate.

Growing up in an Italian household, the Marchigiano and Abruzzese household, was absolutely amazing. My parents and my grandparents embodied that robust Italian culture and values. They passed these values and lessons down to me and my siblings. Growing up in an Italian household taught me the true sense of the words “hospitality” and “love”.

The doors to my parents' home were always open to whoever wanted to visit, and strangers and family were treated equally. There was always a meal waiting and ready, and there was always acceptance and love to be shared. In fact, my *nonna* set up a permanent table on her back porch which she decorated with a beautiful tablecloth. She had the *sugo* on the stove always ready, and was ready to boil that pot of water for a stranger or family member who came by to share a meal. It was her pride and joy. She took great love and joy in those times.

Family is an integral part of Italian culture. The love for children, grandchildren, and all family members is absolutely incredible. My parents dedicated their lives to ensuring that I had the best possible upbringing. They sacrificed and worked tirelessly to provide me and my siblings with what we needed to flourish. Whether it was my father balancing shift work to make sure I and my teammates made it to the games on time, or setting aside time to coach, or helping to put me through school, the list goes on and on.

However, above and beyond all of that, the most important thing to me was the love that my parents showed me, my siblings, my children, and all their grandchildren, the love that is healing, encouraging, energizing, rejuvenating, the love that is the key to success. The love my parents showed me made me feel that I could attain any dream that I wanted to. I had their support, their confidence, and I knew that I could do it. This is a true gift to be treasured.

Private Members' Business

It was from my Italian family that I learned kind and caring and generous faith. It was from them that my Liberal progressive Catholicism grew: an acceptance of warm religion, of forgiveness, and second chances. It was beautiful then, and those values continue to guide my life today.

I cannot talk about this topic without talking about work ethic. Italians have had a very large hand in building Hamilton. Whether it was working hard in the steel mills, in construction, hospitality, or now in high-tech businesses, manufacturing, and professions, Hamilton's Italian community is a model of integration, contribution, and leadership. One need only look at McMaster University and Mohawk College where Italian Canadians have made their mark as professors, researchers, and senior administrators.

In my own life, my parents worked very hard. My father was a proud steel worker, my mother the secretary in an elementary school as well as an assistant to a former cabinet minister. They demonstrated that we have to take pride in our work and put our best foot forward.

I recall the story of my father who was driving my *nonno* to work, and he was coughing. My father turned the car around, and my *nonno* said, "Filippo, what are you doing?" My father said, "Dad if I take you to work, you're going to die." He told my father to turn the car around, because if he was going to die, he was going to die on the job. I know this raises eyebrows today, but it is a demonstration of that amazing work ethic on which we stand and we take great pride.

Hamilton has had a mayor of Italian origin, many councillors, and MPs. We have Festitalia, which has created Opera Hamilton. We have Sons of Italy who are doing amazing work. We have this fabric of the Italian experience woven into our city. We look forward to many great ongoing events that the Italians celebrate in Hamilton, which makes it richer.

● (1140)

Finally, I wish to express the gratitude of the people of Italian descent to this country of Canada. We have heard our Prime Minister say repeatedly that we are stronger because of our diversity. There have been injustices towards our community, but that has not taken away from the gratitude and appreciation of our country. My grandmother said it best when she said that the bread on our table has been put here by Canadians.

In turn, Canada has benefited tremendously from our Italian culture. I am proud and happy to support this motion, which establishes June as Italian heritage month.

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Mr. Speaker, listening to my colleagues, it is truly a joy and an honour to stand today and speak behalf of the 1.4 million Canadians who claim Italian ancestry. This includes more than 15,000 in my own riding, and, of course, my own family.

Before I do this, I want to take a moment to thank the member for King—Vaughan for carrying forward this motion on behalf of all of us in the House, and specifically on behalf of our Italian-Canadian parliamentary caucus, which we are very proud of.

We have heard about how the first Italian was Giovanni Caboto in 1497. We have heard, as well, about the contingents of Italians who came here after World War II, and in the 18th century. It was in this period, during our country's infancy, that saw the emergence of the first Italian-Canadian communities, and eventually the first sense of an Italian-Canadian identity within Canada's cultural mosaic. Put another way, Italians have been coming to Canada for as long as there has been a Canada to come to, helping to build and shape our country into the society that we all enjoy today.

Motion 64 would establish June as Italian heritage month, and by doing this, it recognizes that the contributions of many Italian Canadians to our society and to our culture are significant. This is evidenced by Marino Toppan and his work on the Italian Fallen Workers monument that was recently erected in Toronto, with the names of thousands of Italian Canadians who have lost their lives on construction sites, in mining accidents, and so on. Clearly, Italian Canadians were not passive witness to the country's development.

Motion 64 acknowledges and validates the hard work and the sacrifices made by all of those who left the familiarity and security of their homeland to come and build a new home here. Example of just a few very successful Italian Canadians are Frank Iacobucci, the first Italian Canadian named to the Supreme Court; Pietro Rizzuto, our first Canadian-Italian senator; Charles Caccia, our first Italian minister in the federal government; and Paul Valenti, the first alderman on North York Council, who was my mentor.

These are examples of the success of some of the great Italian Canadians we have here, and a few of those whom I know personally in the GTA. Clearly, throughout our country, there is not an area that does not have a shining star in a community who is not of Italian origin.

Last week, I had the great pleasure to attend an important fundraiser for earthquake victims in Italy, from the earthquake last year. Sergio Marchionne is another Italian Canadian who was there. He was very pleased to be there to raise money. There are also people like Joseph Montinaro of Dolcini's in my riding, or Danny Montesano of Lido Construction, who has transformed his business in an endless struggle to make Canada better.

Then there is Sam Primucci, founder of Pizza Nova; Angelo Locicento of Vin Bon Wineries; or Toni Varone, owner of Montecassino; Johnny Lombardi, CHIM Radio station, which is run now by Lenny and the rest of the family, and Marco Muzzo, Elvio Del Zotto, and Rudy Bratty, who are all examples of Italian Canadians who have helped to build this great country, both spiritually, morally, and physically, with buildings throughout our country that were put there as a result of the work they have done.

My own husband, Sam Sgro, who came to this country with empty pockets and big dreams, successfully grew a business, provided for a family, and worked each day to prove that nothing was impossible with hard work.

Private Members' Business

Italian-Canadian history and culture are part of the story of Canada. Motion 64 formalizes that. It has the endorsement of the Canadian Ethnocultural Council, and its president, Dominic Campione, and is an example of the different organizations throughout Canada that have worked within the Italian community and have a tremendous amount of respect for that.

I support Motion 64. I am thrilled that our caucus is united behind it. I look forward to the vote coming up, I hope, on Wednesday. It will truly start a magnificent month of joy and love throughout the month of June.

• (1145)

[*Translation*]

Mr. David Lametti (Parliamentary Secretary to the Minister of Innovation, Science and Economic Development, Lib.):

[*Member spoke in Italian.*]

[*Translation*]

Mr. Speaker, I am proud to rise in this historic chamber today to support the bill introduced by the member for King—Vaughan, which also has the support of all members of the Italian-Canadian caucus.

As the son of Italians and as an MP, I am proud that this motion has been introduced in the chamber in order to recognize the important contribution of Italian Canadians to this country throughout the years since their arrival. My colleague from Saint-Léonard—Saint-Michel eloquently told their story with pride and passion. I would like to say that it was a pleasure to work with my colleagues from Quebec, the members for Alfred-Pellan and Saint-Léonard—Saint-Michel.

Over the years, the Italian community, composed of Italians from several waves of immigration, has changed the face of the country. With this motion we are taking a first step to recognize this historic fact. Other steps will have to be taken. Above all, we must address the interment of Italian Canadians in Canada. The House will have to take that next step in the future.

• (1150)

[*English*]

The Italian experience in Canada cannot be reduced to clichés, but should be reduced to the very real contributions that Italian Canadians have made in a wide variety of places. I will speak to the experience of my family.

My father came from the province of The Marches in 1951 as a skilled labourer, a carpenter. He worked in a factory context for much of his life, but then left the factory and branched out on his own to found his own construction company in Port Colborne, Ontario.

My fondest memories as a child are of tagging along with my father and hanging around on construction sites, learning how to use a hammer and saw, skills that I still have today. My mother, after my father's early death, became well known in the Niagara Peninsula as a caterer at a number of the different Italian-Canadian clubs and halls that were so important, and still are so important, to the Italian-Canadian culture.

There are a number of historic Italian Canadians, but I would like to underline one who has been a mentor to me, the hon. Justice Frank Iacobucci. In a number of different contexts, Frank was a groundbreaking Italian Canadian, first as an academic at the University of Toronto in law. There are many Italian-Canadian lawyers, but Justice Iacobucci was the first great Italian-Canadian legal academic. He went on to become a university administrator at the University of Toronto, then a deputy minister of justice for the government at the federal level under Prime Minister Brian Mulroney, and then the first Italian Canadian to be the chief justice of the Federal Court of Canada as well as the first Italian Canadian named to the Supreme Court. This pathway was groundbreaking for Italian Canadians, and Justice Iacobucci served as a model to many of us moving through Canadian society.

I am honoured to represent the riding of LaSalle—Émard—Verdun in Montreal, which has a large population of Italian Canadians, many of whom are from my region of Italy, The Marches, but also from Sicily, Calabria, and other parts of Italy as well. I can assure everyone that it is a vibrant community, with a number of different organizations and events, and people are very proud of their Italian heritage and traditions, as I see every time someone offers me a glass of homemade wine.

I would also point out that in Port Colborne, the city of my birth, there is a large Italian-Canadian population, as well as in the Niagara Peninsula, as the members for Niagara Falls, Niagara Centre, and St. Catharines will attest. These are vibrant populations that continue to thrive and promote the Italian heritage in Canada.

We should speak about the values that Italian Canadians brought. They brought faith, a progressive faith. They brought the value of family and continue to reinforce that in their daily lives.

Of course there is food. I like to joke by saying that I never knew that most Canadian kids did not eat pasta every day until I went to school and saw what other kids were eating. I am proud of that, as I am proud of the many recipes that my mother brought, and I am proud of the language that I have passed on to my children, but I would also like to move beyond those and say there were values of intellect and ingenuity that came with Italian-Canadian immigrants. It is a vibrant, intelligent culture that applied its knowledge in a variety of different sectors in Canada, as well as its business acumen and know-how in order to help grow the Canadian economy.

Finally, I want to point out that it is the future that this motion points us toward. We need to be thinking about continued collaboration with Italy. Italy has an excellent record in terms of its universities and its innovative sectors. I had the good fortune, as a legal academic, to be a fairly common lecturer and professor in a number of Italian universities over the course of my academic career, with particular ties to the universities in Trento, Perugia, Torino, and Rome. Here I was witness first-hand to the ongoing collaboration between Canadian and Italian academics, scientists, and lawyers, etc. It is these innovative collaborations that will help us develop a variety of different sectors that we deem important in our economy as we move forward in this century.

Private Members' Business

My parents worked exceedingly hard. They made a number of sacrifices for their children. We in this House know how hard we work as MPs. I know how hard I work as an MP, but let me say frankly that I do not work half as hard as my parents did. For those of us in this House who had or are still fortunate enough to have Italian-Canadian parents, that example is critically important to the way we orient our lives and the service we give to our family, to our faith, to our community, and to our country. For that reason, I am so proud to support this motion brought forward today.

• (1155)

[*Translation*]

Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.): Mr. Speaker, I would like to congratulate the member for King—Vaughan for this initiative. She has worked hard to ensure this motion was moved so that we can have a meaningful and vigorous debate about designating an Italian heritage month.

I am proud to rise as an Italian Canadian from Montreal. Today, not only are we recognizing the contributions of the Italian community to the culture of this great country of Canada, but we are also acknowledging all the work of the millions of Italian immigrants who helped build Canada.

[*English*]

As I just said in the other official language, we are celebrating all that the Italian community has brought culturally to Canada. That is something that we see every day in the restaurants, in the festivals, and in all kinds of links through fashion and sports cars from Italy, but we are also commemorating, honouring, and celebrating the hard work of millions of Italian Canadians who built this country in different ways, sometimes in small ways, sometimes in big ways.

In my own case, I would like to take a moment to pay homage to my grandfather, Francesco Scarpaleggia, who came from Italy with very little education. He came in through Ellis Island, as many people did at the time, and wound his way up to Montreal, where he was a downtown Montreal barber for many years. I even have a photo of myself as a young child sitting in his barber chair. He died in 1968, so I was very young at the time. I am very proud of what he brought to Montreal in a small but very dignified way. He had a son, my father, who went on to be educated and then to take on more responsible positions within the Montreal community. I would like to pay homage to them and also to the many Italians of my riding of Lac-Saint-Louis.

We have a very vibrant Italian community. We have the West Island Italian Association, headed by Mr. Egidio Vincelli. We have the St. Anthony's Seniors Club, headed by Maria Gervasi. We have, of course, the tireless Jack Ciampini, who makes sure that everyone is well taken care of in the Italian community. He looks after them and makes sure that they have the ability to participate in many activities at the community level.

I am thankful for this brief time to address the House on this important motion.

Mrs. Deborah Schulte (King—Vaughan, Lib.): Mr. Speaker, it is truly a privilege to rise today to again acknowledge the importance of the Italian Canadian community in Canada and to thank all those

who have participated in the debate on my motion to designate June as national Italian heritage month.

I would like to especially thank all my colleagues on the Liberal Italian caucus, many of whom had a chance to tell their very important stories during this debate. I would also like to acknowledge you, the Assistant Deputy Speaker, representing Nipissing—Timiskaming, for also being part of today's proceedings. It is a very special day.

It was nice to hear all the speeches in support of the motion. This broad support speaks to the importance of the Italian Canadian community all across Canada. We have heard speeches that have mentioned the early explorers from Italy who helped to discover Canada, and then heard about those who came to do battle here, first with the French and then the British, and stayed. We have heard about the craftsmen, the artists, the musicians, and the teachers who came in the 19th century, then the builders who helped to build our railways and our cities, and the farmers in the Niagara Peninsula and the Okanagan Valley who helped create the orchards, the vineyards and the vegetable farms.

We have also heard that it was not easy for many Italians who came to start a new life here, especially after 1935 when Italian Canadians were designated enemy aliens because Italy allied with Germany during the Second World War. Men lost their jobs. Shops were vandalized. Civil liberties were suspended and hundreds were interned at Camp Petawawa in northern Ontario. Many suffered. However, after the Second World War with the Canadian economy booming, Canada began again to be receptive to Italians.

Italians brought with them a rich cultural heritage, a dedication to family, and a strong work ethic that helped many to succeed. In cities where they settled, they tended to create ethnic neighbourhoods, little Italys, where the distinctive shops, restaurants, churches, and clubs were a magnet for other Canadians wanting to get a taste of Italy.

Italian Canadians have contributed greatly over the past century to growing this country. They have become community leaders, successful business entrepreneurs, and well-known artists. We have heard many of them mentioned today in the debate. I can think of many successful well-known Italian Canadians, including some from my own community. The mayor of Vaughan, Maurizio Bevilacqua, came to Canada as a young boy with his family from Sulmona, Italy, with very little. He became an MP at the age of 28, and served until becoming mayor of Vaughan in 2010.

For Italians, their families, religion, and close connection to their cultural history are at the core of their identity and a source of strength and pride. I live in a riding with the second highest percentage of Italians, and I am very proud of their hard work and their contributions. They have helped Vaughan grow into the very desirable community it is today.

Government Orders

Italian Canadians have the highest rate of home ownership, reflecting the importance of family and home as its centre. They are also exceptionally generous when it comes to those in need, building seniors facilities, donating to hospitals, and supporting many causes, helping not just Italian Canadians, but all Canadians.

We have many active Italian senior groups that work hard to keep seniors engaged and supported, and many of our community organizations have those same seniors on their boards and as volunteers.

The Italian Canadian press and media have also been strong promoters of social cohesion, and have brought their Italian constituency and the wider society together through the decades. Today we have the *Corriere Canadese* and several other Italian community newspapers. We have OMNI TV and the national cable system Teletatino Network that promote Italian culture and news. Italian and Chinese are the most widespread non-official languages in Canadian television and radio broadcasting.

I am delighted to have the opportunity to bring forward the motion and I am honoured to have the support of the Liberal Italian caucus, many of whom are here today. I want to thank all those who have spoken during the debate and for all the support received from both sides of the House. I also want to acknowledge the strong support from the National Congress of Italian-Canadians, the National Federation of Canadian Italian Business and Professional Association, the Order Sons of Italy of Canada, and the Canadian Ethnocultural Council.

I look forward to June when we will celebrate across this great country the contributions and accomplishments of Italian Canadians. On June 2, Italian Canadians will celebrate Festa della Repubblica, Republic Day, which is the Italian national day. On June 6, the Canada-Italy Interparliamentary Group will have its second Italian Day on the Hill, which will be a wonderful celebration of Italian culture and heritage right here on Parliament Hill.

Again, I thank all those who have supported me in bringing forward the motion. *Grazie*.

• (1200)

[*Translation*]

The Assistant Deputy Speaker (Mr. Anthony Rota): 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 Assistant Deputy Speaker (Mr. Anthony Rota): All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Assistant Deputy Speaker (Mr. Anthony Rota): All those opposed will please say nay.

Some hon. members: Nay.

The Assistant Deputy Speaker (Mr. Anthony Rota): In my opinion the yeas have it.

And five or more members having risen:

The Assistant Deputy Speaker (Mr. Anthony Rota): Pursuant to Standing Order 93, the recorded division stands deferred until Wednesday, May 17, immediately before the time provided for private members' business.

GOVERNMENT ORDERS

• (1205)

[*English*]

CONTROLLED DRUGS AND SUBSTANCES ACT

BILL C-37—TIME ALLOCATION MOTION

Hon. Bardish Chagger (Leader of the Government in the House of Commons and Minister of Small Business and Tourism, Lib.): Mr. Speaker, I would like to start by wishing you a very happy birthday. It is a fabulous day, and we wish you the best today and for many years to come.

I would like to inform the House that an agreement has been reached between a majority of the representatives of recognized parties under the provisions of Standing Order 78(2), with respect to the consideration of Senate amendments to Bill C-37, an act to amend the Controlled Drugs and Substances Act and to make related amendments to other acts. Therefore, I move:

That in relation to Bill C-37, an Act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts, not more than one further sitting day shall be allotted to the consideration of the Senate Amendments stage of the said bill; and

That, fifteen minutes before the expiry of the time provided for Government Orders on the day allotted to the consideration of the Senate Amendments to 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 stage of the bill then under consideration shall be put forthwith and successively without further debate or amendment.

[*Translation*]

The Assistant Deputy Speaker (Mr. Anthony Rota): Is the House ready for the question?

Some hon. members: Question.

The Assistant Deputy Speaker (Mr. Anthony Rota): 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 Assistant Deputy Speaker (Mr. Anthony Rota): All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Assistant Deputy Speaker (Mr. Anthony Rota): All those opposed will please say nay.

Some hon. members: Nay.

The Assistant Deputy Speaker (Mr. Anthony Rota): In my opinion the nays have it.

Government Orders

And five or more members having risen:

The Assistant Deputy Speaker (Mr. Anthony Rota): Call in the members.

• (1245)

Before the Clerk announced the result of the vote:

The Speaker: The hon. member for Pierre-Boucher—Les Patriotes—Verchères voted twice.

The hon. member.

Mr. Xavier Barsalou-Duval: Mr. Speaker, I was momentarily distracted. The first vote was a mistake. I wanted to vote against the motion.

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

(Division No. 272)

YEAS

Members

Aldag	Alghabra
Alleslev	Amos
Anandasangaree	Arseneault
Arya	Aubin
Ayoub	Badawey
Bains	Baylis
Beech	Bennett
Benson	Bibeau
Bittle	Blaikie
Blair	Blaney (North Island—Powell River)
Boissonnault	Bossio
Boutin-Sweet	Breton
Brison	Brosseau
Caesar-Chavannes	Cannings
Carr	Casey (Cumberland—Colchester)
Casey (Charlottetown)	Chagger
Champagne	Chan
Chen	Choquette
Cullen	Cuzner
Dabrusin	Damoff
DeCoursey	Dhaliwal
Dhillon	Di Iorio
Donnelly	Drouin
Dubé	Dubourg
Duguid	Duncan (Etobicoke North)
Duncan (Edmonton Strathcona)	Dusseault
Duvall	Dzerowicz
East	Ehsassi
El-Khoury	Erskine-Smith
Fillmore	Finnigan
Fisher	Fonseca
Fortier	Fragiskatos
Fraser (Central Nova)	Fry
Fuhr	Gameau
Garrison	Gerretsen
Goodale	Gould
Graham	Grewal
Hajdu	Hardie
Harvey	Hehr
Holland	Housefather
Hughes	Hussen
Hutchings	Iacono
Johns	Jones
Jordan	Jowhari
Kang	Khera
Kwan	Lambropoulos
Lametti	Lamoureux
Lapointe	Lauzon (Argenteuil—La Petite-Nation)
Laverdière	Lebouthillier
Lefebvre	Lemieux
Leslie	Levitt
Lightbound	Lockhart
Long	Longfield
Ludwig	MacAulay (Cardigan)

MacGregor	MacKinnon (Gatineau)
Malcolmson	Maloney
Massé (Avignon—La Mitis—Matane—Matapédia)	
Mathysen	
May (Cambridge)	May (Saanich—Gulf Islands)
McCrimmon	McDonald
McGuinty	McKay
McKenna	McKinnon (Coquitlam—Port Coquitlam)
Mendès	Medicino
Mihychuk	Miller (Ville-Marie—Le Sud-Ouest—Île-des-Sœurs)
Monsef	Morneau
Morrissey	Murray
Nantel	Nassif
Nault	Ng
O'Connell	Olipphant
Oliver	O'Regan
Ouellette	Paradis
Peschisolido	Peterson
Petitpas Taylor	Philpott
Picard	Poissant
Qualtrough	Rankin
Ratansi	Rioux
Robillard	Rodriguez
Romanado	Rota
Rudd	Ruimy
Rusnak	Sahota
Saini	Sajjan
Samson	Sangha
Sansoucy	Scarpaleggia
Schiefke	Schulte
Serré	Sgro
Shanahan	Sheehan
Sidhu (Mission—Matsqui—Fraser Canyon)	Sidhu (Brampton South)
Sikand	Simms
Sohi	Sorbara
Spengemann	Tabbara
Tan	Tassi
Tootoo	Trudeau
Trudel	Vandal
Vandenbeld	Vaughan
Virani	Weir
Whalen	Wilson-Raybould
Wrzesnewskyj	Young
Zahid — 193	

NAYS

Members

Aboultaif	Albas
Albrecht	Ambrose
Arnold	Barlow
Barsalou-Duval	Beaulieu
Benzen	Bergen
Berthold	Bezan
Block	Boucher
Brassard	Brown
Calkins	Carrie
Clarke	Clement
Diotte	Doherty
Dreeshen	Eglinski
Fortin	Gallant
Généreux	Genius
Gill	Gladu
Gourde	Harder
Jeneroux	Kelly
Kent	Kmiec
Kusie	Lake
Lauzon (Stormont—Dundas—South Glengarry)	Liepert
Lobb	MacKenzie
Marcil	McCauley (Edmonton West)
McColeman	McLeod (Kamloops—Thompson—Cariboo)
Motz	Nater
Nicholson	Paul-Hus
Paupé	Plamondon
Poilievre	Rayes
Rempel	Richards
Shields	Shibley
Sorenson	Stubbs
Sweet	Thériault
Tilson	Trost
Van Kesteren	Van Loan
Viersen	Warawa

Warkentin
 Waugh
 Wong
 Zimmer— 75

Watts
 Webber
 Yurdiga

PAIRED

Members

Foote

Moore— 2

The Speaker: I declare the motion carried.

• (1250)

[English]

RESUMING DEBATE

The House resumed from May 12 consideration of the motion in relation to the amendments made by the Senate to Bill C-37, An Act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts, and of the amendment.

Hon. Jane Philpott (Minister of Health, Lib.): Mr. Speaker, I am thankful for the wonderful opportunity to speak to the amendments adopted in the Senate relating to Bill C-37. This is an act, as we know, to amend the Controlled Drugs and Substances Act, and to make related amendments to other acts.

Before I begin, I thank my colleagues in the House and the Senate for their work on the bill to date, for reviewing this important legislation, and for recognizing the urgency of the issue. I particularly want to thank all my colleagues who supported getting the bill through the House as quickly as possible.

[Translation]

This bill, as proposed, will help our federal government and its partners to combat the existing opioid crisis and deal with the more general drug problem in Canada.

[English]

For that reason, I urge my colleagues to support the bill so it can be adopted without delay and to help protect the health and safety of Canadians and their communities.

It is clear that we are in the midst of a national public health crisis. Last year in British Columbia, more than 900 people died from illicit drug overdoses. If trends continue in 2017, we can expect 1,400 people in British Columbia to die this year as a result of overdoses.

However, British Columbia is not alone. In Alberta, close to 500 people died from overdoses in 2016.

[Translation]

We are also seeing signs that the opioid crisis is spreading to other parts of Canada.

[English]

For example, seizures of fentanyl have increased in almost every province over the last year.

Our government is responding. We are taking actions that are compassionate, collaborative, comprehensive, and evidence-based in our approach to drug policy. Our aim is to take a public health approach to addressing the opioid crisis and problematic substance use in general, while also ensuring law enforcement officials have the tools they require to keep communities safe.

Government Orders

[Translation]

That is why, last fall, the Minister of Public Safety and Emergency Preparedness and I announced the new Canadian drugs and substances strategy.

[English]

This new strategy replaces the previous approach by addressing problematic substance use as primarily a public health issue, restoring harm reduction as a key pillar of Canada's drug policy, alongside prevention, treatments, and enforcement, and supporting all those pillars from a strong evidence base.

[Translation]

Bill C-37 and the revised amendments our government proposed support this strategy by updating the law to focus on harm reduction measures.

[English]

Streamlining the application process for supervised consumption sites is central to this legislation.

[Translation]

Solid evidence shows that, when properly set up and maintained, supervised consumption sites save lives, and they do it without increasing drug use or crime in the neighbourhood.

[English]

To this end, Bill C-37 proposes to amend the current legislation in two ways. It will establish a streamlined application process that aligns with the five factors set out in the Supreme Court of Canada decision in 2011, in *Canada vs. PHS Community Services Society*. It will also improve the transparency by requiring decisions on supervised consumption site applications to be made public, including reasons for denying such an application.

[Translation]

We need to create an environment that encourages communities that want and need these sites to apply for them. I can assure the House that Bill C-37 and the revised amendments our government is proposing will ensure that communities that want and need these sites do not experience unreasonable delays in their efforts to save lives.

• (1255)

[English]

The first amendment specifies that should the Minister of Health choose to post a notice to seek further public input regarding an application, the public should have a minimum of 45 days to provide feedback.

Government Orders

Some members, and indeed members of the public as well, have questioned why we are accepting this Senate amendment. To be clear, the ministerial authority to post a public notice regarding an application for up to 90 days exists under the current legislation. Bill C-37, as introduced by our government, made that time period more flexible but retained the optional nature of the posting and the optional nature of an extra consultation. The only thing that would change with the Senate's amendment is that should a public notice for further consultation be posted, it must be posted for a minimum of 45 days.

Our government supports this amendment, as it would ensure that in the special cases where further community consultation was warranted, communities would receive a reasonable amount of time to provide comment on specific applications.

I will repeat that this consultation would not be required by legislation, and indeed, it would be the exception rather than the rule.

The second Senate amendment would give the Minister of Health the authority to establish citizen advisory committees for approved sites where deemed necessary.

Our government understands the intent of this amendment. It could be to bring together supervised consumption sites and community members. However, adding this oversight of supervised consumption sites, which is not used for any other health service as a legislated requirement, would further stigmatize their clients and potentially reduce the use of these critical facilities. As such, we respectfully disagree with this amendment.

The final amendment adopted by the Senate would require that clients of supervised consumption sites be offered an alternative pharmaceutical therapy before they consumed substances at the site. While the intention of this amendment may be to encourage the provision of evidence-based treatment options to people who use drugs, it is critical that the application process for supervised consumption sites not be hindered by additional federal requirements for immediate access to treatment services. This could impose an additional burden and make it more difficult to establish and operate supervised consumption sites.

As written, this amendment could result in charter challenges on the grounds that an individual's safety and security could be jeopardized if that person could no longer access the services offered at a supervised consumption site. It also represents significant jurisdictional issues, since it could be construed as regulating a health service or clinical practice.

In addition, repeated offers of pharmaceutical treatment could actually discourage people who are not yet ready to begin treatment from using supervised consumption sites. This would be counter to the aim of supporting communities that need these sites to save the lives of their community members.

For these reasons, our government proposes that we amend the wording to say "may" instead of "shall" and remove subsection 2 of this amendment.

For all the reasons I just outlined, our government does not support the amendment to the motion moved by the member for Oshawa.

I also want to remind the House that this bill includes other important initiatives, because the opioid crisis is a complex problem that requires a comprehensive response.

The pathways to addiction are numerous, but they are connected through their origin in personal pain, whether that be mental or physical pain. These issues are all too often exacerbated by multiple social determinants of health, including poverty, homelessness, and lack of access to economic resources, making the reality of addiction and the path to recovery all the more difficult to navigate.

To add to this complexity, the drug environment in Canada has changed drastically in recent years. Strong drugs like fentanyl, carfentanil, and other analogs have made their way into Canada, and they are often being disguised as prescription drugs like Percocet or oxycodone, or they are mixed with other less potent street drugs, such as heroin or cocaine.

With that in mind, I would like to take this opportunity to specifically discuss the Senate amendments with respect to establishing supervised consumption sites.

● (1300)

This crisis is impacting high-risk, long-term drug users as well as recreational drug users who do not expect that the drug they are using could contain fentanyl. As we all know from the devastating local news reports across this country, the crisis is also affecting young people who are experimenting with drugs. That is why, in addition to important provisions regarding supervised consumption sites, Bill C-37 also includes proposals that would modernize the current legislative framework and create new law enforcement tools to confront the ongoing crisis.

For example, Bill C-37 proposes legislative measures to prohibit the unregistered import of pill presses to Canada. If passed, it would allow border officials to open international mail of any weight should they have reasonable grounds to suspect that the item may contain prohibited, controlled, or regulated goods. As well, it would grant the Minister of Health the necessary powers to quickly temporarily schedule and control a new and dangerous substance.

[Translation]

It is important to point out that Bill C-37 and the revised amendments our government is proposing are part of a suite of vital measures that our government has taken to combat the opioid crisis. For the benefit of the members, I think it is worth mentioning some of our government's other initiatives.

Government Orders

[English]

We have made naloxone available without prescription, and we have expedited the review of naloxone nasal spray to ensure that multiple formats are available to Canadians. We have granted exemptions to Insite and the Dr. Peter Centre to operate supervised consumption sites in Vancouver, and we have now issued exemptions for a total of three supervised consumption sites at fixed locations in Montreal and are expediting reviews for the approval of 18 additional sites in 10 cities: Montreal, Toronto, Vancouver, Surrey, Ottawa, Victoria, Edmonton, Calgary, Kelowna, and Kamloops.

[Translation]

Our government has also rescinded the prohibition on access to an important treatment option, prescription heroin, to treat more serious addictions.

[English]

We have finalized new regulations to control chemicals used to make fentanyl, making it harder to manufacture illegal substances in Canada, and we have supported the passage of the important Bill C-224, the Good Samaritan Drug Overdose Act, which I am pleased to say achieved royal assent on May 4. Finally, we are providing \$100 million in federal funding to support the Canadian drugs and substances strategy, as well as an additional \$10 million in emergency funding to British Columbia and \$6 million in emergency funding to Alberta.

It is important that members understand that there is no single action that will end this opioid crisis immediately. There is no single law or policy that will do so. It requires comprehensive, urgent action. The adoption of the amendment our government is now proposing and making Bill C-37 law would be, however, a very important step forward in supporting a new approach to drug policy in Canada.

[Translation]

As proposed, this legislation would give our government and law enforcement agencies more effective tools to fight problematic substance use and provide more support to communities that are battling this crisis locally.

[English]

The amended legislation would also help our government work with partners to implement an evidence-based approach that is comprehensive and collaborative. Therefore, I encourage all members to support Bill C-37 and our approach to the Senate's amendment in order to protect Canadians and save lives. I thank my colleagues for their important work in this regard, and I thank you, Mr. Speaker, for the opportunity to discuss it.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, I agree that Bill C-37 has some very important initiatives to tackle this particular crisis, but I continue to be very concerned. As a former mayor and a former member of a local council, I know that anything we have tried to make sure was included that gave communities the ability to have a thoughtful process has been taken away, such as the initial removal of the need for council approval. In Kamloops, 100% of council agreed with it,

but council members also had the right and the ability to say they wanted to move forward. That was stripped away.

We had a very thoughtful suggestion from the Senate that there be some advisory support. I think advisory support could do many things in terms of how cities deal with this issue, above and beyond the particular crisis. Again, that has been stripped away.

Why does the minister not trust local governments and local communities to have a part in the decision-making? It would appear that she does not trust them to be part of the solution.

• (1305)

Hon. Jane Philpott: Mr. Speaker, I want to reiterate this, because I am not sure everyone has fully comprehended the severity of this crisis in British Columbia. Based on the number of deaths that have occurred in the first three months of this year, if trends continue there will be 1,400 deaths from overdose in British Columbia. This is a serious matter. We see no end in sight, and we have to make sure we use all measures within our jurisdiction to respond to it.

As the member says, of course it is important to respond to the community to make sure there is a demand for these sites, that there is a need for these sites, and that there is appropriate community consultation. I trust that the member is aware that those were among the five factors the Supreme Court gave us. It required, even within Bill C-37, that the Minister of Health take them into consideration in recognizing the need for a site. Clearly, that need has to be demonstrated, and the community must have the opportunity for input. It is at the discretion of the Minister of Health to determine whether further consultation is required.

We know there is a huge demand for this. I speak on a very regular basis with people in these communities who are desperate to have supervised consumption sites.

Community consultation includes consultation with the members of the community who are seeing their friends, family members, and young people dying. They need the opportunity for input too. These are the members of society I hope members of this House will take into consideration when they are considering this bill.

As it relates to the matter of having a citizen oversight body, no other health facility has a legislative requirement for that. We know that some health facilities like to have community oversight bodies, but having a legislative requirement, as I said in my remarks, would further stigmatize a population whose members are dying because of the stigmatization of their community. It is important that we not introduce any further barriers to making sure we save people's lives.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, this will be the second time only in six years as a parliamentarian that I have voted for time allocation. I voted for it also on Bill C-37.

The question here is urgent. I agree with the minister, although I would say that this may be the classic case of the perfect being the enemy of the good. When lives are at stake, I do not think we can take the time to argue over improvements that, frankly, I would want to see made too.

Government Orders

We know that on the street, fentanyl is being found in 80% of the street drugs that are otherwise not identifiable as fentanyl. Can the minister give us any update on what is being done on the ground while we get this bill through the House as fast as possible?

Hon. Jane Philpott: Mr. Speaker, I thank the member for supporting time allocation in this case. I agree with her that this is an exceptional piece of legislation because there is a tremendous amount of urgency. I appreciate her upstanding perspective on how to address it, as she said, knowing that there may be ways this could be further improved but that time is of the utmost necessity, because people are dying.

The member has also reiterated, perhaps after reading it in the newspaper in the last couple of days, that there is evidence now in British Columbia that when we look at some of the drugs being sold on the street, over 80% of some drugs are now contaminated with fentanyl and some of its analogues.

We have always had challenges with problematic substance use in society. As I said earlier, it goes with things like poverty, homelessness, unresolved trauma, and the abuse people have experienced. This was made worse, as the member knows, by the unfortunate reality of the over-prescription of opioids based on deceptive pharmaceutical practices. This is an area we are working on as well with a number of medical educators and regulatory bodies.

What has made this crisis unprecedented are these new highly potent products. It affecting not just Canada but North America, and now we are seeing it even further around the world.

I am happy to tell the member about a number of initiatives. As I said, we are working with 42 organizations across the country, regulators and educators of health professionals, to make sure we understand the work that needs to be done to address over-prescription. We are, of course, also working with organizations across the country to expand access to treatment. I alluded in my notes to the fact that we have taken steps to allow products to come into the country. For example, there is the possibility of using pharmaceutical-grade diacetylmorphine as a treatment option, and we are encouraging multiple approaches to treatment.

There is so much being done, and I am happy to update any members who are interested.

• (1310)

Mr. Sukh Dhaliwal (Surrey—Newton, Lib.): Mr. Speaker, last summer, in light of the tragedies that have happened in Surrey, all members of Parliament were asked to an emergency summit, in fact the member for South Surrey—White Rock was also invited, as well as all the MLAs and local professionals. I brought that issue to our hon. minister. The hon. minister has taken steps since then on the harm reduction measures, balanced with an enforcement strategy.

However, critics in Surrey are asking me to tell the minister that we are not doing enough and we are not doing it fast enough. Would the minister be kind enough to tell the people in Surrey what the minister has done, and the plan to deal with this in a fast and efficient manner going forward?

Hon. Jane Philpott: Mr. Speaker, the member's question gives me an opportunity to speak to what is taking place in Surrey. Indeed, I was in Surrey not very long ago addressing this very issue.

Surrey is one of the municipalities where I saw a tremendous amount of collaboration from members of the community. I met with the mayor and with a number of health providers in that community to hear what they are doing.

One of the things I was very impressed with is that they have done exceptional work in terms of gathering data. For instance, they were able to share with me the number of overdoses that were determined to have taken place in Surrey last year. The emergency medical services in Surrey have evidence of over 2,000 overdoses that took place. Some very interesting information came out of the work that was done in Surrey. We found that these overdoses are not just taking place in the downtown core, but are taking place all throughout the city.

I could give the member all kinds of examples of other things that are being done which would reassure the people of Surrey, but while we are on the topic of data, perhaps I could share that one of my concerns is about the lack of good data across the country, and the tremendous need to co-operate with multiple orders of government and other agencies.

One of the things I have asked the Public Health Agency of Canada to do, for example, is to launch an epidemiologic study, and to do so immediately. That will give us better information in understanding who is taking drugs, what drugs are being taken, the causes of the overdoses in these communities, and where they are taking place. They will begin that work immediately. There are a number of other initiatives that we are taking to make sure we are working with coroners, medical examiners, Canadian Institute for Health Information, Statistics Canada, and multiple organizations, to get the data we need that will drive the change to save lives.

Hon. Kevin Sorenson (Battle River—Crowfoot, CPC): Mr. Speaker, I am pleased to participate in the debate on Bill C-37, legislation proposed by the Liberal government to help deal with the opioid crisis that is affecting too many communities across Canada.

I am not encouraged after hearing the minister's comments. She talked about 900 fatalities in British Columbia in the last year, 500 in Alberta, that 1,400 have died of overdoses. She said after quoting this that she sees no end in sight. That tells us the severity of what we are facing across Canada. However, it seems a little disappointing that the minister does not give a lot of answers to the problems that she sees. Bill C-37 does not contain enough answers. In fact, we believe there are some problems with Bill C-37.

Government Orders

Today, we are considering some amendments by my colleague, the official opposition health critic. It is my first entry into the debate on Bill C-37, although it is not the first time I have dealt with this. As a member of Parliament back in 2001-02, we had an opioid problem in the country. There was a committee struck, the Special Committee on the Non-Medical Use of Drugs. We travelled across Canada and to Germany, and I believe to France, Switzerland, and a number of other countries. We saw safe injection sites. At that time, they believed it was the answer to the opioid problem. They called them safe injection sites then, not supervised consumption sites. I guess the government feels that supervised consumption sites sells a little better.

I travelled with Randy White, a member of Parliament from Abbotsford. I think he would find it very disappointing that 16 years later we are still debating the same types of issues and have seen even greater problems since some of these safe injection sites have been incorporated into the landscape across our country.

I will take this opportunity to thank my colleague, the member for Oshawa, for all his hard work on the health file on behalf of his constituents and Canadians. As a doctor, he understands all aspects of the health file. For many years, we have benefited from his input, his comments, and knowledge. He has been on the committee for years as well. Today, he is asking the House, again, to consider the amendments to Bill C-37 that have been brought forward by the Senate of Canada. His amendment states:

That the motion be amended by deleting all the words after the word "That" and substituting the following:

"the amendments made by the Senate to Bill C-37, An Act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts, be now read a second time and concurred in."

The first amendment that the Senate brought forward ensures that there is a minimum consultation period of 45 days prior to the approval of an injection site.

The second amendment looks to establish a citizens advisory committee that is responsible for advising the approved injection site of any public concerns, including public health and safety issues. The amendment also looks to have the committee provide the minister with a yearly update on these matters.

The third amendment directs those working at the site to offer the person using the site some legal pharmaceutical therapy before that person consumes or injects illegal drugs.

It is disappointing that the minister is flatly refusing to accept the amendments from the Senate. I believe that many Canadians would feel that those amendments are fair, substantive, and reasonable. The Senate does not amend legislation from this House very often. The Senate takes very seriously any amendments that it would recommend to the House. Therefore, when senators do take the time to study and bring forward amendments, we should be paying attention to what they do. We should not discount it as quickly as the minister did.

The Senate tries to help the government and this House pass good legislation. It wants to help us ensure that the laws we pass accomplish what we want done. The Senate wants to help ensure that our legislation would not cause other harm, or place an unnecessary burden on Canadians.

●(1315)

There are many reasons for the Senate to return a bill to the House with amendments, and it is important that we accept suggestions and recommendations from the other place and agree to consider them seriously.

The first amendment asks for a minimum consultation period of 45 days prior to the approval of an injection site anywhere in Canada. The Senate knows that not all Canadians want injection sites in their local communities, or, as the minister calls them, supervised consumption sites. Anyone looking at community injection sites would understand why. Those who have been involved understand why. To discount the amendment out of hand is disappointing. The Senate is trying to inject a measure of democracy into Bill C-37 by providing communities with a chance to further consider proposals for injection sites. We hope that the Liberals will respect that.

The Liberals talk about inclusion, but we see the opposite. They talk about partnerships with other levels of government, but we see the opposite. Why will they not listen to Canadians? They promised to do politics differently. They said that under their rule, we would all live to our full potential as Canadians, whatever that means. They also promised to consult with Canadians. Now, when the Senate is suggesting that they consult with communities as to where a safe injection site is going to be put, they do not want to hear it. The Liberals do not want to hear from those communities or from those groups that would advocate for one site being a better place than another site.

The Liberals should learn to listen to the grassroots of communities and allow them to have their say. Under Bill C-37, communities should be encouraged to make comments, to offer suggestions, to consider proposals on where an injection site should be built, or if it should be built at all. That is what being community minded is all about. The government should not be afraid of local governments, citizens, community organizations, or anyone who has a differing opinion.

The first amendment wants to allow a local community, large or small, to have at least 45 days to study and prepare before the government opens an injection site. That is fair. The Senate believes it is reasonable, diplomatic, and democratic, but the Liberals say no. Far from delaying the approval of a new injection site, a courtesy to the community is about to be changed.

The second amendment wants to establish a citizens advisory group. Much like the first amendment in some respects, the Senate is trying to help the government with Bill C-37, and after great study on the subject, it felt that this amendment would do that. The Senate is recommending that a group be formed that will help communities deal with the challenges of establishing an injection site. That would be generous and very helpful.

Government Orders

Many Canadians do not know much about what happens at a safe injection site or a supervised consumption site. We want them to be aware of the opioid crisis that is facing Canada and what the Liberals see as solutions. Canadians only know the images that they see on the media, which depict the horrors, for example, of Vancouver's Downtown Eastside, what we used to call heroin districts and other things in the United States and Europe.

The constituents that I represent in Battle River do not want to become like the Eastside of Vancouver. In fact, I do not know of too many constituencies, rural or urban, that do. Being almost like a Bible belt in parts of Alberta, more time is probably spent praying for drug victims on those streets. They care very much. They feel badly when they see lives being ruined by the opioid crisis.

● (1320)

I believe the communities are there and want to help. We want to do the right thing. We want to address the crisis, even if it is in our own communities. As we can see from the statistics that the minister quoted of 900 deaths in B.C. last year and 500 in Alberta, it is in every community.

However, the Liberals are saying that we must do only what the Liberal politicians in Ottawa say we have to do, whether that is in Alberta or anywhere else, and by opposing amendment number two, the Liberals are denying Canadians the opportunity to be involved. The government does not want experts bringing their knowledge into communities and making recommendations and suggestions or amending anything. The Liberals are trying to dictate what every community in Canada must do when it comes to their supervised consumption sites. That is too bad, because wherever the opioid crisis raises its ugly head, in most communities, rural or urban, those communities would like to have some credible and knowledgeable assistance. Why do the Liberals not want that?

The government is saying that it knows what is best: one size will fit all. Imagine, as injection sites are brought into communities across Canada, that none of the lessons learned would be shared with those communities, none of the problems that have been dealt with successfully in certain communities would be available to other communities so that they would be able to benefit.

The Senate is simply trying to help the government with its bill. The Senate is trying to look out for communities, large and small, by having experts who know about the problems help communities grapple with them. That would be a good thing. We hope the government does not dig in its heels on these amendments. We hope that the minister is not just saying that we should do what she says because she knows best, but it seems that is what she is doing.

Canada has many different diverse communities. The operators of injection sites would appreciate being advised of community concerns and local health and safety issues. Not all injection sites would be able to operate the same way in every community.

There are many concerned citizens in every community in Canada. I have seen this in my own large geographical constituency. In every small town and village, there are folks who know very well how the local community operates, and we want to allow them to help. We do not want the Liberals to consider their efforts to be interference. We need everyone with knowledge and experience to

work on the opioid crisis. We do not want to exclude the very people who can help us the most, the residents who know how things work in their communities. If the government proceeds with this program, every community could certainly benefit by having five to 10 volunteers within the immediate vicinity of the site at least consulted.

The third amendment that the Senate brought forward directs those working at the site to offer the person who is using this illegal drug some legal pharmaceutical therapy.

Much of the drugs that are being used are obtained illegally. In Senator White's speech in the other place, as a long-time police officer and city police chief, he talked about the day that an addict uses his drug as a day of crime, when he or she would go out and usually commit various crimes in order to raise enough funds to obtain the drug. If this plan is adopted, should we not give those people in those sites who would be using at least some counsel or therapy? Why would the government not listen to what the senators are calling for here? Is it not the most basic and simple thing to try to help those who are abusing opioids at the time they are actually going to use them? Is it not in the best interests of the addicts, and of our society, to help those individuals who are addicts to get off opioids? It sounds as though the Liberals are saying no.

● (1325)

The more people abuse themselves with harmful opioids, the more they will want to stop as their health declines. I have never met one who wants to keep going. They wish they could get out of the rut they are in. As their relationships with others disappear and their finances disappear, they are going to want help and they are crying for help. They will need to be rescued in order to save their lives.

They probably had a very difficult time getting drugs from some of these drug dealers. The drug abuse world is a violent, lawless world. Every time a drug abuse victim visits an injection site, we should be offering them an alternative. We should make saving that person's life a priority. Why would the Liberals not want that? It is unbelievable. It is almost as if the Liberals are trying to enable the continuing abuse of drugs by drug addicts. It is unfair. This is not the sunny ways the Prime Minister talked about. It is not helping everyone live to their full potential as Canadians, as the government said it wanted to do. What we see is mismanagement of the opioid crisis.

We should make it a criminal offence not to offer an alternative to someone who is so addicted to a drug that they need supervision when they inject that drug. Anyone in that position needs help. They may not accept the help being offered, but at least it should be offered to them. If everyone knows that the injection site is offering a way out, an alternative, then we have a better chance of saving lives.

Government Orders

I have heard some say that offering pharmaceutical therapy could erode the relationship between the drug abuser and the facilitator at the injection site. Really? Could offering a little counsel could lose the relationship between the two? I think the Liberals are off base on this.

The facilitator, as they call it, would be from the community. To the extent that the facilitator may not approve of the drug abuse, that facilitator would want to be ready to help if he or she is asked. I would say that is true in many parts, if not all parts, of Canadian communities, and I hope it would be true in our communities. That is the Canadian way. We are there to help. Is that not what the Prime Minister tells the world—that Canada is there to help? What part does he not get?

I see that my time is running short, so let me just say this: are there good things in Bill C-37? Not much, but we hope the Liberals will support the first amendment and include communities. We hope the Liberals realize communities need time to figure out how they will provide an injection site, and we hope the Liberals are willing to come up with something that could satisfy the third amendment.

There are other measures in Bill C-37. The bill gives the Canada Border Services Agency the authority to open international mail of any weight, should there be reasonable grounds. Perhaps this may sound like a good measure, but I think we had better be careful what we ask for here. In their hurry to find some solution, they may have eroded some of the rights of Canadians, and a lot will depend on the term “reasonable grounds”. Allowing searches of packages and shipping and so on will slow down commerce. Do we mean “reasonable grounds” that there are drugs in there? I think there are already reasonable grounds for every package, if they want to use that, but again, it may not be exactly what they want to accomplish.

If passed, Bill C-37 could add prohibitions and penalties that would apply to possession, production, sale, importation, or transport of anything intended to be used in the production of any controlled substance, including fentanyl. That is a good measure.

I brought forward a private member's bill that offered to allow the minister to allow Canadians access only to specific narcotics that have tamper-resistance or abuse-deterrent formulations. The technology is there now. This measure would only be used when a particular drug is being abused with deadly results of the kind we saw with fentanyl. Oxycontin is available now as OxyNEO, a tamper-proof pharmaceutical, but the government voted against it.

Today the minister said that this is just one measure that will fight the opioid crisis. It is funny, though, that when pharmaceutical companies and United States governments under Obama and other states started going down that road, this minister said it was not in our best interests.

We should improve Bill C-37 so that it helps Canadians deal with the opioid crisis. We should support the amendments that are being debated, and we should support the amendment of the member for Oshawa.

● (1330)

Mr. Ken Hardie (Fleetwood—Port Kells, Lib.): Mr. Speaker, the response that needs to be asked is about the urgency of the situation. We want a 45-day consultation period, but in British

Columbia's case, at the rate people are dying, 113 people would die just in the consultation period.

There was an opportunity in the House a few months ago to fast-track the bill and get things going so that safe injection and safe consumption sites could get up and running. That was blocked by the same party that wanted to do away with the one and only safe injection site in the Downtown Eastside of Vancouver, and that would be the Conservatives. Since then, 92 people in B.C. have died.

The implication is that these safe consumption sites would pop up in every nice community and small town across the country. I would ask the member whether it is not the case that these are needed where there are currently dirty needles on the ground and people shooting up in doorways, not in the member's community and, thankfully, not in mine?

● (1335)

Hon. Kevin Sorenson: Mr. Speaker, I take great offence to what the member said about our wanting to have a debate in this place. He almost alleged that people were dying only because we did not get those safe injection sites into their communities or have them coming to communities near them. It is not that way. Extra debate on an issue like this is not the reason people are dying.

Another point is that in 2001, members travelled to countries such as Germany on this very issue. The member said in his question that safe injection sites would clean up the situation of people shooting up in doorways and in parks. No one involved with safe injection sites believes that. If people go to safe injection sites, they will be supervised there, but if the member were to go around the safe injection site, as we did, he would still see people shooting up on sidewalks and needles in the park. He would still be warned about walking in sandals or barefoot through parks. He could not do it, because the truth is that people do not only go to the safe injection site.

If they know they will get a clean needle, they will typically go there, get a needle or two, and those needles will be disposed of the next time they shoot up. Typically, as members found out in Germany, Switzerland, and some other countries, the next time is not at the safe injection site.

We do have an opioid crisis. The government voted against a private member's bill, Bill C-307, that would have established tamper-resistant fentanyl. No, the government would not accept that. It was not designed to be the answer to all of the problems, but one little tool in the tool kit, exactly as the minister said, but she said that was not the government's plan.

We need to proceed. The Senate did a study. It brought in people from all across Canada, worked hard, and took its study very seriously. Now the Liberal government wants to reject the amendments from the Senate because it believes it knows that one size fits all. It is shameful.

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Ms. Sheila Malcolmson (Nanaimo—Ladysmith, NDP): Mr. Speaker, shameful would characterize 10 years of Conservative inaction, followed by a year and a half of Liberal foot-dragging, followed by three months of Senate stalling, studying the exact same questions that were debated and rejected at committee, while people continue to die at rates way beyond other countries. In my community of Nanaimo, 13 people died just in the first three months of this year alone, and 28 people died last year. We are losing people at the same rate as Vancouver.

The west coast has been hit very hard by the opioid crisis for all kinds of reasons, such as over-prescription, access to west coast shipping, untreated pain, improper way of supporting people with PTSD. The causes are myriad, but the solutions have fallen completely to the front line: ambulance, paramedics, firefighters, social workers, NGOs that train people in naloxone. If the House cannot get it together and actually remove the barriers to the solutions that have been identified, that is shameful.

Specifically, the member is talking about the community consent amendment that the Senate has brought, an idea that was rejected at committee. Specifically the legislation already requires the Minister of Health to consider expressions of community support when they consider licensing a new site. Why on earth would the member continue to propose and support the Senate amendment, which just gets in the way of the approval of treatment facilities for addicted people?

• (1340)

Hon. Kevin Sorenson: Mr. Speaker, I do not question the member's concern on this. Obviously, all of us are concerned about the crisis. There were 900 fatalities in her province last year. She says that it has to be community consent. It is community consult. The amendment states that there be a 45-day consultation period with the community. It is not asking for a consensual agreement. The senate has asked that communities be given the opportunity of 45 days before safe injections sites are brought to their communities. Again, it is almost like the heavy hand of Ottawa coming down saying it knows best in every community across this land. I disagree with that.

However, I do agree that we need to look for ways we can adequately move forward and recognize the significance of what we see. This issue did not begin 10 years ago under our government. In 2001-02, I was on that non-medical drug committee when we travelled the country and the issue was there. We have new opioids being brought forward almost monthly. It might be a bit of an exaggeration, but if it is not OxyContin, it is fentanyl. If it is not that, it will be something else, many of which are concocted in the basements of homes and garages. Like Senator White, I hate to use the word "drugs". They are poison in some cases.

The fact is that the safe injection site is not the answer to the problem. It may be an answer, but it is not the answer, especially a safe injection site that cannot give counsel to the individual, the third amendment. The shameful part is not bring forward measures that would simply keep the issue going as it is now, the status quo, but that seeing some effective changes.

I am disappointed the member is so anxious, it seems, to open these safe injection sites, but says we do not need counselling within them.

Mr. John Barlow (Foothills, CPC): Mr. Speaker, my colleague and I come from very similar constituencies in rural Alberta, and I have been inundated with letters from my communities. It is not whether they want a safe injection site. They want to have input and community consultation on not only whether they want one, but where it goes as well. I would like my colleague to talk about some of the feedback he is getting from his rural communities on this issue.

Hon. Kevin Sorenson: Mr. Speaker, the communities are engaged. I have been here for 17 years and I have brought forward a private member's bill, a rural riding, and typically we think of Downtown Eastside Vancouver and others, to deal with tamper-proof opioids. That shows how much community involvement there is.

My wife and daughter are registered nurses. My daughter has told me that we have to do something, that people are coming in, asking for the kit. They know the drugs they are taking, which are made in garages, will be laced with poisons.

The member is right, as much as I hate to admit it. It is not just happening in the big cities anymore. In rural ridings, especially with the economy in Alberta, which I think is a contributing factor, we see it more and more all the time. We need answers that will actually help.

• (1345)

Mr. David Lametti (Parliamentary Secretary to the Minister of Innovation, Science and Economic Development, Lib.): Mr. Speaker, I would like to thank each of the members of the House, the House Standing Committee on Health, the Senate, and the Senate Standing Committee on Legal and Constitutional Affairs for their work on Bill C-37.

I would also like to thank the minister as well as her current and previous parliamentary secretary for all the work they have done on this and the leadership they have shown.

The hon. members of the Senate have adopted some amendments to Bill C-37 around supervised consumption sites, particularly for supporting public consultation in the application process.

I welcome the opportunity to rise in the House today to speak to the amendments to Bill C-37, an act to amend the Controlled Drugs and Substances Act and to make related amendments to other acts.

[*Translation*]

As all my colleagues know, there is currently a troubling number of overdoses and fatalities associated with opioids and other substances in Canada. Far too often, we hear about new and powerful drugs that end up in our communities and heartbreaking stories of families and communities that lose loved ones to an overdose.

*Government Orders**[English]*

To help address the challenges associated with problematic substance use in Canada, Bill C-37 proposes important legislative changes to support a new Canadian drugs and substances strategy, a comprehensive, collaborative, and compassionate strategy composed of four pillars, which are prevention, treatment, harm reduction, and enforcement, each one built on a strong foundation of evidence.

These proposed legislative changes will help provide public health officials and law enforcement organizations in Canada with the tools they need to help communities in addressing problematic substance use, including live-saving harm reduction initiatives to help those struggling with opioid use disorder.

[Translation]

Bill C-37 was drafted to offer a real solution to the communities dealing with this crisis by eliminating, among other things, unnecessary obstacles to opening supervised consumption sites.

[English]

Should it receive royal assent, Bill C-37 will streamline the application process for supervised consumption sites by replacing the current 26 criteria set out in the Controlled Drugs and Substances Act with the five factors set out by the Supreme Court of Canada in its 2011 decision regarding Insite. These factors are: one, impact on crime rates; two, local conditions indicating need; three, regulatory structure in place to support the facility; four, resources available to support its maintenance; and, five, expressions of community support or opposition.

[Translation]

Reducing the number of criteria will alleviate the administrative burden on communities wanting to open a supervised consumption site without compromising the health and safety of those using the site, their clients, and the neighbouring community.

[English]

I want to underscore our government's position on the importance of community consultation in the establishment of supervised consumption sites, while also reducing the barriers for communities to establish life-saving services for their citizens. Our government recognizes and respects that there is a balance between a community's need for adequate time and appropriate channels to provide valuable feedback and the need to minimize unnecessary delays in the administrative process for critical harm reduction services.

In Bill C-37, our government is proposing an authorization process that respects the Supreme Court of Canada's decision and criteria, including the requirement that the minister of health must consider expressions of community support or opposition when reviewing applications for supervised consumption sites.

- (1350)

[Translation]

The proposed approach will give the communities the assurance that their voice will be heard and that every application is subject to a thorough review.

[English]

While supervised consumption sites have been shown to be effective in reducing the harms of problematic substance use, the Minister of Health needs to make informed decisions on future applications, which could include collecting additional information and hearing directly from community members when necessary.

Our government is committed to the protection of public health and the maintenance of public safety. Health Canada will do the necessary verification so that any potential site operates in a responsible manner and ultimately meets its stated objectives of saving lives and reducing harms.

In the amended bill, the minister would continue to have the authority to post a notice of the application and invite public comments. Such a provision could be used in cases involving extenuating circumstances where the minister feels that further community consultation is warranted.

Our government supports the Senate amendment to establish a minimum public comment period of at least 45 days, which will offer the public time to provide its feedback on site applications when the minister chooses to post the public comment period. Bill C-37 retains the previous maximum consultation period of up to 90 days.

[Translation]

The communities have an important role to play in the successful launch of a supervised consumption site. They have to work together on meeting the challenges and determining whether such a program is appropriate for their neighbourhood.

[English]

The support of the community within which the sites are located is a key element in a supervised consumption site's ability to have a positive and meaningful impact. This requires constructive dialogue among community members to find common ground and address potential concerns.

At the same time, our government also recognizes that stigmatizing problematic substance abuse can negatively impact the rates of which harm reduction services, such as supervised consumption sites, are accessed by those who need them. Adding measures for supervised consumption sites that are not applied to other health services add to the stigmatization of the sites and those in need and unnecessarily impact access to these critical services.

In addition, the advisory committee could be composed of individuals who do not have adequate qualifications to warrant their oversight of a health care service. As such, our government does not support the second amendment adopted by the Senate.

[Translation]

Now more than ever, it is important to help communities open supervised consumption sites in order to help address the underlying issues of problematic substance use.

Statements by Members

The proposed changes will help us ensure that community members have the opportunity to make comments on applications for proposed centres, that federal legislation does not contribute to further stigmatizing these centres relative to other health services, and that there are no obstacles or unjustified delays to opening these centres where they are wanted and needed.

[*English*]

Because the need for supervised consumption sites is urgent in helping to save lives, it is imperative that the process not be overly burdensome so as to unnecessarily delay the establishment of potential sites. While our government recognizes the benefits and supports the use of alternative pharmaceutical therapy, the decision to offer additional services to clients should be made by each site based on the needs of its community. It is for this reason that our government does not support the amendment as currently written. We respectfully propose that the word “may” be substituted for “shall”.

Health Canada would also support communities through the publication of a revised application form, available online, and simplified guidance to help site applicants through the process and clearly state what documentation is required to support the minister's consideration of the Supreme Court of Canada's factors. The application form would provide details on how to address these Supreme Court criteria. The criteria would be streamlined and modified to provide applicants with greater flexibility to consider their local context.

We cannot turn our backs on the preventable deaths occurring across the country. We must do our part, and that includes passing Bill C-37. I urge all members of the House to support our government's proposed legislative changes that would support communities rather than place unnecessary barriers in their path.

• (1355)

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I want to ask specifically about this issue of people who go into supervised injection sites being offered an alternative in the context of going in. I understand this is one of the Senate amendments that the government is rejecting. It is also a part of previous legislation.

Those who defend supervised injection sites generally do so on the basis that there is still hope and still an effort to put people on a path to recovery, and yet the government seems allergic to having specific language in the legislation that would ensure that people were at least offered a step on that path to recovery. I wonder if the parliamentary secretary can explain this allergy. Why, when we have these supervised injection sites, should we not at a minimum insist that people be offered some kind of an alternative when they are going in?

Mr. David Lametti: Mr. Speaker, the problem is with making the requirement mandatory. Certainly in a local context, where there is local expertise and local need and those needs are being assessed, there is the possibility, as we are proposing in terms of an amendment to the amendment, to allow that kind of suggestion to happen without making it mandatory. It is in making it mandatory that potentially more delays are added to the system, that we add an

extra layer of advising that may not be necessary and which in fact may be an impediment to quick and expeditious treatment.

As I mentioned in my remarks, there is also the question of expertise and adding another layer of assessment as to who is an expert in those alternative therapies.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, it is important to recognize that the Minister of Health is looking at this as just one tool that is being used to combat that national public health crisis. We have invested literally \$10 million in emergency funding in B.C. and millions of additional dollars in Alberta. There has been a great deal of consultation with the different stakeholders to make sure that the government is working with others in trying to minimize the crisis.

Could my colleague talk about the necessity of strong national leadership and how important it is that we work with the local levels of government and other stakeholders, in particular our first responders?

Mr. David Lametti: Mr. Speaker, we are in the middle of a crisis, and therefore, we need national leadership to coordinate the response across the country and to allow the appropriate level of resources to be targeted at the specific regions of the country that need it the most. That being said, we are trying to strike a balance with this legislation with local communities to help identify and work with us toward finding solutions and that includes first responders. Much of what we are doing in this legislation is listening to the suggestions that those people have made on the ground to us in terms of dealing with this crisis.

The Speaker: There will be six minutes and 19 seconds remaining for questions and comments following question period.

STATEMENTS BY MEMBERS

[*Translation*]

CITY OF LACHINE

Ms. Anju Dhillon (Dorval—Lachine—LaSalle, Lib.): Mr. Speaker, I rise today to wish the City of Lachine a very happy birthday. Some 350 years ago, France granted the *Domaine Saint-Sulpice* to explorer René-Robert Cavelier de La Salle. Over the centuries, this simple seigneurie became the third parish on the island of Montreal, as well as serving as departure point for fur traders heading north, and later literally became Montreal's main industrial corridor thanks to the building of the canal.

• (1400)

[*English*]

If people are planning to visit Montreal to celebrate its 375th anniversary, they should be sure to stop by Lachine. All summer long, there will plenty of activities designed to mark our sesquicentennial, celebrate our past, and look toward our future.

*Statements by Members***MOTHERS**

Mr. Brad Trost (Saskatoon—University, CPC): Mr. Speaker, yesterday, like millions of dads around the world, I grabbed my toddler, handed her a gift and card, and told her to give them to her mommy for Mother's Day. She happily claimed credit for the gift, and received her mother's hug in response.

For at least one day each year, mothers are the centre of attention, but a good question to ask is, what is the value of mothers in society? For some, being just a mother is unimportant. It does not have the glamour or prestige of other roles. It is argued that to replace the role of a mother, it just takes someone, anyone, who cares. However, the history of society and our own personal experiences argue for a different conclusion. Mothers provide the foundational education, nurturing, and love that all people need. They are unique, different, and special, and no one should be denied a mother. The special role of motherhood should not be denied by our governments or by our societies.

I wish my mother, my wife—the mom of my little one—and all mothers across Canada a happy Mother's Day.

* * *

LEONE BAGNALL

Hon. Wayne Easter (Malpeque, Lib.): Mr. Speaker, I rise to honour former P.E.I. MLA and cabinet minister Leone Bagnall, who passed away on April 30.

Mrs. Bagnall served in the P.E.I. legislature for 14 years. Elected in 1979, she was the first Progressive Conservative woman appointed to cabinet on P.E.I., as education minister and minister responsible for the status of women. Leone served as interim party leader for the P.E.I. Progressive Conservative Party, the first woman to lead an opposition party in Canada. Mrs. Bagnall was named to the Order of Canada in 1994 and honoured with the Order of P.E.I. in 2005.

A former teacher, farmer, and mother of five, she is remembered as a community leader and political pioneer. Whether it was family, church, community, or politics, Leone was always modest and unassuming. As a former lieutenant governor stated, "Bagnall was simply a wonderful person", and that she was.

We extend our condolences to her family and our thanks for her service.

* * *

COMMUNITY ORGANIZATIONS

Ms. Sheila Malcolmson (Nanaimo—Ladysmith, NDP): Mr. Speaker, over these past few weeks I have met with Nanaimo—Ladysmith groups, such as Haven Society, the Nanaimo Family Life Association, and community centres for indigenous peoples. They have one worry in common: a shortage of reliable, stable funding to keep the lights on.

These groups make sure women fleeing domestic violence have a safe place to go, that food is delivered to seniors, and that indigenous youth have a safe cultural space. Community groups need operational funding, not short-term grants that are too complex to apply for and that organizations might not get.

One community leader said that the Liberals are saving money off the backs of the vulnerable. I agree, and it needs to change. Let us honour and fund the operations of our front-line community organizations to support their vital work.

* * *

[*Translation*]

FLOODING

Mr. Peter Schiefke (Vaudreuil—Soulanges, Lib.): Mr. Speaker, I am proud to rise in the House today as the historic flooding in my riding, Vaudreuil—Soulanges, and across Canada is beginning to subside. Many houses have been destroyed. I am deeply touched by the thousands of citizens who have volunteered their time to help their community in need.

[*English*]

I would like to thank all those who volunteered to help. They are our local heroes, and today they deserve recognition in the House.

I would also like to thank the Prime Minister, who visited Terrasse-Vaudreuil during the worst of the flooding, and who was able to see our community come together like never before to help those who needed it most.

We must now focus on the immense cleanup effort that is to come. With that in mind, I ask all members of our community of Vaudreuil—Soulanges to regularly check for my updates and those of their municipalities in the coming days for news on where help is needed most.

[*Translation*]

I am proud of the extraordinary Canadians who have increased their support. I am honoured to work with them to help our community get back on its feet.

* * *

● (1405)

[*English*]

ORANGEVILLE FOOD BANK

Mr. David Tilson (Dufferin—Caledon, CPC): Mr. Speaker, I rise today to thank the Orangeville Food Bank and its 70-plus volunteers for 25 years of service to our community.

Founded in 1992, the Orangeville Food Bank services upwards of 500 people a month. Its founders remain a part of the volunteer team to this day. This terrific organization operates out of a 3,600-square-foot facility that allows it to share with other local organizations, such as Choices Youth Shelter, Family Transition Place, the Lighthouse, and The Salvation Army.

In 2016, the Orangeville Food Bank underwent major renovations that included the installation of a walk-in fridge and freezer, which now allows it to accept donations of perishable goods.

I particularly want to thank the founders, Nancy Rampley, Eleanor Elston, Jack and Yvonne McEwan, as well as the late June Daley, for their tireless dedication. The residents of Dufferin—Caledon are grateful for their outstanding contribution to our community.

*Statements by Members***SIMON FRASER UNIVERSITY**

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, B.C.'s Simon Fraser University is one of Canada's top innovators. It hosts VentureLabs, which is B.C.'s largest business accelerator. The unique industry partnership office gives students the tools they need to commercialize their ideas and drive economic growth. Entrepreneurship is integrated into most programs.

Today some SFU students are in Ottawa to discuss a vision for Vancouver's own innovation supercluster, taking the dreams of today to create the reality of tomorrow, and solidifying Canada's position in the global innovation race. In budget 2017, our government demonstrated that it is firmly on their side.

* * *

ANTIMICROBIAL RESISTANCE

Mr. Joël Lightbound (Louis-Hébert, Lib.): Mr. Speaker, the World Bank has released its report, entitled "Drug-Resistant Infections: A Threat to Our Economic Future".

I am proud to say that our government takes the issue of antimicrobial resistance, or AMR, seriously, and has helped support the development of this report. The report notes that AMR is a complex issue that impacts health, agriculture, trade, and the environment, and outlines the possible economic and development consequences of the continued global spread of antimicrobial resistance. The report indicates that it is possible to avoid these outcomes by engaging in vigorous antimicrobial resistance containment in human health, veterinary health, and the agriculture sectors.

The Government of Canada has been recognized internationally for its One Health approach to addressing antimicrobial resistance across sectors. Last November, our government announced a \$9-million contribution to the World Health Organization to support the implementation of a global action plan on AMR. We will continue to work with the provinces, territories, and key partners internationally to address AMR here in Canada and across the world.

* * *

CANADA 150 SERVICE MEDAL

Mr. Guy Lauzon (Stormont—Dundas—South Glengarry, CPC): Mr. Speaker, commemorative medals are a tradition in Canada. This honour recognizes Canadians who have made a difference in their communities. Canada has issued commemorative medals at important anniversaries in the past. Unfortunately, the Liberal government has decided to eliminate this tradition, despite public enthusiasm for its contribution.

Therefore, to mark the 150th anniversary of Confederation, I am honoured to announce the creation of the Stormont—Dundas—South Glengarry service award. This award, a commemoration medal, will honour and recognize residents in SDSG who have made outstanding contributions to our community. We all know these everyday heroes: teachers, first responders, community volunteers, local little league coaches, and so on. Please consider nominating them for this award. Nominations will be reviewed by an independent volunteer panel, and the number of recipients will be limited to 150, in recognition of Canada's 150th anniversary.

To learn more about this award, I would encourage residents to visit my website.

* * *

NATIONAL SEAL PRODUCTS DAY

Ms. Yvonne Jones (Labrador, Lib.): Mr. Speaker, today I am wearing seal in honour of national seal day. The bill has just passed in the House of Commons and is expected to receive royal assent shortly, making this an annual celebration.

Inuit and coastal communities of Atlantic Canada and Quebec have relied on the land and the sea for their food security and their clothing for millennia, and continue to do so today. Seal day is about honouring the historical and modern contributions that seal represents, an integral cultural, economic, and sustainable industry for thousands of people in our country.

Please join us today, as we join the Speaker to sample gourmet seal canapes, discover sealskin fashion, and learn more about the industry and the products that are made from seal oil, skin, and meats, and the indigenous culture that surrounds it.

I also invite you to join the seal industry tomorrow evening for a dinner at the National Arts Centre.

* * *

● (1410)

AGNES MACPHAIL

Ms. Julie Dabrusin (Toronto—Danforth, Lib.): Mr. Speaker, this year our first female member of Parliament, Agnes Macphail, will be featured on the commemorative Canada 150 \$10 bill.

Agnes Macphail was elected in 1921, and she was the only woman in this place until 1935, when she was joined by Martha Black. She was a feminist, an advocate for social justice, and she was the groundbreaker who paved the way for the 92 women who take their seats in this place. She once said, "I do not want to be an angel of any home; I want for myself what I want for other women, absolute equality. After that is secured then men and women can take turns being angels." Perhaps a hint to her success lies in this quote of hers, "Never apologize, never explain. Just get the thing done and let them howl."

I rise today to celebrate her role in our history as a famous East Yorker and to announce that the new East York Hall of Fame is open for nominations. I would urge people to make their nominations now.

*Statements by Members***SRI LANKA**

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, this week we mark eight years since the end of Sri Lanka's civil war.

During that war, Canada rightly listed the Tamil Tigers as a terrorist organization, but unfortunately the fight against terrorism was and continues to be used by Sri Lanka's government as a basis on which to violate the fundamental human rights of the Tamil community. Estimates are that over 40,000 Tamil civilians were killed during the final phase of this civil war, as the government shelled civilians, no-fire zones, and hospitals. Subsequently, IDPs faced torture, and the use of torture in Sri Lanka remains a concern.

Progress in the search for justice and reconciliation is between slow and non-existent. Independent judicial mechanisms to investigate crimes committed by both sides were promised but never materialized.

I was proud of the leadership showed by Prime Minister Stephen Harper when he announced that Canada would boycott the 2013 Commonwealth summit in Sri Lanka over human rights abuses. The Liberal government must maintain and increase that pressure.

This week, we mourn those who lost their lives and renew our calls for justice and accountability.

* * *

[Translation]

MONTREAL

Mr. Marc Miller (Ville-Marie—Le Sud-Ouest—Île-des-Sœurs, Lib.): Mr. Speaker, on May 17, 1642, Paul de Chomedey de Maisonneuve founded the colony of Ville Marie near the Mohawk village of Hochelaga, or *Tiohtià:ke*, on the Island of Montreal. Today, I am honoured to celebrate the anniversary of the city I grew up in and continue to discover every day.

[English]

Today Montreal is an international beacon for coexistence where communities hailing from far and wide live together in mutual respect, welcoming people who need a new home, such as those escaping the Irish great famine, the atrocities of the Holocaust, the Vietnam War, and, more recently, the Syrian civil war.

[Translation]

Montreal is all about multiculturalism. It has something for everyone and is the place to go for everything, from smoked meat and Vietnamese noodle soup to poutine. The Montreal flag features the French fleur-de-lys, the English rose, the Scottish thistle, and the Irish shamrock. For its anniversary, the City of Montreal intends to add an indigenous symbol to the flag, and we commend it for that effort.

[English]

Montreal, happy 375th birthday. The future is bright.

[Translation]

FLOODING

Ms. Ruth Ellen Brosseau (Berthier—Maskinongé, NDP): Mr. Speaker, for the past few weeks, residents of Berthier—Maskinongé have been struggling to cope with flooding.

The rising flood waters have had a major impact and caused a lot of damage. Today, I would like to take the time to point out the many initiatives that have been put in place to help flood victims in Berthier—Maskinongé.

This trying time in my riding and throughout Quebec has been met with an outpouring of support and co-operation. Take, for example, SOS Inondation Mauricie, which now has over a hundred volunteers, and Éleveurs de volailles de la Rive-Nord, which bought and distributed rubber boots. Many restaurants also helped by providing volunteers with food and hot drinks. I thank them with all of my heart.

I would like to end by saying that I know that this amazing show of support will continue now that the water levels are starting to drop. I want to assure people that my team and I will be with them on the ground.

* * *

● (1415)

[English]

RON ATKEY

Hon. Tony Clement (Parry Sound—Muskoka, CPC): Mr. Speaker, I rise in the House today to mark the passing of the Hon. Ron Atkey. Sadly, he died this past Friday.

Ron Atkey was first elected to the House of Commons for the Toronto riding of St. Paul's in the 1972 election as a Progressive Conservative. After being defeated in 1974, he was re-elected in 1979 as part of the Joe Clark minority government, and appointed minister for employment and immigration. Under his and the Hon. Flora MacDonald's ministerial leadership, with the backing of the Prime Minister, Mr. Atkey was instrumental in large numbers of Vietnamese refugees, then known as the boat people, being admitted to Canada.

After accomplishing this great political achievement, Mr. Atkey was defeated in the 1980 election and returned to practising law. From 1984-1989, he served as chairman of the Security Intelligence Review Committee.

I knew Ron for over 35 years. I know I speak for many friends and colleagues of Mr. Atkey in the House when I say how thankful we are for his many years of dedicated service to Canada.

Our thoughts and prayers go out to his family, including wife Marie and children Erin Tait, Matthew Atkey, and Jennifer Price. He will be greatly missed.

*Oral Questions**[Translation]***FAMILY**

Mrs. Mona Fortier (Ottawa—Vanier, Lib.): Mr. Speaker, I am delighted to rise to pay tribute to all the hard-working mothers in Ottawa—Vanier and across the country.

[English]

Yesterday was Mother's Day, a day to pause and acknowledge the critically important role that mothers play in our lives.

[Translation]

I would also like to point out that May 15 is the International Day of Families.

[English]

As this government continues to invest in the rights of women and girls across the globe, I want to acknowledge the important work that Canadian organizations play in helping support families across the globe, with investments in children's education; safe, clean drinking water and sanitation; and unwavering support of reproductive health funding.

[Translation]

I am asking all members of the House to join me in recognizing Mother's Day and the International Day of Families.

ORAL QUESTIONS*[Translation]***NATIONAL DEFENCE**

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, the Liberals' plan to overhaul Canada's defence policy is behind schedule and is creating uncertainty for our national security and our military.

We have just learned that the Trump administration will see Canada's new defence policy before Canadians do or, even worse, before the military.

Why is the Prime Minister going to discuss plans for our armed forces with President Trump before discussing them with Canada's military?

[English]

Hon. Harjit S. Sajjan (Minister of National Defence, Lib.): Mr. Speaker, defence policy was done by and for Canadians. We consulted them extensively, and that is why we want to release our new defence policy to them first. All along, in our defence policy review, we had a range of discussions with our allies, including the U.S. We learned a lot from them, particularly from those who engaged in the same review process in the most recent years. Our defence policy will be costed and fully funded.

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, I have a hard time believing that this defence minister actually designed and devised this defence policy himself. I know the chamber has not seen it, members of Parliament have not seen it, and the military has not seen it. Now the Prime Minister is meeting

in secret with the Americans to get their okay. They know our defence plans before Canadians know them.

Why do Washington insiders get privileged access to Canadian defence policies before the Canadian public does and before the Canadian military does?

Hon. Harjit S. Sajjan (Minister of National Defence, Lib.): Mr. Speaker, Canadians across Canada as well as members of Parliament were involved with the consultations. We have spoken with our allies, we have spoken with experts on this, and we have done a thorough process that is fully costed and fully funded.

* * *

● (1420)

JUSTICE

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, Wynn's law could have literally saved the life of Constable Wynn. When an accused criminal is already facing over 12 other charges and a judge releases him on bail, we have a problem. The system failed, and we need to fix it. This is a common sense fix.

When will the Prime Minister start supporting Wynn's law and start putting the safety of Canadians first?

Hon. Jody Wilson-Raybould (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I would like to say again that we have the deepest sympathies for Ms. MacInnis-Wynn and the family of the constable.

We are working diligently in terms of doing an overview of the criminal justice system, including bail reform. That is why, when I met with the provinces and territories, we agreed that one of the priorities in terms of how we move forward in criminal justice is to concretely and collaboratively look at bail reform. We agree with the principle of Wynn's law, or the bill, in terms of ensuring that all relevant information is available at bail hearings.

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, once again the Prime Minister is putting the needs of criminals and lawyers ahead of the needs of victims, but gutting Wynn's law is a new low. Wynn's law is not controversial. It is a common sense, simple answer to a real loophole in our system. If an accused wants to be released at a bail hearing, a judge should know whether this individual has a history of being dangerous to Canadians.

Why will the Prime Minister not start standing up for victims instead of criminals?

Hon. Jody Wilson-Raybould (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, again, we are undertaking a comprehensive review of the criminal justice system, including bail reform. That is why, when I met with my colleagues in the provinces and territories, we talked about what we could do to increase confidence in the criminal justice system in protecting victims and increasing public safety. We are moving forward collaboratively.

When the Province of Alberta, after the unfortunate and tragic death of Constable Wynn, put together a report, the report did not, when it came back, provide recommendations that are contained within Bill C-217.

Oral Questions

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, I am proud to announce that my bill to protect victims of sexual assault passed at committee with all-party support and was reported back to the House by the member for Sarnia—Lambton.

This is about building confidence in our justice system so that more victims of sexual assault feel comfortable reporting and seeking justice. This is something we can all do together to show victims that we believe them.

Will the Prime Minister join me and the leader of the NDP and fast-track this bill to the Senate?

Hon. Jody Wilson-Raybould (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I thank my hon. colleague across the way for putting forward the private member's bill, which would indeed improve training for lawyers in terms of sexual assault. I was very pleased to see the results at committee, where it was agreed unanimously to put forward three amendments to the current private member's bill, including expanding the sexual context in terms of training.

I look forward to supporting this private member's bill as it proceeds through the House.

* * *

[Translation]

INFRASTRUCTURE

Mr. Matthew Dubé (Beloeil—Chambly, NDP): Mr. Speaker, it is all well and good for the minister to keep repeating that the investors, not taxpayers, will be the ones to bear the risks associated with the infrastructure bank, but I highly doubt it.

Large investment companies are—

The Speaker: Order. It seems that the interpretation is not working.

Is it working now?

Some hon. members: Yes.

The Speaker: The hon. member for Beloeil—Chambly can start again.

Mr. Matthew Dubé: Mr. Speaker, it will be better the second time around.

It is all well and good for the minister to keep repeating that the investors, not taxpayers, will be the ones to cover the cost of the investment bank, or should I say the infrastructure bank; hard to know the difference between investment and infrastructure these days. However, we find that hard to believe.

Large investment companies are in business to make a profit. This bank will be paid for by the tolls and user fees that Canadians are going to be charged.

How is spending \$35 billion on more user fees and tolls a good investment for Canadians?

[English]

Hon. Amarjeet Sohi (Minister of Infrastructure and Communities, Lib.): Mr. Speaker, we are proud to put forward a very ambitious plan to build and rebuild Canadian infrastructure, to grow

our economy, and create jobs for the middle class. We are very proud that the infrastructure bank will allow us to build more of the infrastructure that our communities need as well as free up government resources so we can build more social housing, more shelters, and more recreational and cultural facilities to help those who struggle each and every day to be part of the middle class.

• (1425)

Ms. Rachel Blaney (North Island—Powell River, NDP): Mr. Speaker, the Liberals are not even answering the basic questions about their infrastructure bank. It is almost as if they are hiding the details from Canadians. I wonder why. Asked several times what happens if a private corporation pulls out of a project, the Liberals refuse to answer.

The infrastructure bank would impose user fees on Canadians to provide profits for corporations, but what if that is not enough for them? Would they be able to pull out of the project, and who would be left on the hook?

Can the Liberals not answer questions?

Hon. Amarjeet Sohi (Minister of Infrastructure and Communities, Lib.): Mr. Speaker, Canadian pension funds like CPPIB, OMERS, teachers, IMCO, or the Caisse de dépôt invest billions of dollars helping to build infrastructure in other countries. They have been doing that for Australia and they will do it for Latin America.

What is wrong if our own pension plans invest in our own infrastructure to create jobs in our own communities to help grow our own middle class so that people have opportunities?

* * *

PUBLIC SAFETY

Ms. Rachel Blaney (North Island—Powell River, NDP): Mr. Speaker, simple questions deserve simple answers. So much for respecting question period.

Recently we have seen several reports of racial profiling at the U. S. border. There is another report today of a family being told not to cross the border in Vermont.

Instead of securing guarantees for Canadians at the border, the public safety minister has suggested that Canadians themselves might be to blame.

What is it going to take for the Liberals to stand up and demand guarantees that Canadians be treated fairly at the U.S. border?

Hon. Ralph Goodale (Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, everyone crossing the border has the right to be treated fairly and respectfully with consistent professional treatment. If the standards fall below that, in the hands of an American border officer, that failure should in fact be reported so that there is a statistical record of the failure, but I would point out that so far this year the numbers are actually going down, not up.

Oral Questions

Mr. Matthew Dubé (Beloeil—Chambly, NDP): Mr. Speaker, a statistical record does not really help someone who is being dehumanized at the border because of the colour of their skin or their religious beliefs.

[*Translation*]

The minister keeps repeating that the number of people being turned away at the American border is going down. However, this morning's edition of *La Presse* is reporting on a family that was turned away at the border and was told by the U.S. consulate in Montreal that profiling has been taking place at certain border crossings.

The minister said that he was given assurances when he met with Secretary Kelly a few weeks ago right here in Ottawa. What good are those assurances?

Will the minister finally stand up and address this issue Canadians are having at the border?

[*English*]

Hon. Ralph Goodale (Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, as I mentioned, I have already raised this issue with the United States. If there are specific instances that individual travellers want to bring to my attention and want pursued with the American administration, I invite them to do that, and we will follow up.

* * *

INFRASTRUCTURE

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Mr. Speaker, taxpayers are paying twice for the Liberals' infrastructure bank. There is the \$35 billion to set it up, and then the tolls and user fees so private investors get their 7% to 12% profit.

The minister told CBC News that taxpayers will not be on the hook for the infrastructure bank risks, but the legislation clearly states that the minister can make a loan or provide a loan guarantee. Clearly, we are dealing with Liberal math, where loan guarantees have no risk and budgets balance themselves.

Why will the minister not just admit that taxpayers will be on the hook for defaulted loans?

Hon. Amarjeet Sohi (Minister of Infrastructure and Communities, Lib.): Mr. Speaker, the infrastructure bank will allow us to build more infrastructure in partnership with our municipal sector and in partnership with our provincial sector. There will be different layers of accountability, and due diligence will be done every step of the way when we engage with the infrastructure bank or with the private sector.

Municipalities struggled for a long time to be properly funded by the previous government. We are there to support them, whether we do that through our traditional funding models, which took billions and billions of dollars, or allow the infrastructure bank to build more infrastructure for Canadian—

The Speaker: The hon. member for South Surrey—White Rock.

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Mr. Speaker, that was a non-answer.

The Liberals are giving private investors loan guarantees through the infrastructure bank, even against their own internal report, which advised closer study to ensure taxpayers are protected. A loan guarantee means that Canadian taxpayers will be left to pay the bill and assume all of the risks.

Will the minister admit that taxpayers will actually be on the hook for the infrastructure bank risks?

• (1430)

Hon. Amarjeet Sohi (Minister of Infrastructure and Communities, Lib.): Mr. Speaker, the vast majority of infrastructure that our government supports building is owned by the provincial, municipal, and territorial sectors.

Our goal is to make sure that we are leveraging private capital to build more of the infrastructure that our Canadian communities need. The private sector has been playing a prominent role in building infrastructure in our country for decades, for centuries.

We want to take it to the next level, where we can leverage private investment to build more infrastructure that our Canadian communities deserve and need.

[*Translation*]

Mr. Alain Rayes (Richmond—Arthabaska, CPC): Mr. Speaker, according to the internal report KPMG presented to the Prime Minister's government, an in-depth study of the infrastructure bank is recommended before it is launched. Why? Quite simply because there are fears that the bank will double the work of municipalities and provinces, delay projects because of more bureaucracy, and become an embarrassing disaster for the government.

After so many warnings, why is the minister so determined to plough straight ahead with this? What does he have to hide from us now?

[*English*]

Hon. Amarjeet Sohi (Minister of Infrastructure and Communities, Lib.): Mr. Speaker, we have done an extensive amount of consultation over the last year, engaging with municipalities, provinces, the Federation of Canadian Municipalities, labour organizations, trade councils, the IMF, the World Bank, and with all sorts of stakeholders that are interested in infrastructure.

We will continue to engage with them as we set up the bank, as we hire the CEO and put the board of directors in place. Our goal is to make sure we are protecting the public interest and at same time building more infrastructure that our Canadian communities deserve.

[*Translation*]

Mr. Alain Rayes (Richmond—Arthabaska, CPC): Mr. Speaker, the only thing we know for sure is that we are headed straight for disaster.

The same internal KPMG report suggests that Canadians could wind up paying for the bank's own infrastructure. It seems as though the Liberals are hiding something.

If the minister wants to reassure Canadians that he intends to do more than just please his billionaire friends, will he make a commitment to this House that under no circumstances will Canadians be asked to pay any more taxes to fund the planned infrastructure bank?

*Oral Questions***IMMIGRATION, REFUGEES AND CITIZENSHIP***[English]*

Hon. Amarjeet Sohi (Minister of Infrastructure and Communities, Lib.): Mr. Speaker, we are very proud that the infrastructure bank will actually report to this House, through Parliament, through the regular operational plans that will be tabled. The members can see that, as well as the extensive consultation that we have done with our stakeholders and our partners, who are in broad support of our infrastructure plan.

They understand that their communities have been struggling for a decade, that their communities need more affordable housing, more recreational centres, more public transit. Indeed, we need to make sure that we do it in a way that we free up public resources—

The Speaker: The hon. member for Carleton.

Hon. Pierre Poilievre (Carleton, CPC): Mr. Speaker, the budget bill empowers the finance minister to lend investors tens of billions of tax dollars to build infrastructure. I asked him 10 times in committee today who will repay taxpayers if those builders go bankrupt, and 10 times he refused to answer. If the minister who is responsible for making these risky taxpayer-funded loans does not know how they will be repaid, who does?

Hon. Amarjeet Sohi (Minister of Infrastructure and Communities, Lib.): Mr. Speaker, under the previous government, our communities suffered greatly because the infrastructure they need—

Some hon. members: Oh, oh!

The Speaker: Order. We need to hear the answer.

The hon. Minister of Infrastructure and Communities has the floor.

Hon. Amarjeet Sohi: Mr. Speaker, let me tell the House what the CEO of the Canadian Council for Public-Private Partnerships has to say about the infrastructure bank: “The Council is optimistic that the bank will play a significant role in attracting more private capital while growing the pipeline of P3 projects across Canada.”

•(1435)

Hon. Pierre Poilievre (Carleton, CPC): Mr. Speaker, when ConCreate USL went bankrupt building a bridge in south Ottawa, taxpayers had no extra cost. That is because the builder was forced to hire a private sector guarantor to finish the job. Thank God there was no infrastructure bank at the time, because it would offer investors a government loan guarantee, putting taxpayers on the hook.

Why is the government taking billions of dollars of risk off the shoulders of wealthy billionaires and putting it onto the backs of Canadian taxpayers?

Hon. Amarjeet Sohi (Minister of Infrastructure and Communities, Lib.): Mr. Speaker, we will always make sure that we protect the public interest, that we protect Canadian taxpayers' interest. Our goal is to mobilize private capital so that we can build more infrastructure that our Canadian communities deserve, the infrastructure that the Harper government denied for a decade. If we ask any big city mayor or any small city mayor, they will say that for the last decade they have seen very little investment. Our goal is to build the infrastructure that our Canadian communities deserve and need.

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, the Liberals' promise to overhaul how asylum claims are processed is on hold indefinitely. The Prime Minister's “welcome to Canada” rhetoric is just a slogan. There has been no action on designated countries of origin, no action on giving the IRB the resources it desperately needs, and 1,000 cases are added to the huge backlog every month. The integrity of the entire system is under threat.

Is the government blind to this, or is it just happy to break yet another promise?

Hon. Ahmed Hussen (Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, I am happy to inform the member opposite that we have been lauded globally as having a really good model of a refugee system that is generous, compassionate, and efficient.

We have been working closely with stakeholders to make sure that we hear their concerns with respect to having even more efficiencies in the IRB. We have been working closely with the IRB to make sure that its new efficiency measures are taking place and we support them. We consult continuously with stakeholders, including on the designated countries of origin, to make sure that refugee protection remains at the heart of our asylum policy.

[Translation]

Ms. Brigitte Sansoucy (Saint-Hyacinthe—Bagot, NDP): Mr. Speaker, the government still does not seem to have grasped the urgency of the situation.

The Immigration and Refugee Board of Canada is simply not efficient enough to handle the backlog of nearly 24,000 cases.

I have a simple question. Will the government do something for these 24,000 people and announce additional funding to deal with this unacceptable backlog?

[English]

Hon. Ahmed Hussen (Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, I share the concerns of the member opposite with respect to refugee backlogs. What I will say is that we have had fluctuations in the system with respect to asylum seekers. Some years, we have had higher numbers than even this year. In previous years, they have been followed by lower numbers. Our system is geared to deal with those fluctuations.

We work very closely with the IRB, which is an independent, quasi-judicial body, to make sure we support the efficiencies that it is putting in place to address some of the issues around the delays, and we look for more ways to make sure that it works even harder.

Oral Questions

[Translation]

GOVERNMENT APPOINTMENTS

Mrs. Sylvie Boucher (Beauport—Côte-de-Beaupré—Île d'Orléans—Charlevoix, CPC): Mr. Speaker, the government's partisan choice for Commissioner of Official Languages is par for the course.

When someone gives no less than \$5,000 to the Liberal Party and works at Queen's Park in the same place as the architect of the Liberal agenda, getting a senior civil service position is payback, plain and simple.

Does this mean that anyone who is not a Liberal Party crony and does not contribute to the Liberals' coffers has no chance of being appointed to a senior position by this government?

Hon. Mélanie Joly (Minister of Canadian Heritage, Lib.): Mr. Speaker, official languages are central to our priorities as a government and to our Canadian identity.

With respect to appointments, our government is firmly committed to a rigorous, open, merit-based appointment process to find the best possible candidate. Commissioner of Official Languages is an important role that we value, and an announcement will be made soon.

• (1440)

[English]

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Mr. Speaker, the Prime Minister is set to appoint a former Ontario Liberal cabinet minister as the new Commissioner of Official Languages. What is next? Is it maybe Dalton McGuinty as the ethics commissioner or Kathleen Wynne as the lobbying commissioner? What could possibly go wrong?

The Prime Minister promised a new, merit-based appointment process. Sadly, what we are getting is yet another broken promise with this Liberal patronage appointment. Will the Prime Minister restore some integrity to this place and cancel this appointment?

Hon. Mélanie Joly (Minister of Canadian Heritage, Lib.): Mr. Speaker, the two official languages are at the heart of who we are as Canadians. Our government is firmly committed to a rigorous, open, and merit-based process for public appointments. The Commissioner of Official Languages is a very important role, one that we of course value, and we want to ensure that the recommended person is highly qualified. We will make sure that we make an announcement soon in this regard.

Mr. John Brassard (Barrie—Innisfil, CPC): Mr. Speaker, the Liberal Party human resources office has moved from Queen's Park to Parliament Hill, and just as it is under Kathleen Wynne, every federal appointment should come with the disclaimer "Only Liberals need apply, and moving expenses will be paid, unless they are caught."

Clearly, the Liberals are ignoring their election pledge of merit-based appointments, openness, and transparency, with the Liberal Party cronyism continuing to be business as usual. Whose name will be called next from the Liberal donor Rolodex? What is the going rate these days for a plum Liberal appointment?

Hon. Bardish Chagger (Leader of the Government in the House of Commons and Minister of Small Business and

Tourism, Lib.): Mr. Speaker, I have mentioned that we have put in place a new appointment process that supports open, transparent, and merit-based selection. Under our new process, we have made 122 appointments, of which 60% are women, 13% are visible minorities, and 10% are indigenous people. All positions are available to apply for online.

We committed to a new, open, transparent, and merit-based process, where our boards, commissions, and corporations can look like the diversity of our country. We will continue to do that good work, and I encourage all Canadians to apply.

Mr. John Brassard (Barrie—Innisfil, CPC): While the Liberals' legislative agenda fizzles and their fundraising dries up, guess who else is behind their work. Ethics Commissioner Mary Dawson has told the ethics committee that her office is struggling to complete its open investigation into the Prime Minister's taxpayer-funded Christmas vacation on billionaire island, and in fact it may not complete it before the July 8 deadline.

Since the clock is ticking and there has not been any consultation with this House on who will replace Mrs. Dawson, is it the Prime Minister's intent, like a wolf looking after a herd of sheep, to approve himself as the ethics watchdog?

Hon. Bardish Chagger (Leader of the Government in the House of Commons and Minister of Small Business and Tourism, Lib.): Mr. Speaker, as has been said time and again, we will always work with the Ethics Commissioner to ensure that we are responding to all questions she may have. When it comes to the appointment process, we have introduced a new, open, transparent, and merit-based process. All opportunities to apply are available online. I encourage all Canadians to apply, because it is important that our corporations and our boards reflect Canada's diversity, something we are very proud of.

* * *

HEALTH

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, Vancouver is on pace to reach 400 overdose deaths in 2017, double last year's number. In April, B.C.'s first responders broke the record for overdose calls in a single day. Front-line workers feel traumatized, and they do not have the resources they need. Vancouver city council is expressing anger and frustration, yet budget 2017 failed to allocate a single dime for emergency funding. Will the government finally step up with the resources necessary to bring this crisis under control?

Hon. Jane Philpott (Minister of Health, Lib.): Mr. Speaker, I would like to correct a fact that the hon. member stated. I think he may have misread his notes. In fact, British Columbia is on track to have 1,400 deaths in 2017. This is a significant increase over last year, and we continue to see this overdose crisis spread across the country.

I thank all members of this House for their urgent attention to this with the passage of Bill C-37, hopefully later today. We have put \$100 million into the Canadian drugs and substances strategy in budget 2017, and \$16 million in emergency funding for British Columbia and Alberta.

We will make sure that we put the resources behind this and that we act with the urgency it deserves.

* * *

CHILD CARE

Ms. Sheila Malcolmson (Nanaimo—Ladysmith, NDP): Mr. Speaker, yesterday Canadians celebrated Mother's Day and all the contributions mothers make to their families and to Canada, but what we cannot celebrate is the lack of affordable child care for Canadian families.

Fees are more than \$1,200 a month in Toronto, closer to \$1,400 in Vancouver. Affordable child care in Canada would be good for families, for women rejoining the workforce, and for the economy.

Is the government ready to do what is right for mothers and families and bring in national affordable child care?

• (1445)

Mr. Adam Vaughan (Parliamentary Secretary to the Minister of Families, Children and Social Development (Housing and Urban Affairs), Lib.): Mr. Speaker, I am very proud to address this issue, as does our budget 2017, but before we do that, we should thank mothers, and caregivers who serve as mothers, right across this country for the extraordinary work they do raising all of us and all of our kids.

Budget 2017 invests \$7 billion over the next 10 years, in partnership with provinces, territories, and aboriginal groups, to achieve just what this question asks about, to move toward a national program that takes care of our kids in a more humane, safe, and regulated way.

This government is committed to delivering on that campaign promise. Budget 2017 is the first step. We look forward to making more announcements.

* * *

NATIONAL DEFENCE

Hon. John McKay (Scarborough—Guildwood, Lib.): Mr. Speaker, as a former parliamentary secretary to the minister of defence, I was privileged to chair a policy round table on behalf of the minister to engage experts, stakeholders, and interested Canadians from coast to coast to coast. Discussions were lively, interesting, and thoughtful, a highlight of my time working with an incredible team at National Defence.

Would the minister give this House an update on the progress being made toward the launch of the defence policy for Canada?

Hon. Harjit S. Sajjan (Minister of National Defence, Lib.): Mr. Speaker, I thank the member for his considerable contributions to the defence policy review.

Our work on Canada's new defence policy is done. The next step is to share it with Canadians. First, my colleague the Minister of

Oral Questions

Foreign Affairs will be saying more about Canada's foreign policy foundation, and then, on June 7, I will have the honour of releasing the new defence policy on behalf of Canada.

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Mr. Speaker, it is unfortunate that he is waiting until June 7, because the Liberals continue to dither and delay on releasing their defence policy review, which is already six months behind schedule.

Instead of rolling out his beleaguered defence policy here, the Minister of National Defence went to Washington and showed it to the U.S. administration first.

What was the point of delaying this announcement after the Liberals' so-called consultations with Canadians, if in the end the Americans have a veto over our defence policy?

Why are the Liberals showing the defence policy review to President Trump first, before they show it to Canadians?

Hon. Harjit S. Sajjan (Minister of National Defence, Lib.): Mr. Speaker, in our defence policy consultations, we consulted Canadians. We had approximately 5,000 contributors online, over 20,000 submissions, 18,000 social media submissions, and seven full-day round table discussions with over 95 experts from academia, industry, and the military, as well as indigenous leaders.

Of course, we consulted our allies to listen to their viewpoints, because multilateralism is really important to Canada. On June 7, I will be very proud to announce the defence policy on behalf of the Government of Canada.

[Translation]

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, the defence policy review was supposed to be delivered in December. The government used significant resources for this review, hiring a firm and a group of consultants to hold consultations across the country.

Apparently President Trump will have the last word on our defence policy and the Minister of National Defence and the Minister of Foreign Affairs are going to Washington, likely after question period, to get our defence policy plan approved.

Why do the Americans get to have the first look at this policy?

[English]

Hon. Harjit S. Sajjan (Minister of National Defence, Lib.): Mr. Speaker, I would like to thank the thousands of Canadians, our allies and partners around the world, and members of this House and the Senate who contributed to the defence policy review.

I look forward to announcing this on June 7 to all Canadians on behalf of the Government of Canada.

*Oral Questions***INDIGENOUS AFFAIRS**

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, two Labrador chiefs are calling out their Liberal member of Parliament for a very misleading housing announcement. She went there and promised 40 new units, but it turns out they will only get half of what was promised. This is either an example of misleading or incompetence.

Will the member stand and apologize to the 20 families that will be severely disappointed by the parliamentary secretary?

Ms. Yvonne Jones (Parliamentary Secretary to the Minister of Indigenous and Northern Affairs, Lib.): Mr. Speaker, I did apologize on the weekend to Chief Hart and to Chief Nui. There was a misinterpretation of the numbers that were profiled in the budget.

We have been happy to work with both communities to invest millions of dollars over the last year in infrastructure, housing, roads, water systems, shelters and all the other infrastructure that had been required. We will continue to work with them to help them meet the demands in their communities.

• (1450)

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, the Liberals consistently misinterpret, do not calculate things properly, and they do not know how to explain things. They are leaving confusion in their midst. Whether it is unable to explain what a nation-to-nation is, a missing and murdered inquiry going off the tracks, the file is a mess.

What will the Liberals do to get things back on track and give indigenous communities the clarity they deserve instead of misleading information?

Hon. Carolyn Bennett (Minister of Indigenous and Northern Affairs, Lib.): Mr. Speaker, we are very proud of the record in our ability to implement all the investments in budget 2016, in improving the relationship from adversary to a true partner in the way we deal with first nations, Inuit, and Métis partners as we go forward. We are proud to look forward to this new relationship based on the recognition of rights, respect, co-operation, and partnership. I am proud to stand in the House with our record.

* * *

SOFTWOOD LUMBER

Ms. Tracey Ramsey (Essex, NDP): Mr. Speaker, while Liberals claim softwood lumber is a top priority, they have failed to secure a new deal and they have neglected to make a real plan to support forestry workers and communities.

This week, hundreds of Quebec forestry workers will have their hours cut and their paycheques slashed. Instead of more empty words from the government, workers deserve action. Where are the loan guarantees? Where is the direct support? When will the Liberals stop watching from the sidelines and finally do something about this jobs crisis?

Hon. Jim Carr (Minister of Natural Resources, Lib.): Mr. Speaker, for months we have been working across the Government of Canada and during those months with our counterparts right across the country to talk about the punitive duties that have been imposed by the Department of Commerce in the United States. We are determined, with our provincial partners, to look at both the short

term to ease the burden that inevitably will fall upon workers who will be affected, by communities and by producers that will go through some hardship, and also the long term to diversify markets internationally and to help the industry in its transition. We are working hard for the workers, the communities, and the businesses.

[*Translation*]

Ms. Karine Trudel (Jonquière, NDP): Mr. Speaker, today, the softwood lumber crisis is having a very real impact on workers.

As we speak, across Saguenay—Lac-Saint-Jean, plants have stopped operating at capacity in Kénogami, Dolbeau-Mistassini, Saint-Félicien, Girardville, Saint-Thomas, and in Normandin. This means that 1,285 workers are going to lose hours and the pay that goes with it, not to mention the stress this will put families under. Why? This is all because of the Liberal government's inaction.

When will the government make firm and immediate decisions and adopt a loan guarantee program to protect our forestry jobs?

Hon. Jim Carr (Minister of Natural Resources, Lib.): Mr. Speaker, forestry jobs are vital to communities and Canadian workers across the country. We are taking immediate action to help companies, workers, and local communities affected by these unfair and punitive duties.

We will vigorously defend our industry and our workers from the impacts of this decision by the U.S. commerce department.

* * *

[*English*]

JUSTICE

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Mr. Speaker, in opposing Wynn's law, the Liberals have argued that presenting the criminal history of bail applicants will make bail hearings less efficient. The bail hearing of Constable Wynn's killer was very efficient, but it had fatal consequences.

Why would the Liberals put so-called efficiency over ensuring all evidence about the criminal history of bail applicants is before the courts so what happened to Constable Wynn never happens again?

Hon. Jody Wilson-Raybould (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, what happened to Constable Wynn is a tragedy. We support the objectives behind this legislation, with the principle that all relevant information needs to be presented at bail hearings.

We have the utmost respect for the work of committees. The committee heard from a myriad of witnesses and they presented evidence that in fact the bill could potentially decrease public safety.

We will ensure that we work in a constructive and collaborative manner with the provinces and territories to look at bail reform within the guise of comprehensive criminal justice reform.

Some hon. members: Oh, oh!

• (1455)

The Speaker: Order, please. Most members in all parties are able to sit through question period and hear things they do not like without reacting. I would ask others who have difficulty doing that to try a little harder.

The hon. member for St. Albert—Edmonton.

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Mr. Speaker, opposing Wynn's law and disrespecting victims is the Liberal record.

Wayne Petherbridge, whose son was brutally murdered, wrote to the minister last September to raise substantive issues around sentencing. Eight months later, aside from receiving an insulting email that the minister receives many emails, he has heard absolutely nothing from the minister.

When is the minister going to finally start respecting victims instead of just ignoring them?

Hon. Jody Wilson-Raybould (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I appreciate the opportunity to stand and talk about the comprehensive review of the criminal justice system that we are undertaking, which I was mandated to do in my letter from the Prime Minister. That includes a comprehensive review of sentencing reforms, reforms that have taken place over the past 10 years and before that.

We are moving forward to ensure effectiveness and efficiencies in the criminal justice system, with the underlying objectives of ensuring respect for victims, public safety, and that the reforms we take are in compliance with the Canadian Charter of Rights and Freedoms.

* * *

FOREIGN AFFAIRS

Hon. Michelle Rempel (Calgary Nose Hill, CPC): Mr. Speaker, the ruthless authoritarian rule of Nicolás Maduro has left Venezuela on the brink of economic and social collapse. The entire world should be gravely concerned about the rampant human rights violations and humanitarian crisis occurring there.

Both Presidents Trump and Obama had instituted targeted sanctions against human rights abusers in Venezuela and the EU parliament is calling on the EU to do the same.

Instead of talking points, I just want an answer to this question. Is the Prime Minister willing to institute targeted sanctions against Venezuelan human rights abusers?

Mr. Matt DeCoursey (Parliamentary Secretary to the Minister of Foreign Affairs, Lib.): Mr. Speaker, this government understands that the situation is rapidly deteriorating in Venezuela. That is why Canada has been strongly critical of the Venezuelan government at the OAS, at the Commission on Human Rights, through our public statements, and in bilateral meetings. Our embassy in Caracas is supporting the work of Venezuelan NGOs and activists, who are active on the human rights effort in Venezuela.

Oral Questions

We continue to call on the government of Venezuela to respect its international commitments to democracy and human rights. We will continue to work with partners in the region to achieve just that.

* * *

[Translation]

TOURISM INDUSTRY

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): Mr. Speaker, tourists from across the country and around the world are visiting my riding of Saint-Laurent, in Montreal, Quebec.

From the Musée des maîtres et artisans du Québec in Saint-Laurent to the Old Port of Montreal, with its European charm, there is much to see and do. The tourism industry supports more than 1.7 million jobs in Canada, including more than 7,000 in my riding.

Could the Minister of Small Business and Tourism inform the House about the government initiatives to support tourism in Saint-Laurent, Quebec, and across Canada?

Hon. Bardish Chagger (Leader of the Government in the House of Commons and Minister of Small Business and Tourism, Lib.): Mr. Speaker, I thank the member for Saint-Laurent for her question.

Rural and urban communities across Canada have much to share with the world. I announced Canada's new tourism vision, our pan-Canadian approach to improve tourism marketing and access to Canada by air or land, and to develop experiences such as indigenous tourism, LGBTQ2 tourism, culinary tourism, and so forth.

I encourage everyone to tour our country and to learn more about Canada's new tourism vision.

* * *

[English]

RAIL TRANSPORTATION

Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC): Mr. Speaker, apparently the Edmonton Chamber of Commerce, not Parliament, will be the first to learn if the Minister of Transport will protect the rights of shippers. Farmers are nervous that the minister's choice of venue is a foreshadowing that his changes will benefit the railways and leave farmers out in the cold. Grain farmers want long-term certainty, but the Liberals are more focused on optics than they are on governing.

When will the rights of farmers become a priority for the minister?

Hon. Marc Garneau (Minister of Transport, Lib.): Mr. Speaker, the rights of farmers have always been a priority for our government. I look forward to going to the great city of Edmonton on Wednesday to talk about some very important issues, which I am sure will be of great interest to them. Members should stand by for more details, and we will see how that goes.

Oral Questions

• (1500)

[Translation]

Ms. Hélène Laverdière (Laurier—Sainte-Marie, NDP): Mr. Speaker, last Thursday, the minister himself admitted what everyone already knows, and that is that more fatalities occur when people cross railway tracks illegally than when they do so at safe railway crossings. What has he done to date to ensure that there are safe crossings in the locations where people need them the most? Absolutely nothing. Perhaps it is because he does not have the proper authority.

My bill gives him the authority he needs to ensure that people across the country are able to cross railway tracks safely. Why is he refusing to commit to support my bill?

Hon. Marc Garneau (Minister of Transport, Lib.): Mr. Speaker, I need to correct something that my colleague said about our investment in rail safety.

In 2016, we allocated \$143 million to improve rail safety. Last fall, I announced \$55 million, \$20 million of which was recently allocated to 130 projects that deal specifically with level crossings to make Canadians safer in those locations. We are proud—

[English]

The Speaker: The member for Steveston—Richmond East.

* * *

THE ENVIRONMENT

Mr. Joe Peschisolido (Steveston—Richmond East, Lib.): Mr. Speaker, during the 2015 election, the government promised British Columbians it would formalize a moratorium on crude oil tanker traffic through B.C.'s northern coast to further protect sensitive areas. British Columbians were reassured by the fact that this commitment was reiterated in the Minister of Transport's mandate letter by the Prime Minister.

Could the minister please update British Columbians and all Canadians on the progress he and the government have made on this matter?

Hon. Marc Garneau (Minister of Transport, Lib.): Mr. Speaker, we made a promise that we would formalize an oil tanker ban for the north coast of British Columbia, and we are delivering on that promise.

Last Friday, we tabled legislation that would mean large oil tankers carrying crude oil and other persistent oils would not be able to unload or load in ports along the north coast of British Columbia. This is delivering on a promise we made for the people of British Columbia.

Some hon. members: Oh, oh!

The Speaker: Order please. I would ask the hon. members for Cariboo—Prince George and Calgary Signal Hill to try to restrain themselves when someone else has the floor.

The hon. member for Peace River—Westlock.

SOFTWOOD LUMBER

Mr. Arnold Viersen (Peace River—Westlock, CPC): Mr. Speaker, companies like Millar Western in my riding will be subject to a 20% tariff on all lumber exports to the United States. Truck drivers, skidder operators, mechanics, and mill wrights in communities Whitecourt, Peace River, Slave Lake, High Prairie and La Crete are worried their jobs are at risk.

The Prime Minister claims that securing a new softwood lumber deal is a priority, yet 328 days ago the Prime Minister promised he would have a softwood lumber deal in 100 days. How many more days will forestry workers have to wait for the Prime Minister to get the job done?

Hon. Andrew Leslie (Parliamentary Secretary to the Minister of Foreign Affairs (Canada-U.S. Relations), Lib.): Mr. Speaker, I would like to remind all watching that it was the previous Conservative government that allowed the agreement to expire.

We disagree strongly with the U.S. Department of Commerce decision to impose an unfair and punitive duty. The accusations are baseless and unfounded. We continue to raise this important issue with the President, as the Prime Minister has done on every occasion they have interacted.

We are looking for a good deal, not just any deal.

* * *

*[Translation]***THE ENVIRONMENT**

Mr. Xavier Barsalou-Duval (Pierre-Boucher—Les Patriotes—Verchères, BQ): Mr. Speaker, over these past few weeks, terrible floods have affected thousands of families across Quebec.

Imagine if there had been a dumping ground for nuclear waste upriver when that flooding occurred. However, that is exactly what the government is proposing. It wants to store one million cubic metres of radioactive waste at Chalk River, despite all of the risks that poses for Quebecers' drinking water.

Does the Minister of Environment and Climate Change agree with the proposal to build a dump site for radioactive waste on the banks of the Ottawa River?

[English]

Hon. Jim Carr (Minister of Natural Resources, Lib.): Mr. Speaker, the health and safety of Canadians and the protection of the environment are top priorities in relation to all nuclear activities in Canada. The proposed near surface disposal facility at the Chalk River site would house low and intermediate level materials to ensure they are safe in long-term storage.

The project is subject to review and licensing by the Canadian Nuclear Safety Commission, Canada's independent regulator of the nuclear industry. I encourage all interested Canadians to share their views on the project through that process.

• (1505)

[Translation]

Ms. Monique Pauzé (Repentigny, BQ): Mr. Speaker, the Prime Minister himself admitted that climate change is going to cause more extreme weather events like the flooding that occurred in Quebec. This sort of thing will become increasingly frequent.

We were just told that the Canadian Nuclear Safety Commission is going to consider the proposal to build a nuclear waste dump in Chalk River, on the banks of the Ottawa River.

Quite frankly, that is a terrible idea. Drinking water, nuclear waste, and flooding are an extremely dangerous mix.

Will the government assume its responsibilities and immediately commit to reject this project, which is dangerous for all Quebecers?

[English]

Hon. Jim Carr (Minister of Natural Resources, Lib.): Mr. Speaker, as I just said, the health and well-being of Canadians and the protection of the environment are our top priority.

In relation to all nuclear activities in Canada, the proposed near surface disposal facility at Chalk River would house low-level and intermediate-level materials to ensure their safe and long-term storage. As members know, the project is subject to review and licensing by the Canadian Nuclear Safety Commission.

I encourage all interested Canadians to share their views on the project through that process.

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[Translation]

SOFTWOOD LUMBER

Mrs. Marilène Gill (Manicouagan, BQ): Mr. Speaker, if I were to tell my constituents that the Conservatives would be the ones to solve the softwood lumber issue, they would not be satisfied with that.

Today is May 15, and I can tell you that the answer is not satisfactory. The softwood lumber crisis has begun to claim victims in Quebec. It has affected about 1,300 forestry workers in Girardville, Dolbeau-Mistassini, Kénogami, La Tuque, and Baie-Comeau.

Every dollar lost and every week that goes by with families having to tighten their belts is thanks to the 40 Liberal MPs from Quebec who have done nothing.

Will the Minister of Natural Resources come up with an answer that is relevant to the present, not to the future or the past, stop wasting time, and commit—

The Speaker: Order. The hon. Minister of Natural Resources.

[English]

Hon. Jim Carr (Minister of Natural Resources, Lib.): Mr. Speaker, the time that we are spending with our provincial counterparts, including from the Province of Quebec, are not wasted hours.

This is the country working together to ensure that workers who are affected, communities that will be impacted, and producers who

Routine Proceedings

are under stress will have the full attention of the Government of Canada, the Government of Quebec, and all of the other provinces that are equally concerned to protect the workers in the forestry sector.

Mr. Chris Warkentin: Mr. Speaker, on a point of order, earlier in question period, the infrastructure minister stated that the previous government had made no investments in infrastructure. I would ask for unanimous consent to table a document, in both official languages, that was produced by the minister's department. This document was produced for the BlackRock billionaires summit, and states that in 2015, Canada had the largest investment in infrastructure in the OECD.

The Speaker: Does the hon. member have the unanimous consent of the House to table the document?

Some hon. members: Agreed.

Some hon. members: No.

ROUTINE PROCEEDINGS

• (1510)

[English]

CERTIFICATES OF NOMINATION

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, pursuant to Standing Order 111.1, I have the honour to table, in both official languages, a certificate of nomination with biographical notes for the proposed appointment of Madeleine Meilleur as Commissioner of Official Languages. I request that the nomination and biographical notes be referred to the Standing Committee on Official Languages.

* * *

INTERPARLIAMENTARY DELEGATIONS

Mr. Frank Baylis (Pierrefonds—Dollard, Lib.): Mr. Speaker, pursuant to Standing Order 34(1), I have the honour to present to the House, in both official languages, the report of the Canadian delegation of the Canada-United Kingdom Inter-Parliamentary Association and the Canada-Europe Parliamentary Association respecting its bilateral visit to London, United Kingdom, and Edinburgh, Scotland, from March 13 to 17, 2017.

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COMMITTEES OF THE HOUSE

PUBLIC ACCOUNTS

Hon. Kevin Sorenson (Battle River—Crowfoot, CPC): Mr. Speaker, I have the honour to present, in both official languages, the following two reports of the Standing Committee on Public Accounts: the 25th report, entitled “Report 2—Income Tax Objections—Canada Revenue Agency, of the Fall 2016 Reports of the Auditor General of Canada”; and the 26th report, entitled “Report 3—Preparing Indigenous Offenders for Release, of the Fall 2016 Reports of the Auditor General of Canada”.

Routine Proceedings

Pursuant to Standing Order 109, the committee requests that the government table a comprehensive response to each of these two reports.

JUSTICE AND HUMAN RIGHTS

Mr. Anthony Housefather (Mount Royal, Lib.): Mr. Speaker, I have the honour to present, in both official languages, the 12th report of the Standing Committee on Justice and Human Rights entitled “Main Estimates 2017-18: Vote 1 under Administrative Tribunals Support Service of Canada, Vote 1 under Canadian Human Rights Commission, Vote 1 under Courts Administration Service, Votes 1 and 5 under Department of Justice, Votes 1 and 5 under Office of the Commissioner for Federal Judicial Affairs, Vote 1 under Office of the Director of Public Prosecutions and Vote 1 under Registrar of the Supreme Court of Canada”.

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PUBLIC SERVICE COMMISSION

Hon. Bardish Chagger (Leader of the Government in the House of Commons, Lib.) moved:

That, in accordance with subsection 4(5) of the Public Service Employment Act, S.C. 2003, c. 22, and pursuant to Standing Order 111.1, this House approve the appointment of Patrick Borbey as President of the Public Service Commission, for a term of seven years.

● (1515)

The Speaker: 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.

And five or more members having risen:

The Speaker: Call in the members.

● (1520)

[Translation]

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

(Division No. 273)

YEAS

Members

Aboulttaif
Albrecht
Alghabra
Ambrose
Anandasangaree
Arseneault
Aubin
Badawey
Barlow
Baylis
Beech

Albas
Aldag
Alleslev
Amos
Arnold
Arya
Ayoub
Bains
Barsalou-Duval
Beaulieu
Bennett

Benson
Bergen
Bezan
Bittle
Blair
Block
Bossio
Boudrias
Brassard
Brisson
Brown
Calkins
Carr
Casey (Cumberland—Colchester)
Chagger
Chan
Christopherson
Clement
Cullen
Dabrusin
Davies
Dhaliwal
Di Iorio
Doherty
Dreeschen
Dubé
Duguid
Duncan (Edmonton Strathcona)
Duvall
Easter
El-Khoury
Falk
Finley
Fisher
Fortier
Fragiskatos
Fry
Gallant
Garrison
Genius
Gill
Goodale
Gourde
Grewal
Hardcastle
Hardie
Hehr
Housefather
Hutchings
Jeneroux
Joly
Jordan
Kang
Kent
Kmiec
Kwan
Lametti
Lapointe
Lauzon (Argenteuil—La Petite-Nation)
Lebouthillier
Lemieux
Levitt
Lightbound
Lockhart
Longfield
MacAulay (Cardigan)
MacKenzie
Malcolmson
Marcil
Massé (Avignon—La Mitis—Matane—Matapédia)
Mathysen
May (Cambridge)
McCaughey (Edmonton West)
McCrimmon
McGuinity
McKenna
McLeod (Kamloops—Thompson—Cariboo)
Mendicino
Miller (Bruce—Grey—Owen Sound)
Soeurs
Monsef
Morrissey
Murray
Nassif

Benzen
Berthold
Bibeau
Blaikie
Blaney (North Island—Powell River)
Boissonnault
Boucher
Boutin-Sweet
Breton
Brosseau
Caesar-Chavannes
Cannings
Carrie
Casey (Charlottetown)
Champagne
Choquette
Clarke
Cooper
Cuzner
Damoff
DeCoursey
Dhillon
Diotte
Donnelly
Drouin
Dubourg
Duncan (Etobicoke North)
Dusseau
Dzerowicz
Eglinski
Erskine-Smith
Fillmore
Finnigan
Fonseca
Fortin
Fraser (Central Nova)
Fuhr
Garneau
Généreux
Gerretsen
Gladu
Gould
Graham
Hajdu
Harder
Harvey
Hoback
Hussen
Iacono
Johns
Jones
Jowhari
Kelly
Khera
Kusie
Lambropoulos
Lamoureux
Lauzon (Stormont—Dundas—South Glengarry)
Laverdière
Lefebvre
Leslie
Liepert
Lobb
Long
Ludwig
MacGregor
MacKinnon (Gatineau)
Maloney
Masse (Windsor West)
May (Saanich—Gulf Islands)
McColeman
McDonald
McKay
McKinnon (Coquitlam—Port Coquitlam)
Mendès
Milychuk
Miller (Ville-Marie—Le Sud-Ouest—Île-des-
Morneau
Motz
Nantel
Nater

Routine Proceedings

Nault
 Nicholson
 Oliphant
 O'Regan
 Paradis
 Pauzé
 Peterson
 Philpott
 Plamondon
 Poissant
 Qualtrough
 Rankin
 Rayes
 Rempel
 Rioux
 Rodriguez
 Rudd
 Rusnak
 Saini
 Samson
 Sansoucy
 Schulte
 Sgro
 Sheehan
 Shipley
 Sidhu (Brampton South)
 Sohi
 Sorbara
 Spengemann
 Stubbs
 Tabbara
 Thériault
 Trudel
 Van Loan
 Vandenberg
 Viersen
 Warawa
 Watts
 Webber
 Whalen
 Wong
 Young
 Zahid

Ng
 O'Connell
 Oliver
 Ouellette
 Paul-Hus
 Peschisolido
 Petitpas Taylor
 Picard
 Poilievre
 Quach
 Ramsey
 Ratansi
 Reid
 Richards
 Robillard
 Romanado
 Ruimy
 Sahota
 Sajjan
 Sangha
 Schiefke
 Serré
 Shanahan
 Shields
 Sidhu (Mission—Matsqui—Fraser Canyon)
 Simms
 Sopuck
 Sorenson
 Strahl
 Sweet
 Tassi
 Tilson
 Van Kesteren
 Vandal
 Vaughan
 Virani
 Warkentin
 Waugh
 Weir
 Wilson-Raybould
 Wrzesnewskyj
 Yurdiga
 Zimmer — 272

Mr. Speaker, I believe that if you seek it, you will find unanimous for the following motion:

That, notwithstanding any standing order or usual practices of the House, C-337, an act to amend the Judges Act and the Criminal Code (sexual assault), be deemed concurred in at the report stage and deemed read a third time and passed.

The Speaker: Does the hon. member have the unanimous consent of the House to propose the motion?

Some hon. members: Agreed.

The Speaker: 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, bill concurred in, read a third time and passed)

* * *

● (1525)

PETITIONS

CLIMATE CHANGE

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Mr. Speaker, I rise today to present a petition from young Canadians who point out that Canada has pledged a limit to global temperature rise of much less than 2°C, that government targets are not consistent with that goal, that announced actions will not reach these targets, and that these youth want sustainable jobs. Therefore, they are asking the House of Commons and the government to eliminate fossil fuel subsidies, to implement a stronger carbon price, and to redirect funds to renewable energy systems, energy efficiency, low-carbon transportation, and job training.

TAXATION

Mr. Mel Arnold (North Okanagan—Shuswap, CPC): Mr. Speaker, it gives me great pleasure to rise today to present petition e-713. I want to thank Councillor Bob Spiers, from Vernon, B.C., for initiating petition e-713, calling on the government to eliminate the GST being charged on carbon tax.

The petition is very basic. It recognizes that the government is charging 5% GST on carbon taxes and calls on the government to remove the GST on current and future carbon taxes.

THE ENVIRONMENT

Ms. Sheila Malcolmson (Nanaimo—Ladysmith, NDP): Mr. Speaker, I rise to present a petition calling for federal leadership to clean up the coast and take action on abandoned vessels. This would have helped this weekend when volunteers in Cadboro Bay, on Vancouver Island, brought together dozens of volunteers to remove abandoned vessels but met a shortfall in funding.

NAYS

Nil

PAIRED

Members

Moore — 2

Foote

The Speaker: I declare the motion carried.

* * *

[English]

JUDICIAL ACCOUNTABILITY THROUGH SEXUAL ASSAULT LAW TRAINING ACT

(Bill C-337. On the Order: Private Members' Bills:)

May 14, 2017—Report stage of Bill C-337, An Act to amend the Judges Act and the Criminal Code (sexual assault)—Hon. Rona Ambrose.

Ms. Sheila Malcolmson (Nanaimo—Ladysmith, NDP): Mr. Speaker, in a moment, I am going to propose a unanimous consent motion. It is in relation to Bill C-337, a private member's bill to provide for sexual assault training for judges to prevent any more of the terrible headlines we have seen in this country on how victims of sexual assault might be treated in the courts.

The amendments that have been proposed by the status of women committee include training that is informed by the work of grassroots organizations that protect, serve, and navigate these victims of sexual violence through the court system.

Routine Proceedings

I look forward to Parliament's support for my bill, Bill C-219, to ask the Coast Guard to take the lead on the removal of abandoned vessels and to be the singular responsible agency. I look forward to Parliament's support toward ending the long-standing economic and ecological harm done by abandoned vessels and the oil spill risks they pose.

AIR TRANSPORTATION

Mrs. Eva Nassif (Vimy, Lib.): Mr. Speaker, I am happy to rise today to present petition e-721, signed by 4,066 people from across the country. The petition calls upon the Minister of Transport to restore licensing and to remove the ban to operate direct flights from Canada to Beirut, highlighting the underlying economic benefits for both countries should these routes become available.

[Translation]

Canada is home to one of the largest Lebanese diasporas, whose members would benefit greatly from this change.

[English]

TAXATION

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Mr. Speaker, I am pleased to present a petition signed by campers who have stayed at Blairton Trailer Park in Havelock, Ontario, a little piece of heaven on Crowe Lake, in the riding of Peterborough—Kawartha. The petitioners call on the government to ensure that campgrounds with fewer than five full-time year-round employees continue to be treated and taxed as small businesses.

[Translation]

PERFORMANCE BONUSES

Ms. Brigitte Sansoucy (Saint-Hyacinthe—Bagot, NDP): Mr. Speaker, the Phoenix fiasco has been dragging on for a year and a half, and there is still no light at the end of the tunnel for thousands of workers. For hard-working members of our public service, the nightmare never ends. That is why representatives of those workers came to my riding office with a petition signed by several hundred people who disagree with 340 Public Services and Procurement Canada managers being paid \$4.8 million in bonuses.

They are asking the House of Commons to ensure that these performance bonuses are paid back in consideration of the Phoenix debacle and without undue delay.

The nightmare has to end for these workers.

• (1530)

[English]

HOUSING

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I rise to present two petitions today. The first petition is from constituents within Saanich—Gulf Islands who are calling on the government to pursue a vision for a national affordable housing strategy, as put forward by the Federation of Canadian Municipalities. We have heard a lot recently about affordable housing, and the petitioners are asking for immediate action, particularly to assist in the tax structure to encourage the building of purpose-built rental housing.

FALUN GONG

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, the second petition is from almost 1,000 signatories, primarily from the GTA area, as well as Ottawa, calling on the government to speak clearly to the People's Republic of China to end the persecution and the violation of the human rights of practitioners of Falun Dafa and Falun Gong.

[Translation]

INDEPENDENT COMMUNITY TELEVISION

Mr. Rémi Massé (Avignon—La Mitis—Matane—Matapédia, Lib.): Mr. Speaker, today, I am pleased to present a petition concerning independent community television signed by a number of residents of my riding, Avignon—La Mitis—Matane—Matapédia.

The petitioners are calling on the government to strengthen independent community television in Canada in order to ensure its survival and the availability of local media in our communities. Independent community television plays a key role in outlying regions, which have little to no access to the major networks.

I thank all the petitioners for bringing this issue to light in the House.

[English]

BEE POPULATION

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, I rise today to present several petitions on behalf of bees.

The petitioners recognize that the mortality rate for colonies of bees and other pollinators has been rising for the past three years; that insects, primarily bees, play a role in the pollination of nearly 70% of flowering plants; and that these insects contribute more than \$2.2 billion to Canada's agricultural economy each year.

The petitioners are calling upon the House of Commons to take concrete steps to solve the problem of the high mortality rate among bees and other pollinators and to develop a strategy that addresses the factors that are related to bee colony deaths and the destruction and disturbance of habitat.

As a small-scale farmer myself, I am very happy to rise and present this petition.

150TH ANNIVERSARY OF CONFEDERATION

Hon. Peter Van Loan (York—Simcoe, CPC): Mr. Speaker, commemorative medals have been issued by the Government of Canada on significant occasions in our country's history to recognize the contributions of ordinary Canadians to their communities, contributions that mean so much to so many but too often go unnoticed and unrecognized.

A medal was issued for Confederation in 1867, the Diamond Jubilee of Confederation in 1927, the Centennial in 1967, and the 125th anniversary of Confederation in 1992, but as part of the Liberal war on history, there will be no medal honouring the country-building contributions of Canadians on this, the 150th anniversary of Confederation.

Tradition is being ignored, and community-leading Canadians are being forgotten. I have several petitions from Canadians on this subject. The petitioners come from Sydney, Nova Scotia; Nanton, Alberta; Ayer's Cliff, Quebec; Surrey, British Columbia; Inverness, Nova Scotia; and Kerrobert, Saskatchewan.

The petitioners are all calling upon the Government of Canada to respect tradition, recognize deserving Canadians, and reverse the decision to cancel the commemorative medal for the 150th anniversary of Confederation.

PALLIATIVE CARE

Mr. Chris Bittle (St. Catharines, Lib.): Mr. Speaker, I am pleased to rise today to present a petition signed by constituents in our riding of St. Catharines. This particular petition is in relation to palliative care in Canada. The availability of palliative care in Canada is an important issue facing our health care system. I am pleased that the Minister of Health has indicated that this is a key matter to be addressed.

I would like to thank the residents who signed this petition for their engagement on this matter.

* * *

QUESTIONS ON THE ORDER PAPER

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

The Speaker: Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

[*Translation*]

CONTROLLED DRUGS AND SUBSTANCES ACT

The House resumed consideration of the motion in relation to the amendments made by the Senate to Bill C-37, An Act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts, and of the amendment.

The Speaker: There are roughly six minutes and 20 seconds left for questions and comments following the speech.

The hon. member for Oshawa.

• (1535)

[*English*]

Mr. Colin Carrie (Oshawa, CPC): Mr. Speaker, the Liberals are selling these injection sites and billing them as a way to reintroduce health care and treatment for addicts. However, voting against the

Government Orders

Senate amendment to offer a legal alternative to addicts goes against basic standards for delivering health care.

Liberals are not telling Canadians that addicts show up not with legal substances but actually with illegal substances made in basements. They are poisons made by criminal organizations. This puts addicts in danger and the public in danger.

If Liberals really want to help addicts start on the road to recovery, they should be offering addicts a legal alternative to these illegal substances. This would help develop a medical relationship between addicts and clinics instead of between addicts and drug dealers.

Addicts would not have to commit crimes and would not have to worry about overdoses from illegal poisons being shot into their arms. The public would not have to worry about being victims of crimes committed by addicts to support their habit.

This Senate amendment would place the options for care between addicts and a medical practitioner, not between addicts and their dealers.

Addicts who present to these clinics are desperate for help, and they should be offered a legal, safer standard of care, not a dangerous criminally produced poison. Why will the Liberals not offer addicts the same standard of care and legal alternatives as other Canadians who have treatable conditions?

Mr. David Lametti (Parliamentary Secretary to the Minister of Innovation, Science and Economic Development, Lib.): Madam Speaker, the bill is a product of consultation on the ground, through the Minister of Justice. It is the result of a cry for help from the community in order to deal with this issue. We feel that moving forward we have put together the best package to help people who need help, in a manner that is quick, efficient, meeting medical needs, and sensitive to needs of the community. The amendments from the Senate that we are supporting do not impede this goal. The amendments we are not supporting are ones that do impede this goal. We feel that this falls into that latter category.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, the legislation is great, and we are trying to push this through as quickly as possible. We understand the national crisis. I want to highlight the importance of also delivering on the ground. For example, we have committed around \$10 million in emergency funding for B.C., and several millions of dollars for the province of Alberta. We recognize that this is just one part of a very complicated issue that will hopefully help to remedy the problems going forward.

Mr. David Lametti: Madam Speaker, the hon. parliamentary secretary is precisely right. This is a complex issue, requiring collaboration and coordination across a number of different levels of government with health care providers. As the Minister of Health made clear in question period today, we are going to put the resources where they are needed. We are currently doing that, and this legislation will continue to help us to do that, to solve what is nothing less than a crisis.

Government Orders

Ms. Sheila Malcolmson (Nanaimo—Ladysmith, NDP): Madam Speaker, in my riding of Nanaimo—Ladysmith, in Nanaimo itself, we have lost 13 people to fentanyl overdoses in the first three months of this year. We lost 28 people last year. We have people dying from this crisis at the same rate as Vancouver, although our population is much smaller. I am interested in the member's comments about this input from our chief medical officer for Central Vancouver Island, Paul Hasselback. He said:

Legislating unproven care such as required through the offering of an alternate pharmaceutical therapy on every visit may be a barrier to the unfettered use of the site and compromise the establishment of a trusting and therapeutic relationship that will increase the likelihood of sustained recovery treatment. As the Supreme Court indicated, these are health services and should be treated with the same oversight as other health services and not legislated in relation to how health care is provided.

In light of that statement from someone who is on the front line of this crisis in my region, does the member agree with the Senate's recommendation that such therapies be part of the bill?

Mr. David Lametti: Madam Speaker, I certainly send out all of my sympathy for the crisis that is happening in British Columbia, and in her riding in particular. We are not supporting the amendment as proposed by the Senate in its current form. We would like to see, as an amendment to the amendment, that the word “may” be inserted instead of “shall”, so that where the local community or local experts may be in a position to suggest alternative therapies, that could happen. However, we do not believe that it should be in any way mandated, in part because of the reasons that the member raised, but also because it adds additional weight to the system and we need to be reacting quickly.

• (1540)

[*Translation*]

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Madam Speaker, it is my turn to speak to Bill C-37, the second time I am doing so under the pressure of time allocation. I wanted to point that out because, the first time, I had prepared a speech that I wanted to share with my colleagues, but unfortunately, I did not have time, because the government felt it necessary to impose a gag order.

Bill C-37 has moved through all kinds of situations since the government introduced it. The official opposition totally agrees that urgent action is needed to address the opioid crisis. I think we share many of the same opinions and that we agree on most aspects of this bill. However, we raised a few concerns, particularly with regard to consulting the communities involved.

We had suggested splitting the bill so that we could act quickly and unanimously pass the most important parts of the bill in the House of Commons. Unfortunately, the government refused our proposal. I therefore do not think that we can be blamed for any delays or the many gag orders imposed on consideration of this bill.

I think that my take on Bill C-37 will help my colleagues see it in a different light. I believe that the problem we are currently seeing in Canada is an urban one. My riding is in a rural region and in our community we do not have this same need for injection sites. In my speech I will explain why this type of application does not really concern the smaller centres and rural regions as much as the larger centres. This problem must absolutely be addressed in order to improve the lives of Canadians across the country in large centres and rural regions alike.

As I was saying, Bill C-37 has some positive aspects, but also some negative aspects. First, the bill erodes the Respect for Communities Act, which was put in place to ensure that communities are consulted before an exemption is granted to a supervised consumption site. Under Bill C-37, a supervised consumption centre can be approved if it meets five criteria. Previously, 26 criteria needed to be met.

Furthermore, the bill changes the discretionary 90-day public consultation period to a discretionary period not to exceed 90 days. This means that a consultation period may not necessarily be obtained, whereas it was previously required.

These are some of the elements that could have been dealt with in a second bill. That would have given members from all parties the opportunity to comment on this possibility.

However, I must say that Bill C-37 has many positive aspects. The bill gives the Canada Border Services Agency the power to open any international mail, no matter the weight, should there be reasonable grounds to do so. Previously, the Agency had to have permission to open suspicious packages weighing less than 30 grams. With the spike in parcel post deliveries, I think that this is a necessary and welcome change.

The bill also gives the Canada Border Services Agency the power to seize any unregistered pill presses at the border. These presses allow criminal organizations to manufacture opioid pills that are subsequently distributed on the black market and that are causing considerable harm everywhere in Canada.

Prohibitions and sanctions will now apply to the possession, production, sale, importation, and transportation of anything intended to be used in the production of any controlled substance, including fentanyl. Once again, this is an absolutely essential component that we must absolutely pass. That is why we are not criticizing this provision. We think this needs to become law as soon as possible.

The bill also authorizes the minister to temporarily add to a schedule to the act substances that the minister has reasonable grounds to believe pose a threat to public health or safety.

Of course, public health is of paramount concern to us.

• (1545)

There was a way to pass these measures very quickly that could have helped a lot of Canadians and communities. We have to find a solution because this is not an easy problem to solve. We will not be able to fix the fentanyl problem overnight, nor any other hard drug problem. At least we were on the right track.

Government Orders

Now what about this citizen consultation part? It is clear to us that we must oppose any measure that would limit the people's right to be consulted prior to a supervised injection site being set up.

Bill C-37 has serious flaws, and the Senate talked about them. First of all, the bill does not make any mention of prevention. Second, there are omissions regarding the rehabilitation of drug addicts. Finally there is also nothing in the bill about making communities aware of the safe injection sites to be approved.

If we open supervised injection sites and make those sorts of changes in communities, it is important that we tell people about it. They need to know why we are doing that and what advantages and disadvantages such a site will have for their community. Not all of the impacts of these sites are positive. The establishment of supervised injection sites will also have negative consequences for some cities in Canada. It is therefore important that the people affected know about all the potential impacts, both positive and negative.

Personally, what I find quite worrisome is that there is no mention whatsoever of the friends and family of hard drug users. They too endure terrible and terrifying experiences. They see their young or not-so-young children who are addicted to these drugs being left to their own devices in big cities. We have seen examples of this in recent years.

In her question, my colleague from Nanaimo—Ladysmith said that these drugs have caused many overdose deaths in her riding. That is terrible. Imagine how the families of these victims must feel. Family members of drug addicts feel so powerless, and they are left completely on their own.

In order to remedy this situation, I do not think it is enough to help people take drugs in a safe way. We also need to help their families because, even though family members try to do whatever they can to help the drug addict, they often feel helpless and overwhelmed by the magnitude of the problem. The people they are trying to help, their loved ones who are addicted to hard drugs, cannot overcome their addiction alone.

There is also nothing on access to legal drugs. In other words, these injection sites are not being required to offer an alternative to the people who go there. I am not saying that these people should be forced to undergo treatment or fill out a 25-page questionnaire before they can use a centre's services. They do not have to write a single word. I just want there to be resources available on the premises to help these people turn things around when they are ready to.

People who are concerned enough about their health to go to a supervised injection site might be the most likely to want to turn their lives around one day. Why insist on not requiring these sites to offer an alternative? It would be on a voluntary basis because, if they are required to jump through all sorts of hoops, people will stop going to the site and the problem will linger.

It would have been a good idea to think about these important issues. The opposition proposed amendments on this, but unfortunately they were rejected.

● (1550)

The Senate also proposed similar amendments, but unfortunately, the government wants to defeat them. We can come back to this later.

Bill C-37 is about supervised injection sites. As I said in my introduction, at first glance, many Canadians think this problem affects only big cities. Many people feel less concerned if they come from an area like Thetford Mines or one of Canada's rural regions, because we do not have these kinds of problems in small communities.

However, where do young people from Thetford Mines go? Where do young people from rural areas go when they are desperate and have no job, and where do they become the most vulnerable? For the most part, they go to the big city.

The transition from a rural area, where everyone knows everyone, to a big city, where you become anonymous, is a huge change and it exposes people to all kinds of different influences and experiences. If the life they find in the big city does not live up to their hopes and dreams, it might be easy for some to turn to all kinds of hard or soft drugs for answers. That is how mortality rates have achieved the levels we are seeing now in large urban centres.

This problem is not exclusive, then, to large urban centres. We must all be concerned and do our part to help, whether we live in a town like Thetford Mines, which I must not call a village, because my constituents would not be happy, or in a small village in the Appalachians RCM.

Bill was necessary and must pass as soon as possible, but we cannot proceed without thinking of the people who will be directly affected by these centres. We also cannot proceed C-37 without thinking about the prevention, rehabilitation, and support we are going to provide to the people who use these centres and their loved ones. We must also think about the support we should provide to the communities that will have to live with these supervised injection sites.

The first time that I wanted to speak about the opioid problem and Bill C-37, I did a bit of research because, as I mentioned, in Thetford Mines, in the riding of Mégantic—L'Érable, this is not a problem we deal with on a daily basis. We do not find needles on the ground everywhere. This does not seem to be a drug of choice in rural communities, or at least not where I come from.

Last year, I had the opportunity to go to Vancouver for an NDP convention. By mistake, we went through a tough neighbourhood, where we saw people living in misery. I saw them with my own eyes, and I could not understand how this could happen to them and how we could abandon these people without doing anything about it. It hurts when we come face to face with reality for the first time. It was a real wake-up call.

I read up on fentanyl, carfentanyl, and all the opioids we have been talking about for so long to better understand the issues. I found two or three definitions of carfentanyl on greenshield.ca, and I would like to share one of them with the members of the House of Commons because it is important for people to really understand the situation:

Government Orders

Carfentanil is adding to the Canadian opioid crisis. Although carfentanil is a synthetic opioid like oxycodone, fentanyl, and heroin, it is an animal tranquilizer for livestock and elephants with no safe application for humans. It is considered about 100 times more potent than fentanyl, 10,000 times more potent than morphine, and 4,000 times more potent than heroin.

That is what the mafia is putting in the drugs it sells to the most disadvantaged members of our society so that they become even more addicted and ask for more.

• (1555)

They say that the risk of overdose is very high. Experts warn that inhaling an amount of carfentanil that is smaller than a snowflake could trigger a fatal overdose. Officials suspect that carfentanil has probably been in Canada as long as fentanyl, but only recently have there been successful seizures of carfentanil.

Law enforcement officials suspect that fentanyl and carfentanil are mass-manufactured in China, where sellers easily conceal the drugs inside boxes of things like urine testing strips or generic vitamins. In fact, buying fentanyl online on the international market and having it delivered is just as easy as ordering vitamins.

GSC says that, after making the trip from China to the United States, the drugs make their way north to Canada. Recently, several states and a number of provinces experienced a wave of overdoses and deaths. What is worrisome is that, in June 2015, there was a seizure in Vancouver of a one-kilogram package of carfentanil bound for Calgary. That is enough carfentanil for approximately 50 million fatal doses. This is a very real problem.

Once again, I rise today in the House to help my colleagues who do not represent big cities gain a better understanding of the scope of the problem. I think it is important to talk about this. As I have already said, when our young people leave the regions and head to big cities, they can become vulnerable. They hope to find something better. They might be forced to deal with this situation and this reality and do not always have the tools to do so.

According to the website www.greenshield.ca, getting carfentanil and fentanyl onto the street is pretty easy. They are affordable and yet very powerful drugs. Apparently, they are so powerful that first responders now have to wear gloves and masks to avoid accidentally ingesting even the tiniest amount of the drug.

When we hear figures like the ones cited by my colleague, we cannot remain indifferent or pretend that this is not happening. We must take action on this, and Bill C-37 is a good start.

Earlier, I was talking about all the people affected by drug problems: drug users, parents, brothers, sisters, and so on. What resources are out there for them? In my riding, a group called Action toxicomanie serves the RCMs of Arthabaska, l'Érable, and Drummond.

I want to connect this to the marijuana legalization bill. Although not all marijuana users end up using hard drugs, the possibility clearly exists. We know that organized crime will not stop making money just because it will not be making money off marijuana anymore. Organized crime will not go away, and neither will marijuana. How will organized crime make its money? I hope it will not be making money from other drugs, which it has started doing with fentanyl and carfentanil. That is why we have to be so careful.

I want to talk about the work that community groups, such as Action toxicomanie in my riding, are doing in terms of prevention. Even before supervised injection sites become a factor, prevention is super important.

There are many things I would like to talk about, still. However, in closing, I would like to say that I support the amendments proposed by the Senate. I support the work of my colleague, the member for Oshawa, on the carfentanil issue and his efforts to ensure that people can be consulted and that users of supervised injection sites can have access to resources and pharmaceuticals to prevent the use of these drugs. In my opinion, this is crucial and it is the reason why I support the amendment by my colleague from Oshawa.

• (1600)

[*English*]

Mr. Sukh Dhaliwal (Surrey—Newton, Lib.): Madam Speaker, I would like to bring to the House's attention the statistics from Insite in Vancouver. In 2005, Insite had over 263,000 visits by 6,532 individuals. Since 2003, there have been 2,395 overdoses that were treated by medical staff, and not one of them resulted in a death. Furthermore, there are thousands of referrals made by medical services every year, and as a result, Insite users are 30% more likely to engage in additional treatment than non-Insite users.

When there are overdose crises in cities like Surrey and Vancouver, would the member agree that we should do whatever is necessary right now and expedite Bill C-37 to deal with the overdose crisis and help those people?

[*Translation*]

Mr. Luc Berthold: Madam Speaker, the statistics my colleague just cited are alarming. These figures are frightening, and I completely agree with him. We provided a solution that would have expedited this bill. Unfortunately, the games played, or whatever it was, in the House of Commons worked against the proposal to split the bill and expedite this matter. We could have moved faster. We could have moved forward very fast. I believe that we could have had the unanimous support of all members of the House to pass measures agreed to by all members. Unfortunately, it was not possible.

As for Canadians' right to be consulted, in my opinion, these rights unfortunately cannot trump the rights of others to supervised injection sites where they can be safe. These are both vitally important rights. That is why we suggested to the government that the bill be split into two parts. That would have allowed us to move quickly and take action quickly while retaining the right of concerned Canadians to be consulted.

[*English*]

Ms. Sheri Benson (Saskatoon West, NDP): Madam Speaker, I could hear in my hon. colleague's words how concerned he is about the issue and the sincerity with which he brought it forward. I really appreciate that.

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The third amendment that the Senate was proposing to the bill, around instructing front-line medical professionals on the way they should practise inside safe consumption sites, is an overreach. To assume that medical professionals and people working in safe consumption sites are not doing everything they can to support people and get them into treatment and that somehow the federal government telling them what to do will help, I personally feel, just from the evidence, is not a good way to go, so I disagree with you on that part.

I also want you to acknowledge—

The Assistant Deputy Speaker (Mrs. Carol Hughes): I remind the member to address the questions to the Chair and not to the individual member, and to get to her question, as time is of the essence.

Ms. Sheri Benson: Madam Speaker, the hon. member spoke about the need for additional addiction and treatment services. That is a big issue here. We are trying to play catch-up from the previous government, which cut those services.

Will the member join me in asking the Liberal government to invest back into addiction services and make up for what we have lost from years of non-funding?

[*Translation*]

Mr. Luc Berthold: Madam Speaker, I understand my colleague's comments on the past 10 years. I understand that sometimes it is easy to get political, but I believe that politics have no place in the current crisis. We agree on certain things that we should be focusing on in order to resolve this crisis as quickly as possible.

If the hon. member is asking me whether there should be more resources, I would say yes, there should be more resources for families, for addicts, and for all these people. It is not just by managing how people inject themselves that they are going to inject themselves less often. They are just going to do so more safely. The question is what needs to be done to prevent the problem in the first place. I have always advocated for helping the victims of addiction, whether they are addicts themselves or there are addicts in their families. That was my position for the past 10 years and will be for the next 10 years.

• (1605)

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Health, Lib.): Madam Speaker, I have a fairly simple question for the member. First, I would like to thank him for his speech.

For the past 10 years, the government's approach involved doing away with the harm reduction aspects of the anti-drug strategy. The purpose of that strategy is to ensure that we do not stigmatize drug users and that, instead, we treat them with the dignity they are entitled to and deserve.

Does my colleague agree that there would be no need for Bill C-37 today if the previous government had developed criteria for approving supervised consumption sites that were consistent with what we learned from the Supreme Court and that would have allowed us to open such sites more quickly in communities where they are needed and requested? We know that these sites save lives. The science is clear. No one has ever died at a supervised

consumption site. They prevent overdoses. I think that is the way to go.

Does my colleague agree that it was a mistake for the previous government to do away with the harm reduction aspects of the strategy?

Mr. Luc Berthold: No, Madam Speaker, it was not a mistake, and no, I will not get into that debate now.

I think that is all.

[*English*]

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Madam Speaker, during this debate on Bill C-37, we have heard a lot about harm reduction, but we have heard very little about treatment. Indeed, in Bill C-37 there is only one mention of treatment.

We have some very good amendments brought forward by the Senate that would focus on treatment, amendments that the government opposes.

I was wondering if the hon. member could comment on why the government would emphasize so much on harm reduction, but not on treatment.

[*Translation*]

Mr. Luc Berthold: Madam Speaker, how can anyone oppose an amendment like this?

A person who is responsible for the direct supervision, at a supervised consumption site, of the consumption of controlled substances, shall offer a person using the site alternative pharmaceutical therapy before that person consumes a controlled substance that is obtained in a manner not authorized under this Act.

How can anyone oppose such a simple amendment that gives people an alternative way to get the medication they need? We all agree that they need substances to stay alive, but the government, unfortunately, is rejecting this amendment for the second time.

I do not understand how a government that claims to be so in touch with people can fail to grasp something so simple.

[*English*]

Mr. Colin Carrie (Oshawa, CPC): Madam Speaker, that was a great speech by my colleague. The government prides itself when it says it is doing all kinds of consultations, but what is quite interesting, when we are looking at injection sites, is that the Liberals seem to not want to do that. Even with Canada Post, a government organization, they will ask municipalities where they want these placed. They have an ombudsman, if there is a problem in the community and people want to make improvements. However, with the bill, there is absolutely nothing.

Why does the hon. member think that the Liberals do not want to consult and not want to have committees that are able to give them advice on how that is working in their community? We heard in committee that it is only if these sites have local support that they are actually effective.

[*Translation*]

The Assistant Deputy Speaker (Mrs. Carol Hughes): The member for Mégantic—L'Érable can give a brief answer.

Government Orders

•(1610)

Mr. Luc Berthold: Madam Speaker, my answer will be very brief.

I do not understand why they are trying to force things on people. If the government consults them and educates them, they will probably be the first to see that these supervised sites can do a lot of good.

[*English*]

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, this is indeed a very serious issue that we are debating today. I would like to maybe look at it from a few different perspectives.

First, I would like to compliment our first responders. There are many individuals involved in combatting this issue, and I want to pay special tribute to the first responders. Whether paramedics, ambulance services, firefighters, police, or law enforcement agents, they are often called to a scene not knowing what they are walking into. There are some fairly horrific circumstances that they can find themselves in. They do such an admirable job of saving lives and making a difference. It is important, as legislators, that we acknowledge the tremendous efforts of our first responders. They are indeed on the front line.

I have pointed out some of them. They are in our hospitals, in our emergency rooms, our social workers, and other individuals, who have carried the ball and operated on the front lines trying to deal with this crisis situation.

That is what it is. Canada is in a national health crisis today. It is happening in communities throughout our country. We have heard a good number of members talk about how serious and large the crisis is. We hear a lot about British Columbia and Alberta. However, we need to recognize that individuals are accidentally dying in all regions as a direct result of overdose.

I believe that all members of the House recognize this, and we all want to contribute in different ways. I know for some members of Parliament it is more of an issue because of the magnitude within their constituencies, while others are concerned because they understand the magnitude of the issue on a nationwide basis.

If we think of it in terms of the province of Ontario, for example, on average, over two people a day are dying because of accidental overdose of fentanyl or other opioids. That is tragic, but that is not the greatest percentage, as has been pointed out. British Columbia is probably the hardest-hit province. In my own province of Manitoba, I can recall, and it was not that long ago, a situation in a community that I represent, where three people were found at one place who had accidentally overdosed.

This issue is not only affecting inner cities of large cities, it is taking place in our communities, both urban and rural. It is not just the poor areas of our urban centres; it is also our suburbs. This is an issue that has touched all different social and economic stratas in one way or another.

That is why I am very pleased with the government's approach. Virtually since taking office, our Minister of Health has recognized

the magnitude of this crisis. She has taken a number of actions that have gone a long way in better educating people about it, and ultimately saving lives.

I want to talk about that in a bit, but, for now, I want to give a little background. It was not that long ago that I was sitting on the other side of the House and I was talking about the Vancouver Insite injection site. It was established, I believe in 2003 or 2004. Over the years, the site has saved thousands of lives because of its very existence. It is important that we recognize how it came into being.

•(1615)

This Insite location was not just a flash in the pan. In fact, there was a great deal of dialogue that occurred, at all different levels of government. It occurred in terms of the community getting engaged, and by many different professionals who had to deal with accidental overdoses. There was a great deal of brainstorming, a lot of community outreach, and there was a need for different levels of government to co-operate in order to see it happen.

I can recall sitting on the other side a couple of years ago, saying that we have a situation in a community in Canada that wants to develop a safe injection site to assist in preventing accidental overdoses of heroin and other potentially life-threatening drugs. The problem was that there was no legal framework in place that would allow for that injection site to exist. This would have been in the Paul Martin and Jean Chrétien era. In British Columbia, civic politicians worked with community members and developed the idea that Ottawa would give Insite the opportunity to open its doors, recognizing that it was in violation of our laws in terms of the injection of illegal drugs. The exemption was allowed in order for this injection site to be located in the Downtown Eastside of Vancouver.

For years, it was operational and doing quite well. It emphasized issues such as harm reduction, prevention, treatment, and enforcement. It advocated for these things, and it opened its doors to individuals who felt the need to use the facility. Had that facility not been opened in 2003-04, there would have been thousands of lives that would have been lost as a result.

Over the years of its existence, we found that it has been exceptionally well utilized. Research shows that thousands of referrals went to other types of agencies, such as non-profit agencies and government. I believe it assisted in changing the direction of many lives that would not have continued if that site were not in existence. That has been lost in the debate thus far. We talk today about how we can help more, when we have an injection site that has had a profound and positive impact in a community that was in real need.

The Stephen Harper government made a policy decision to discourage safe injection sites.

An hon. member: Oh, oh!

Mr. Kevin Lamoureux: Madam Speaker, the member across the way clapped, and I would like to challenge the Conservative Party as to why they are adamantly opposed to something that has been so successful for Canadians as whole.

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•(1620)

If members did the research and checked with medical practitioners and social workers to get a sense of the results Insite in Vancouver has had, they could not possibly say it is bad thing. Not only has it saved lives, it has also redirected lives. In many ways, it has helped the communities. The Conservative Party wants to overlook or turn a blind eye to the many positive things. I find that unfortunate.

When the Liberals were in opposition, the Conservatives were making it more and more difficult to give any consideration to any new sites being located elsewhere in Canada. Members will recall that they they brought in legislation and the bill was debated at second reading. The government had to bring in time allocation. When it got to committee, we listened to the reports being presented and we got a very clear indication of why this was of such great value to our communities, moving forward not backward on the issue.

True to form, the Conservative Party pushed the issue until the legislation ultimately passed. Then, to no surprise, after the election, there was a pilot project of sorts, Insite, in Vancouver, British Columbia, which has been demonstrated to be a huge success. Now we have legislation before us that will enable other communities, where it has been deemed necessary, to establish similar sites.

The Conservatives are preaching fear. They are trying to say that the government is really proposing to have all these injection sites scattered throughout our country in all the different regions and communities. They are saying that there is going to be flood of these injection sites. That has not been our experience to date and the Conservatives know this is not the reality of the situation.

Let there be no doubt that with this legislation, we will enable communities, such as Montreal and others that believe their communities would benefit by having a safe injection site, to have that opportunity.

The Conservatives like to say that it should be community based and community driven. That is a given. That is in fact what does take place. Communities do work together. There are stakeholders in different communities. Where there is a justified need, we could possibly see one appear.

We are not talking about hundreds, which the Conservatives try give the impression. It will be based on the desires and needs of different stakeholders, different communities. I suspect it will be well-thought out before we see an injection site put in place. This is not determined overnight. There are a great many experts who get engaged on issues of this nature.

As I indicated, when we were in opposition, there were lengthy debates on this. Ultimately, it even went to the Senate. The Harper government was able to make it law. However, no one should be surprised that with a new government, we are taking an approach that is based on science and based on what is healthy for our communities. It is not just about what the Liberal Party thinks.

•(1625)

Since day one, the Minister of Health has recognized the very serious nature of this issue. She has worked with caucus colleagues

and with members on both sides of the House to come to grips with this problem to see what we can do as a national government. The single biggest thing we could do, beyond the legislation itself, is to demonstrate national leadership on the issue, and we have done that.

We have worked with the provinces and municipalities and have come up with some special funding arrangements where the crisis is so great. There are about \$10 million for British Columbia and several million dollars for Alberta. This money will go a long way toward saving lives.

The Minister of Health has had national conferences, many different meetings, whether one on one or with different stakeholders and provincial counterparts. There has been a great deal of dialogue on this issue. Interestingly enough, the only group I am aware of that has taken the position that this is a bad thing is the Conservative Party of Canada. It does not want this legislation to pass. Provinces and their regimes seem to recognize the value of what is being done here.

I would ask my Conservative colleagues across the way to look into the issue in more depth and get a better understanding of what constituents want. I believe my constituents would want a proactive approach in dealing with this health issue. It is best dealt with by working with others to try to make a difference. If we are successful, we will save lives.

From what I understand, more people die from fentanyl and opioids in the province of Ontario than those who die in fatal vehicle accidents. Three or more people will die on average every day in the province of British Columbia from drug overdose. Two people a day will die in the province of Alberta. People are dying all across the country from drug overdoses. Passing this legislation will not prevent people from dying, but it is part of a more comprehensive package that will make a difference.

I will give my NDP colleagues credit for the fact that they have recognized how important it is that we take this action. It is not very often we get co-operation when we try to get legislation passed through the House. However, we saw that at second reading ,when the legislation was in the House for debate for the first time. We are seeing it again today. The leader of the Green Party has also recognized the importance of this issue.

In reflecting on the community which I represent, it is not good enough for us to close our eyes out of fear of taking action. We can do better at fighting the problem of drug abuse that is facing our communities and our country as a whole. No community is exempt from drug abuse. If we can take initiatives that will make a difference, that will save lives, that will possibly put people on another course, then we should be bold enough to take them.

I would ask all members to support Bill C-37, send it back to the Senate, and make this the law of Canada.

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●(1630)

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Madam Speaker, some of the witnesses who appeared before the Standing Senate Committee on Legal and Constitutional Affairs said that people who were wealthy and addicted would get treatment and people who were poor and victimized would get a supervised injection site. The fact is that the Downtown Eastside has had a supervised injection site for 14 years, and 14 years later, it has the highest rates of addiction, HIV, and hepatitis C. At best, supervised injection sites are a stopgap measure. In Bill C-37, there was a lot of focus around harm reduction, but only one mention of treatment.

Where is the government's strategy when it comes to treatment and prevention? It seems it has been lost in Bill C-37.

Mr. Kevin Lamoureux: Madam Speaker, I disagree with my colleague. If we look at the safe injection site in Vancouver, with which I know my colleague is very familiar, he would be aware of the fact that there have been thousands of referrals, and those referrals cover a wide spectrum of agencies, government, non-profit, and possibly private. As a result, a significant number of those referrals end up in treatment.

At the very least, safe injection sites would save lives in providing treatment through referral programs. The provinces and the federal government would work more closely to ensure there were additional treatment programs. The minister is doing everything possible to deal with this crisis, and the importance of treatment has not been lost on us.

Mr. Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, it is not often that the member for Winnipeg North and I agree on something. In this case, saving lives is critical.

In my riding of Courtenay—Alberni in particular, as a result of 20 deaths last year in this small community due to deadly carfentanil, Inspector Brian Hunter from the RCMP brought the community, the mayor and council of the city of Port Alberni, Island Health, and front-line resources together to have a conversation about how to move forward. Island Health Medical Health Officer Dr. Paul Hasselback said that the need for an overdose prevention site, which he cannot legally call a safe injection site, was as great in the Alberni Valley as it was in other British Columbian communities. He said, "We are now in a crisis, state of emergency, or a public health emergency in the state of British Columbia." They reacted in the most positive way in what they could do.

The Port Alberni Shelter Society and Island Health, with the support of city council, have implemented an overdose prevention site in Port Alberni in response to Vancouver Island's public health emergency with fentanyl. The medical health officer raised concerns around two of the Senate amendments in the bill, which impose an unnecessary administration duty on the operation of the site. We know amendment three, offering a person using a supervised consumption site alternative pharmaceutical therapy before the person consumes a controlled substance, is key. We know it is important, but we also know it is likely not constitutional and it is unnecessary. As we know, these sites already offer treatment options that are part of harm-reduction facilities.

Does the member support these amendments or does he want to move forward with what is in place now?

●(1635)

Mr. Kevin Lamoureux: Madam Speaker, I know the Minister of Health and her department have been going through the amendments proposed by the Senate. There is a sense of urgency in passing the legislation. The House had the opportunity of sending it to one of the standing committees. The ministry of health was already aware of most of the issues, if not virtually all of them, raised by the Senate. At the end of day, if there is something that can further improve it and not impede the passage of the legislation, the Minister of Health and the government are at least open to it.

[Translation]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, in a crisis as significant and unprecedented as the fentanyl and carfentanil crisis, the harm reduction approach, relatively speaking, has been much more effective than a coercive approach. Even still, we are a far cry from prevention.

My colleague from Mégantic—L'Érable asked a sincere question and I believe that the Parliamentary Secretary to the Leader of the Government in the House of Commons could use his eloquence to help the hon. Conservative member from Mégantic—L'Érable understand why these sites would not offer drug therapy.

Could the Parliamentary Secretary to the Leader of the Government in the House of Commons explain what the problem is with this amendment?

[English]

Mr. Kevin Lamoureux: Madam Speaker, I will do as much research I can in terms of looking at legislation to try to provide comments and thoughts on it, but we need to recognize that there are individuals who have a better sense of the best way to move forward on issues. I have full confidence in the ability of the Minister of Health and the department to work with the different stakeholders to make sure that if we can move forward on a particular amendment, we would at the very least be open to the idea. However, let us not lose the importance of urgency as a factor, and if in fact it can be improved upon, I am sure that we will be hearing that in the coming hours.

Mr. Sukh Dhaliwal (Surrey—Newton, Lib.): Madam Speaker, I would like to thank the hon. member for Winnipeg North for the good work that he does. I am certain that the hon. member is aware of the opioid crisis in Surrey, where my riding of Surrey—Newton is located.

Could the hon. member tell the House what has been done so far and what the strategy is moving forward?

Mr. Kevin Lamoureux: Madam Speaker, the member for Surrey—Newton has been a very strong advocate on this issue, whether it has been on the floor here in the House or within the caucus in terms of the Minister of Health, as I know first-hand, as he has tried to ensure that we all understand what is taking place in Surrey. I can tell the member across the way that one of the reasons I believe the Minister of Health has gone into Surrey is the advocacy role that the member has played.

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In addition, we recognize that British Columbia is in a unique situation in terms of this public health issue. Nowhere is it stronger than in the province of British Columbia, and I applaud the member for what he has done to date.

There is always more that we can do. I know the member will continue to lobby on this particular issue. His constituents expect him to, and I know he will.

One of the things that I would highlight is the fact that as the member would know, it is not just the legislation; money has also materialized through the national government and the Minister of Health. The member has talked to first responders. We need to continue to work with the people at ground level and the different levels of government in order to combat this issue to help not only his community in Surrey but also Canada as a whole.

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Madam Speaker, I was listening intently to my colleague across the way describing the so-called safe injection site in Vancouver. He used the term “huge success”. I do not see how anyone could call that a huge success.

However, my question is this: why would the government refuse the amendment that dealt with the formation of citizen advisory committees when it is looking at possibly locating a site within their community, yet insist on more and more consultation to place public community mailboxes? The government seems to have its values completely upside down in that regard.

• (1640)

Mr. Kevin Lamoureux: Madam Speaker, that is the type of debate we would have had when we were in opposition and Stephen Harper was the prime minister.

At the end of the day, what we are saying is it is silly to believe that we are just going to have a safe injection site appear out of nowhere. There is going to be consultation. We all know that. All we need to do is take a look at the very first one that was created in Canada. It was done without having to be legally mandated.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I just want to remind the member for Kitchener—Conestoga that he was afforded the opportunity to ask a question without being disturbed, and I would anticipate that he would like to hear the answer. If he has a follow-up question, he could always get up on that as well.

It is my duty pursuant to Standing Order 38 to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the hon. member for Nanaimo—Ladysmith, Status of Women; the hon. member for Essex, Health; and the hon. member for Calgary Nose Hill, Public Safety.

Mr. John Barlow (Foothills, CPC): Madam Speaker, I will be sharing my time with the member for South Surrey—White Rock.

I have to admit that speaking to Bill C-37 is difficult. I want to try to clear the air. I remember listening to this debate initially when it first came up in the House and certainly sitting through much of the debate today, and one thing I want to address is the misperception that because we are speaking out on this issue as Conservative members, somehow we do not believe that the fentanyl crisis is a crisis and do not think it is an issue.

The numbers are staggering. We are looking at 340 accidental fentanyl overdoses in Alberta last year and 650 in B.C. We heard from the Minister of Health that it could very well be 1,400 in 2017. We are in a crisis when it comes to the opioid abuse that is happening, especially in western Canada, but it is definitely sweeping into other parts of the country as well.

We have spoken today about the numbers, but I think most of us in this House, or many of us, understand this is more than just numbers. My colleague from South Surrey—White Rock has obviously been fighting very hard on this issue.

This is something that has hit very close to my home. I have a rural Alberta riding. I know that many people do not assume that such an issue like this is a rural issue, that it is more an urban issue that is affecting our big cities, but that is simply not the case.

Unfortunately, I have attended a couple of funerals over the last few months of friends, acquaintances who have died of fentanyl overdoses, and these are in our small rural Alberta communities. Kainai First Nation in southern Alberta had 18 overdoses over a period of just a month last year. This has hit very close to my community. Unfortunately, my family and our friends have been impacted by the fentanyl crisis.

Unfortunately, some of the members opposite have put it out there that because we are speaking out about this issue and raising some concerns with Bill C-37, somehow we are cold-hearted and are not understanding the impact this fentanyl crisis is having on Canadians. That makes me extremely frustrated and angry, because all of us understand what is going on and how serious this issue is.

We are fighting as hard as we possibly can as parliamentarians, as we should, to make sure we are doing the best for Canadians. Our communities across Canada are looking toward us as parliamentarians to stand up and do something about this crisis. We are doing that, but we cannot just do that without also being the voice for our communities.

My rural communities understand that the fentanyl crisis is impacting all of us in southern Alberta, but my communities are also saying that they want us to ensure they have a voice at the table. When it comes to selecting safe injection sites, I have to admit I was really surprised when councils from communities as small as Stavelly, Alberta, are writing me letters saying that it is not that they disagree with safe injection sites; their concern is they want to ensure that they have consultation on whether their community wants it or does not, and if it does, they want input on where it goes. I do not think that is out of line.

I think our municipalities and the governments that are closest to the issue understand what is going on in their communities much better than the Minister of Health in Ottawa, and I mean no offence to the health minister. I appreciate the Liberals' taking the effort to get Bill C-37 going, because we have to do something. As I said, Canadians are expecting us to do something. I think Canadians are frustrated because they do not think we have done enough, and I have to agree with them. This is not something that is going away.

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Unfortunately, we are having this debate here today when in February, this could have been moved that much quicker. We put a motion on the floor to split this bill in half, to give the CBSA additional powers to address the trafficking into Canada—the bulk of fentanyl and carfentanil comes from China—and the tools to better enforce our borders, and also to give the Minister of Health additional tools to address new and dangerous drugs.

• (1645)

Those are the things that we wanted to move quickly. We wanted to try to start saving lives immediately. All we asked was that the portion of Bill C-37 that dealt with safe injection sites be split off so that we could have further discussions about that. I was extremely frustrated to see the Liberals and the NDP vote against that motion, not once but twice.

I am a father of three. I have seen what fentanyl does to the kids in my communities. My kids have come home and told me about the issues that they have at their schools and in their friendship groups. We need to do something now, not later.

I appreciate that Bill C-37 is a first step, but as parliamentarians, we had an opportunity to do the right thing in February and we failed. Today, when we have an opportunity to further discuss what our communities are asking us to discuss, which is safe injection sites, the Liberals, supported by the NDP, passed a time allocation motion to cut off debate on this issue. Debate has now been cut off in the House of Commons and at committee stage. They are the ones who are telling us, as Conservatives, that we do not care, but really the message is that the Liberals and the NDP do not care about what our communities think about this issue.

My communities have been especially vocal. It is not about whether they believe that fentanyl is an issue and it is not about whether they believe that safe injection sites are one tool to address this; they want to have a say. They want to have input on how this will look, and right now, no matter what the people opposite are saying, they do not feel that this is the case. They do not feel, with the way that Bill C-37 looks, that they would have genuine consultation in this process.

It is not just my town councils and village councils, but also my local RCMP members. They also feel that they need a say in how this would work. My feeling is that if we want safe injection sites to be successful, we must have community buy-in. If we do not have community buy-in, they are not going to be successful. They are not going to do what they potentially can do.

The other issue that is not included in Bill C-37, which I think is another area where we have fallen woefully short, is there is nothing in here that stipulates resources for mental health and addictions counselling. That is something that has come up extremely loud and clear in my communities. It is very difficult to access those services in southwest and rural Alberta. I do not want to speak for other urban centres, but people close to Calgary have those opportunities. They are much closer and more accessible. In rural communities, it is extremely difficult.

To me, Bill C-37 is a good first step, but the big focus of this bill is on dealing with the consequences of the fentanyl crisis. I think our focus has to be on the root cause of the fentanyl crisis, and that is the

addiction to these opioids and the ability of traffickers to get easy access to these drugs. It is ridiculously easy to buy these drugs.

Some of my communities are not near any urban centre, but many of my rural communities in the southern most part of Alberta are feeling this the most. They are nowhere near Calgary. We cannot just assume that this is an urban Canada problem.

I am not saying that my colleagues are making that assumption, but this is something that we have to be extremely aware of.

That is the focus of my disappointment. We are arguing about something that we could have addressed months ago, but we did not. This is not partisanship. From my own personal experience, I can say that this has nothing to do with political parties; it is about doing the right thing for Canadians. They are looking to us as parliamentarians to do the right thing, to step up and take action on a crisis that is killing our communities. I do not think we can understate that. They are looking to us, as their elected officials, to take action. I think we have failed them, and we need to take a more active approach in doing something about the fentanyl crisis.

• (1650)

Mr. Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, I am also from a rural riding. It is a relief to hear a Conservative member from a rural riding understand and recognize how important this issue is to people in rural communities. We have had over 20 people die in 2016 in the Alberni Valley as a result of the fentanyl and opioid crisis. This member has been touched by it. Everybody in our community has been touched by it.

He talked about the difficulty in accessing mental health and addictions resources. I agree with him that we need to do more. We all care, and he cares, and he expressed that, but he rightly points out that there is an alarming lack of funding for detox and addiction services and treatment in Canada.

Maybe the member can explain to this House why the Conservative government chose to slash Health Canada's budget for addiction treatment by 15%.

Mr. John Barlow: Madam Speaker, I am not sure if that is a backward slap in the face, but I was pretty adamant during my speech that this is not about partisanship, political parties, or talking about what was done in the past. This is about doing something now.

This is the whole problem with this process. People in our communities are dying, having issues, and all we can do is talk about what should have been done, what we could have done, and why this or that was done. We have an opportunity right now to do the right thing, and we are not doing the right thing.

I do not want to talk about what could have happened. I want to talk about what we should be doing now to take action on this crisis.

Mr. Sukh Dhaliwal (Surrey—Newton, Lib.): Madam Speaker, I would like to commend the hon. member for Foothills for the compassionate speech that he made and his comment that dealing with this crisis should be a non-political issue.

Government Orders

This crisis is most severe in municipalities like Surrey and Vancouver. Last July, in 48 hours there were 60 fentanyl overdoses. To deal with that issue, I came up with consultations on the ground, and people are asking for a supervised consumption site. This bill would provide this facility to those who need it the most.

I would ask the hon. member to support the bill and let us move forward to deal with the other issues he cares about so that we can all work together.

Mr. John Barlow: Madam Speaker, I cannot imagine what your communities are going through. Certainly, we feel it in my riding, but not nearly to the extent that your communities do, and I appreciate that.

Our discussions on this bill are not going to stop you from having a safe injection site, but I am speaking for my communities, and they are saying that they are very concerned about not being consulted properly before that happens in these communities.

Again, we are not saying that we do not want them. The feedback I have received from the mayors, reeves, police services, and mental health services is not that they do not want safe injection sites. Some of them do not, but others are supportive.

What they are trying to say is that they want to ensure that Bill C-37 has some sort of element that guarantees thorough consultation so that stakeholders and those concerned in the communities will have their voices heard. It is not necessarily about whether or not they want an injection site, but about where it would be located if they do want it.

We are having that discussion right now in the city of Calgary. The City of Calgary has put forward a safe injection site in the community without proper consultation, and now community members are speaking against it. A very important element of this is ensuring that communities buy into having safe injection sites: where they would be located, who would be involved, and those types of things.

Again, we are not saying that we do not want them. We are saying we want to ensure that consultation is part of the process.

•(1655)

The Assistant Deputy Speaker (Mrs. Carol Hughes): Before we continue, I just want to remind the member to address the Chair, as opposed to individual members.

Resuming debate, the hon. member for South Surrey—White Rock.

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Madam Speaker, I will be splitting my time with the member for Foothills.

I am pleased to rise again to speak to Bill C-37, an act to amend the Controlled Drugs and Substances Act and to make related amendments to other acts.

As a member of Parliament from the Lower Mainland of British Columbia, I certainly can say that we have seen this crisis for a very long time. I am glad that the health minister has come forward to look at this issue. I would say that the community does want more to be done. This is an epidemic and I feel very strongly that we as

legislators must do something. We must do anything we can to protect our kids, to protect our communities, and to protect the life of these individuals who are affected by this public health emergency. When there are close to 1,000 people dying from opioid overdoses in a single province in a single year, we need everyone involved to assist in mitigating that crisis.

When Bill C-37 came before the House in December 2016, it was tabled two days before the House rose for Christmas. I remember thinking that this piece of legislation should have been tabled months earlier, because there were some extremely important tools and changes in the bill that needed to be implemented immediately. Those had to do with the banning of the importation of unregistered pill presses, providing CBSA officers with more powers to open suspicious packages to stop the flow of fentanyl and carfentanil into Canada from China, and broadening the penalties to apply to the production, sale, importation, or transportation of anything intended to be used in the production of a controlled substance, including fentanyl.

There were other parts of this legislation that were more problematic and needed to be given more time for debate and more time for the opportunity for some amendments to come forward. I am talking about the legislative changes included in Bill C-37 that facilitated easier access to opening the injection and consumption sites in communities. In particular, there was the lack of community, police, and municipal consultation or notice in the legislation. That is why we as the Conservative opposition put forward a motion to separate the bill into two bills. One bill would have addressed all of the urgently needed measures and had unanimous support of the House and the other bill would allow parliamentarians and Canadians to have a bit more time to gather data and have a look at our communities to determine what we need to do and to look at the legislation and amendments.

It was absolutely astonishing that unfortunately, politics came into play and that motion was voted down. We could have had all of those measures in place right now.

We also wanted to hear from some expert witnesses on this issue at committee. Again, the Liberals opted not to hear from any witnesses whatsoever on the legislation and proceeded straight through to clause-by-clause study. Again, the Conservative opposition put forward amendments to the bill. They were common sense amendments, such as, obtaining letters indicating support or opposition from a municipality or a local police force, that all households within a two kilometre radius of a proposed site be notified and given the ability to offer up opinions whether they are in support or opposition, and information to be provided regarding schools, hospitals, day care centres, recreation facilities within that two kilometre radius. A defined period of time for public input and consultation, a minimum of 40 days and maximum of 90 days, would be given. Again, all of those amendments were voted down by the Liberal-dominated health committee.

Government Orders

The bill passed and went to the upper chamber, where amendments were made and the legislation was sent back to this House. It is now May 2017. It has been six months since the Liberals tabled this legislation and here we are debating the legislation that could have been passed through the Senate.

● (1700)

What part of the bill did the Senate take issue with? It was the lack of community consultation regarding injection site rule changes. That means none of the measures that had received unanimous consent from all sides of this House and the Senate have been passed.

I want to highlight the fact that had the Liberals put politics aside earlier and voted in favour of splitting the bill, those proposed pieces of legislation would be in place now, and CBSA would have the additional powers to stop fentanyl and carfentanil from coming into Canada. As well the ban on the importation of unregulated pill presses would be in place. However, these measures are still not in place and because of the importation of pills and powders, dozens of Canadian lives are being taken each and every day.

Today we are talking about three amendments made by the Senate to Bill C-37, after the Senate held five committee meetings and heard from 22 expert witnesses on this legislation.

The first amendment would ensure that there is a minimum community consultation period of 45 days prior to the approval of an injection site.

The second one would set up a citizens advisory committee of five to 10 volunteers who would be responsible for advising the approved injection site of any public concerns, including public health and safety. This is something that every community would want to support. The committee would also provide the minister with yearly updates on these matters.

The third amendment would direct those working at the site to offer users alternative pharmaceutical therapy rather than their consuming street drugs.

I was very pleased to see these amendments come from the Senate. Clearly it showed the upper chamber listened to the concerns around the issues and the lack of community consultation regarding the injection site and attempted to address some of these concerns yet again.

I am glad to hear that the Liberal government is supporting the first amendment from the Senate. I was a mayor for almost a decade, and I can say that if we do not consult with the community and do not have community buy-in on these very difficult issues, then it is doomed to fail. There must be a minimum amount of time for consultation, the gathering of information, and for input.

I am, however, very disappointed that the Liberals oppose the second amendment from the Senate. We have to look at the community as a whole and support those in need, as well as ensure that the community has a voice. Establishing an advisory committee, such as the one proposed by the Senate, would ensure that the community is engaged in an ongoing way, that it has a mechanism to voice its concerns, its support, any developing issues, and whether the site is actually working in that particular area of the community

or not. It is not clear why the Liberals are so against giving communities a voice that would no doubt be very significant in any community, whether it is a large community or a small community.

On the third amendment, I find the Liberals' position somewhat baffling, because any injection or consumption site absolutely must offer an alternative to those who are using its services. Again, it is helping the individual. However, the Liberal government has changed the wording in this amendment. This has to be about saving lives.

These amendments would save lives. They would help the communities come together. This is an issue affecting all of us.

The motion put forward by the member for Oshawa to accept these amendments would provide legislation that really could have assisted, but again, the Liberals continue to refuse to allow communities a voice.

Thousands of Canadians have died from opioid overdoses. The families are affected, as are the schools, the friends, the children, the first responders, and the community at large. I look at this list. There is a mother who lost her two children within 20 minutes of each other. They were both in their twenties. Jordan was 21. Ryan was 23. Kelsey was 24. David was 21. Danny was 25. Scott was 21. Tyler was 23. These are young kids. There have to be alternatives. There has to be a community coming together and looking at this in a very holistic way. On this side of the House, that is all we want.

● (1705)

Mr. Sukh Dhaliwal (Surrey—Newton, Lib.): Madam Speaker, I would like to commend the member for South Surrey—White Rock's work as a councillor and as a mayor of Surrey, and for helping the Whalley area in Surrey where this type of establishment, a safe consumption site, is a necessity. I am sure that the hon. member is aware of all the facilities, whether it is the KEYS, The Front Room, and the work that those organizations are doing. The hon. member is well aware, because of her background as a mayor and as a councillor, that when they put in a supervised injection site or consumption site, the consultation will take place. On the other hand, as a health issue, in any other health organization, there is no advisory committee as the Senate is asking for. I would like to ask the member to listen to the hon. minister and support the bill's amendments, to get Surrey on the right track.

Ms. Dianne L. Watts: Madam Speaker, with all due respect to my colleague from Surrey—Newton, it is not just a Surrey—Whalley issue. There are many of these young kids who have died in South Surrey. In terms of setting up the precinct, where we have detox, the sobering centre, adjacent to the hospital we have transitional housing, all of those things were purposely done around the addictions precinct for assistance. If the consumption site is located there, if that is what the community wants, then it has the supports.

However, I would say again that the homeless shelter does have an advisory group. It has had an advisory group since its inception, and the members of the group work together resolving the issues of the community. Every single homeless shelter has one, and that was put in place to alleviate the issues of the community.

Government Orders

Mr. Kevin Waugh (Saskatoon—Grasswood, CPC): Madam Speaker, being that my colleague was a former mayor of Surrey for almost a decade, I want to ask her about consultations. Every community in this country knows the dangers with opiates and fentanyl, but they do not know how long the consultations are, or how to go about the consultations. Being that she is a former mayor of Surrey, I want to know her experience on the consultation process, how long it should take, and what some of the topics are that need to be discussed in every community in this country.

Ms. Dianne L. Watts: Madam Speaker, I appreciate that question, because as I stated earlier, as I read a whole list of names, there are strategies around the supports for those individuals who will use a consumption site and who are street-entrenched. We have young kids, like those whose names I read off the list, going to a party, not knowing what they are taking, and they end up dead. I cannot imagine that mother losing her two children in their early twenties, within 20 minutes of each other. That is a totally different strategy, and the community has to come together. There are mothers and fathers and children. We have to deal with this as a community. We have to look at a multi-faceted approach, a holistic approach. It is not just about a consumption site. It is also about treatment, about education. The Conservatives called for a national strategy to educate parents and young kids as to what exactly is going on. We have to have those conversations. If they ram stuff into a community, they will not get the buy-in; they will not get the support. We all have to be part of the solution, because it is multi-faceted.

• (1710)

Mr. Sukh Dhaliwal (Surrey—Newton, Lib.): Madam Speaker, I am pleased to address the House today with respect to amendments adopted in the Senate to Bill C-37, an act to amend the Controlled Drugs and Substances Act and to make related amendments to other acts. I will take this opportunity to thank the Senate, the House, and their committees for their hard work in studying this bill.

I will never forget last summer, when over one weekend in July, the city of Surrey had more than 60 fentanyl overdoses within a 48-hour stretch. This was a wake-up call for residents of Surrey—Newton and many across all of Surrey, as it shed light on how bad the opiate addiction crisis had become.

Following that horrible 48-hour stretch, my office called for an immediate emergency summit. The summit was attended by representatives of all three levels of government, including Surrey-based members of Parliament and members of the Legislative Assembly, irrespective of their political stripes. We gathered together front-line workers, such as Darlene Bowyer of the Surrey Association of Sustainable Communities, Shayne Williams of Lookout Emergency Aid Society, and Brenda Locke and Mike Musgrove of Surrey Urban Mission.

We had health care officials, such as Dr. Mark Tyndall of the UBC Centre for Disease Control; Shovita Padhi representing Fraser Health authority; and Clayton Pecknold, director of police services, representing the law enforcement community; and Tonia Enger, B. C. Ministry of Public Safety and Solicitor General.

We listened that day to the stories of those who were dealing with this crisis first-hand, every day of the week. We heard about how fentanyl is an opiate narcotic that is prescribed for cancer patients to

treat their pain. I learned about how it is 100 times more toxic than morphine and how it was responsible for more than half of the overdoses that occurred in British Columbia in 2015.

There is an ongoing crisis of opioid-related overdose deaths and the devastating impact that this is having on individuals and their families. Canadians are dying from drug overdoses in record numbers, with the majority of those overdoses associated with opioids. In a number of provinces, including my own British Columbia, opioid overdoses are surpassing motor vehicle accidents as a cause of death. It is evident that Canadians across the country are feeling the impact of this crisis. People from all walks of life are affected.

Substance use is an extremely complex issue, and effectively responding to it requires a comprehensive, coordinated approach. On that note, this bill was introduced in the House of Commons on December 12, 2016 by the Minister of Health. It is aligned with one of our government's key priorities, which is protecting the health and safety of Canadians. The legislation is driven by our government's goal of adopting a comprehensive, collaborative, compassionate, and evidence-based approach to drug policy.

Bill C-37 would improve our government's ability to support the establishment of supervised consumption sites, a key harm reduction measure; address the illegal supply, production, and distribution of drugs; and reduce the use of controlled substances to the illicit market by improving compliance and enforcement tools.

Today, we are here to discuss amendments proposed by the Senate in three areas of the bill, to address the following issues: the period of time dedicated to public consultation as part of an application for a new supervised consumption site, the creation of a citizen advisory committee for supervised consumption sites, and the requirement that users of supervised consumption sites be offered alternative pharmaceutical therapy.

• (1715)

All aspects of this legislation are important, and we must act to pass Bill C-37 without delay. My comments today will focus on key legislative proposals to modernize the Controlled Drugs and Substances Act through a strengthening of law enforcement, and the government's ability to monitor, promote, and enforce compliance. These measures would reduce the risk of diversion of controlled substances used for legitimate purposes, such as prescription opioids, to the illegal market, which contributes to problematic substance use in Canada.

The Controlled Drugs and Substances Act has been amended over the years since it came into force in 1997. However, it has not kept pace with changes seen in both the controlled substances industry and the illicit drug market.

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A specific measure that this bill would employ to modernize compliance and enforcement is the alignment of inspection authorities with other federal legislation. More than 600 licensed dealers are regulated under the Controlled Drugs and Substances Act, conducting activities with controlled substances for legitimate purposes.

Health Canada inspectors are currently only able to inspect sites where authorized activities with controlled substances or precursors take place. This legislation would allow Health Canada inspectors to enter places where they have reasonable grounds to believe there are activities with controlled substances. With these new powers, inspectors will also have the power to conduct follow-up visits with establishments whose licences have been suspended or revoked. These changes would not allow inspectors to enter private residences without consent of the occupant or a warrant. Cases would continue to be referred to law enforcement officers if Health Canada's inspectors believe that illicit activities are taking place.

Bill C-37 would further improve compliance and enforcement by providing the Minister of Health with the power to compel regulated parties to provide information regarding their activities with controlled substances. This authority could only be used to verify compliance with the act, to prevent non-compliance, and to address a public health or safety threat. Access to timely information would be of great benefit to the decision-making process when responding to public health or safety risks. This is the approach in other modernized legislation, for example, the Food and Drugs Act.

The bill would also provide the Minister of Health with the ability to establish an administrative monetary penalties scheme as a way of addressing non-compliance with the Controlled Drugs and Substances Act. For example, the department would be in a position to issue fines in cases where regulated parties do not follow required protocol, which would be a valuable addition to the tool kit at Health Canada's disposal in compliance promotion. These amendments would place the act in line with other Canadian regulatory frameworks, like the Canada Consumer Product Safety Act, and the Pest Control Products Act.

Currently, Health Canada's options for compliance promotion include the sending of a warning letter, which is often ineffective, or the suspension or revocation of a licence, which may be too severe a penalty, since it could lead to a shortage of drugs used for legitimate medical purposes.

In addition, not all regulated parties are issued licences under the Controlled Drugs and Substances Act. Some are simply subject to requirements established in regulations under the act. While this legislation would allow an administrative monetary penalty scheme to be put in place, regulations would be required to exercise this power.

• (1720)

Another aspect of Bill C-37 would be to modernize the disposal process for seized controlled substances or any property related to a chemical offence. Current handling and disposition rules are cumbersome and complex. Law enforcement agencies are required to follow the time-consuming process of obtaining a court order and Health Canada approval before disposal can take place, which results in longer storage times. The storage and handling of seized materials

of this type poses a risk to the health and safety of Canadians and is very costly. With the increase in seizures of dangerous, illicit opioids, these changes are more important now than ever before. To reduce the burden on courts, government, and law enforcement agencies, this bill introduces an expedited process for the disposal of seized materials. The proposed improvement would eliminate the need for a court order or Health Canada authorization.

Bill C-37 would also allow military police to be designated a police force under the Controlled Drugs and Substances Act. This amendment would provide military police with a greater set of tools when investigating drug-related crimes on military bases.

Military police currently have the authority to enforce offences of a criminal nature within the jurisdiction of the Department of National Defence. However, they are not covered by the Controlled Drugs and Substances Act (Police Enforcement) Regulations. The regulations allow the use of a full set of techniques, such as the possession and trafficking of drugs as part of an investigation. Without that authority, tools and techniques at the disposal of military police in the course of an active investigation are limited. RCMP support currently fills this gap, which is both inefficient and costly.

All these legislative proposals would contribute to the modernization of the Controlled Drugs and Substances Act, aiming to better balance the key objectives of protecting public health and maintaining public safety. This would be accomplished by better equipping health and law enforcement officials with the tools and authority needed to reduce the risk and harm linked to substance use in Canada.

The ultimate goal of Bill C-37 is to decrease the diversion of controlled substances to the illicit market, which is a significant contributor to Canada's opioid crisis. The problematic substance use situation we are facing as a country is an immense concern, and I stress the urgent need for the passage of this bill to help address it. I therefore urge all members of Parliament to support Bill C-37 and the amendments as a step towards ensuring the continued protection of the health and safety of Canadians.

I have been out on the ground talking to people, health professionals, and first responders. I want to thank all of them for the input they have provided over the past many months. People say that knowledge is power, and my knowledge comes from the grassroots that have brought this issue to this level.

All parliamentarians feel, whether they sit on this side or the other side of the House, that the opioid crisis is a health crisis, and we have to deal with it immediately. I ask all members in the House to support the bill, and let us do it on a non-political basis.

Government Orders

• (1725)

Mr. Erin Weir (Regina—Lewvan, NDP): Madam Speaker, I agree with my colleague from Surrey—Newton that we urgently need this legislation to save lives. I hope he would agree that his Liberal government's new model Senate has unnecessarily delayed this legislation by about three months.

In terms of the specific amendments, the one his government accepts, which is for a 45-day public consultation, is an amendment the Liberals rejected when it was put forward by the Conservatives in the House. I am wondering if the member for Surrey—Newton could explain whether the government has changed its mind and decided that the amendment actually improves the legislation or is giving a pat on the head to the Senate and trying to justify the delay and the \$1 million being spent every year on this new process for Senate appointments.

Mr. Sukh Dhaliwal: Madam Speaker, this is the beauty of this Prime Minister and this government. We want to make decisions that are evidence-based, that are based on consultations, and that are based on non-political affiliations to make sure that we are able to make a difference in the lives of people who need it the most. This shows the leadership shown by the Minister of Health.

I will also encourage the member on the other side to come on board and support the legislation. Let us move forward.

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Madam Speaker, I think we all agree that we have to do something about the opioid crisis.

It is unfortunate that the government refused to break this bill into its two component parts. However, the most unfortunate part is that the Minister of Health has rejected the amendment that would allow citizen advisory committees to be instrumental in deciding where in their communities they would be located and if in fact they would be located there.

Why are they so adamant that communities should not have these citizen advisory committees to engage with the community so that the best decisions can be made for that community to actually address the crisis we are discussing today?

Mr. Sukh Dhaliwal: Madam Speaker, I would like to thank the hon. member for raising the issue of creating a citizen advisory committee for each supervised consumption site.

The government respectfully disagrees with this amendment, because it would potentially create an ongoing burden for the supervised consumption site applicants. As for consultation, that would occur at the time of the application. There would be time when the application was made when those issues would be addressed. When we look at other health authorities or other health organizations, committees like this do not exist to create an extra burden. We want to deal with those situations and crises today.

I would ask the hon. member to come on board and support the bill, and let us move forward.

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Madam Speaker, Bill C-37 was introduced in the House in December, and here we are in May. I think questions about the delay of this legislation coming forward are quite legitimate.

My friend and colleague, the member for Vancouver Kingsway, has stood in this House as the NDP health critic, and in public, on numerous occasions and has asked the health minister and the Liberal government why they have not used the resources of the federal government to declare a national health emergency under the Emergencies Act. We still have not received a good answer. If we had 40 to 50 Canadians a week dying from Ebola or Zika viruses, there would be no hesitation in this House or by the government in mobilizing the resources it has at its disposal.

I would like to know why the government has not entertained the idea of enacting a national health emergency to give this crisis, and he has referred to it as a crisis, the resources it needs and demands.

• (1730)

Mr. Sukh Dhaliwal: Madam Speaker, I would like to thank the hon. member for raising the issue of a state of emergency.

We have responded to every request the provinces have raised with our government in this crisis, and we continue to work with them. In the event that a public welfare emergency under the Emergencies Act was declared, the chief public health officer would not have any new or special powers. The minister is doing everything in her power. When I talk about British Columbia, my home province, or when I talk about Surrey, my hometown, the minister has done everything possible to deal with the situation. That is the way we will continue to work in the coming days and coming months.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I commend the member for his efforts on this particular issue. I know he has been a long-time advocate for it.

To what degree does the hon. member believe it is important that Ottawa demonstrate national leadership but that in doing that, we should also be working with the different stakeholders?

Mr. Sukh Dhaliwal: Madam Speaker, that is exactly what people are looking for from a federal government, because this is not only a crisis in Surrey, Vancouver, or Alberta. This is a growing issue across Canada, and Canadians are looking for federal leadership. The hon. Minister of Health has shown that leadership and has worked with the other members of Parliament, other stakeholders, and other agencies to come up with the bill and a process and to give money where it is needed to deal with the crisis.

That is a role the federal government should be playing, and that is the role our government is playing.

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, my hon. colleague has referred to the opioid overdose crisis as a crisis, and it of course is a public health emergency. That is language the New Democrats started using. Gradually Conservatives and then Liberals started using that language as well.

I am just wondering if he can explain to Canadians why the budget they just passed devotes exactly zero dollars in emergency funding to deal with the opioid crisis in 2017.

Government Orders

Mr. Sukh Dhaliwal: Madam Speaker, I want to remind the hon. member, and I know the member is very well aware, that the minister was in Vancouver to announce the health accord on the same day she announced \$10 million in British Columbia to deal with this health crisis. She will carry on as time goes, when the demand comes in. She is working hard with the provincial governments, with local governments, and with stakeholders on the ground who are helping those who need it most.

Mr. Ken Hardie (Fleetwood—Port Kells, Lib.): Madam Speaker, it is a pleasure to ask a question of my next door neighbour in Surrey—Newton. It is a really simple question. We have heard a lot about the fact that safe consumption sites or safe injection sites are not the whole answer, and I agree. I think we have a couple of very durable problems, one of which is the repeat overdose victims who overdose time and time again. Then, of course, there are the recreational users, who we have not talked an awful lot about here today who would not use a safe injection site.

Looking at the statistics and the 914 people who have died, how many of them overdosed in a safe injection site?

Mr. Sukh Dhaliwal: Madam Speaker, I have the statistics from Insite. In 2015, Insite had over 263,000 visits by 6,532 individuals. There have been 2,395 overdoses, and none resulted in a death.

● (1735)

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, last month brought with it a grim reminder for those struggling on the front lines of Canada's opioid crisis. April 14 was the one year anniversary of British Columbia provincial health officer Dr. Perry Kendall's decision to declare the overdose epidemic a public health emergency in British Columbia. Unfortunately, despite a year of amplified efforts from municipalities, health professionals, and community volunteers, the overdose epidemic is getting worse across Canada, not better.

The first week of May marked the second time in less than a month that Vancouver Fire and Rescue Services reported more than 150 overdose calls in a week, responding to 168 calls. Vancouver police reported seven suspected overdose deaths for the same period.

That brings Vancouver's total to 148 lives lost to overdose so far in 2017, with 41 alone in April. Only January, with 47 suspected overdose fatalities, was deadlier in the history of British Columbia. The city is on pace to reach 400 overdose deaths this year, double the 2016 number, which was in itself a record. Overall, the province of British Columbia is on pace for 1,400 overdose deaths in 2017; that again would be a 50% increase over last year.

In April, B.C.'s first responders once again broke the record for suspected overdose calls in a single day. BC Emergency Health Services says it responded to 130 suspected overdoses in the province on Wednesday, April 26, mere weeks ago. The previous record was 121, and that was on November 20, 2016.

Early in 2015, Downtown Eastside fire Hall No. 2 answered about 50 overdose calls a month. By December 2016, that had jumped to 438 as the opioid crisis deepened, according to data released by the city of Vancouver.

In total, Vancouver Fire and Rescue Services reported 688 overdose calls in April, the highest on record this year and a 22%

increase from March. Vancouver Fire and Rescue Services has now capped the time spent by firefighters at Hall No. 2 at one year to limit their emotional and physical burnout.

Vancouver's mayor Gregor Robertson has said he feels “incredible frustration and anger” at the preventable loss of life, and directed his comments at the federal and provincial governments. He said, “This crisis is B.C.'s most tragic public health emergency in decades, and yet urgent health-care interventions that could immediately save lives are not being facilitated.” City councillor Raymond Louie has described the situation as a disaster.

As the death toll increasingly mounts, it is difficult to understand exactly what the federal government is waiting for or how it can claim progress is being made. It is time for Ottawa to stop overstating this progress and start responding to this crisis with the urgency and resources that it deserves.

Despite repeated NDP attempts to fast-track Bill C-37, the Senate delayed this critical life-saving legislation for three months. That is unacceptable in the midst of a national public health emergency.

In Canada, we had over 2,000 overdose deaths last year. That is an average of six Canadian lives lost every day. This means that in the past three months, while this bill has languished in the Senate, we should expect that at least 500 Canadians have died, perhaps preventable deaths, due to overdoses. However, given the escalation in fatal overdose rates so far in 2017, that number is likely even higher.

On the first day that the Vancouver-based facility Insite opened, it reversed 15 overdoses. Not all of those people would have died of course, but odds are that some of them would have if those overdoses had happened out on the street. Indeed, we have over a decade of clear and overwhelming evidence that supervised consumption sites save lives. There is not a shred of credible evidence to substantiate the baseless fearmongering that has shrouded this debate for too long.

● (1740)

Today, there will be 600 supervised injections at Insite and not one of them will result in a fatal overdose. No one has ever died of an overdose at Insite since it opened in 2003. In the immediate area around Insite, the 40 block area surrounding the facility, there has been a 35% decline in overdose deaths. People who use Insite on a regular basis are 30% more likely to enter addiction treatment.

The three months this bill unnecessarily was held up in the Senate has cost lives in our country, and that should be condemned.

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In the end, I cannot imagine a more irresponsible way to respond to a health crisis than by wasting our time rehashing a settled debate on the efficacy of supervised consumption sites, when every day we delay their approval means more overdoses and more lives lost, yet after three months of delay, the Senate has now returned the bill to the House with three problematic amendments, motivated by those who, based on a narrow ideology, are opposed to supervised consumption sites, reject the clear evidence they save lives, and really want to obstruct or delay their opening.

These amendments, and the concepts behind them, were specifically raised, debated and rejected at the House of Commons Standing Committee on Health. They are not evidence based, they represent poor public health policy, and they are contrary to the very intent of the legislation.

I will deal with amendment 1.

Before it was amended, the bill set out a maximum 90-day consultation period with the public in order to allow the public to have its say on the site and location of the supervised consumption site. The amendment by the senators proposes to put in a minimum 45-day public consultation for these applications. There is only one reason someone would want to put in a minimum time for public consultations, and that is to slow down an application for a supervised injection site.

There is no doubt that this amendment, were it to pass, will slow down the approval process and hinder quick action in the case of emergency where we may have to open supervised consumption sites very quickly, as have volunteers and activists on the ground in Vancouver as we speak. Some people in Vancouver have opened what are called “overdose prevention clinics”, right now operating courageously outside the law because they know they are saving lives. They are risking their professional credentials. They are risking being arrested. They are risking running afoul of the law. However, they are not waiting around for an application to be approved by the minister. We have had none approved over the last several years, other than this weekend when finally two were approved in Montreal. They are opening these sites to save lives now, yet this amendment, which the Conservatives have put in, would delay the opening of a site even in an emergency basis. I will get to this in a moment, but to their everlasting disgrace, the Liberal government will support that.

Amendment 2 proposes that the minister may appoint a citizen advisory committee for each supervised consumption site. This is unnecessary and redundant because community consultation is already a core criterion in the main part of the bill. The amendment is an attempt to delay supervised consumption sites and try to create public opposition to them. Last, site decisions should be health based. Community input, as I have already stated, is already provided for in the body of the bill.

Finally, amendment 3 would require a person who is operating a safe injection site to offer what is called “alternative pharmaceutical therapy” to each person entering that facility before the person consumes a controlled substance. First, that provision is very likely unconstitutional and outside the power of the federal government. Second, it is unnecessary because treatment options are already part of harm reduction facilities. Had any of those senators bothered to go

to Insite and tour that facility, they would have been told that all over that facility anyone entering it is exposed to treatment modalities of all types. Third, such an amendment would be counterproductive because it could have the effect of discouraging some clients from entering and using supervised consumption sites.

● (1745)

Do not take my word for it. When Bill C-37 was being debated before the House of Commons Standing Committee on Health, the Liberal members of that committee said what I just said.

The Liberal member for Oakville cautioned the committee. He said:

...it's really important that we remember what we're doing here. This isn't designing the treatment programs and the whole care model around people with drug addictions. That's the province's responsibility.... What we're doing here is deciding who would be exempted from the Controlled Drugs and Substances Act because of medical conditions.

On the 45-day minimum consultation, the Liberal member for Charleswood—St. James—Assiniboia—Headingley told the committee:

I have a very quick point to the question that was asked about what the harm would be in 45 days [as a minimum consultation period] and whether it would matter.

The question I would ask in return is if there's an urgent enough need....the day that Insite opened, they reversed 15 overdoses. Multiply that by 45 potential deaths. Does that matter? I would say it does.

The Liberal member for Calgary Skyview reminded the committee of this. He said:

Time is of the essence when we are setting up these clinics. This amendment will constrain or tie the minister's hands for 45 days in terms of taking any action. Look at all the lives that may be lost in that delay.

Those are my comments.

It will be interesting to see if those members of the health committee, who sat with me when we heard from witnesses about the opioid overdose crisis due to a New Democrat amendment to study that very issue, will stand and vote with the New Democrats in opposing these three amendments that are contrary to the intent of the bill and actually make opening supervised consumption sites more difficult or more difficult for clients to access.

Those on the front lines of this crisis are unanimously opposed to these amendments because they know that they will delay the opening of critical public health facilities. Canada's New Democrats will stand with them, because we support sound, evidence-based health policy. We support these critical public health facilities that save lives. We therefore oppose these ill-advised amendments and we are deeply disappointed that the Liberal government would ignore evidence-based decision-making by agreeing to support any of them.

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There is no reason to believe that this crisis is over, under control, or indeed will not continue to get worse with the proliferation of carfentanil in our communities. We need to fast-track the opening of supervised consumption sites and expand opioid substitution programs. We need better pain management regimens and substantial investments in addictions treatment across the board. These are needed to start the tectonic shift to transform how we think about addiction and to create better policies to address it after a decade of moralizing and criminalizing what is a public health issue.

First we must make long-term investments in mental health programs and addictions research. Canadian mental health experts, including the Public Health Agency of Canada, do not yet have an explicit understanding of the relationship between drug and mental health issues. Research identifying these associations will aid in defining the upstream mental health factors contributing to substance misuse. These factors can form the foundation of targeted and proactive mental health strategies, including community-based treatment and support programs for youth, indigenous people, women, and any other group that requires special support. Research shows that 70% of mental illness begins in childhood or adolescence, and those suffering are twice as likely to have a substance use problem.

In addition, national tracking of co-morbidity of mental illness and drug-related fatalities, similar to what is done in the U.S. and Australia, would enable faster access and a better understanding of trends for use in the development of targeted solutions.

In short, we need to know more, we need to invest more, and we need to devote more efforts to acquire the science and knowledge to address this public health crisis.

Second, we need substantial investments in addictions treatment across the board, and by that I mean significant new funding by all levels of government, in a myriad of modalities, for all distinct populations.

I will stop and point out that my Liberal colleague mentioned the \$10 million given by the Minister of Health to British Columbia. That was in 2016. The current 2017 budget tabled in this House devotes zero dollars to address the emergency opioid overdose crisis in this country.

There is currently an unacceptably narrow portal for access to detox services and an appalling lack of publicly funded longer-term treatment beds. In Vancouver, where I have the privilege of representing a riding, it takes an average of eight days to access detox services. That is directly contrary to everything we know about addiction. If someone is willing to get treatment, we have to get them into treatment right away. If we wait even a day, that moment is usually lost.

● (1750)

In truth, effective treatment is really only available to those who can pay or are desperate enough to go into debt to access it. It is not unusual to have to pay \$10,000 or more a month to receive timely access to quality addiction treatment facilities in Canada, a shocking gap in our so-called universal health care system.

This has to change, and we must start building the infrastructure to provide universal access to essential health services for everyone

suffering from substance use disorder. Different treatment modalities are needed for different populations, including treatment centres for youth, women, men, and indigenous Canadians. They must be built like any other health care facility and cover treatment for existing ones. It is time to start treating addiction as a bona fide health issue, and that means public coverage for effective treatment universally delivered.

Third, much of the opioid dependence and addiction phenomenon has been driven by millions of Canadians who cannot find effective treatment for chronic pain. This must be acknowledged and addressed.

Access to multidisciplinary pain management programs such as physiotherapy, weight loss, nutrition, massage, and counselling have been shown to improve pain treatment outcomes, as well as reduce the inappropriate use of pain medications, including reliance on opioids, which are highly addictive. Multidisciplinary management of chronic pain also has the potential to produce significant cost savings in health care expenditure by restoring lost workplace productivity and reducing hospitalization.

Access to effective interdisciplinary chronic pain treatment currently varies widely by province and territory, is particularly lacking in rural areas, and wait times are long. The cost is often prohibitive, as visits to non-physician health professionals are paid through private sector insurance or usually out of pocket. Therefore, we must prioritize the development of these chronic pain centres by supporting provincial and territorial efforts to establish and expand these programs.

Fourth, we must expand alternative treatments for people with chronic opioid addictions who are not benefiting sufficiently from available treatments such as oral methadone. For example, the SALOME study found that patients receiving medically-prescribed heroin, or diacetylmorphine, are more likely to live longer than someone receiving methadone maintenance therapy, more likely to stabilize their lives, and more likely to seek long-term treatment. Despite this, Vancouver's Providence Crosstown Clinic remains the only harm reduction treatment centre in North America where diacetylmorphine is used for treating long-term users.

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This has to change, and change now. We need to encourage the opening of medically prescribed diacetylmorphine facilities across the country and ensure access to this phenomenally successful program to everyone who qualifies for and wants it. Let us be realistic. These policy initiatives will require a substantial allocation of resources after being chronically underfunded, indeed some actively opposed, by successive federal governments.

I have returned to the House day after day, month after month, and now year after year to push the Prime Minister and the Minister of Health to see the shocking scale of human suffering involved with this crisis, each time with news of a new horrifying record-breaking number for overdose deaths in my home city, province, and now across the country. On this point, I feel I must be blunt. Canadians' patience with the Liberal government has become exhausted. They no longer wish to listen to platitudes while Canadians continue to die.

Prior to the release of the last budget, the Prime Minister travelled to Vancouver and promised the crisis would no longer be ignored. He pledged, "There are no barriers to the federal government being able to do exactly what it needs to do. We will ensure resources are available." Shockingly, budget 2017 fails to allocate the resources necessary. As former vice-president Joe Biden used to say, "Don't tell me what you value, show me your budget, and I'll tell you what you value."

While the Liberals may pay lip service to progressive values, their funding decisions do not back them up. That is why at a recent town hall forum the Prime Minister was called out by harm reduction worker Zoe Dodd, who accused his government of not going far enough to combat this epidemic, saying, "We need millions of dollars. I am a front-line worker who has not been on the job for the last six weeks because people keep dying around me, and I'm completely traumatized."

• (1755)

These overdoses are not merely statistics. They are someone's son, daughter, sister, or brother. They are someone's mother or father, aunt, uncle, cousin, or colleague. They may even be someone we know. It is time the House came together and gave them the support they need.

Mr. Sukh Dhaliwal (Surrey—Newton, Lib.): Mr. Speaker, my question for the hon. member is on the 45-day consultation process. It is my understanding that this consultation is not mandatory. If this is not mandatory, it is my understanding there will be minimal operational impact in retaining this amendment. What are the hon. member's thoughts on that?

Mr. Don Davies: Mr. Speaker, I am not sure I agree with the premise of the member's question.

It is my reading of the amendment that this would require a minimum 40-day consultation period and a maximum 90 days. There is nothing discretionary about it and that is why concern is coming from the community and from this side of the House. It may well be that a consultation period may take 45, 50, or 60 days. That may be necessary in certain circumstances. However, equally true, we may need to expedite the opening of a supervised consumption site quicker than 45 days.

The New Democrats will not agree to any amendment that would tie the hands of the Minister of Health, particularly in an emergency situation, with an arbitrary number of a minimum of 45 days. That is why we will oppose it. I would encourage the member and his colleagues to do the same.

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Mr. Speaker, I would agree with many of the comments my hon. colleague made.

I want to bring his attention to page 193 of the budget. He alluded to this a little earlier, the emergency funding to address opioid-related public health emergency. There were \$16 million in 2016, nothing in 2017, nothing in 2018, nothing in 2019, nothing in 2020, nothing in 2021. Could he comment on that?

Mr. Don Davies: Mr. Speaker, as mayor of Surrey, the member did a lot to help build public health services in her community.

It is there in black and white in the budget. As I said, we can talk about all the values and good intentions we have, but it is money from the federal government that will make a real dent in this problem. I was shocked, as was my hon. colleague, to see there were zero emergency dollars devoted to the opioid overdose crisis in the budget.

My colleagues on the government side of the House may say they have put some money into established programming, but the fact is that we are in an emergency and that emergency may get worse. In fact, it has become worse.

I stood in the House when that budget was tabled and I asked how the government could fail to plan for a deepening emergency, when the opioid crisis was still very much raging across the country and likely would get worse. Unfortunately, my words were correct. It has become worse. The government did not see fit to set aside emergency funds to deal with this, and that is a shame.

I had my criticisms of the previous government on drug policy, but the former Conservative government dedicated more funds to treatment and prevention than the Liberal government has, and that is a shame.

Ms. Sheila Malcolmson (Nanaimo—Ladysmith, NDP): Mr. Speaker, Nanaimo, the city I am honoured to represent, had 13 fatalities in the first three months of this year and 28 fatalities last year. We are a smaller city but people are dying in this emergency at the same rate as people in Vancouver. While the government delayed action for a year and a half and then the Senate delayed it for another three months, inexcusably, the human impact has been colossal.

Could the member for Vancouver Kingsway tell me who is picking up the pieces in the meantime? Who are the front-line people who are filling the gap around the lack of inaction from the federal government?

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•(1800)

Mr. Don Davies: Mr. Speaker, this is something all members of the House would join in on, to think for a moment the deep debt of gratitude that we owe to the first responders of all types, the community activists of all types who are working on the front lines of this crisis. They are the ones who are actually attending to people who are clinically dead and not breathing, not only on the streets of Vancouver but in every major municipality and town across this country. It is the firefighters, police, nurses, community health workers. In many cases it is the drug users themselves who are joining together to try to save each other.

Once again, if I can make one plea to my colleagues in the House, it is to start regarding this problem as a health problem. Addiction is substance use disorder. It is a recognized illness in the DSM-5. It is not an issue of morality, not an issue of low character, not an issue of criminality. It is a complex biopsychosocial disease, no different from diabetes, cardiac problems, or anything else. These are people who are worthy of our support. It is a health crisis and those people who are dealing with it every day on the streets of our country who are responding as health providers need our full support, and more. They need better resources.

The federal government has contributed some money to this and it should be applauded for that, but it is not enough. Until every Canadian can access detox and treatment for substance use disorder on demand, publicly paid for, just as they would if they went to the hospital to have their finger stitched up, we cannot rest.

Mr. Adam Vaughan (Parliamentary Secretary to the Minister of Families, Children and Social Development (Housing and Urban Affairs), Lib.): Mr. Speaker, I applaud the member opposite. He has been a strong and clear voice and a fierce advocate for a better health policy to deal with this crisis and I think he has earned the respect of all of us. However, the comment I just heard was that this government is putting in less money than the previous government did, and has been less helpful on this crisis than the previous government was, even though we are the people who are bringing forth the legislation to change the way in which safe injection sites are situated in communities. In fact, my riding is going to receive a safe injection site precisely because of our progressive action.

The health accord has specific dollars for the very first time for treatment and mental health services in situations, in other words in support of housing sites. The national housing strategy, which is well over \$35 billion over the next 10 years, explicitly is focused on delivering supportive housing treatment sites with addiction and mental health services at the intersectionality of those two issues. Those dollars are on the table and there is the health accord as well. We built in, as we heard the health minister in question period today, this program so it is not an emergency, but it is a systemic approach to a crisis which has materialized on city streets right across the country. In light of all of those measures, how can the member opposite say there are fewer resources being invested into this crisis than there were under the previous government?

Mr. Don Davies: Mr. Speaker, I say that because I read the budgets. I said that the government has put in less money, devoted less money over the next five years for addictions treatment than the previous government had budgeted for the same time period. That is

just a fact. I would be happy to sit down with my colleague and go through the last budget tabled by the Conservative government and compare it to the budget that was just tabled a few months ago, that show the expenditures over the next four years and I will show him in black and white where it says that.

I do congratulate the government on changing this legislation, as it is long overdue, but I will give it a bit of criticism for taking so long. This is a public health emergency. We must remember that the New Democrats started raising this issue in February 2016. We are approaching a year and a half later where we have legislation before the House and in that 18 months there has not even been a declaration federally of a public health emergency, which would have the positive impact of actually sanctioning the current overdose prevention sites that are operating in Vancouver against the law currently. The government will not do that.

I have asked repeatedly. First, the Liberals said that there is no need to declare it a public health emergency because it does not do anything. When I pointed out that actually it would do two things, that it would allow emergency funding to flow and it would allow them to sanction the currently illegal overdose prevention sites, I heard silence from them. While I will congratulate the current government on taking some positive steps, again, I will give it no credit for progress until the death rates in this country start going down. Liberals cannot get credit when more people are dying every month from opioid overdoses than the previous month. I will measure progress on this side of the House when death rates go down, not up, unlike my colleagues in the Liberal Party.

* * *

•(1805)

BUSINESS OF SUPPLY

Hon. Bardish Chagger (Leader of the Government in the House of Commons and Minister of Small Business and Tourism, Lib.): Mr. Speaker, I would like to inform the House that Thursday, May 18 shall be an allotted day.

* * *

PUBLIC SERVICE LABOUR RELATIONS ACT

BILL C-7—NOTICE OF TIME ALLOCATION MOTION

Hon. Bardish Chagger (Leader of the Government in the House of Commons and Minister of Small Business and Tourism, Lib.): Mr. Speaker, an agreement could not be reached under the provisions of Standing Orders 78(1) or 78(2) with respect to the consideration of Senate amendments to Bill C-7, an act to amend the Public Service Labour Relations Act, the Public Service Labour Relations and Employment Board Act and other acts and to provide for certain other measures.

Under the provisions of Standing Order 78(3), I give notice that a minister of the crown will propose at the next sitting a motion to allot a specific number of days or hours for the consideration and disposal of proceedings at the said stage.

CONTROLLED DRUGS AND SUBSTANCES ACT

The House resumed from May 12 consideration of the motion in relation to the amendments made by the Senate to Bill C-37, An Act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts, and of the amendment.

Mr. Ken McDonald (Avalon, Lib.): Mr. Speaker, we are here today to discuss the amendments to Bill C-37, an act to amend the Controlled Drugs and Substances Act and to make related amendments to other acts.

I would like to start my remarks by thanking the Standing Committee on Health, and the Standing Senate Committee on Legal and Constitutional Affairs, as well as members of both Houses of Parliament for their time and expertise in the review of Bill C-37.

This bill proposes a number of amendments to the Controlled Drugs and Substances Act and other acts, to support our government's efforts to address the current opioid crisis, as well as problematic substance abuse more generally. I will focus my remarks on Bill C-37 and the opioid crisis in Canada.

Canada is in a public health crisis due to an increasing number of opioid-related overdoses and deaths. The reality is that individuals, families, and communities across Canada are losing loved ones to this crisis, and it is more and more likely that the majority of Canadians know someone, directly or indirectly, who has been impacted.

Until very recently, only British Columbia and Alberta regularly reported on opioid overdoses and deaths. While I cannot speak about a national picture of overdoses and deaths due to drug substances, it is clear that the numbers we do have are rising. For example, in British Columbia, 931 people died of drug overdoses in 2016, an increase of 80% from 2015. In Alberta, 343 fentanyl-related deaths occurred in 2016, an increase of 33% from 2015.

According to Ontario's chief medical officer of health, approximately one in every 170 deaths in Ontario is related to opioid overdose. Furthermore, we all see the severity, through daily news articles that outline the number of overdoses and deaths from the night before. The news cannot be ignored. People are suffering and people are dying.

Our government has already taken many actions to date to address this crisis. These actions include commitments in the areas of prevention, treatment, harm reduction, and enforcement, all supported by strong evidence-based and targeted public health emergency response.

In addition, recognizing that provinces, territories, and other stakeholders have an important role to play, the Minister of Health co-hosted an opioid conference and summit in November 2016, which brought together a broad range of stakeholders for a national dialogue on actions to address and reduce the harms related to opioid use in Canada.

In December 2016, the Canadian drugs and substances strategy was introduced, replacing the national anti-drug strategy with a balanced and health-focused approach. Also, Health Canada funded the Michael G. DeGroote National Pain Centre, at McMaster University, to lead a project to update the Canadian guideline for safe

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and effective use of opioids for chronic non-cancer pain, which was published this May. The goal of the updated guidelines is to maximize the benefits of opioid therapy for chronic non-cancer pain, while reducing the risk of harm.

Bill C-37 was introduced on December 12, 2016. As mentioned, it proposes a number of amendments to the Controlled Drugs and Substances Act and other acts to support our government's efforts to address the current opioid crisis, as well as problematic substance use more generally. For example, it makes important proposed changes to the establishment of supervised consumption sites. Currently, supervised consumption sites are governed by the Respect for Communities Act. This act requires that applicants interested in establishing supervised consumption sites address 26 criteria in their application. Further, to renew an exemption for an existing site, the same 26 criteria must be addressed, as well as information related to two additional criteria.

• (1810)

Many experts agree that this administrative burden makes it difficult for supervised consumption sites to be created in communities that need them.

Evidence guides our government's current approach to drug policy, and Canadian and international research shows that when properly established and maintained, supervised consumption sites can and do save lives and indeed improve health. Without compromising the health and safety of those operating the site, its clients, or its surrounding community, Bill C-37 proposes to relieve the administrative burden on communities seeking to establish a supervised consumption site.

Rather than 26 criteria, Bill C-37 proposes five factors to be included in applications. These factors examine the impact on crime rates, the local conditions indicating need, the regulatory structure in place to support the facility, the resources available to support its maintenance, and the expressions of community support or opposition. Streamlining the application and renewal process and adding in a new transparency provision means that applicants can be assured that the process will not cause unreasonable delay. If assented to, Bill C-37 would support the establishment of supervised consumption sites by showing communities that their voices would be heard and that each application would be subject to a comprehensive review.

Also, for renewals, a new application would no longer be required. Instead, a renewal would simply be requested by informing Health Canada of any changes to the information that was submitted as part of the site's last application. If a community is benefiting from an existing supervised consumption site, then why would the federal government make it burdensome for their application to be renewed?

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The Senate has adopted amendments to Bill C-37 that focus on further involving the public in their input regarding supervised consumption sites. Our government supports one of those amendments fully, the amendment to establish a minimum consultation period of 45 days when the minister chooses to post a public notice of consideration in cases where there may be extenuating circumstances.

However, our government does not support the second amendment, which is to allow for citizen advisory committees for supervised consumption sites. By setting out a mechanism for oversight that does not apply to any other health service, this would add stigma to the use of harm reduction services at a time when the focus needs to be on saving lives.

Finally, our government seeks to amend the provision requiring an offer of alternative pharmaceutical treatment at supervised consumption sites. While we share the goal of improving access to treatment, the mandatory wording could pose an additional burden to applicants seeking to establish supervised consumption sites. I repeat that this cannot be risked during such a time of urgent need.

Bill C-37 also contains additional provisions to reduce the availability and harm of street drugs. Another pressing aspect of the opioid crisis is that street drugs are being made more and more potent as they are being laced with fentanyl. Illegal fentanyl, often imported, is increasingly available, and overdoses are occurring when individuals are not aware of the potency of the substances they are using. This includes counterfeit pills made using pill presses and encapsulators. Currently, these devices can be and are legally imported into Canada by anyone, with no specific regulatory requirements.

● (1815)

[*Translation*]

The Assistant Deputy Speaker (Mr. Anthony Rota): It being 6:15 p.m., pursuant to order made earlier today, it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of the amendments tabled by the Senate to Bill C-37 now before the House.

[*English*]

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

Some hon. members: Agreed.

Some hon. members: No.

The Deputy Speaker (Mr. Anthony Rota): All those in favour of the amendment will please say yea.

Some hon. members: Yea.

The Deputy Speaker (Mr. Anthony Rota): All those opposed will please say nay.

Some hon. members: Nay.

The Deputy Speaker (Mr. Anthony Rota): In my opinion the nays have it.

And five or more members having risen:

The Deputy Speaker (Mr. Anthony Rota): Call in the members.

● (1840)

(The House divided on the amendment, which was negated on the following division:)

(*Division No. 274*)

YEAS

Members

Aboultarif	Albas
Albrecht	Allison
Ambrose	Arnold
Barlow	Benzen
Bergen	Berthold
Bezan	Block
Boucher	Brassard
Brown	Calkins
Carrie	Clarke
Clement	Cooper
Diotte	Doherty
Dreeshen	Egliniski
Falk	Finley
Gallant	Généreux
Genuis	Glada
Gourde	Harder
Hoback	Jeneroux
Kelly	Kent
Kmiec	Kusie
Lake	Laizon (Stormont—Dundas—South Glengarry)
Lebel	Liepert
Lobb	MacKenzie
McCauley (Edmonton West)	McColeman
McLeod (Kamloops—Thompson—Cariboo)	Miller (Bruce—Grey—Owen Sound)
Motz	Nater
Nicholson	Obhrai
Paul-Hus	Poillievre
Rayes	Reid
Rempel	Richards
Shields	Shipley
Sopuck	Sorenson
Strahl	Stubbs
Sweet	Tilson
Trost	Van Kesteren
Van Loan	Viersen
Warawa	Warkentin
Watts	Waugh
Webber	Wong
Yurdiga	Zimmer— 78

NAYS

Members

Aldag	Alghabra
Alleslev	Amos
Anandasangaree	Arseneault
Arya	Aubin
Ayoub	Badawey
Bains	Barsalou-Duval
Baylis	Beaulieu
Beech	Bennett
Benson	Bibeau
Bittle	Blaikie
Blair	Blaney (North Island—Powell River)
Boissonnault	Bossio
Boudrias	Boutin-Sweet
Breton	Brison
Brosseau	Caesar-Chavannes
Cannings	Carr
Casey (Cumberland—Colchester)	Casey (Charlottetown)
Chagger	Champagne
Chan	Chen
Choquette	Christopherson
Cullen	Cuzner
Dabrusin	Damoff
Davies	DeCoursey
Dhaliwal	Dhillon
Di Iorio	Donnelly
Drouin	Dubé
Dubourg	Duguid

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Duncan (Etobicoke North)
 Dusseault
 Dzerowicz
 Ehsassi
 Erskine-Smith
 Finnigan
 Fonseca
 Fortin
 Fraser (Central Nova)
 Fuhr
 Garrison
 Gill
 Gould
 Grewal
 Hardcastle
 Harvey
 Holland
 Hughes
 Hutchings
 Johns
 Jones
 Jowhari
 Khera
 Lambropoulos
 Lamoureux
 Lauzon (Argenteuil—La Petite-Nation)
 Lebouthillier
 Lemieux
 Levitt
 Lockhart
 Longfield
 MacAulay (Cardigan)
 MacKinnon (Gatineau)
 Maloney
 Masse (Windsor West)
 Mathysen
 May (Saenich—Gulf Islands)
 McDonald
 McKay
 McKinnon (Coquitlam—Port Coquitlam)
 Mendicino
 Miller (Ville-Marie—Le Sud-Ouest—Île-des-Soeurs)
 Monsef
 Morneau
 Murray
 Nassif
 Ng
 Oliphant
 O'Regan
 Paradis
 Peschisolido
 Petitpas Taylor
 Picard
 Poissant
 Qualtrough
 Rankin
 Rioux
 Rodriguez
 Rota
 Ruimy
 Sahota
 Samson
 Sansoucy
 Schulte
 Sgro
 Sheehan
 Sidhu (Brampton South)
 Simms
 Sorbara
 Tabbara
 Tassi
 Tootoo
 Vandal
 Vaughan
 Weir
 Wilson-Raybould
 Young

Duncan (Edmonton Strathcona)
 Duvall
 Easter
 El-Khoury
 Fillmore
 Fisher
 Fortier
 Fragiskatos
 Fry
 Gameau
 Gerretsen
 Goodale
 Graham
 Hajdu
 Hardie
 Hehr
 Housefather
 Hussen
 Iacono
 Joly
 Jordan
 Kang
 Kwan
 Lametti
 Lapointe
 Laverdière
 Lefebvre
 Leslie
 Lightbound
 Long
 Ludwig
 MacGregor
 Malcolmson
 Marcil
 Massé (Avignon—La Mitis—Matane—Matapédia)
 May (Cambridge)
 McCrimmon
 McGuinty
 McKenna
 Mendès
 Mihychuk
 Morrissey
 Nantel
 Nault
 O'Connell
 Oliver
 Ouellette
 Pauzé
 Peterson
 Philpott
 Plamondon
 Quach
 Ramsey
 Ratansi
 Robillard
 Romanado
 Rudd
 Rusnak
 Saini
 Sangha
 Schiefke
 Serré
 Shanahan
 Sidhu (Mission—Matsqui—Fraser Canyon)
 Sikand
 Sohi
 Spengemann
 Tan
 Thériault
 Trudel
 Vandenbeld
 Virani
 Whalen
 Wrzesnewskyj
 Zahid — 206

PAIRED

Members

Foote

Moore — 2

The Speaker: I declare the amendment defeated.

[*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.

And five or more members having risen:

The Speaker: The hon. Chief Government Whip is rising on a point of order.

Hon. Pablo Rodriguez: Mr. Speaker, I believe you would find unanimous consent to apply the results of the previous vote to this vote, with Liberal members voting in favour of the motion.

[*English*]

Mr. Gordon Brown: Mr. Speaker, the Conservatives agree to apply and will be voting no.

[*Translation*]

Ms. Marjolaine Boutin-Sweet: Mr. Speaker, the NDP agrees to apply the vote and shall be voting against the motion, with the addition of the member for Abitibi—Témiscamingue.

Mrs. Marilène Gill: Mr. Speaker, the Bloc Québécois agrees to apply the vote and will vote in favour of the motion.

[*English*]

Hon. Hunter Tootoo: Mr. Speaker, I too agree to apply and will be voting yes.

Ms. Elizabeth May: Mr. Speaker, I also agree to apply and will be voting yes.

● (1845)

[*Translation*]

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

(*Division No. 275*)

YEAS

Members

Aldag
 Alleslev
 Anandasangaree
 Arya
 Badawey
 Barsalou-Duval
 Beaulieu
 Bennett
 Bittle
 Boissonnault
 Boudrias

Alghabra
 Amos
 Arseneault
 Ayoub
 Bains
 Baylis
 Beech
 Bibeau
 Blair
 Bossio
 Breton

Adjournment Proceedings

Thirteen years have passed since the 2004 Pay Equity Task Force report. It was a comprehensive blueprint for pay equity. It was a three-year study of a proactive pay equity regime, consisting of 596 pages and 113 recommendations. Again, that was in 2004 when the Liberal government was previously in power.

If those recommendations had been implemented in 2004, women would have had \$640 billion more in their pockets, money they are now owed. The wage gap has cost Canadian women \$640 billion in lost wages since 2004. Imagine for a moment the improved quality of life women would have had if they had not had to wait. Imagine the boost to the economy if that money had been in their bank accounts or spent in our communities that whole time.

As Barb Byers, secretary-treasurer of the Canadian Labour Congress, who very recently retired, and I thank Barb, testified at committee hearings held a year ago:

Let us also be mindful that women have been waiting for longer than 12 years. We've been waiting for decades and decades, and while we wait, the debt owed to those who are caught in the wage gap continues to mount. These are women with children to raise, women who deserve a dignified retirement, and many are women who face multiple and intersecting forms of discrimination both in the workplace and in the community.

In June 2016, almost a year ago, the Special Committee on Pay Equity, created by a New Democrat motion, tabled a report called "It's Time to Act", but the government decided not to act. It is not a hard fix.

There is no reason for the delay. Women are still being denied pay equity. We have models and best practices within our country. There has been proactive pay equity legislation for public sectors for several decades: Ontario since 1987 and Quebec since 1996. Those regimes also include the private sector. Ontario and Quebec found that the cost of these provincial proactive pay equity laws was not significant and not as costly as employers had initially feared when the regimes were introduced. Plus it is a human right and it is the right thing to do.

This year, the Liberals sent a delegation to the 61st session of the Commission on the Status of Women. Interestingly, its focus was #stoptherobbery and #payequity was everywhere. The United Nations asked all countries to #stoptherobbery, but justice has not happened in Canada. We have just learned through the media that a senior ministerial staffer to the former employment minister lost classified documents going to cabinet that explained why pay equity legislation was still being hung up.

I want to know when the government will table those lost documents so we can learn what possible excuse the government has for failing to deny women legal pay equity.

● (1850)

Mr. Rodger Cuzner (Parliamentary Secretary to the Minister of Employment, Workforce Development and Labour, Lib.): Mr. Speaker, I respect the member's dedication and passion to this issue. She did give a shout-out to Barb Byers, someone I have worked with over the last five or six years. I have a tremendous amount of respect for her as an advocate. I appreciate her body of work over that period of time on the national scene. She has done a great job.

In preparation, I was speaking with Gillian Hanson, a good friend of mine, about this just before we came to the House today. We

agreed it was important to make one thing clear: pay equity is not a point of contention. Our government agrees that women should receive equal pay for work of equal value. It is a human right that is entrenched in the Canadian Human Rights Act. Our government shares the member's determination and commitment.

I would like to assure hon. members of the House that our government is not delaying this initiative. It is quite the contrary. Our government has committed to tabling new proactive pay equity legislation for the federal jurisdiction in 2018. We are proud to be bringing forward legislation after years of inaction from the previous government. This commitment is explicitly outlined in the minister's mandate letter, and work is under way to achieve this goal.

Pay equity between men and women and fair treatment of all workers in the workplace are going to create economic growth and a thriving middle class.

Our government has had discussions with provinces to draw upon their experiences and lessons learned. We have begun targeted consultations with stakeholders to hear their views on the design of a new proactive pay equity regime.

The bottom line is that we need to create comprehensive and effective proactive pay equity legislation. This will address gender-based wage discrimination related to the undervaluation of work traditionally performed by women. Our commitment to this goal is unwavering.

I should mention that in addition to future pay equity legislation, the government will be working to reduce the wage gap between men and women. We will also work to increase the number of women in senior leadership roles and the representation of women in good-quality jobs in skilled trades.

Gender equality is high on our government's agenda. As outlined in budget 2017, we are committed to ensuring that every Canadian has a real and fair chance to succeed. We will make sure that our decisions deliver results that are more equitable and more fair for all Canadians.

Ms. Sheila Malcolmson: Mr. Speaker, there was not a single witness at the pay equity commission that was held last year, a special committee, who asked for more consultation or asked for more time. It was the unanimous recommendation of the committee that the government table legislation in June 2017. That is two weeks away. There is not a single excuse to delay.

I repeat my question for the member opposite: why on earth is the government waiting? The debt of \$640 billion is a big one, and the government is just building it. As well, can we please see this lost document that is now out somewhere in the public domain, the one that was lost by the former employment minister's staff, which explained to cabinet why on earth the government would betray its promise to Canadian women and delay pay equity legislation once again?

Adjournment Proceedings

●(1855)

Mr. Rodger Cuzner: Mr. Speaker, the member should know, and I think Canadians know, that we are absolutely fully committed to moving forward on tabling proactive pay equity legislation by the end of 2018, and we are working toward that date.

Our government highly values women's rights in keeping with the principles of equality and fairness. Equal pay for work of equal value is a human right. We are actively working towards the goal of pay equity to address gender-based wage discrimination for women in the workplace.

Pay equity legislation will impact different organizations in different ways. As such, we must be mindful of these complexities and create legislation that is both comprehensive and effective. That is our goal. I assure the House, make no mistake; we will achieve it.

HEALTH

Ms. Tracey Ramsey (Essex, NDP): Mr. Speaker, earlier this year in question period, I asked the government for immediate action on the opioid crisis. I said that we cannot afford to wait for Bill C-37 to wind its way through the parliamentary process. Ironically, months later, while this legislation has made progress, it has not yet received royal assent.

At the time, I asked the government to provide immediate and direct support to communities like those I represent in Essex which continue to grapple with this public health emergency. Unfortunately, this crisis continues to spiral. Front-line workers do not have the resources that they need. People in my community are frustrated and angry by the lack of response from the government.

Earlier today, the Minister of Health spoke about emergency funding to B.C. and Alberta. I would like to remind her that communities across Canada need emergency funding. Small communities especially are struggling to deal with this issue when there is not a holistic plan. We need care in this country that sees people from detox through transition and into rehab. That is very difficult to find in small communities. We need the government to step up with the resources necessary to bring this crisis under control.

In my riding of Essex, youth addiction is a significant issue. In fact, our county has the seventh highest rate of youth addiction in the province. People in law enforcement feel that their hands are tied and they are stuck in the cycle as well. They pick up the same person, bring him or her to the hospital, and then the person is back on the street again. They want to be part of the solution, but there is currently no way for them to participate in that.

Families are feeling desperate. When a loved one experiences an addiction, the parents and the family struggle so much. It is life or death. They try to support their loved one in getting help, but there are so many gaps in the system that it often feels like the system is working against them. Families are doing all they can to help each other.

This morning I spoke with a woman from my riding who was trying to help another family save their child. Fortunately, she was able to get her daughter into treatment and her daughter is healthy today, but this is not the case for everyone. If it were not for

Narconon and family support systems that are popping up, we would have no formal way for people to be able to find out what treatment is available to them.

When someone with an addiction is ready to detox and then go to rehab, it is often the beginning of a frustrating experience of running up against the common problems of lack of beds, long wait lists, and a complete lack of resources. People with addictions simply cannot get the help they need and sadly, this can have tragic consequences. People not being able to get into help is heartbreaking.

I have met with some of these families. They have visited me in my office. It is a very emotional conversation with people who are struggling to get their loved ones the help that they need. I have heard their pain and sorrow, and more often, their frustration and anger. When families tell me that their only hope is that their loved one will somehow end up in jail so that their loved one can get the treatment that he or she needs, this tells us how incredibly broken our system is.

Since I held a round table several months ago, seven more people have died in our region due to opioid addictions. I implore the government to revisit its five point plan and reconsider the level of resources that this public health crisis deserves. I would like to ask what the government can offer to rural communities like those in Essex to assist with strengthening the response to the opioid crisis.

●(1900)

Mr. Mark Holland (Parliamentary Secretary to the Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, our government is indeed deeply concerned about the growing number of unintentional opioid overdoses and deaths being reported in Canada, including those involving fentanyl and carfentanil. We know that this is a complex issue and that no one organization or level of government is going to be able to find a solution on its own.

Months ago, we recognized that there was an opioid crisis in Canada, and since then this government has taken swift and concrete action. We have been working closely with the provinces and territories, community organizations, academia, and international partners in all areas of response, from prevention and treatment to law enforcement and harm reduction.

We listened when nurses, doctors, pharmacists, patients, and parent organizations told us that removing the requirement for a prescription to access naloxone would allow for a more rapid response in a potential overdose situation, increasing the chance of survival. We applauded the decision of those provinces and territories that followed this recommendation and delisted naloxone in their jurisdictions.

Health Canada has also worked to provide access for Canadians to a single-use nasal spray delivery system for naloxone, which has already been approved for use in other countries. This provides our first responders and communities with an alternative to injectable naloxone that is easier to carry and administer in the event of an overdose outside a hospital setting.

Adjournment Proceedings

In November last year, the Minister of Health co-hosted an opioid conference and summit, along with the Ontario Minister of Health and Long-Term Care, where participants from across the country, in a joint statement of action, committed to concrete actions to address this crisis.

The Public Health Agency of Canada is using tools at its disposal to deal with a national public health event of concern. A special advisory committee on the epidemic of opioid overdoses was struck to focus on urgent issues related to the opioid crisis. This committee is co-chaired by Canada's interim chief public health officer and the chief medical officer of health for Nova Scotia. Supported by the Public Health Agency of Canada, it includes representation of the chief medical officers of health from every province and territory. This federal, provincial, and territorial committee provides a mechanism for collaboration and information-sharing among jurisdictions focused on improving data gathering and surveillance, supporting harm reduction efforts, and addressing prevention and treatment options. To inform response efforts and to monitor the extent of the crisis, the committee is sharing, coordinating, and analyzing existing data on the public health impact of opioids in Canada. This includes examining indicators, standardizing definitions, and lending support to collaboration between chief coroners and medical examiners, led by the Canadian Institute for Health Information.

Special advisory committees have previously been established as a cross-jurisdictional mechanism to allow for timely decisions on public health operations and to facilitate policy advice to deputy ministers of health, including during significant public health events such as the H1N1, Ebola outbreaks, Zika, and the welcoming of over 25,000 Syrian refugees.

I could go on at great length. This is a very serious crisis, one the government is meeting with all available tools at our disposal.

Ms. Tracey Ramsey: Mr. Speaker, I thank the parliamentary secretary for expressing his concern, but without action, it is hollow and meaningless to people in our communities who are watching their loved ones suffer and die.

The government cannot focus only on big cities, because action is desperately needed in small towns like LaSalle, Amherstburg, Essex, Kingsville, and Lakeshore in southwestern Ontario, which have no ability to get into those beds, who call up the hospital and cannot get into rehab, because there are no beds available. Where does that leave them with their loved ones who are looking for a rehab facility that does not exist in our region, who have to travel out of town, who have to be on wait-lists? Rural communities cannot be left behind in the government's plan to address the opioid crisis.

How is the government helping rural communities that are being devastated? The government needs to show leadership and declare a national public health emergency.

• (1905)

Mr. Mark Holland: Mr. Speaker, in December, our government announced the new Canadian drugs and substances strategy. I certainly appreciate the member's concern for rural communities. It is one I share. This strategy will restore harm reduction as a core pillar of Canada's drug strategy.

The member also referenced some of the emergency funding put in place. We had recent funding announcements in February 2017 and in budget 2017, including \$100 million over five years, starting in 2017-18, with \$22.7 million per year ongoing to support national measures associated with the new drug strategy and the implementation of the opioid action plan. That, of course, would also affect rural communities.

PUBLIC SAFETY

Hon. Michelle Rempel (Calgary Nose Hill, CPC): Mr. Speaker, I rise today in response to an issue that came up a few months ago when we first saw the immigration ban that the American administration had put in place, and our response to that. There was a lot of confusion at the time.

Fast forwarding to today, what I am concerned about, frankly, is the government's complete incompetence in managing the integrity of our immigration system, and now I feel that is bleeding over to border security as well.

I am going to be perfectly honest. The response that the government has had, not only its response to keeping the rights of Canadians intact as it relates to our American friends, but its response to virtually any immigration issue, has been "nothing to see here, folks", and talking points about the Syrian refugee initiative. In fact, I think it is a disservice that the government said during the campaign that the Syrian refugee initiative is going to cost \$250 million. It is well north of a billion dollars. When we look at provincial costs, it is probably \$3 billion or \$4 billion. Now we are seeing that the government does not even want to address the fact that the increase of asylum claimants from the U.S., coming across the border through illegal means, is an issue.

My question is very pragmatic. Canada is a nation that has been built on immigration. The question is on how we do it. I know that the government is going to have a serious public policy challenge five or 10 years down the road that is much more magnified than now, because it will have lost the social licence in Canada to see any further immigration. It has not thought about treating people who are coming to this country like people. We do not talk about long-term integration programming. It will lack social licence from a lot of Canadians, in that it refuses to look at issues such as border integrity.

I want to start from a very simple place tonight. Does the government acknowledge that there is a problem?

Mr. Mark Holland (Parliamentary Secretary to the Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, we monitor the situation on the border daily. We take a look at how those numbers compare. The reality is that if we go back to 2008 or to 2001, the numbers of folks who are crossing are actually lower than at that point in time, and the resources we have are higher. It is not just us who believe that the situation on the border is being handled effectively. The United Nations in fact oversees the happenings there and is reported to be very impressed. It says it is working very effectively.

Adjournment Proceedings

To the broader question of what should be done, I would ask the member opposite what she specifically would do. When somebody crosses the border into Canada and arrives irregularly on Canadian soil, we are bound by both convention and, I would also articulate, a moral imperative to act, to assure that the person who has come across is in fact a legitimate refugee. If not, they are sent back. However, if they are a legitimate refugee, obviously we need to ascertain that. Simply turning them back at the border, as some in her party have suggested, would mean violating our international commitments, and I think would violate the very spirit that this country has operated in.

There were some questions with respect to the NEXUS program. I do not know if those are going to arise. I would be happy to address them.

However, I would say to the member, if there are specific ideas or specific ways that she would like to see things done differently, I would love some specificity, because that is not what we have seen to this point.

• (1910)

Hon. Michelle Rempel: Mr. Speaker, I am sure that the families in Emerson will take great comfort in the parliamentary secretary's comments that the UN has told them everything is just fine. I am sure they will take great comfort in that, when they have a multitude of folks knocking on their doors in the middle of night. I am sure that will bring great comfort.

With respect to my colleague's comment that his colleagues should come up with the solution, that is fantastic. If the government is looking to the Conservative Party for solutions, then perhaps we should have a Conservative government after 2019.

Mr. Mark Holland: Mr. Speaker, we have a solution, and it is bound by convention from the 1951 Refugee Convention and by other bilateral agreements, that when somebody lands on our soil, in Emerson or everywhere else, we ascertain the legitimacy of their claim. That is what we are doing.

My proposition is that if the member has a specific recommendation to the contrary, she should put it to the table, as opposed to just criticizing. I would say to the families of Emerson, to the community in Emerson, who have been so welcoming and so supportive in dealing with this, "a huge thank you". It is our responsibility, obviously, as we see asylum seekers coming anywhere in this country, to deal with them appropriately, to make sure they are legitimate, and where they are not, to send them back.

[*Translation*]

The Assistant Deputy Speaker (Mr. Anthony Rota): The motion to adjourn the House is now deemed to have been adopted. Accordingly, the House stands adjourned until tomorrow at 10 a.m., pursuant to Standing Order 24(1).

(The House adjourned at 7:11 p.m.)

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