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Thursday, October 22, 2020

Speaker: The Honourable Anthony Rota



CONTENTS

(Table of Contents appears at back of this issue.)

HOUSE OF COMMONS

Thursday, October 22, 2020

The House met at 10 a.m.

[English]

Prayer

ROUTINE PROCEEDINGS

• (1005)

[Translation]

SUPPLEMENTARY ESTIMATES (B), 2020-21

A message from Her Excellency the Governor General transmitting supplementary estimates (B) for the financial year ending March 31, 2021, was presented by the President of the Treasury Board and read by the Speaker to the House.

Hon. Jean-Yves Duclos (President of the Treasury Board, Lib.): Mr. Speaker, I also have the honour to table, in both official languages, supplementary estimates (B), 2020-21.

* * *

[English]

CITIZENSHIP ACT

Hon. Marco Mendicino (Minister of Immigration, Refugees and Citizenship, Lib.) moved for leave to introduce Bill C-8, An Act to amend the Citizenship Act (Truth and Reconciliation Commission of Canada's call to action number 94).

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

* * *

[Translation]

INTERPARLIAMENTARY DELEGATIONS

Mr. Francis Drouin (Glengarry—Prescott—Russell, Lib.): Mr. Speaker, pursuant to Standing Order 34(1), I have the honour to present to the House, in both official languages, two reports of the delegation of the Canadian Branch of the Assemblée parlementaire de la Francophonie.

The first is respecting its participation at the bureau meeting of the APF, held in Dakar, Senegal, from January 28 to 30, 2020.

The second is respecting its participation at the 45th annual session of the APF, held in Abidjan, Ivory Coast, from July 4 to 9, 2019.

COMMITTEES OF THE HOUSE

PROCEDURE AND HOUSE AFFAIRS

Ms. Ruby Sahota (Brampton North, Lib.): Mr. Speaker, I have the honour to present, in both official languages, the second report of the Standing Committee on Procedure and House Affairs.

The committee advises that, pursuant to Standing Order 91.1(2), the Subcommittee on Private Members' Business met to consider the items added to the order of precedence on Thursday, February 27, 2020, and recommended that the items listed herein, which it has determined should not be designated non-votable, be considered by the House.

The Speaker: Pursuant to Standing Order 91.1(2), the report is deemed adopted.

* * *

[Translation]

PETITIONS

FOREIGN AFFAIRS

Mr. Stéphane Bergeron (Montarville, BQ): Mr. Speaker, pursuant to Standing Order 36(6), it is my pleasure to present a petition signed by 577 individuals, citizens of Quebec and Canada.

The petition states the following: Whereas the blockade of Cuba has lasted 60 years, and Canada is opposed to it; the United States's threat of military intervention against Venezuela persists today, and the Lima Group, of which Canada is a member, is opposed to such intervention; President Trump prohibited exports of medical supplies to South America from the United States; the United States's position poses a serious threat to the residents of these countries, particularly during the coronavirus pandemic; and Cuba sent doctors to several countries around the world to help fight the pandemic; the petitioners call upon the Government of Canada to reiterate to the United States, through the Minister of Foreign Affairs, its opposition to any military intervention in Venezuela, in accordance with its position in the Lima Group, and to call for the lifting of the blockade of Cuba and the restrictions on shipments of medical supplies from the United States to South America, as it did for itself.

Business of Supply

• (1010)

[English]

SEX SELECTION

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Mr. Speaker, I am pleased to rise today on behalf of citizens who have indicated they are concerned with sex-selective abortion, as it is illegal in Canada because there are no restrictions

Sex-selective abortion is antithetical to our commitment to equality between men and women, and a 2019 DART and Mare/Blue poll conducted for the National Post shows that 84% of Canadians believe it should be illegal to have an abortion if the family does not want the child to be a certain sex. International organizations such as the World Health Organization, United Nations Women and the United Nations Children's Fund have identified unequal sex ratios at birth as a growing problem internationally, and Canada's health care professionals have indicated that it is a growing problem here.

Therefore, the undersigned citizens of Canada call upon the Government of Canada to pass a Criminal Code prohibition on sex-selective abortion.

HUMAN RIGHTS

Mr. Lloyd Longfield (Guelph, Lib.): Mr. Speaker, I have the honour to present to the House petition e-2672, which was initiated by a constituent of mine, Maxwell Parr. It received 1,891 signatures. It calls on the Government of Canada to end the militarization of police forces, actively combat systemic and institutional racism, continue to recognize Canada's own role in carrying out violence against people of colour and actively encourage other nations to do the same.

COVID-19 VACCINE

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Mr. Speaker, I am proud to present petition 2845 on behalf of the advocacy group 1Day Sooner. It has been signed by over 500 people. It calls on the Canadian government to publicly announce a plan for COVID-19 human challenge testing.

* * *

QUESTIONS ON THE ORDER PAPER

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and 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.

Mr. Kevin Lamoureux: Mr. Speaker, I rise on a point of order in relation to the opposition day motion that is being debated today. If the motion passes, the government will do everything it can to respond. However, I would like to point out that the 15-day timeline outlined in the motion will be physically impossible for the government to meet, and I want to make the House aware of that fact at this time.

GOVERNMENT ORDERS

[English]

BUSINESS OF SUPPLY

OPPOSITION MOTION—INSTRUCTION TO THE STANDING COMMITTEE ON HEALTH

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC) moved:

That the Standing Committee on Health be instructed to undertake a study on the emergency situation facing Canadians in light of the second wave of the COVID-19 pandemic, and that this study evaluate, review and examine any issues relevant to this situation, such as, but not limited to:

- (a) rapid and at-home testing approvals and procurement process and schedule, and protocol for distribution;
 - (b) vaccine development and approvals process, procurement schedules, and protocol for distribution;
 - (c) federal public health guidelines and the data being used to inform them for greater clarity on efficacy;
 - (d) current long-term care facility COVID-19 protocols as they pertain solely to federal jurisdiction;
 - (e) the availability of therapeutics and treatment devices for Canadians diagnosed with COVID-19;
 - (f) the early warning system, Global Public Health Intelligence Network (GPHIN);
 - (g) the government's progress in evaluating pre- and post-arrival rapid testing for travellers;
 - (h) the availability of paid sick leave for those in need, including quarantine and voluntary isolation;
 - (i) the adequacy of health transfer payments to the provinces, in light of the COVID-19 crisis;
 - (j) the impact of the government's use of World Health Organization (WHO) advice in early 2020 to delay the closure of borders and delay in the recommendation of wearing of masks on the spread of COVID-19 in Canada;
 - (k) the Public Health Agency of Canada's communication strategy regarding COVID-19;
 - (l) the development, efficacy and use of data related to the government's COVID Alert application;
 - (m) Canada's level of preparedness to respond to another pandemic;
 - (n) the availability of personal protective equipment (PPE) in Canada and a review of Canada's emergency stockpile of PPE between 2015 and present;
 - (o) the government's contact tracing protocol, including options considered, technology, timelines and resources;
 - (p) the government's consideration of and decision not to invoke the federal Emergencies Act;
- provided that,
- (q) this study begin no later than seven days following the adoption of this motion;
 - (r) the committee present its findings to the House upon completion and, notwithstanding Standing Order 109, that the government provide a comprehensive response to these findings within 30 days;
 - (s) evidence and documentation received by the committee during its study of the Canadian response to the outbreak of the coronavirus, commenced during the first session of the 43rd Parliament, be taken into consideration by the committee in the current study;
 - (t) that each party represented on the committee be entitled to select one witness per one-hour witness panel, and two witnesses per two-hour witness panel;
 - (u) an order of the House do issue for all memoranda, emails, documents, notes or other records from the Office of the Prime Minister, the Privy Council Office, the office of the Minister of Public Safety and Emergency Preparedness, the office of the Minister of Health, Health Canada and the Public Health Agency of Canada, concerning options, plans and preparations for the GPHIN since January 1, 2018;

(v) an order of the House do issue for a record of all communications between the government and the WHO in respect of options, plans or preparations for any future operation, or absence thereof, of the GPHIN, since January 1, 2018;

(w) an order of the House do issue for all memoranda, emails, documents, notes and other records from the Office of the Prime Minister, the Privy Council Office, the office of the Minister of Public Services and Procurement, the office of the Minister of Health, Health Canada and the Public Health Agency of Canada, concerning plans, preparations, approvals and purchasing of COVID-19 testing products including tests, reagents, swabs, laboratory equipment and other material related to tests and testing applications used in the diagnosis of COVID-19, since March 19, 2020;

(x) an order of the House do issue for all memoranda, emails, documents, notes and other records from the Prime Minister's Office, the Privy Council Office, the office of the Minister of Public Services and Procurement, the office of the Minister of Health, Health Canada and the Public Health Agency of Canada concerning plans, preparations and purchasing of PPE, including gowns, gloves, masks, respirators, ventilators, visors and face shields, since March 19, 2020;

(y) an order of the House do issue for all memoranda, e-mails, documents, notes and other records relating to the COVID-19 Vaccine Task Force and its subcommittees;

(z) an order of the House do issue for all memoranda, e-mails, documents, notes and other records relating to the Government of Canada's COVID-19 vaccine distribution and monitoring strategy, including, but not limited to anticipated timelines for the distribution of an approved COVID-19 vaccine across Canada and the prioritization of population groups for vaccination;

(aa) all documents issued pursuant to this order (i) be organized by department and be provided to the Office of the Law Clerk and Parliamentary Counsel within 15 days of the adoption of this order, (ii) be vetted for matters of personal privacy information, and national security, and, with respect to paragraph (y) only, be additionally vetted for information the disclosure of which could reasonably be expected to interfere with contractual or other negotiations between the Government of Canada and a third party, by the Law Clerk and Parliamentary Counsel within seven days of the receipt of the documents, (iii) be laid upon the table by the Speaker, at the next earliest opportunity, once vetted, and permanently referred to the Standing Committee on Health; and

(bb) within seven days after all documents have been tabled pursuant to paragraph (aa), the Minister of Health, the Minister of Public Services and Procurement, the Minister of Public Safety and Emergency Preparedness, and the Minister of Innovation, Science and Industry be ordered to appear separately as witnesses before the Standing Committee on Health, for at least three hours each.

She said: Mr. Speaker, the motion before the House today is probably the most important thing that Parliament could be dealing with right now and that is how we as a country collectively move forward to address the COVID-19 crisis. We are in the middle of a time when we are seeing increases in cases across the country. Provinces, workplaces, schools; everybody is concerned with this. We are seeing restrictions come back in cities across the country, people losing their jobs and people being separated from their loved ones.

We need to figure out how to move forward, given the uncertainty of a vaccine as we do not know when it is coming. We need a better plan forward than just an economic shutdown, endless quarantines and endless isolation. That is what this motion is designed to do. It was put forward at the health committee nearly two weeks ago today. Liberal members filibustered that motion.

I will be splitting my time with the Leader of the Opposition.

This motion is before the House. The motion is very simple. It outlines all of the areas that Parliament should be tasked with reviewing. We are trying to find out what is working and what is not, so that we can move forward so that Canadians can have certainty.

I had a whole speech prepared today, but then I got a call from a very close friend in Montreal last night telling me that her mother,

Business of Supply

Antonietta Ferri, had passed away from COVID-19. The circumstances in which she passed away could have been prevented if we had a better plan. My friend's elderly mother and elderly father did everything right. They completely isolated, but were infected by somebody who helped to care for them. They had the best of intentions but did not have access to testing and did not know who infected them. They ended up being separated during their hospitalizations. Can colleagues imagine being married for decades and then being separated while struggling and suffering? Now the family cannot be with the father because of the lack of access to tests.

When Barb told me about that last night, I thought, "This is why we need this motion." This is what we all need to be working on right now. There is nothing in this motion that is partisan. It is just saying what is working, what is not working, what have we done, what have we not done, what is the best practice around the world and how do we move forward.

I have been very disappointed reading the media coverage of the Liberals on this last night and this morning. I want to go through the talking points that they are going to use today as I want to debunk them.

First of all, they are going to say that this is unfair to the civil service. I have great respect for Canada's public service. They are working so hard right now and I cannot believe that any single one of them would want to be unfair to Canadians and not provide this information to Parliament. We need to scrutinize this information. We have not had a budget in nearly two years and our committees have not sat because of prorogation. It is past due that every person in this place of any political stripe has access to this information, so that we can understand how we can best move forward.

Second, they have said that this motion would paralyze government. I saw that in a CP article today. Let us be clear. The only people who have paralyzed government are from the Liberal Party of Canada. They shuttered Parliament during the pandemic, they prorogued Parliament and now they are filibustering the health committee on this motion. If they actually wanted to study the pandemic or deal with the pandemic, as the Prime Minister said in his motion earlier this week, they will pass this motion. They will vote in favour of it.

The point of order that the parliamentary secretary raised earlier today about it being impossible to produce these documents is a matter for debate. If the Liberals think that is impossible, they need to explain and debate why that is so, and then propose a motion to be debated in this place to remind them that that is the function of this place. The function of this place is to figure things out and move forward, not just say that it is inconvenient for the Prime Minister to answer questions.

Business of Supply

I remind them that this place has a role and it is completely right to ask questions like the one that the Canadian Press did not get an answer to yesterday. A simple question: Who gets the rapid test when, using what criteria? The Public Health Agency of Canada and the health minister did not even bother returning the phone call, so we need these documents. We need to do the job. We need certainty. That is why we are compelling this today. There is no partisan language in here.

● (1015)

It is simply saying the health committee should be studying the pandemic in the middle of the pandemic. To do that, we need information so we understand what witnesses to call and where to dig. For months, we have not had the scrutiny and there has been paralysis in getting rapid tests. We do not know where \$1 billion worth of PPE went because Liberals have been obstructing. We need clarity. We need to do this so we can plan to move forward. If we do not know what is working and what is not and we cannot get answers to basic questions, then we cannot have a plan going forward, and that is the role of government.

Yesterday the Prime Minister asked whether the Conservatives had confidence in government. This was a confidence motion. How can we know if we have confidence in the government's response to the pandemic if we cannot scrutinize its actions? That is what has happened over the last several months: the shuttering of Parliament, the prorogation of Parliament, committees not sitting and the filibustering of committees, especially the health committee. How do Canadians know if they should have confidence in the Liberal government?

Of course, the Liberals want everyone to have confidence, to think it is great, that everything is working, but there are basic questions that have not been answered. The fact is that Canada does not have widely available rapid testing. Those watching today should try to get a COVID test and get the results in 15 minutes. I challenge anyone watching this. They are not going to be able to do it.

It was only when Parliament started asking questions about this that we saw some acknowledgement that this was an issue. That is why Parliament matters and that is why this motion matters. It matters to people like my friend Barb and her mom Antonietta, who lost her life. We need to be asking these questions. She needs justice. We need to make sure that situation is not repeating itself time and time again across this country.

Nobody of any political stripe can accept that a committee cannot be looking into basic information around the pandemic. The documents that we are requesting are completely reasonable for the Canadian public to understand. For example, we are trying to understand why the government shut down the early pandemic warning system, what impact it had on the spread of COVID-19 and whether that led the government to rely on World Health Organization data as opposed to stuff that has already come in from the country.

Liberals are saying everything is fine, but their advice keeps changing. They have not said what best practice is, they are not saying who they are listening to. How can any Canadian take the advice of the government if the government is not clear on who it is

listening to and why? The Leader of the Opposition was asked a similar question in the press conference this morning. He was asked who he is listening to. Who is the government listening to? I would like to know. I would like those documents so I can review them.

What else is in the motion? We want to know what the government's procurement processes have been around things like PPE. We want to know information about the procurement for vaccines, how the government is going to distribute them and what is happening with all of these things. We want to know about the government's COVID-19 vaccine task force.

To anybody who is watching this and has heard to the Prime Minister, the parliamentary secretary to the government House leader or the government House leader say that this is unreasonable, the only reason they will say this is unreasonable is because they have something to hide. The time for hiding stuff is over. They have had months of shuttering this place. It is time for Parliament to reign. If they are confident that everything is going well, there will be nothing in here other than accolades for them.

The goal of this information is not to do anything nefarious. It is simply to show Canadians that Parliament cares about figuring out the best way forward. By no standards right now can we say everything is fine. It is not an indictment of anyone. The number of COVID cases are rising, things are shutting down and we need Parliament to do its job, to scrutinize the hundreds of billions of dollars that have been spent on this and find out whether that investment is working. It is not enough for the Liberals to say we should just take their word for it. No, it is our job to scrutinize that. That is why Canadians pay us.

When the government talks about moving forward with a team Canada approach, I say giddy-up, let us do it. Let us get these documents, let us get this committee study going and let us get down to business.

● (1020)

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, part of the motion says, "all memoranda, emails, documents, notes or other records from the Office of the Prime Minister, the Privy Council Office, the office of the Minister of Public Safety and Emergency Preparedness, the office of the Minister of Health, Health Canada and the Public Health Agency of Canada, concerning options, plans and preparations for the GPHIN since January 1, 2018." That is just one small aspect of this motion that is being proposed by members of the official opposition and they are saying they want this information within the next 15 days.

Business of Supply

Can the member reflect on what she is asking civil servants to do? How many hundreds of hours does she want civil servants to be spending on this request?

Hon. Michelle Rempel Garner: Mr. Speaker, yes, we are asking for all of that. I want to know. That is my job. It is my right as a parliamentarian. It is my right to stand up for Canadians to find out that information.

If one listens to the member's response, all one hears is “blah, blah, blah, cannot do, cannot do”. Come on, it has been months and we need this information. If he thinks it is unreasonable, he should tell us why. All I heard was “blah, blah, blah”. Enough.

If it is not reasonable, what is the reasonable date? I am not accepting “next year” after we have seen hundreds of thousands of more cases. Enough of that. Let us get down to business.

• (1025)

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, I would like to welcome the member for Calgary Nose Hill. She takes her role as official opposition critic very seriously.

The motion moved by the opposition today is almost identical to the motion discussed in committee on October 9, when the government representatives decided to filibuster. They told us that they needed time to present another alternative. Today, on October 21, I still have not seen any other alternatives.

Can the member, who has a great deal of experience, explain that situation to me?

[*English*]

Hon. Michelle Rempel Garner: Mr. Speaker, I really want to thank my colleague, who I am very pleased to serve on the Standing Committee on Health with, for his remarkable patience in dealing with the Liberal government. I know the member has been working collaboratively with myself and other members to come up with a motion that is non-partisan and can move us forward. He has been a wonderful resource on that. I could feel his frustration in the committee meeting because the Liberals were just filibustering. He is right, there were no alternatives put forward, and all we heard was “no, no, no, we cannot do this”. There were no answers, and Canadians are done with that. It does not get Antonietta's life back. It does not get those rapid tests.

This is the most important thing we should be dealing with. There is no reason the government should be looking at anything other than passing this motion. The excuses, the blocking, the shuttering of Parliament and the prorogation are over; they are done. Let us pass this motion. Let us get down to business.

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, when the pandemic hit, all of us were deeply uncertain. We had no idea what we were going into. There was a moment where I thought Parliament really rose to the occasion when it moved to committee of the whole and members were able to ask thorough questions of ministers to get a better sense in order to reassure people. We came through that first wave.

The second wave now is much worse than the first: the insecurity with small business and the crisis we are facing. I am sensing from

government members that they have just gone back to the old ways of saying they do not want to deal with Parliament and we are on our own, but then they want us to back them up.

I want to ask my hon. colleague about the importance of Parliament working together at this time to be reassuring Canadians that getting them through the worst economic and medical catastrophe in a century is job one for all parliamentarians. It does not matter what party or part of the country we are in; we are in this together. That is not the sense we are getting from the government right now.

Hon. Michelle Rempel Garner: “Amen Brother”, Mr. Speaker, absolutely.

My colleague's caucus colleague from Vancouver Kingsway, who serves with me on the health committee, has also been extremely collaborative. I want to give him credit for helping think through this motion, asking what we need to know and how we word it so it is not partisan or accusatory and is just about information gathering so Parliament can do its job and move forward.

The purpose of a parliamentary committee it is to look at these issues and come up with recommendations on the best path forward. We need this information, it is a no-brainer, and this is something that should pull Parliament together. It will be unacceptable to Canadians for the government to give weak sauce excuses that a committee, the health committee, cannot study the pandemic during the pandemic.

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, now that rapid tests have been ordered, my colleague from Calgary Nose Hill, the shadow minister for health, has in fact been the de facto minister of health because that should have been done months ago and was not until the opposition started pressuring. I would like to congratulate her on that.

The House of Commons did not sit for six months. The Prime Minister then prorogued Parliament. There has been no budget for almost two years. Liberals are suppressing questions at committee. What are we here to ask for today? The health committee would simply like to examine the biggest health crisis in our nation's history.

• (1030)

[*Translation*]

How shocking. We have reasonable questions about the health and well-being of Canadians.

*Business of Supply**[English]*

They will not even let us speak about the most significant crisis our country has faced. They are saying that is going to involve printing a lot of documents.

My family has had a personal experience with this, and thankfully Rebecca and I have recovered. We received good advice from public health supports here in Ottawa. Our children were fortunate, through distancing, not to become infected. They had several tests and are now back at school.

We also experienced the uncertainty of the direction of the government, which has changed its mind several times on fundamental advice to the public. We were in line for hours, like Canadians across the country have been, because of the failure to follow through on the Prime Minister's statements about rapid testing and tracing in March. The government was slow to close the border, which meant we had more transmission and community-spread cases. We have to learn our lesson.

[Translation]

My family and I waited in line for a long time to get tested. We dealt with the stress of getting contradictory information and we experienced first-hand the health effects of COVID-19. Fortunately, we made a quick recovery. We were lucky.

However, I am thinking of the thousands of Canadians who have lost a loved one, and of all those who would still be with us if we had been better prepared. Those families are what motivates me to hold the government to account, and small business owners who are struggling are what encourages me to find better solutions.

[English]

As I have said, Parliament did not sit through the worst of the pandemic, but Parliament is sitting now and has a responsibility to ensure that Canada learns the lessons from the first wave of the pandemic. We are in a second wave in some parts of the province, and it is clear the government has not learned. We are simply asking that the health committee of Parliament, Canadians of all party stripes, be able to examine this to make sure Canada strives to be the best in its response, not a laggard.

As I said, the government seems to take comfort in comparing itself to our friends from the south and comparing to the worst response. We should be comparing to the best. That is what I strive for in my life. It is what I know my colleagues do. The government has been out of touch, late, slow and confused in every single aspect of the response. That is why it does not want to answer questions.

Just like yesterday, when the Liberals did not want to answer questions on sending millions of dollars to insiders and friends of the Prime Minister and an elite few in the Liberal Party, now they do not want to answer questions about the well-being of Canadians. That should concern Canadians. That should concern the health minister, whose duty it is to report to Parliament and be held to account. Only the arrogance of the Liberals would lead them to think they are beyond questioning, and that we could not possibly do anything better because the Liberal Party is in charge. It is that entitlement and arrogance Canadians are tiring of.

During my time in the Canadian Armed Forces, we had something called lessons learned: the after-action report. In the private sector, there is process improvement. There are even systems like Six Sigma and others. Every serious organization in the world learns from experience and makes sure to get it better next time. In the military, it is literally life or death. In a pandemic, it is life or death too.

[Translation]

That is the reason for today's debate. We have to learn from the first wave of this pandemic. That is why we will continue to ask reasonable questions for the health and well-being of Canadians. That is our role.

[English]

This will be a good review for the health minister. I am glad she is here. In January, five departments of the federal government were aware of the risks of the pandemic: The Canadian Armed Forces, Foreign Affairs, Public Works, the Privy Council and the Prime Minister's Office were all aware of the risks. They did nothing. We would have been even better prepared if, the year before, the Liberals had not killed the intelligence warning system. The Global Public Health Intelligence Network was a world leader until they stopped it and substituted data from China for data from our experts. We were ill prepared when it hit. When the first warnings came in, the Liberals ignored them. In fact, they were warned, and I know from talking to suppliers that China was hoarding PPE in late January and early February.

What did the government do? It sent PPE to China, which was probably the most boneheaded decision in history of a government during a pandemic.

Then the Liberals were late on the border, as I said this morning in my press conference. Since the Middle Ages, closing the border has been used to stop the spread of pandemics. The minister should read some history. When there is uncertainty about transmission, the government should put the public health of Canadians first instead of tripping along, relying on friends from Beijing. The minister said there was no person-to-person spread, no risk of closing the border and, on some occasions, accused reporters and opposition parliamentarians of being intolerant for even asking those questions. Again, it was the arrogance of the government.

We all remember the flip-flopping on mask usage. Many people were asking about mask usage in Europe. Facebook told them that they should change their minds on mask usage. People were sharing information and best practices that the government was not providing them.

Business of Supply

Then, of course, there are the provinces. They were the front lines. Because we were two months late with the border, the community spread in Montreal, Toronto and Vancouver largely originated on flights from China, Iran and Italy. The slow movement by the federal government led to more community spread. That same slow movement on rapid tests, until my friend from Calgary Nose Hill started pushing, has our airports less equipped than most of our OECD allies'. Italy has rapid tests in some of its airports. I would like to see the government not striving for the bottom, but striving for the best when it comes to the health and well-being of Canadians. That is what an opposition does: It holds the government to account, asks questions and demands a better response.

• (1035)

[*Translation*]

This motion will look at the adequacy of the current levels of federal health transfers to the provinces. It is not right that the federal government is not helping the provinces more in the middle of a pandemic.

The committee will also have to look at the COVID Alert app to ensure that the messages are being sent in both official languages. That is what Quebeckers, Canadians and francophone communities expect from coast to coast to coast.

[*English*]

I would like to thank my colleague from Calgary Nose Hill for making the government strive to be better and not be satisfied with bad results in comparison to the worst student in the class. Let us strive to be the best. That is what we all tell our children, and the Liberals do not even want us to ask questions.

Once again, I am asking Canadians. The Prime Minister, who admitted he did not consult Dr. Tam before threatening an election, is willing to be cavalier with the health of Canadians for his own political skin. We, as parliamentarians, are sent to Ottawa by our constituencies to ask questions. The modest proposal we have today is that the health committee analyze our response to the biggest health crisis in our country. Is that so unreasonable?

I am proud of this team, the government in waiting, that is going to push for better. Better is always possible, and we will make sure of that today.

• (1040)

Mr. Francis Drouin (Glengarry—Prescott—Russell, Lib.): Mr. Speaker, I want to thank the leader of the official opposition for his speech. I can see that he is concerned about credit as opposed to results.

I know that the member has practised law on Bay Street, and I know that he has some basic understanding of commercial law. I wonder whether he has had a chat with the member for Leeds—Grenville—Thousand Islands and Rideau Lakes and the Minister of Municipal Affairs and Housing in Ontario, and whether they agree that 3M should release the terms of its contract and the terms and conditions of that particular contract. That is exactly what the motion would ask for.

Hon. Erin O'Toole: Mr. Speaker, I would invite the member to actually read the motion, because there are exceptions, just as he pointed out.

Since the member is an Ontario MP, at least for the next few months, Ontario just posted the largest single one-day increase in new COVID cases: 841. It is too bad that we do not have rapid tests. It is too bad that we are not prepared for the second wave of the pandemic.

This is about striving for better, and that member is not serving his constituents if all he expects is for us to do better than the U.S. I want Canada to be the best in the world at everything we do, particularly the health and well-being of our citizens.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, based on the opposition leader's speech I am trying to understand the Conservative Party's position on health transfers to the coalition of provinces and Quebec.

Since the Speech from the Throne and the resumption of our work, I have yet to understand the Conservative Party's position on the provincial united front. They are demanding that health transfers go from 22% to 35%. The Conservatives are the ones who cut the health transfer escalator from 6% to 3%.

Every expert who testified at committee said that underfunding health care systems causes weak links in the chain to crack when unforeseen events, like the pandemic we are going through, occur.

Is the Leader of the Opposition saying today that he agrees with the demands of Quebec, the provinces and the united front on providing long-term and not just one-time support?

Hon. Erin O'Toole: Mr. Speaker, I thank my colleague for his question.

If I have the honour of becoming prime minister of Canada, the best country in the world, unlike the current Prime Minister, I would take a collaborative rather than a confrontational approach. It is about respecting the jurisdictions of the provinces, whether it is Quebec or any other province. I would use a partnership approach and not a paternalistic approach.

I had an excellent meeting with Premier Legault. We talked about the issues that are important to Quebeckers. As prime minister, I would invest more in health and ensure that funding is stable, predictable and unconditional. We must respect our partners. We must not adopt the Ottawa knows best approach, because it is inappropriate, especially during a pandemic.

[*English*]

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, what is really concerning me with the Liberal government's approach right now is that, in March, we were all in this together, but now we are being told, "Well, you can't have documents because you're being unreasonable."

Business of Supply

It is perfectly reasonable to say that we may have difficulty getting the documents in time, but we will work together. We hear the Liberals now saying, “How dare you want to know about contracts,” as though the number one issue in Canada right now is protecting the secrecy around contracts as opposed to ensuring the safety of Canadians in the worst medical catastrophe in a hundred years. It is now the Liberal line.

What happened to our Prime Minister who used to come out the doors every morning? Our family would stop doing our work and listen to our Prime Minister, because he said we were all in this together. Now it seems that the Liberals are hunkering down and refusing to work with the rest of us.

This is about a pandemic. It is not about contracts. It is not about documents. It is about finding a solution.

• (1045)

Hon. Erin O’Toole: Mr. Speaker, I agree with that member, and particularly with some of his interventions for indigenous Canadians during the pandemic.

There was a team Canada approach. At least we tried to have that and “all in this together”. We are finding those slogans only apply when we agree with the government. If we ask any questions or ask the Liberals whether they are sliding contracts to their buddies, then it is not team Canada. It is delay, deny, obfuscate and threaten an election over the well-being of Canadians. It comes from arrogance. It comes from entitlement.

Canadians know, whether it is the NDP or it is our party, that we are asking reasonable questions to make sure we make things better. “Better is always possible” was one of the Liberals’ hashtags from 2015.

I asked about contracts yesterday. Seven days before a big contract was awarded to their friend Frank Baylis, a shell company was created. These are troubling questions, to think that Liberal-insider help to their friends would still happen during a pandemic.

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, it is a pleasure to rise in the House today to address the motion from the hon. member for Calgary Nose Hill. I share the member’s deep concerns for Canadians during this unprecedented health crisis.

The emergence of COVID-19 has changed how we live, how we work and how we interact with friends and family. It has disrupted our lives and our communities in ways that we could not have conceived of a year ago.

As we emerged from the first wave, we saw cases go down over the summer, giving Canada a bit of a reprieve from this terrible virus. However, by fall, case counts began to increase, first in young people but then spreading to others, including, most alarming, to elderly people, who we know are most at risk of dying of COVID.

Most Canadians are worried, and many are frustrated to see our country experience, like so many others around the world, a resurgence of the disease. With winter approaching, Canadians are looking for information. They want the facts. They want to know what is happening and what we are going to do next, as leaders and as citizens, to protect one another.

[Translation]

Unfortunately, there is a lot of false information circulating on line and in social media. This amplifies the anxiety that many people are feeling right now. Earlier this week, Dr. Tam spoke about false information that is spreading faster than the virus.

[English]

This is a dangerous development. We have to work together to combat false information. That is why strong public health leadership is essential during a coronavirus pandemic, and why upholding confidence in our scientists and researchers, indeed in our experts, is so important. The Public Health Agency of Canada has consistently provided strong leadership since the first reports of COVID-19 started coming in late December. The agency has provided clear and direct information to Canadians about how they can protect their health and what they can do to protect the health of each other.

A critical part of the agency’s work has been to bring together the public health officials across the country to coordinate our nation’s response. Provinces and territories have stepped up measures to contain the spread, declaring states of emergency, closing schools and day cares, and providing other public supports. They have prepared their hospital systems, while continuing to deliver needed services, increasing intensive care capacity and making sure that they have the equipment on hand to deal with every situation. Governments at all levels are taking every step necessary to protect their residents.

Canada has demonstrated an organized and collaborative approach, with partners working together and supporting each other. In fact, this collaboration is exactly what Canadians need so that they can have the tools, the support, the information and the confidence to slow the spread of this virus.

[Translation]

Our government acted quickly to help Canadians during the first wave. We put more resources online to help them take care of their mental well-being. We also developed apps to inform Canadians and better combat the virus. In May, we confirmed a \$240.5-million investment to work with the provinces and territories to provide better access to virtual health care services.

[English]

Virtual tools allow Canadians to engage safely with their regular health care providers via phone, text or video conference. They have also allowed patients to access specialist services during this time of uncertainty. Virtual tools have also provided access to trusted information, including the Canada COVID-19 mobile app, so that Canadians can understand and track their symptoms, and learn more about how to stay safe during the pandemic.

We also recognize that Canadians have been coping with the effects of COVID-19 from a mental health perspective, and they are facing different degrees of stress. That is why we launched Wellness Together Canada, a free online portal that offers virtual mental health, well-being and substance use supports to any Canadian who needs it.

Our government is working closely with provinces and territories, innovators and others to support the rapid expansion of virtual care services and to continue to make these tools available to Canadians and their families. This is a key component of our government's work to keep Canadians safe.

For months, scientific teams around the world have been racing to develop a vaccine against the COVID-19 disease. Some of the vaccine candidates are now in phase three clinical trials, the final stage of the process before their potential approval. Today I will give the House an update on our work to secure a COVID-19 vaccine for Canadians.

● (1050)

Health Canada has now received submissions for authorization of three vaccines, from Pfizer Canada and BioNTech SE, from Moderna, and from AstraZeneca in collaboration with the University of Oxford. The safety and effectiveness reviews of all of these vaccines have begun and will continue in real time as more data become available. These are very important steps on the path to a vaccine, and we expect to receive submissions from other manufacturers soon.

Health Canada has a rigorous and independent scientific review system in place to ensure that vaccines are safe and effective in preventing the disease they target. The decisions are always rooted in evidence and science. Health Canada will only authorize a vaccine after careful review if its benefits clearly outweigh any potential risks.

As the work continues on vaccines, we are also pursuing new tools, as quickly as they are invented, that will help us live safely with COVID-19. This includes fast and effective testing and screening. Health Canada is working full speed to improve rapid point-of-care diagnostic and monitoring tests based on nucleic acid and antigen technologies to meet Canadian testing needs, without compromising on standards for safety, effectiveness and quality.

As of October 21, Health Canada has authorized two antigen tests for the diagnostics of COVID-19, the Abbott Panbio and the Bd Veritor system. Antigen testing is one of the several emerging technologies that can be used to determine if a person is, in fact, infected with COVID-19. The test works by detecting specific proteins associated with the virus. Samples for these tests need to be collected using a nose swab and are designed to provide results within twenty minutes, and the test needs to be carried out by a health care professional. To date, Health Canada has authorized 41 COVID-19 testing devices for sale in Canada, and a complete list of authorized testing devices is available on Health Canada's website, along with many that are under review.

In addition to this, as Minister of Health I signed an interim order that has helped speed up access to COVID-19 test kits. This follows the interim order I signed in March, which allowed for the excep-

Business of Supply

tional importation of products related to COVID-19. When drugs are not available, Health Canada now has a legal pathway to bring alternative supplies of drugs to the Canadian market. A similar approach is also in place for medical devices. Health Canada is also doing what it can to plan ahead so that our country is in the best possible position to access drugs to treat and prevent COVID-19 as they become available.

The health and safety of Canadians is the government's top priority. Before any test is authorized for use in Canada, it is subject to a thorough assessment by Health Canada's regulatory process to ensure that it is supported by sufficient evidence of safety, effectiveness and quality. We continue to engage with international regulators so that we can share this knowledge about new developments related to testing. We proactively approach companies that have received approvals for testing technologies from other regulators, and we invite those companies to apply for authorization in Canada.

We are also committed to global collaboration to end this pandemic, because this government knows that we will not see an end to COVID-19 unless we work together with all other countries. We are supporting multiple organizations that are working at unprecedented speed to develop candidate vaccines. Last month the government committed \$440 million to the COVAX Facility. Of this amount \$220 million will secure additional options for Canada to purchase doses of vaccine for Canadians. The other \$220 million will finance the procurement of doses for low- and middle-income countries through the COVAX advance market commitment. We have also previously provided an initial contribution of \$25 million to the COVAX Facility.

By joining this initiative, Canada is contributing funds toward collective efforts to develop a safe, effective and accessible COVID-19 vaccine for 172 participating economies across the world. This mechanism also allows Canada to secure additional options for vaccine doses for use here. This approach complements the bilateral arrangements that we have in place with vaccine manufacturers and diversifies our investment in potential opportunities, but supporting other countries in their fight against COVID-19 is an investment to protect Canada and Canadians because this virus truly knows no borders.

The government is also working to ensure that health care and frontline workers have the PPE, medical equipment and supplies that they require to do their jobs. We are doing this through collaborative procurement with the provinces and territories, building domestic production capacity and identifying potential alternatives and ways to extend product life. We have worked very rapidly to allocate PPE, medical equipment and supplies to the provinces and territories. I want to thank my colleagues, the ministers of health from across the country, for agreeing on an approach that is supported by all levels of government.

Business of Supply

• (1055)

[*Translation*]

We sped up the process for manufacturing equipment in Canada to meet our current needs and to plan for the future.

Public Services and Procurement Canada is working directly with suppliers across the country to find the PPE and medical equipment needed to protect Canadians and health care workers.

[*English*]

During the first wave of the COVID-19 outbreak in Canada, long-term care facilities suffered a disproportionately high number of cases and, sadly, many deaths as well.

In early April, the Public Health Agency of Canada released evidence-informed guidance for long-term care homes to help resident seniors and health care workers in long-term care homes remain safe and healthy. The guidance provides recommendations that complement provincial and territorial public health efforts to prevent and control health care associated infections. It was developed with the National Advisory Committee on Infection Prevention and Control and endorsed by the pan-Canadian Special Advisory Committee.

Also in April, the Canadian Armed Forces received a request for assistance to help provide care to some of Canada's most vulnerable seniors in response to COVID-19. CAF deployed personnel in support of long-term care facilities across Quebec and in the Greater Toronto Area as part of Operation Laser.

Throughout these deployments, military personnel have worked closely with facility staff to help with day-to-day operations, support infection control and prevention, and provide general support and comfort wherever needed. I want to thank the serving members of CAF for their incredible generosity and kindness.

As we enter the second wave of the outbreak, though, it is incredibly important that we work together to ensure that seniors in long-term care homes are protected. That is why public health officials are closely monitoring COVID-19 cases in Canada and considering public health restrictions needed to protect the vulnerable. However, the epidemiology of COVID-19 is different across jurisdictions, which means that the approach across Canada will not be the same in every place and will need to be tailored to the unique challenges and contexts of the disease in each province and territory.

This summer, our government announced an agreement with provinces and territories that provides \$19 billion to protect the health of Canadians, to get people safely back to work and to prepare for a resurgence. The safe restart agreement includes investments in priority areas for the next six to eight months, including supporting the most vulnerable, which includes seniors in long-term care facilities and nursing homes.

Canada has successfully enhanced public health surveillance for COVID-19 in very short order, strengthening our ability to monitor the number of cases, trends over time, severity of cases and demographics of cases. This information is shared with the public, with regular updates made on the canada.ca/covid-19/coronavirus website. I am very happy that all levels of government are working so

closely to share this information and to provide timely evidence, which not only informs and supports the public health response but provides access to researchers and scientists who are studying COVID-19 in the Canadian context and providing very valuable evidence that can draw our future responses.

The COVID-19 pandemic has shed light on needed improvements related to public health data systems in Canada, and this includes timeliness, completeness and granularity. Systemic and long-standing challenges affect Canada's health data system, including resources and capacity, IT infrastructure and clarity, and data governance. However, we need to make progress in these areas because federal, provincial and territorial jurisdictions not only have an obligation to gather and make good use of data but their citizens require that data in order to stay safe.

In addition, the \$19 billion invested in the safe restart agreement, which includes funding to increase testing, contact tracing and data management, included monies to ensure the safety of seniors in long-term care homes by improving infectious disease protocols. Our goal is to ensure that Canada has the data intelligence needed to identify, prevent, monitor and respond to current and future health issues, protect the health of Canadians and support the economy.

Across Canada, all levels of government are pulling out the stops to help slow the spread of the virus, but, ultimately, individual decisions and choices also have a critical impact on public health and safety. The Government of Canada has a consistent message to Canadians: "Protect yourselves and others, wash your hands, practise social distancing, stay home when you are sick and wear a mask." These things can help manage the spread of the virus. Also, download the COVID Alert app to help slow the spread.

I am so proud of Canadians and the sacrifices they have made to keep each other safe. We need to keep it up until it is safe again to slowly and carefully dial back the measures that we now have in place.

• (1100)

This is just a snapshot of what the government is doing to protect the health and safety of Canadians from COVID-19. As we can imagine, an incalculable amount of work is going on behind the scenes with our many partners across all orders of government and indeed with researchers and scientists who are generously donating their time and energy to help all Canadians. All of this work deepens our understanding of the virus every day. It gives us the scientific evidence and the data we need to inform and evolve our public health response to help with decision-making and planning at local, national and international levels.

We have learned about this virus over the past year. We have learned that if we relax too much or too soon, COVID-19 will certainly come back. We must continue with strong public health efforts to reduce the transmission of the virus and minimize its overall impact, including the social and economic impacts on Canadians. We must also plan and be ready for the future as there is still so much that we do not know about COVID-19. As the situation evolves, so too must our response.

Finally, it is unfortunate that this motion is specifically designed by the member for Calgary Nose Hill for the government to have such a challenge to respond. Our initial analysis of the motion indicates that the very officials who are working day and night on Canada's response will be removed from their immediate tasks. In fact, instead of working together to protect Canadians during this difficult time, the member would prefer to divert their focus to an unnecessary task that does not help Canadians in any way manage the months to come, this at a time when COVID-19 cases are surging across the country and posing unprecedented challenges on Canadians.

We need to stay focused on what matters now. We do not do the post-battle review in the middle of the fight. I can assure everyone that the Government of Canada will continue to do everything within its power and jurisdiction to respond to the COVID-19 pandemic to protect the health, safety and well-being of Canadians during these difficult and challenging times.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): She just cannot help herself, Mr. Speaker.

We do have to do a review right now because the number of cases in Ontario today are a record, which means that the government's response has failed. Therefore, we need to understand things like the question the minister did not answer from The Canadian Press yesterday: Who is getting rapid tests, when, how many and what criteria? She failed to answer that question. She told me to take a briefing and then she hung up two minutes into the call. This is why this committee needs to exist. We need answers.

This is Parliament. I would like to remind members what we do here. We debate and talk about different changes and things. Just saying that we cannot have the documents is not up for debate today. If the minister thinks that this production order is unreasonable, what is a reasonable timeline and when does she think they could reasonably be produced to Parliament? By the way, six months or three months are not on the table.

Hon. Patty Hajdu: Mr. Speaker, that is a perfectly reasonable question from the member opposite. Should we sit down together

Business of Supply

and discuss this with the House leaders, I am sure we could determine a time that would be reasonable and would actually suffice to produce the documents for which the member opposite is looking, but within a time frame that would allow health officials to stay focused on what their priority is right now, which are the many tasks they have to protect Canadians as we move forward with the virus.

• (1105)

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, we are dealing with the worst health and economic crisis in the world.

I imagine that the minister is following the work in committees. All of the experts who have testified in committee have said that chronic underfunding has destabilized our health networks, which means that when something unexpected like this crisis happens, the system breaks down in areas where we failed to act preventively.

Will the minister tell us today that she has learned her lesson and has finally come to acknowledge that the government must absolutely increase transfers to fund health networks?

There is the economy, the immediate needs and the crisis, and there is the recovery. If the Minister of Health wants to get our health networks back up and running, she needs to ensure sustainable, predictable funding that addresses all of the needs in our communities.

When can we expect this to happen?

[*English*]

Hon. Patty Hajdu: Mr. Speaker, I appreciate the member opposite's focus on prevention. Early on in the pandemic, I was asked a question about public health and prevention. I said that all governments at all levels and all stripes had failed to invest enough in prevention in public health. I stand by that statement.

This is a lesson for the world that in fact the investments we make to prevent the outbreak from happening are the ones that will pay the greatest dividends. It is hard to remember that in between pandemics. For example, investing in public housing, in health care systems, in the wellness of every citizen and reducing poverty and inequality is some of the best money that we will spend.

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, I listened with great interest when my hon. colleague talked about reducing poverty as a health outcome.

Business of Supply

Today, in her riding, hundreds of people have been evacuated from Neskantaga because they do not have access to water. This community has gone 25 years without having clean water. The system is so broken in Neskantaga even after the Prime Minister's promise to clean it up. The sewage lifts are not working, they cannot get water to the school and people are getting water in buckets. As of last night, the government was refusing to even pay for the evacuation, but it has now been shamed into that.

What will the minister do, today, to deal with the crisis in Neskantaga? People in her riding are being put up in hotels because they have no homes to go back to and no access to safe drinking water in their community.

Hon. Patty Hajdu: Mr. Speaker, I completely concur with the member opposite that not having running water and access to clean water is not acceptable in Canada today. That is why it has been such a priority of our government to address the significant deficit in drinking water and sanitation of water in first nations communities.

I feel for the people of Neskantaga. I am happy they are in Thunder Bay while this problem gets sorted out. I immediately reached out to my colleague, the Minister of Indigenous Services, because there is much to do. We will be there for the people of Neskantaga as we sort through what needs to happen next.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, this is for the Minister of Health and the member for Calgary Nose Hill, I hope Parliament will find a way to move forward so the questions being asked in this motion can be addressed in a way that does not sidetrack Health Canada's response in the midst of a pandemic.

In that spirit, I want to ask the hon. Minister of Health if she sees ways that, perhaps, communications staff can answer questions without diverting other resources. Health Canada is a big organization. We do not just have a handful of people in the Public Health Agency or in Health Canada. Surely parliamentarians are allowed to investigate how we have handled the pandemic thus far without completely denying the Government of Canada the tools it needs to continue to fight the pandemic.

• (1110)

Hon. Patty Hajdu: Mr. Speaker, I would like to thank the member for her, as always, rational and solution focused offering. There is a path forward where we could work, through House leaders, on a time frame that might be more manageable for the department.

As the member knows, and the member opposite knows, we are talking about thousands and thousands, if not hundreds of thousands, of documents. I certainly would be more than happy to work with the department to ensure we have a reasonable time frame that suits the purpose of the House.

Hon. Andrew Scheer (Regina—Qu'Appelle, CPC): Mr. Speaker, the minister indicated that she was very concerned about the misinformation being spread about the coronavirus. I would like to read a quote from February 17, "The long-term implications of shutting borders is they are not very effective." Who said that? The Minister of Health.

The Minister of Health also said that the risk remained low and that there was no evidence that this virus was spread without symptoms. She even praised the Government of China's handling of reporting to the WHO and other countries about the coronavirus in its country. If the minister is concerned about spreading misinformation, maybe she should stop doing press conferences.

We are dealing with a request for information. Canadians were told that by going through great sacrifice, seeing their businesses close, going bankrupt and watching loved ones die alone, they were buying the government time to increase the number of PPE that Canada had, fast-tracking approvals and purchasing ventilators. Here we are months later and all those things still have not happened, which is why parliamentarians are trying to get to the bottom of this.

When it came to the WE scandal, the government was able to hit print and dump thousands of documents on the committee. It even took the time to redact them. If the government can take the time to try to throw a smoke screen away from its corruption, why can it not take the time to provide this information to the House of Commons?

Hon. Patty Hajdu: Mr. Speaker, I think the member opposite's comments reflect a lack of understanding about how scientific theory evolves. In fact, we did not know a lot about COVID-19 when it first emerged. It emerged in curious circumstances, as viruses always do, and we had very little knowledge.

We did know how it spread. However, we did not know how to protect ourselves, and we did not know the nature of the virus. There is still so much about the virus that we do not know. For example, does it cause long-term impacts in people who acquire the virus?

Every step of the way we have worked with our researchers, scientists and public health officers, and we have provided information through the lens of science. It is incredibly important that the member opposite understand that science evolves.

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, here we are in the second wave, and the motion proposed is requesting a huge amount of information within 15 days from a department that is already in constant contact with the different provinces, territories, indigenous groups and so many others.

Does the minister believe that is reasonable?

Hon. Patty Hajdu: Mr. Speaker, in terms of the health committee and the provision of documents, we have provided hundreds, if not thousands, of documents, as well as hours and hours of testimony from officials, researchers, scientists, Dr. Tam and me. We continue to be there to provide information and documents to HESA, as required.

Business of Supply

The challenge is that the motion is written in a way that is intentionally meant to overwhelm the department. I believe that right now it would be best for the department to stay focused on what is really important, which is how we will help Canadians through the next wave. It is how we will ensure the provinces and territories have what they need. It is also how we will ensure that we have the vaccines and that they will unfold in a way that access is available to Canadians.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, I will be sharing my time with the hon. member for Beauport—Limoilou.

The first words out of my mouth when parliamentary activities resumed in the House were about patients who had been really hard hit by COVID-19. I expressed my compassion for the families, for those who are still suffering the after-effects of the disease, and for those who did not survive it. I also expressed particular concern for patients with diseases other than COVID-19, because the pandemic has definitely caused collateral damage.

Today is an opposition day, during which we will be debating a motion that should have been adopted on October 9. I will give a shout out to all patients with rare diseases who, had it not been for the Liberal Party's systematic filibustering, were expecting us to adopt my motion on new guidelines for the Patented Medicine Prices Review Board on October 9.

Had the motion been adopted, we could have invited these patients to tell us how these guidelines are affecting their lives, their right to life and their access to innovative medications. I salute these patients because we often forget those who are currently suffering the collateral damage caused by this unprecedented global health crisis.

I hope that the House will adopt this motion and that my Liberal colleagues will set aside the powers of their executive authority. To sit in the House, a person must first be elected a representative of the people. Since democracy is based on legislative power and not on executive power, I am asking the hon. members of the Liberal Party to take on the role of legislators in their capacity as representatives of the people, and to take a step back from government requirements. I am asking them to do the same thing we are doing in the opposition, namely to review the Liberal government's management of the pandemic and hold the government accountable, rather than act as the lackeys of the executive.

I am asking the House to adopt this motion so that the Standing Committee on Health can move on. I would have expected the representatives of the Liberal Party to be prepared, at the meetings following October 9, including the one last Monday, to introduce amendments. The Parliamentary Secretary to the Leader of the Government told us that it would be helpful if we were a bit more flexible with wait times. What is he waiting for to propose amendments to the motion?

Now, this morning, we are discussing a motion in the House that should already have been adopted. During the first wave of the pandemic, there was a spirit of collaboration among colleagues, as we tried to find solutions and to understand what we were up against and how we could help fight the pandemic. All of the experts who

came to see us told us that there would soon be a second wave, and that it could be even more deadly and more difficult to handle. Why? Because there is currently no vaccine, no medication and no reliable serological testing.

• (1115)

We are simply managing time and space: personal space of two metres and the time needed to develop a vaccine. Until we have a vaccine, we remain vulnerable. We have spent a considerable amount of money. We have spent billions of dollars, and that is okay because we need to support people and the economy. Of the \$340 billion dollars spent, barely 2% went to health care, at a time when we are experiencing the world's worst health crisis. There is a problem here.

The Parliamentary Budget Officer says that we must be careful, because if we incur deficits of \$340 billion in the next two years, we will have a serious problem. To get through this crisis, we need to distinguish between one-off investments, or one-off spending, and sustainable investments that will help us get back on our feet. Health transfers, one of the items on the motion's agenda, are a major component of the solution for fighting future pandemics—because there will be others.

Since Parliament resumed, the Liberal government has been playing the bully. It says that we failed in long-term care facilities and that it was forced to send in the army. In passing, Quebec taxpayers pay for that army. Sometimes we even send it on missions abroad. It was not unreasonable to ask it for help on the ground.

There was a shortage of personal protective equipment. Personal support workers and frontline workers were not properly protected at first, because there was a shortage. We quickly learned that the national stockpile was empty. We also learned that we had sent aid elsewhere, since we were certain we would never be affected. Cuts have been made to health transfers for the past 25 years. When you are managing health care and there are needs in your own back yard, you try to cover all bases and attend to the most urgent things first. Unfortunately, some employees had to work in two or three different long-term care facilities to make ends meet. That does not help when it comes to limiting contagion in a pandemic.

I would like us all to do some soul-searching and assume our responsibilities. We are able to impose standards on ourselves to ensure that we never again abandon our seniors living in long-term care facilities. That is clear. We are able to assume our responsibilities, but we do not want someone who has a 25-year record of broken promises to come and tell us how to work and how to do what is good for us. The Liberals are also saying that it is going to take money to implement standards. They do not even know what they are talking about when they talk about standards, because the issue of long-term care facilities is not the same in every province. I wish them luck. One need only look at the differences between Quebec and Ontario. The government does not have the expertise or the skills required.

Business of Supply

Since everyone is concerned about health, the federal governments want to have a say. However, they have had 25 years in which to keep their word and allocate the funding needed to take care of people. It is our money and they need to give it back to us. We want transfers of 35%, not 22%. Now it looks like they might be more like 18%. We need \$22 billion now just to make up for lost ground. The federal government is always saying that it gives a lot. However, the provinces contribute \$188 billion, while the federal level contributes \$42 billion.

● (1120)

There is not enough money, and it is time for the federal government to contribute instead of lecturing us. What we want the government to do now is tell us that it will support all the networks, invest, and do what Quebec and the provinces are asking it to do so that we can, at long last, rehabilitate our networks and take care of people in Quebec and elsewhere.

● (1125)

Hon. Steven Blaney (Bellechasse—Les Etchemins—Lévis, CPC): Mr. Speaker, I would like to congratulate my colleague on his speech and his contributions to the committee.

Opposition members are responsible for making sure that the government's pandemic response is up to the task of helping families, businesses, and people who are isolating because of the pandemic, are they not?

I applaud my colleague's work at the Standing Committee on Health, where we work well together.

Why do the Liberals not want us to help them do a better job of fighting the pandemic?

Why does he think the Liberals are refusing to let the committee do its work and refusing to make sure that the Government of Canada's response does a better job of helping the people of Canada and Quebec?

Mr. Luc Thériault: Mr. Speaker, the motion says that we want to verify and understand the entire testing process. That is important. I do not see a problem with that.

We want to understand the vaccine procurement process. There have been conflicts of interest and we need to know what is going on. Are we ready? Will we get enough doses when a vaccine comes out? I do not see a problem with that.

We want to know what happened with the Global Public Health Intelligence Network, which should have had the capacity to look at what was happening around the world instead of relying on people who were asleep at the switch, including the WHO.

We want to look at whether health transfers are adequate. I hope the Conservatives will do the honourable thing and acknowledge that reducing indexing from 6% to 3% was a mistake. I would have liked the Leader of the Opposition to say so earlier.

We want to look at the availability of equipment. We know there was a problem with that. We want to have access to the documents to understand the situation and ask more informed questions in committee to determine what the problem is.

The Liberals do not want MPs to do their job. They do not like being held accountable or being transparent.

[*English*]

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Mr. Speaker, I too am on the health committee, and I share with the member many of the frustrations we are dealing with at committee in trying to get back to studying this issue.

There are two big issues I have with this motion. The first is the sheer volume of documents that are required. Second, in the motion there is a list of what the Conservatives and other opposition parties want to study, and we were certainly not consulted on that list.

The motion sets a menu, and it was set without the input of the Liberals. Frankly, I think the menu left out a whole bunch of things, such as how we managed the risk faced by northern indigenous communities and how we managed the risk faced by the homeless. There is also nothing on that list about the global response to the pandemic and our desire, perhaps, to ensure that people around the world have access to vaccines through COVAX. In my mind, it is an inadequate list.

Does the member agree that perhaps in setting out this motion, we should have first gotten some co-operation, including co-operation with the governing party?

[*Translation*]

Mr. Luc Thériault: Mr. Speaker, I thank my hon. colleague for his question.

I would like to draw his attention to the part of the motion that states, "and that this study evaluate, review and examine any issues relevant to this situation, such as, but not limited to", followed by the list.

What he just mentioned could simply be added to the list and I would not have a problem with that as long as we start working in committee and collaborating. We owe it to the people listening today. We owe it to them to be serious and rigorous, and to bring solutions to the table at the Standing Committee on Health.

Mrs. Julie Vignola (Beauport—Limoilou, BQ): Mr. Speaker, dealing with a pandemic is not part of our normal routine.

The last pandemic, the Spanish flu, was over 100 years ago. Obviously, no one here today was alive at the time, not even the member for Bécancour—Nicolet—Saurel, despite what some people may think. As much as we would have liked to draw lessons from that last major pandemic, it would have been difficult because the context and realities were so different back then.

Over the past few months, we have experienced huge disruptions in all areas of our lives, including the personal, social, economic, technological and other aspects. We came together and worked shoulder to shoulder. We needed to act quickly to help our fellow citizens. What I have heard in my discussions with representatives from the Regroupement des gens d'affaires de Beauport is that the programs were not perfect, but quick action was needed.

Business of Supply

We have not won the battle yet: The virus is still here. Our fellow citizens still need help and support, and they need reassurance about the future. Do we have everything we need to face another wave or another pandemic? How can we ensure that we can meet our health care needs as well as those of the public without getting so far into debt that we cannot get out again? How can we hold our heads high and still be a country aware of its own needs and those of less fortunate countries?

My training is in high school history and geography. Knowing our history helps us learn about our successes and failures both as humans and as a society. Knowing and understanding our past, even our recent past, helps us prevent certain errors and build on our successes. To accomplish that, like historians, we need more than one source of information. Today, my aim is to emphasize the importance of planning, openness and collaboration.

Let me go back a bit. In October and November 2019, when many of us, including myself, were barely starting to understand our responsibilities and duties as members, we learned of a new disease raging in Wuhan, China. The disease was so contagious that the authorities quickly decided to lock down the city. In fact, one of the first issues I was entrusted with had to do with repatriation. I made sure that, once citizens were back home, they quarantined. I also made sure that they had access to a support network during their 14-day quarantine.

Not long after that, we learned that the Chinese authorities had built two new hospitals in record time. I began wondering about our level of preparedness. What did we learn from the SARS crisis in Toronto? What would we need? Did we have it? If we did not have it, or if we did not have enough of it, how would we get it? Could we produce it ourselves? How long would it take? What would it cost? Are our health care infrastructures prepared? Are our government infrastructures prepared? What is our plan to help the population deal with the lockdown?

Essentially, I wanted to know whether Canada had an emergency plan. Anyone who knows me knows that I am always asking 15,000 questions. Unfortunately, today, I cannot say that we had a plan, despite the fact that we lived through SARS and had a unique opportunity to see what was going on elsewhere in the world.

We rapidly established contact with Asian suppliers to obtain surgical and N95 masks, latex and nitrile gloves, and gowns. Ordinary folks stepped up. Distilleries like Stadaconé Distillery in Beauport—Limouilou and Vice & Vertu Distillery in Saint-Augustin-de-Desmaures began using their facilities to produce sanitizer.

Others retooled their production lines to manufacture respirators. A sewing cooperative in Montreal managed to recruit sewing enthusiasts to churn out thousands of masks. Individuals like my friend Daniel Carré used their own 3D printers to print face shields. Not only did the parties in the House work side by side, but the entire population joined in.

In terms of procurement, the contracting process was shortened to be able to meet demand promptly. Despite all the goodwill, there were shortcomings. We must learn from these shortcomings to avoid repeating them. We must protect our constituents' health and

our public finances. After all, we must never forget that the money we spend comes from somewhere, namely from the taxes paid by the public.

• (1130)

Procurement is a complex process. It involves keeping a lot of balls in the air, because every government department and agency has needs that require contracts for goods and services to be negotiated with suppliers.

History has shown us that preferential treatment does happen in times of crisis and only gets found out once the crisis is over. We need to prevent this from happening. We need to maintain public trust in our institutions and in what we do.

What we need most, as I have said before, is personal protective equipment. I will not go through the whole list again. Every week, the members of the Standing Committee on Government Operations and Estimates held conference calls with Public Services and Procurement Canada to track the procurement process and ask questions. In particular, they wanted to know why we were not prioritizing Quebec and Canadian suppliers, and they were told that it was because of a lack of resources.

How can we access these resources? What is the plan for reducing our dependence on China? Why did two planes come back empty? Why are we receiving so much non-compliant PPE? Can it not be tested over there instead of over here? How many companies have procurement contracts right now? Why did two million masks sit in a warehouse until they were five years out of date? Why is there no plan for purchasing and restocking supplies?

We have yet to get answers to some of these questions, even with a so-called “made in Canada” plan. It might be a good idea to have a “made in Canada” emergency plan. We have the innovation skills to pull it off.

To fight a virus, we need research on the virus's RNA, immune responses, treatments and vaccines. At the beginning of the pandemic, everyone agreed that we needed to ensure that industrialized countries did not monopolize access to the vaccine. Everyone agreed that if governments blindly invested public funds directly in private companies, it could result in a monopoly. Everyone agreed that the studies should be collaborative and should not lead to a new form of competition between countries. The boys' club culture among government leaders is getting tiresome. It used to be “my missile is bigger than yours”, and now it is “my country can produce a vaccine faster than yours”. Could we not all just work together for a change? That would be better.

Business of Supply

Canada announced in April that it was going to invest in research for a homegrown vaccine. The day after this announcement, a company from British Columbia was given money. A committee was magically formed overnight, and no other company received money. Months went by before companies in Quebec and the other provinces got research grants to develop a vaccine. Meanwhile, contracts were being signed with foreign companies. Could we see those contracts?

Let us talk about rapid testing. The government invested in a company that was supposed to produce rapid tests. However, if I remember correctly, the tests cost \$8,000 apiece and had too big a margin of error. What is happening with that contract? Is the company still doing research? We do not know. We need rapid tests, and we just found out that we have 100,000 available. That is great, but that number of tests would last Ontario and Quebec just five days, and then that is it.

Now I will move on to respirators. A Canadian consortium was created to manufacture innovative, lower-cost respirators with fewer parts. What is happening with that project? We do not know. However, we did find out that two guys set up a company and became multimillionaires 10 days later. Forget the American dream, this is the Canadian dream. How many of us could set up a company and become multimillionaires 10 days later? Not many.

• (1135)

I gave just a few examples, but I could go on for another 30 minutes. I am a teacher, so I am used to talking for an hour.

As I said, procurement is a big file, but it is also a hot topic. Procurement is where each and every procedural gap and error will stick out and every aspect of the process that needs to change will become obvious. This is the area where most scandals seem to come to light.

Quite frankly, my constituents and I have had quite enough of these scandals. We are sick of them. Like me, my constituents want us to act honestly and transparently. Not only are these values important to me, but they are what my constituents expect from me. I would hope that honesty and transparency are values that the government members and their constituents care about, too.

• (1140)

[*English*]

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Mr. Speaker, I deeply appreciate what the member had to say. There is common sense on this side of the floor. It is very good.

We have tools in the House when a motion comes forward and we are not happy with it. We can make amendments. We can make amendments on this side of the floor and this can also be done on the other side of the floor. We heard from the member for Thunder Bay—Rainy River about the things he thought should have been included when it was at the health committee, and I do not sense that anything happened there. The member for Winnipeg North is saying this has too tight a timeline, as did the minister.

I am wondering what the member's perspective is on the complaints and the inability of some members to realize that maybe

they could come up with some good suggestions so that we can all work together and pass this motion.

[*Translation*]

Mrs. Julie Vignola: Madam Speaker, I thank my colleague for the excellent question.

Last year, the Speech from the Throne mentioned that the government and the opposition parties had to work together. What is being proposed is what was asked. It is even more necessary now, during the pandemic, to protect our citizens and our public finances.

Moving amendments is one way of working together. If everyone agrees to make the amendment, we should do so. Let us show goodwill and work together. Members on this side of the House are prepared to do so. We are waiting for the other side to be ready to collaborate just as they say they are.

Mr. Francis Drouin (Glengarry—Prescott—Russell, Lib.): Madam Speaker, I want to thank my colleague from Beauport—Limoilou.

As we both sit on the Standing Committee on Government Operations and Estimates, I want to remind her that a motion was adopted on June 5, 2020, concerning the production of documents by Health Canada and the Public Health Agency, as well as Public Works and Government Services. That documentation was provided. In contrast, trade secrets are not covered by the motion we are debating today. The opposition members have stated that paragraph (aa)(ii) refers to documents “vetted for matters of personal privacy information, and national security, and, with respect to paragraph (y) only”. Paragraph (y) refers to all vaccination companies.

I want to ask the member the following question: Has she spoken to Quebec suppliers who would potentially like their trade secrets to be available everywhere? We know this will have a direct impact on people in Canada and Quebec.

Mrs. Julie Vignola: Madam Speaker, I thank my esteemed colleague for his question. I enjoy working with him on the Standing Committee on Government Operations and Estimates.

I touched on this briefly during my speech, but at the beginning of the pandemic, scientists all over the world were saying that we needed to work together and that research should, ideally, be open source, which means that everyone would contribute. We need to prevent this research from being commercialized.

There is a company in my riding that takes an innovative approach to manufacturing vaccines. Once the vaccines are produced, could the company share them? It could share the part it worked on, without disclosing everything, and invite others to do their own testing and contribute to the research. This is one possible way to go.

I understand that there is a whole commercial aspect to this. Everyone wants to make a profit at others' expense. Is this really the time to be going for profit, especially when it is the government investing?

Business of Supply

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, I thank my Bloc Québécois colleague.

Unfortunately, the Green Party is not represented in the House committees. My colleague, the member for Fredericton, has been working hard in an attempt to join the Standing Committee on Health.

I agree with my colleague that there needs to be transparency and access to documents, especially on a key issue of our response as a government, as members of Parliament, to this very serious pandemic.

I have a question for my colleague. What does she think—

• (1145)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I am sorry to interrupt the member, but we need to leave time for the member from Beauport—Limoilou to answer. Her comments will have to be very brief.

Mrs. Julie Vignola: Madam Speaker, I would have liked to hear what my colleague had to say.

She worked on the Standing Committee on Government Operations and Estimates this summer and she asked very relevant questions.

I believe I know where my colleague was going. It is very important to work together for the good of Quebeckers and Canadians. In order to do that, we need to share information, and both the opposition and the government need to think on it and take a step back so that we can better plan. We call that stepping back to better—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Vancouver Kingsway.

[*English*]

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, on behalf of my colleagues, I am honoured to speak to this motion as health critic for Canada's New Democrats.

I think there is broad agreement in the House that since early 2020, COVID has clearly been the number one public health issue facing the country. It is the most serious pandemic our world has faced in the last 100 years. It has profoundly affected the health of our population, costing some 10,000 Canadians their lives so far. It has profoundly affected the way our society operates and, of course, has caused unbelievable damage to our economy and the financial well-being of millions of Canadians. It has caused incredible dislocation and emotional, physical and social damage. It has also exposed pre-existing and serious deficiencies in our health care system.

In March, in the last session, the health committee started studying the COVID pandemic and the government's response to it, in broad terms. We were tasked with looking into any issue that related to COVID-19. We met twice per week, almost every week, until mid-July. We heard from many experts and stakeholders, some 170 witnesses: epidemiologists, infectious disease experts, public health officials, health professionals from every discipline, unions, emergency room specialists, researchers and international officials. What follows are some of the deficiencies the evidence revealed.

Canadians were horrified to see the appalling conditions in which many of our seniors in care lived. We witnessed a terrible spectre: 80% of the COVID-19 deaths in Canada were in Canada's long-term care homes. This is the highest percentage of deaths in long-term care of any nation in the OECD. This crisis was so severe that the army had to be called in to Ontario and Quebec. They detailed hundreds of examples of outrageously poor treatment of our seniors, ranging from poor nutrition to forced feeding to outright neglect. Seniors were left alone for hours, crying in pain, soaked in their own excrement, crammed four to a room with no proper infection control, being administered expired medication and dying alone without access to their families.

This exposed the absolute precariousness, inefficiency and inequity of job-based health benefits. Millions of Canadians have seen their coverage for prescription medicine, dental services and ancillary health services of all kinds disappear. They join the tens of millions of Canadians who have never had coverage for the medicine their doctors prescribe and the dental care they desperately need. The government and all governments before it at the federal level have allowed this to develop.

The evidence also exposed a decade of inadequate planning by successive Conservative and Liberal governments to properly prepare Canada for a major health emergency. Indeed, Canadians were shocked to see our health professionals, our nurses, our care aides, our hospital staff and first responders have to go without basic personal protective equipment such as masks, gloves and gowns because there was a national shortage as a result of poor public health planning.

We witnessed the government have to throw out over 2.5 million pieces of personal protective equipment because they were left to expire in a warehouse, the casualty of successive federal Conservative and Liberal governments that neglected to set up a proper inventory control management system for Canada's emergency stockpile of equipment. We faced the spectre of being caught without a sufficient number of ventilators, and narrowly dodged forcing our intensive care doctors to make the terrible choice that some countries had to make as to who did and who did not get access to life-saving intubation.

Business of Supply

• (1150)

The evidence showed the negative effects of decades of neo-liberal trade policy that left Canada vulnerable and dependent on countries like China and Donald Trump's United States for basic medical supplies and equipment, made offshore by the cheapest manufacturers with no regard for the health threats this caused Canadian patients in their time of need. It revealed that the Liberal government inexplicably and irresponsibly dismantled Canada's excellent emergency early warning health system, the global public health intelligence network, just months before the COVID-19 pandemic erupted in Canada, costing us precious time, preparation and, in fact, the very lives of Canadians. It highlighted the totally misguided and poor public policy choice, first made by the Harper Conservative government, to limit federal health transfers to the provinces to 3% when actual health care costs in Canada rise by an average of 5.2% every year, causing a chronic and ever-worsening funding problem in our provincial health systems. This policy was adopted by the Liberal government, which had promised to do better but simply continued this damaging and dangerous health care underfunding.

Why is this motion before the House? Before adjourning in the summer, the health committee was preparing a report summarizing evidence and preparing recommendations to the government based on the excellent information we received. The government then prorogued Parliament in mid-August. This eliminated the health committee, along with all other committees, and wiped out all the evidence we had accumulated.

Upon returning to Parliament this September, we had to start from square one. We had a brand new throne speech. We had to re-constitute the committees. We had to re-elect the chairs and vice-chairs. We had to re-adopt the rules of the committees. We had to determine our new order of business.

I want to pause for a moment and mention the positive impact that the New Democrats have had on the throne speech from a health point of view. Through working with the government and using our leverage for Canadians, not our party interests, we successfully enlarged the Liberal plan to award paid sick days only to those with COVID-19 or awaiting diagnosis, giving them to all Canadians who have an underlying condition that may make them vulnerable to COVID-19. This brought the number of Canadians receiving paid sick days from the thousands, the amount the Liberal plan would have helped, to millions, because of NDP work. This pleases me, particularly as health critic, because ensuring that Canadians can stay home from work when it is necessary for their health is a critically important health measure, and one that is especially important when we are dealing with an infectious disease.

Because of the Liberal prorogation delay, since July and to this date, October 22, the health committee has met twice. For the record, as health critic for the NDP, I want to register my deep objection to the unnecessary and politically motivated prorogation, which was done transparently to cut off committee examination into various political scandals of the Liberal government, including the WE matter. I say this because in a global pandemic, every day, week and month matters. Canadians deserve and expect their political representatives to be focusing their attention on their health and economic needs, not on the partisan interests of the Prime Minister,

the Liberal Party or his family. We have lost valuable time to do our important job as the House of Commons health committee not only to hold the government accountable for its decisions, but also to develop positive recommendations that can help it improve its delivery of health services to Canadians.

What happened at HESA in the last two meetings? The Liberals came to committee suggesting we study singular aspects of the COVID-19 pandemic. One was the impact purely on long-term care and the other was the impact purely on mental health, each as a separate study and limited to those issues. They did not deal whatsoever with the evidence that had been given so far this year, presumably leaving that evidence to wither on the vine. The Liberals also had no suggestions for the production of any documents that may aid the committee in its work.

On behalf of the NDP, I served notice of three motions, proposing a study of the following, in this order. First I proposed to continue our study of COVID-19, adopting all of the evidence we heard in 2020, so that we did not lose this vital and valuable information. I proposed that we continue on with our COVID-19 study, unlimited in scope, and focus on any and all issues of concern now.

• (1155)

I also proposed that we did not need to go over already well-tilled areas, and that instead we should focus on the most important and productive things for preserving and protecting Canadians' health now. These are things such as the following: Where are we with vaccine development and access for Canadians? What is the distribution protocol for vaccines going to be? What is the status of potential treatment therapies for those with COVID-19? This is especially important in case we do not soon develop a vaccine. Why was the GPHIN dismantled by the Liberals, and more importantly, what is the status of this vital early warning system now? What considerations and resources are needed to deal with the second wave, which is clearly upon us, and maybe a third wave in the new year?

What is the status of testing and contact tracing? We have heard repeatedly that both are essential components of any successful battle plan against transmission of the virus. How can we develop safe protocols to help reunite families that have been cruelly separated for many months? How can we best utilize the best science and evidence-based advice, whether it is from global health organizations, other countries or within Canada? I propose this as the first order of business for the health committee as the COVID crisis is without doubt the most important health issue gripping our country.

Business of Supply

Incidentally, I also served notice of two other important areas that I believe we need to study after we complete our COVID examination, whenever that may be. The first is universal dental care as an insured service for every Canadian, because some 12 million Canadians do not have any dental coverage whatsoever. Many more have substandard coverage for an aspect of our health that has been ignored and treated as a private matter for the wealthy or those who can afford it for far too long.

I also proposed we study indigenous health because indigenous people rank among the lowest in virtually every major metric of health. This is a statistic that ought to cause all parliamentarians to hang our heads in shame.

Procedurally, I tendered two motions to request the production of documents to the committee. These concerned necessary documents to help us understand the very secretive activities of the Liberal-appointed vaccine task force, a body that is filled with a mixture of industry and corporate representatives who have not disclosed their conflicts of interest, even as they make recommendations to the government for specific vaccine investments. The other motion concerned details about the government's plan on how it intends to roll out vaccines for Canadians, if and when they become available.

I will also note my disappointment that the health minister has refused to answer my question in this House on whether vaccines will be made available at no cost to Canadians. The NDP believes this ought to be the case on the grounds of social justice and public health. The Conservatives tabled a motion very similar to that in the House today.

What happened at committee? The Liberals stalled consideration of this motion, arguing, in turn, that it is too broad or not inclusive enough. They have not made up their minds. They adamantly refused to consider any production of documents of any kind to the committee whatsoever, arguing mainly that their government and public servants are much too busy to be bothered to gather this information for Parliament.

They used the valuable time of the health committee during a pandemic to filibuster debate by talking out the clock to avoid any vote on this motion, which they knew a majority of committee members and parties, namely, the Conservatives, the Bloc and the NDP, supported. Therefore, nothing was done at either of the first two health committee meetings in any substantive manner because the Liberals refused to respect the will of the majority of the committee.

I will point out at this point some important facts. First, we are in a minority Parliament. In 2019, Canadians, in their wisdom, saw fit to give no party a majority claim on power. This means that it is the Canadian people's democratic determination and expectation that we work together and seek a majority across party lines. No one party can have a veto in this Parliament.

Second, this Parliament requires co-operation among the parties and parliamentarians. Canadians want us to make this Parliament work. They expect us to put down our partisan guards, at least to some extent, and make the necessary compromises that reason and fairness dictate. Therefore, I and my NDP colleagues intend to sup-

port this motion because it represents the will of the majority of members of the health committee.

• (1200)

We support it because it places COVID where it should be, which is as the health committee's number one priority. I support it because it would allow the committee to focus our attention in any area we deem most helpful and important, just like we did in the first session. It would provide each party with an equal number of witnesses at every meeting, ensuring that balanced and diverse viewpoints are heard and every committee member could call witnesses in the area they want to delve into. It would also allow each party to provide witnesses in the area they want highlighted, whether it is rapid testing, mental health, long-term care or vaccine development. All of these are priorities identified by each of the parties at committee, including the Liberals.

The motion would give the committee access to documents that are reasonable and necessary to hold the government to account in a responsible manner. On this latter point of disclosure of documents, the current Prime Minister pledged to Canadians, upon being elected in 2015, his government would be "open by default". He said that he would unmuzzle scientists and civil servants. The Prime Minister promised that his government would be transparent and would not utilize the tools of secrecy and redaction that had become the hallmark of the Harper government that came before him.

How times change. We have seen far too many examples of this pledge being broken by the Liberal government, which now routinely refuses to produce documents, heavily redacts them and violates instructions to have redactions performed by parliamentary counsel instead of ministry officials. This must stop.

Committees have the powerful duty and right to order production of documents in unredacted or properly redacted form. This is a long-standing and crucial power of committees in a responsible and democratic government. It is essential to hold the government accountable. When a government refuses to disclose documents or heavily redacts them, as has unfortunately become routine practice by the Liberal government to avoid political embarrassment, it does much more than damage its own reputation. It tarnishes the authority of Parliament itself.

Contrary to what the Liberals have argued and will likely claim today, disclosure of documents to Parliament is not a burden or an inconvenience for public officials that is provided only when convenient or in times of insignificance. It is a core, important and full-time duty that applies at all times to all responsible and honest governments.

Business of Supply

I note this motion would permit redaction for proper grounds such as national security, personal privacy, and in the case of the vaccine task force, to protect the integrity of contractual and other negotiations that may have taken place. I believe we are prepared to entertain further amendments if the Liberals propose reasonable ones in this regard. These document disclosures constitute reasonable and responsible requests that are targeted and rational for the health committee to review.

In summary, my NDP colleagues and I will proudly support this motion while being somewhat regretful that this matter had to be elevated to the House. I would like to thank my hon. colleague from Calgary Nose Hill for her initiative in moving this motion today.

I look forward to working with her and all my colleagues on the health committee for the benefit of all Canadians. We do so because the health of Canadians is our paramount concern, and the integrity of Parliament, underpinned by the values of transparency, accountability, democracy and good governments, demands it.

• (1205)

Mr. Randy Hoback (Prince Albert, CPC): Madam Speaker, I worked with the member for Vancouver Kingsway in the past when he was on the trade committee. I chaired the committee, and we proved that we could work together to get to “yes”. We did that on the South Korea trade deal, where we actually worked with the NDP and the Liberal Party, and we arrived to “yes”. That is just one example of what could happen in committee.

Does the member see any movement on the Liberals' side in regard to amendments, improvements, changes or suggestions so that we could actually get to “yes”?

Mr. Don Davies: Madam Speaker, I very much enjoyed working with my hon. colleague on trade matters as well. He is absolutely right. This minority Parliament requires us to work together. So far, though, I have heard the Liberals absolutely refuse to produce any documents. I am also hearing, with the greatest of respect, completely misleading arguments.

One example of this is regarding what the motion says. The motion reads:

That the Standing Committee on Health be instructed to undertake a study on the emergency situation facing Canadians in light of the second wave of the COVID-19 pandemic, and that this study evaluate, review and examine any issues relevant to this situation, such as, but not limited to....

The motion then goes on to list the items. I keep hearing Liberals say that this is a terribly broad motion that would require us to look into all these issues. If one just reads the motion, one can see that statement is misleading. It would allow the committee to choose whatever issues it wants to study, and is simply listing a number of issues that are suggested for us to look into.

[Translation]

Mr. Yves Perron (Berthier—Maskinongé, BQ): Madam Speaker, I thank my colleague from Vancouver Kingsway for his speech.

We agree on a number of things, particularly the fact that we have before us a government whose policy seems to be one of withholding information to cover up its scandals. Contrary to what it

said, the government does not want to collaborate. We agree on all that.

I have a question regarding health transfers. NDP members often talk about centralization and national standards. In the context of the work that will be done once this motion is adopted, or so we hope, what will my colleague's position be when the time comes to consider health transfers?

Would he not agree that it would be much more effective to quickly increase health transfers, which have been extremely low for many years, rather than encroaching on jurisdictions and imposing national standards, for example for long-term care facilities, as he mentioned?

[English]

Mr. Don Davies: Madam Speaker, the Bloc Québécois and the NDP share the concern that the federal government is underfunding the provinces, and I mentioned that in my speech. We too would like to see the federal government increase its health transfers to the provinces to at least keep up with the rate of increase, which is about 5.2% per year.

I also agree with my colleague that, while the federal government has the responsibility to fund health care, we must leave it to the provinces to determine the best ways to deliver those services. I do believe in the Canada Health Act's principles of ensuring that each Canadian in this country gets access to relatively similar levels of health. The federal government can set basic general standards to ensure the money transferred to the provinces is in fact used for those purposes. We can then leave it to the provinces to determine the best way to deliver those services. We do not want to be sending money to Alberta—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Questions and comments, the hon. member for Thunder Bay—Rainy River.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Madam Speaker, here we are today debating what the health committee does, and I certainly agree that we have had a co-operative relationship in the past. I hope that continues. However, the opposition members know that with this motion they are requesting a ton of documents, such as emails, memoranda, notes and other records. This is and would be problematic, just because of the sheer volume.

The member talks of compromise, and I too would really like to see compromise. Would the member not agree that for the committee to get back together and function effectively and co-operatively, we need a more reasonable request in terms of what documents we are required to produce?

• (1210)

Mr. Don Davies: Madam Speaker, we have had two meetings where that very goal was attempted. I would throw it back on my colleague and ask them to propose an amendment. Let us see what the Liberals are proposing to produce. They have not sent one document. If they believe that the motion is too broad concerning production, I would ask them to propose a different one. So far, the Liberals have said they refuse to produce anything at all.

By the way, this motion calls for production in targeted areas. We want documents on the global public health intelligence network, testing, personal protective equipment, and vaccine development and distribution. Those are the areas. This is a targeted search in the areas that are of profound importance to Canadians. Canadians want to know if we are prepared for the next wave, where we are in testing, if our professionals have enough PPE and where we are with vaccines.

I throw it on the Liberals to tell me why they do not think this committee should get access to documents in those areas. If they want to cut it down to a reasonable level, I am happy to entertain that.

Ms. Leona Alleslev (Aurora—Oak Ridges—Richmond Hill, CPC): Madam Speaker, I would like to give my hon. colleague an opportunity to expand on the answer he gave to the previous question.

He made a comment on the production of documents, saying that committees have the right to documents and the committee is not getting those documents. We had to bring this motion to the House of Commons to actually be able to get those documents. In contrast, the Liberals are saying that they cannot produce those documents.

I want my colleague to give us a feel for why the timing of those documents matters, as well as why we need a motion in the House of Commons to be able to hold the Liberals to account concerning the timing of what documents they will produce.

Mr. Don Davies: Madam Speaker, we are here because the Liberals are filibustering at the health committee and talking out the clock so we cannot get anything done, instead of proposing amendments to the motion in a way that they think will address their concerns.

Why are these production requirements so important? It is because the Liberals dismantled the global public health intelligence network, which was Canada's only early warning system for pandemics. There may be another pandemic. I want to know, and I think Parliament should know, where we are with that.

In terms of testing, as I said in my speech, every expert tells us that we need to have testing and contact-tracing protocols to stop virus transmission. Where are we with that?

Regarding PPE, I do not need to say how important it is that our health professionals have sufficient PPE, which we are still not satisfied is the case. Of course the number one issue is vaccine development and distribution. All Canadians, 37 million of us, are waiting for a vaccine to be developed, which is the only way we are going to get back to normalcy and health—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Questions and comments, the hon. member for Winnipeg Centre has the floor.

Ms. Leah Gazan (Winnipeg Centre, NDP): Madam Speaker, I wanted to share some information with my hon. colleague and then proceed to a question.

There are over 300 cases of COVID in downtown Winnipeg alone, which includes a massive outbreak in a seniors residence. People are dying. We have a 6.3% positivity rate in metro Win-

Business of Supply

nipeg. It has snowed. All the shelters are located in Winnipeg Centre. I am worried about COVID hitting the shelters at any moment. We are in crisis, and people are dying.

How is the Liberals' continued filibustering, withholding documents and, most recently, threatening election further placing the lives of Canadians at risk, particularly those whose lives are already at risk?

Mr. Don Davies: Madam Speaker, in my opinion, filibustering on the WE scandal is one thing, because it involves politics. Filibustering at the health committee, so that we cannot get to work on the number one public health emergency facing Canadians, is inexcusable.

I want to mention before I conclude that, in terms of production, this motion allows for redaction by the government on national security grounds, personal privacy grounds and interference in contractual relations, so trade secrets are covered by the motion. The government has broad and ample scope to redact these documents of sensitive issues.

In short, while the Liberals are filibustering, the NDP and other parties want to get to work on studying COVID-19. I think it is inexcusable that the Liberal Party is putting its narrow political interests into trying to hide documents from parliamentarians because they think they are going to embarrass them instead of—

● (1215)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Resuming debate, the hon. member for Foothills has the floor.

Mr. John Barlow (Foothills, CPC): Madam Speaker, it is a pleasure to speak about this very important issue. In fact, I think there is no issue more important than the review and study of the COVID-19 pandemic and its impact on Canadians.

I will be splitting my time with my hon. colleague for Bellechasse—Les Etchemins—Lévis.

Business of Supply

Before I get into the basis of my intervention today, I found it interesting to listen to the arguments from the Liberal Party when our leader and the hon. member for Calgary Nose Hill opened this debate. I find hearing the health minister say that it is irresponsible for the Liberal government to change its tactics in the middle of a battle to be, in short, completely ridiculous. I am very happy that Sir Julian Byng and Arthur Currie did not have that same perspective and were not like the Liberals. When the Battle of Vimy Ridge was going on, and hundreds of thousands of soldiers were dying, they invented the rolling barrage in the middle of the battle to win Vimy Ridge. I would ask the Minister of Health to rethink her position on this and maybe start thinking of *The Art of War* by Sun Tzu and not Colonel Custer when she is putting the lives of Canadians at risk.

Also, we have many Liberal members saying that this motion is going to open up trade secrets with corporations and agreements that have been made with corporate Canada. It is interesting that just a couple of days ago there was an interim order granting the Minister of Health the authority, or new powers, to request documents from corporations and drug companies in Canada when it comes to COVID-19. The hypocrisy of that is ridiculous.

Why was the health minister here arguing today that we should not be asking for government documents because they are not important, while at the same time she is giving herself new powers to do the exact same thing to Canadian corporations and drug companies?

When the Liberals argue that asking for these documents is going to put those agreements in the public eye, she is going to be doing the exact same thing. The hypocrisy of this, I find, is quite ridiculous.

In my discussions with my constituents, they want a strategy. They want to see a plan from the Liberal government on how we are going to deal with COVID and the pandemic. When the Prime Minister prorogued, it was the last step in what has been a very predictable process. When Canadians needed their elected officials and were relying on us the most to deal with one of the biggest threats we have had in a generation, this pandemic, the Prime Minister first shut down Parliament, then he prorogued Parliament. Now we are finally back and he is filibustering committees: ethics, finance and now health. Then, when he is not getting his way, he threatens an election in the middle of a pandemic.

When we went through prorogation, the whole idea was to have a reset, and that we would come back and have a clear vision of where Canada was going. We have seen none of that. We have wasted months of Parliament's time getting nowhere. All that we saw in the throne speech was a rehash of broken Liberal promises. We have seen nothing about a plan to access vaccines. We have seen nothing about a plan to access rapid testing. The only thing that we have seen from the Liberal government this far is planning an additional round of closures for businesses across Canada. Our economy cannot afford that. We cannot afford for closure to be the only alternative, especially knowing that there are other alternatives that jurisdictions around the world are using.

Germany, Japan, Austria and Iceland are all using rapid testing technology and reducing quarantine times to keep their businesses open, to keep schools open, to keep families united, to keep regions

and communities connected, and to ensure that they can resurrect their airline and tourism industries. However, in Canada, we are falling well behind other jurisdictions around the world. We are using a 14-day quarantine that most of our partners are not using. In fact, more than 80 countries around the world are using this new technology, but Canada is not among them. It is very difficult for us to go back to our constituents and say, "You know what? Other countries have that technology." We do not have to rely on a 14-day quarantine or closures. Most businesses will not survive a second closure.

● (1220)

How do we look them in the face and say we could be using this rapid testing technology or even home-based testing, but we prefer not to? That is absolutely out of touch with what is going on in our communities. I will give a quick example. In my riding, as I know many of my colleagues have done, we started what we call the Foothills recovery task force. We surveyed hundreds of businesses in my riding. We wanted to be a one-stop shop for them to come to with questions: to be a resource, when it came to federal and provincial programs, so that they knew what was available to them. What I found very interesting was that, when we surveyed these businesses, fewer than 30% of them could access, or were eligible for, federal programs like the emergency business program, the wage subsidy or even the rent subsidy, which we know has been an absolute failure. For months, the Liberals have been promising to change these programs to make them more broadly accessible.

That is not what is happening in my rural southern Alberta riding, where these businesses cannot access these programs. What they need is the ability to stay open, keep their workers employed, keep their business doors open and keep food on their families' tables. Rapid testing is one perfect example of a way for us to accomplish that. When that technology is being used in other countries and not here in Canada, I question that. That is really the basis of what the motion is today. We want to look at what got us here. What decisions did the Liberal government make to get us to this point?

We can use that as a starting point of where to go from here. What vaccine technology has been reviewed? How close are we to rapid testing? How close are we to home-based testing? What has been the impact of COVID-19 on the mental health of Canadians? Those are the things that we want to discuss, which are quite prudent at the health committee.

What have we been faced with? Thus far, we have been faced with ridiculous filibustering by Liberal members at the health committee. We have heard that it is too much work for them to go through all these documents: that they want their Thanksgiving weekend and really do not want to have to do this right now.

Business of Supply

Do those members of the health committee realize why they are here? They were elected by their constituents to come to the House of Commons, get their hands dirty and go to work. Yes, if we have to spend a weekend or a long night session reading documents that are pertinent to the health and safety of Canadians, damn right. That is what we have been sent here to do, and no excuses are good enough for that.

Two other members of the Liberal Party at the health committee said the font of the motions was too small and they could not read them. Are they kidding? Are they serious? Zoom in. They say it is going to take too long for our public sector workers to be able to access these documents. I have a lot of pride in what our public sector workers have done through COVID-19 and the response that they have had. Some of these programs could take months if not years to develop and roll out, but they have done it in sometimes days or hours. I applaud them for that. However, we can walk and chew gum at the same time, and it does not take that long to type “search” into our computers and press print. That is what we are asking the public sector workers to do on this file. I understand it is a big job, but I am willing to do the job of reviewing these documents. It is absolutely not right for the Liberals to block this information that is crucial to Canadians. It is crucial that we keep our businesses open and resurrect our airline industry. What is clear, for example, is that rapid testing gives us a pathway to economic recovery.

In closing, I find it extremely frustrating that the Liberals are blocking this important debate, discussion and review at the health committee, but it seems to be that the government's hostility to the truth is only matched by the Prime Minister's penchant for ethics and corruption violations.

• (1225)

[Translation]

Ms. Kristina Michaud (Avignon—La Mitis—Matane—Matapédia, BQ): Madam Speaker, I thank my colleague for his speech.

What I find interesting about this motion is that it calls on the Standing Committee on Health to study the inadequacy of health transfers. We have been talking about that a lot since the throne speech. I actually received a note from one of my constituents talking about how badly the federal government has been neglecting seniors and driving them further into poverty.

I replied that of course we need to increase old age security starting at age 65, not 75. I also talked about the importance of increasing health transfers, because seniors are supported by the provincial and Quebec health care systems.

I would like to hear my colleague's thoughts on that.

[English]

Mr. John Barlow: Madam Speaker, my colleague is exactly right. One of the topics that we want to address in this study that is before the health committee is health transfers and the impact that COVID has had on long-term facilities or seniors' centres.

I have one of the oldest demographics in the country, so the health of our seniors is critically important to me and the constituents in Foothills. Of course, one of the things that we want to

look at is to ensure that there are proper resources for the provinces to do the jobs that, jurisdictionally, they have been asked to do.

I find it interesting that the Liberals keep wanting to study things that are not in federal jurisdiction. They want to continue to invade or impose their will on provincial jurisdiction, but we should be looking at the role the federal government has to ensure that the provinces have the federal resources they need to do the job that has been asked of them.

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, this is very rare and, in fact, it may be the first time where I quote something from Twitter. It comes from Flavio Volpe, an industry leader who continuously promotes industries throughout Canada to very much support what is taking place. He tweeted that, “Canada's response to the COVID19 crisis was lauded around the world because we did not politicize what we needed to do, we just did it. Urgently. Together. Safely.” There is an individual who is concerned that we might be seeing politicalization of a very important issue to Canadians.

The member asks for much information, but we have to be concerned about protecting our supply chains. The amount of information is being requested at a time when we have civil servants working with provinces, territories, indigenous leaders and so many other stakeholders. There is a priority in fighting the COVID-19 pandemic. Would the member not agree that to say that we should get all this information even though we already have lots, and to give 15 days to do it in, is completely unreasonable?

Mr. John Barlow: Madam Speaker, I would absolutely not agree with that. The only party that is politicizing COVID-19 is the Liberal Party.

If the Liberals are so proud of the programs that they have rolled out over these past few months, then why are they filibustering the health committee? Why are they not allowing those documents to be released? If they are so proud of what they have done, what are they hiding it for? I would be putting it out there for everyone to see and say, “Look at what I have done.” If that is the case and the documents come back, and we read them and see that we are on the right track, then that is fine.

I want to know, as Canadians want to know, whether we are on the right track. Are we failing? Are we losing? If so, how do we change tack? Where do we need to go?

That is what we are asking for. We are not politicizing this. We are doing what our constituents are asking us to do.

Business of Supply

[Translation]

Mr. Rhéal Fortin (Rivière-du-Nord, BQ): Madam Speaker, I want to know if my colleague agrees that health transfers need to be increased. It seems like everyone in the House thinks so, but we cannot seem to agree. Promises are made and broken.

From 1958 to 1977, the federal government covered 50% of health care costs. From 1977 to 2004 there was no minimum. It was decided that funding would be left at the federal government's discretion. In 2004, former prime minister Paul Martin decided there needed to be a minimum, a floor that he set at a 6% annual increase. That was in effect from 2004 to 2017. Since 2017, the increase has been tied to the growth rate of GDP and subject to a floor of 3%.

In 2012, the Parliamentary Budget Officer said that the federal government was nearly driving the provinces into bankruptcy. He said that the government was not taking into account the aging population. According to him, Ottawa was ensuring its own long-term financial viability while jeopardizing that of the provinces.

I would like to know what my colleague thinks of that. Are we in a situation where the federal government is impoverishing the provinces?

• (1230)

[English]

Mr. John Barlow: Madam Speaker, I will keep this short.

I believe that the Liberal government has downloaded a lot of the responsibility for the pandemic to the provinces and it behooves it to ensure that those provinces have the resources they need to do the job that is asked of them.

[Translation]

Hon. Steven Blaney (Bellechasse—Les Etchemins—Lévis, CPC): Mr. Speaker, that was an excellent speech by my colleague from Alberta.

Essentially, he told us that our most important job here in the House is to be here for Canadians and implement effective measures to fight the pandemic.

That is exactly what we are talking about today. Basically, the motion before us is asking the Standing Committee on Health to do everything it can to ensure that the government's response works. We have to implement effective measures to fight the pandemic and be transparent.

The issue we are tackling today is the lack of transparency and effective measures to fight the pandemic. Would every member agree that we are here in Parliament to make sure the government helps businesses?

One such business is Autocar Excellence in Bellechasse, which has some beautiful brand new buses in Bellechasse but cannot use them for obvious reasons. Another is Prevost in Sainte-Claire, maker of those very buses, for which demand is very low now that we are in the second wave.

Our role is to mitigate the impact of the pandemic, especially on health. The Standing Committee on Health has important work to

do, and that is what we are asking of it today. Unfortunately, it appears that the Liberals are trying to hide something. If they are so proud of how they have handled the pandemic, they should open up the books so we can see what we can improve and how.

The fact is, when the Conservatives sounded the alarm back in January about what lay ahead, the Minister of Health said that closing the border would not be a very effective tool for fighting the pandemic, and yet that is how the virus first got here, across the border. From day one, the government has been caught with its pants down, as we like to say back home.

What we want is to be able to respond better. In the first wave, the measures that were implemented were improvised and took away Canadians' motivation to stay at work.

The Liberals then started giving contracts to their friends. Yesterday, we had a vote on the WE Charity scandal. When the Liberals felt things starting to heat up at committee, they shut down Parliament and the finance minister resigned. Yesterday, they made the ultimate threat that they would trigger a general election. As my colleague stated, the Liberals were willing to hold an election to cover up a scandal.

We want to dig deep by demanding transparency and dealing with the pandemic efficiently. That is our job as parliamentarians. From the Bloc Québécois to the NDP, MPs are saying today that they want to work together to ensure that the government's response is effective.

In its throne speech this fall, the government listed many priorities. Once again, however, it was all over the map, with no clear proposals and nothing about efficient testing measures.

We want efficient testing. Right now, people are being diagnosed with COVID-19 and having to stay home. The faster we can identify these cases, the faster they can go back to contributing to the economy. I am thinking of parents in particular.

No one is talking about all the indirect effects of the pandemic, such as loneliness among seniors and many other people. That is why the government must adopt the most effective response possible. We Conservatives and the members of the other opposition parties are prepared to make the effort to implement effective measures. Unfortunately, as I was saying, we are up against the less than transparent Liberal Party, which appears to have something to hide.

This week, it was reported that friends of the Liberal Party obtained contracts to supply medical equipment at almost twice the going rate. We understand why the Liberals would want to hide these types of things.

There are lives at stake, and there are also colossal amounts being invested in the fight against the pandemic. That is one more reason why we should be vigilant and implement effective measures. The Liberals' mismanagement of the pandemic makes the opposition's work all the more important.

• (1235)

Unfortunately, the parties' hands are tied because the Liberals seem to be hiding something.

In today's motion, we are calling for effective tools. Alberta, Quebec and the other provinces need targeted measures, such as testing, effective vaccines or treatments, so that their floundering health care systems can meet this challenge.

Back when the Liberals were saying that there was no danger, they sent PPE to China. That is pretty outrageous. They sent hundreds of thousands of masks, gloves and gowns from our stockpile to another country. A few weeks or months later, we had a shortage. On top of that, we used to have an early pandemic alert system, but it was shut down before the pandemic.

Not only did the government not have the right tools in place, but it also implemented measures that turned out to be counterproductive. That is why it is important to let the Standing Committee on Health do its job. Starting now, how can we work constructively to make sure the government's pandemic response is effective and supports businesses, families, the health care system and the provinces?

We think keeping the border closed is important. Once again this week, American billionaires came over to hang out in COVID-19 hot spots. How could Canada's Minister of Health let these people in and put others in danger, when Canadians are being told to stay home, limit their activities, and self-isolate when they return to the country? We do not want a double standard. These are legitimate questions that opposition members are asking themselves. We want answers from the government, but it is like talking to a brick wall.

When it comes to mask wearing, the government initially said that it might not be effective. In fact, the government actually advised against wearing masks, but we now know that wearing a mask gives us the best chances to stay safe. In fact, what we want to do at the Standing Committee on Health is give ourselves the best chances to have effective measures.

We want to speed up testing. I will come back to that because it is important. As my colleague was saying, many countries have a host of mechanisms to allow people to get a quick diagnosis and take the necessary measures when they have reason to believe they contracted COVID-19. Time is money, as the saying goes. The government's slow response is costing us a lot of time.

I am asking my Liberal colleagues if they are prepared to work with us on fighting the pandemic and taking effective measures. We are prepared to do the work. We are reaching out to the government and saying, let's work together. These are exceptional times. We are in a health crisis. It is time to pull together, work together and have a Parliament that works.

Why are the Liberals rejecting our offer of help to turn this pandemic into nothing but a bad memory?

• (1240)

Mr. Francis Drouin (Glengarry—Prescott—Russell, Lib.): Madam Speaker, I thank my colleague for his speech.

From what the opposition is saying, one would think that we never produced any documents. My colleague knows very well that the documents that the opposition is asking for today were submitted to the Standing Committee on Health and the Standing Committee on Government Operations and Estimates. The only difference

Business of Supply

was that trade secrets were protected. Paragraph (y) in this motion mentions the COVID-19 vaccine task forces. That is the only exception with regard to trade secrets.

Did he have a chance to talk to Quebec suppliers? Are they prepared to disclose the content of all their contracts, including conditions, to all of Canada?

Hon. Steven Blaney: Madam Speaker, I am reaching out to my colleague. If he wants to improve the motion that was moved today, what is he waiting for? Why does he not move an amendment?

We are open and, of course, we are proud. Bellechasse businesses are helping in the fight against the pandemic, contributing in the fields of health care and pharmaceuticals. I am thinking of Moore Plastics in Saint-Damien, Alifab and CFR Group. We have companies that are prepared for that.

The motion basically says that we do not want the government to give us redacted documents, documents that have so many things blacked out that it is impossible to even get the gist. What we want is effective measures. This is an open motion that says, "Let's work together". I repeat: We are reaching out to the government.

What does the government have to hide? Otherwise, why will the Liberals not simply support this motion?

Ms. Kristina Michaud (Avignon—La Mitis—Matane—Matapédia, BQ): Madam Speaker, I thank my colleague for his speech.

The Conservatives' motion is especially relevant because the priority at this time is the pandemic.

The people we represent are already being asked to do a lot. They are being asked to make sacrifices and to follow public health guidance. The least we can do is to show them what the government is doing to prepare for the second wave and what guidance it is following, among other things.

In his speech, my colleague spoke about the border. I think this motion offers the perfect opportunity to find out why the government waited so long to follow the WHO's recommendation to close the border and prevent the spread of the virus, which likely came from elsewhere.

I would like him to comment on that.

Hon. Steven Blaney: Madam Speaker, I thank my colleague for her excellent question.

Business of Supply

We have to learn from past mistakes to avoid repeating them. We know that we are in the midst of a second wave. The virus is still with us, and we must look to the future to see how we can avoid repercussions on our activities, whether on our health or our economy.

Members will recall that the City of Montreal started controlling access to the Montreal airport because the government was asleep at the switch.

We want to give it a wake-up call, and that is precisely the role of the Standing Committee on Health.

Why are the Liberals refusing to let the committee do its job? Lives are at stake, as are large amounts of money and, above all, the future of our country.

[*English*]

Ms. Lindsay Mathyssen (London—Fanshawe, NDP): Madam Speaker, one of the key points of the motion is to have discussions and investigations into the global public health intelligence network. It is interesting to me that the Liberals do not want to look into some of the facts, considering a lot of the resources were allocated away from that intelligence network. They weren't allowing it to do the work it needed to do leading up to this pandemic. In fact, the funding has been significantly cut to that network and our Public Health Agency.

I would like to hear from the member on how important getting those documents are to see what that underfunding has done.

Hon. Steven Blaney: Madam Speaker, it is certainly important to have the best transparency we can expect. Unfortunately, we are faced with a wall, which I would call a wall of darkness, from the government. We need to know if the right decisions have been made, especially in ensuring that the health system is well supported and that appropriate measures were taken. Because of the refusal of the Liberals to move forward, we cannot get into that and avoid mistakes being repeated as we continue to fight the pandemic.

• (1245)

Ms. Sonia Sidhu (Brampton South, Lib.): Madam Speaker, I will be splitting my time with the member for Newmarket—Aurora.

Today, I am giving my comments on a hyper-partisan motion from our Conservative colleagues.

I am proud to have sat on the health committee since the beginning of the pandemic. The committee has been working hard studying COVID-19 and the government's response. Since January, the health committee has held 34 meetings and heard from 171 witnesses as part of its study on COVID-19. The motion's goal is not to continue the good work for Canadians, but to send our health committee down a road of never-ending, counterproductive work.

The opposition says they are acting in the best interests of Canadians. However, in speaking about the motion, this is what the member for Calgary Nose Hill has to say to her Facebook audience. I am going to read the titles of the member's Facebook videos before speaking about the health committee. I want to see if members can get the tone she is conveying to her audience. She posts a video about a "Snap election alert" with a link to her website. Then she

adds another "Snap election update", another "snap election update" and then finally, a full election alert titled "Confidence motion on Trudeau scandal—full breakdown on what's happening in Ottawa!!!!"

I am hearing the member opposite say we should work shoulder to shoulder. We are ready to work shoulder to shoulder for Canadians.

I ask all those listening, "What is the member concerned about?" If the Conservatives were really concerned about long-term care or even health transfers to the provinces, they would present studies on these specific topics at the health committee.

The members of the party opposite continue to be focused on political games. On this side of the House, we are focused on Canadians. As many members in the House have said previously, what happened in our long-term care homes in the first wave of COVID-19 was without a doubt a tragedy. I think the majority of the House would agree with that fact.

This is why I am disappointed that this motion only briefly mentioned long-term care homes, among a wide range of 16 other topics. When the member for Calgary Nose Hill brought the motion to the Standing Committee on Health, it was disappointing to see long-term care referenced among 16 other topics. What happened in our long-term care homes deserves its own separate study at the health committee.

The motion would send the health committee on a never-ending study to look at issues that are most important in the member's riding. Many members are concerned about that. However, maybe for some members of the Conservative Party this is important.

From our very first meeting, the Liberals at committee came forward with a motion to study the impact of COVID-19 on mental health, and my motion is to study its impact on long-term care. While respecting provincial jurisdictions, we want to continue to get good work done for Canadians on committee. This unreasonable motion does not do that.

The conditions reported by the Canadian Armed Forces in five long-term care homes in Ontario are deeply concerning and disturbing. One of these long-term care homes is located in my community of Brampton South. What we are seeing is the result of a pattern of neglect of long-term care facilities in Ontario. There is no excuse for the conditions that were reported. A lack of proper use of personal protective equipment, mistreatment of residents and poor facility conditions are unacceptable.

I would like to thank the CAF for their service to Canada and their bravery in coming forward with this report. It is up to us as elected officials to be part of the solution to this problem. Over 80% of all COVID-19-related deaths happened in long-term care homes. Our seniors deserve so much better than what they got.

Some homes saw over one-third of their residents pass away. Over 1,900 seniors died during the first wave in long-term care homes in Ontario alone. This is not to say that all long-term care facilities are bad. In fact, there are many excellent facilities across the country. Deaths in Ontario have occurred in only 60% of the homes, and half of all deaths occurred in just 23 homes across the province.

It is about figuring out what went wrong in the homes that had COVID-19 deaths, in many cases while respecting provincial jurisdictions, which my motion at the health committee acknowledges. It is extremely important to analyze how we can better protect our seniors in the future. The federal government and I, as a member of Parliament, have no interest in stepping on the toes of the provinces when it comes to long-term care. This has been a long-standing issue, and COVID-19 has presented a moment where all of us can step up and say, “No. We will no longer allow seniors to receive less than they deserve.”

Now we are being hit with the second wave. We are seeing cases start to trickle into long-term care homes once again. Experts are ringing alarm bells once again:

“I absolutely am very terrified and worried,” said Dr. Amit Arya, a palliative care physician specializing in long-term care who witnessed first-hand the devastation of the first wave in GTA facilities. “We have to really realize that long-term care is not a parallel universe. More spread of COVID-19 in the community increases the risk of an outbreak starting in long-term-care facilities.”

In Ontario alone, there are 71 outbreaks in long-term care homes. The federal government has sent the Red Cross into seven Ottawa long-term care homes, in addition to the more than 600 Red Cross workers who have been helping in 25 long-term care homes in Quebec.

• (1250)

There have been 40 COVID deaths in Ontario long-term care homes over the past month. Last week alone, seven people in long-term care died as a result of COVID-19. This issue is not going away and highlights the importance for the health committee to give this issue the study it deserves.

I would like to express my sincere gratitude to the heroes working in long-term care homes. I thank them for going above and beyond to support our dear long-term care residents. During these challenging times, Canadians are grateful for the work that is being done to protect our seniors.

With that being said, we have all heard about the staffing shortage in Ontario and across the country. This issue must be studied to ensure we can avoid any tragic situation like what happened in the spring. This is a provincial jurisdiction, but, as our government has said before, we are all in this together.

Some provinces have been proactive about this issue, and that is great to see. From the very beginning, we have seen provinces take different approaches to keeping residents in long-term care homes safe. For example, the Province of Quebec launched a recruitment drive in June to hire and train thousands of staff members and a manager for each long-term care home to oversee the COVID-19 response. It would be beneficial to learn from experts in Quebec and other provinces and to hear what actions they are taking to

Business of Supply

safeguard long-term care homes as we endure the second wave of COVID-19.

COVID-19 is also having a serious impact on the mental health of Canadians. Loneliness is taking a toll on Canadians. The latest finding from the Centre for Addiction and Mental Health is that a substantial portion of the population is coping with a mental health issue. My colleague, the member for Newmarket—Aurora, presented a motion at the committee to study the impact of COVID-19 on the mental health and well-being of Canadians.

This silent pandemic is another issue that I have heard about from many constituents. In my riding of Brampton South, one constituent of mine, Michelle, has two elderly parents in long-term care homes and has been advocating for change in these homes ever since the start of this pandemic. She has worked with other families in similar situations and even secured 70,000 signatures on a petition, asking for all governments to take action. People like Michelle are counting on us to do the right thing by their families.

While one small aspect of this motion commits to looking at long-term care in some capacity, this issue deserves its own study by the health committee.

• (1255)

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Madam Speaker, I am going to join with our colleague from Brampton South in thanking our members of the Canadian Armed Forces for the great job they did in stepping in to fill the void in long-term care facilities and helping to care for our loved ones in Ontario and Quebec.

With this motion, we need to ensure we have a chance to look at the role that members of the Canadian Armed Forces played and whether we will need them again as we go into the second and third waves of this pandemic. We need to ensure that the provinces have stepped up to fill some of the problems they have encountered and that those problems have been addressed. That is why it is so important that the work be done by the health committee, as requested by my colleague from Calgary Nose Hill.

The member talked at length about long-term care facilities. My wife works in long-term care as a nurse. My father is in long-term care. If we had rapid testing, we could screen all visitors coming into those facilities, keeping our loved ones safe as well as the staff so they can continue to work. When staff members have to go into quarantine, it means shortages of staff, nurses, doctors and health care aides in those facilities.

Why will the member not approve rapid testing more quickly? Manitoba asked for rapid tests months ago and the Government of Canada, under this Liberal regime, said no. Why did she allow that to happen?

Business of Supply

Ms. Sonia Sidhu: Madam Speaker, this is under provincial jurisdiction, but we want to work with the provinces to figure out how we can support them better. As I said in my speech, 80% of all COVID-19-related deaths are in our long-term care homes. That is why it is so important in many ridings.

The member raised the question on rapid testing. Testing is one of the most important tools we have to respond to COVID-19. We know that the rapid response tests work. They must be able to detect the virus reliably and accurately. Health Canada officials are working—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Questions and comments, the hon. member for Beauport—Limoilou.

[*Translation*]

Mrs. Julie Vignola (Beauport—Limoilou, BQ): Madam Speaker, I want to pick up on what my colleague from Brampton South just said.

There is a very simple reason why my colleague and the entire government have been able to repeatedly bash the provinces' management of seniors' homes. Quebec and the other provinces were honest and transparent about their figures and their management. They even took steps to address the situation long before that infamous report from the Canadian Armed Forces. Yes, the same armed forces that we all pay for.

Here is the situation. There is a simple way for the Liberals to show their support. They need to increase health transfers to at least 35%. In the 1950s, 1960s and 1970s, transfers were at 50%, or around \$91 billion a year for the entire country, as opposed to \$40 billion.

If the Liberals want to show their support, that is what they need to do.

[*English*]

Ms. Sonia Sidhu: Madam Speaker, governments at all levels are working together to keep Canadians safe from COVID-19. As part of our response to the pandemic, we have announced \$19 billion for the safe restart agreement to help provinces and territories restart their economies safely while we continue to respond to COVID-19. This funding is in addition to the \$40 billion we already provide to the provinces and territories each year through the Canada health transfer.

We will keep working with the provinces and—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Winnipeg Centre.

• (1300)

Ms. Leah Gazan (Winnipeg Centre, NDP): Madam Speaker, I would like to thank my hon. colleague for her comments on long-term care homes. Currently a long-term care home in my riding is suffering from an outbreak. My feelings are that the government has not done enough. Its current filibustering at the health committee, threatening an election, while I am trying to keep people alive in my riding, certainly does not make me feel very good about the government's commitment to fighting for the lives of Canadians right now.

Is my colleague's government willing to stop filibustering, get to work on saving lives and stop playing political games?

Ms. Sonia Sidhu: Madam Speaker, we all need to work together, shoulder to shoulder, for all Canadians. We do not need political games. We want to work, but this—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Resuming debate, the hon. member for Newmarket—Aurora.

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Madam Speaker, since the beginning of the pandemic, the Standing Committee on Health has worked long hours to ensure that we heard from stakeholders across Canada on the government's response to the outbreak of COVID-19. I am proud of the work we have accomplished and I am especially proud of the way committee members were able to work together collaboratively to do our jobs and support Canadians.

A lot has changed since then. While claims have been made on intentions to collaborate, there has been no action to prove it. I am frustrated and disappointed in the Conservatives' new approach on the health committee. We did not always agree before, but it was always clear that everyone on the committee had a common goal to be productive rather than play partisan games.

The motion before us today sets out 16 areas of study and six requests for the production of papers, again 16 areas of study. This will prevent the committee from doing a proper study on any of these issues, looking at key issues and hearing from important witnesses across the country.

Earlier this year, in over 34 meetings of the health committee, we heard from 171 witnesses and received 51 informative briefs covering many important issues. However, only one of the 34 meetings that we held over the spring and summer focused on mental health. While it was enough to open our eyes, it was certainly not enough for us to get a better understanding of the situation we were facing relative to the mental health of Canadians.

With this in mind, when we met again on October 9, I introduced a motion to the committee to study the impacts of COVID-19 on the mental health and well-being of Canadians, including recommendations to specifically look at the impacts on indigenous peoples, racialized Canadians and vulnerable populations, the effectiveness and availability of virtual mental health services and how our government could assist the provinces and territories. I was disappointed when my colleague from Calgary Nose Hill moved to adjourn debate on this study, without so much as an opportunity for us to discuss its importance, so her motion could be introduced, but not before saying:

I really do find a lot of encouragement in the spirit of this motion that's on the floor. I try not to put my personal life into the public domain, but as somebody who is separated from her family due to COVID-19 measures, I understand the impact on mental health of some of these measures. Talking to other people who are in situations similar to mine, I know that's tough, and that's just one group of people. There are people who have lost their jobs or who are experiencing domestic violence or mental health breakdowns. It's certainly something that I think is important for our committee to look at.

However, her own October 19 motion had mental health listed as only one topic of 17 to study, only one out of 17.

In the motion before us today, that number is zero. That is unacceptable, but apparently that is how important my colleague sees mental health to be, not even worthy of mention. While I appreciate the member for Calgary Nose Hill finding encouragement in my motion, I wish I could say the same for the one that was presented in committee and the one that is being debated today. In fact, I am actually discouraged by these motions and their complete disregard for Canadians during these challenging times.

There is no doubt that COVID-19 has been one of the greatest challenges we have ever faced. Across the country, we are hearing lots of anecdotal evidence about the increased risk that some people may have in terms of depression, psychological distress, substance abuse and PTSD surfacing as a result of the pandemic. Many experts have labelled this mental health situation as a second pandemic, that is how serious it is. However, there is no doubt that mental health needs to be a priority for all of us right now.

We need an informed strategy on mental health going forward and, most important, we need to act while we have time before this crisis becomes worse. I am by no means suggesting that this is the only good idea, much less the only key issue, surfacing from the pandemic. The essence of committee work and of compromise is to work as a team in the best interests of Canadians in setting priorities to study.

● (1305)

What we have found in front of us today is a motion that sets out 16 areas of study and six requests for the production of papers. A general, all-encompassing motion such as this one takes away the opportunity for the committee to properly focus on priority areas like the ones recommended by the 171 witnesses we heard earlier this year. One of the strengths of smaller studies is that we are able to make well-informed, targeted recommendations that will have a real impact on the lives of Canadians. A scope as large as 16 areas of study waters down our ability to do that.

I am genuinely concerned that out of the 16 areas of study before us today, there is not a single mention of looking at the impacts of COVID-19 on the mental health and well-being of Canadians. This is unacceptable. I also do not see a mention of looking at the impacts of the pandemic on high-risk groups, such as indigenous people, racialized Canadians and vulnerable populations. We need to consider these groups so we can develop programs to effectively help them.

As I have said before and will say again, if we have too many priorities, 16 to be exact, we have no priorities at all. Do members want to know what is not a priority in the motion presented today? The mental health of Canadians during these challenging times.

Business of Supply

I will not be supporting the motion and I hope my colleagues will follow suit. All members in the House have an opportunity to get ahead of the second pandemic, but what is being proposed today will not get us there. If we do not take the appropriate steps to act now, while we can, the outcome will be on all of us and especially on those who choose to move forward without giving this matter the attention it deserves. This second pandemic cannot be fixed with a vaccine, but we can get ahead of it if we collaborate and focus our work on how we can best support Canadians.

Mr. Mark Strahl (Chilliwack—Hope, CPC): Madam Speaker, we heard all day Tuesday, with the threat of an election and a confidence motion over creating a committee to examine Liberal corruption, that we were not talking about the right thing; we were not talking about COVID-19. Here we are, 48 hours later, talking about COVID-19 with a very comprehensive request for documents and examination of best practices. However, now the Liberals say that while we are talking about the right thing, they do not like the format. There are too many questions. There are too many requests for papers. We are talking about COVID but not doing it right.

Is this not about the government refusing to accept any input from the opposition and simply trying to ram everything through without input from parliamentarians, who are elected from across this country, because it does not like to be challenged?

Mr. Tony Van Bynen: Madam Speaker, I appreciate the question, but quite frankly, the member has raised a concern that has been discussed. In fact, there is a dialogue going on to determine what the priorities are. This is about priorities. This is about the committee collaboratively agreeing on studies that we should undertake on a go-forward basis. This is not about going into the forest, turning over logs and looking for slugs and ants. This is about what we can do on a go-forward basis.

● (1310)

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, I want to point out to my esteemed colleague that this morning's motion states, "and that this study evaluate, review and examine any issues relevant to this situation, such as, but not limited to". A list follows, and I have no objection to adding mental health to that list.

My colleague knows full well that mental health is overlooked in the health care system and has been for at least 25 years. This happened because health care systems are chronically underfunded.

Business of Supply

Why does my esteemed Liberal colleague not convince the Prime Minister and the Minister of Health to increase health transfers, as Quebec and all the provinces are calling for?

[English]

Mr. Tony Van Bynen: Madam Speaker, my colleague is also a member of the health committee. He knows as well as I do that there are a number of issues the committee thinks should be priorities and should be brought forward. In fact, he himself has brought forward a motion to study two important issues. A member from the NDP has put forward 12 motions that could be dealt with fairly specifically.

The proposal we are considering at this time is that we get together as a team, at the health committee, and establish the priorities of the committee. Once we are able to agree on that, we can go forward and focus our energy, rather than dispersing it to produce no viable results for Canadians.

Mr. Charlie Angus (Timmins—James Bay, NDP): Madam Speaker, in my 16 years I have seen all manner of committees. I have seen committees where we have worked together. I have seen committees that were dysfunctional. I have filibustered with the best of them. However, I have never seen the health committee engaged in a filibuster because the Liberals were refusing to accept the will of the majority, so we have had to move this issue into the House today.

I hear my colleague talking about how we are going to be collaborative and how we are going to work together. The government just threatened an election over the set-up of a committee it had agreed to. Now we are seeing, in the middle of a pandemic, the Liberals monkeywrenching the work of the health committee and forcing Parliament to take this into consideration.

I would like my hon. colleague to come clean with Canadians and explain why the Liberals have been shutting down the work of committees that need to get answers and why we have had to make the extraordinary move of bringing this issue to Parliament for a debate.

Mr. Tony Van Bynen: Madam Speaker, an important role of all members is to focus the dialogue and ensure that the energies of a committee are productive and serve the purpose of Canadians. When they see this is not happening, it is our obligation to speak up to make sure that we focus on and build the collaboration we need for moving forward.

Mr. Eric Duncan (Stormont—Dundas—South Glengarry, CPC): Madam Speaker, I will be sharing my time with the member for Brandon—Souris.

It is a pleasure to rise in the House today to speak to our opposition day motion and to, frankly, agree with the government. It has said it wants to talk about the response to the pandemic and talk about COVID-19 to help Canadians in every part of the country get through these challenging times. However, I have been listening with interest as Liberals come up with every reason they possibly can not to support our looking into the government's COVID-19 response.

I want to thank our shadow health minister, the member for Calgary Nose Hill, for her fantastic work on this issue. The Liberals

are trolling her Facebook page for quotes and coming up with reasons not to support her, but she is idolized on this side of the House. Apparently she is even idolized on the government side, as they have been tracking her every move these last few days. I think that speaks volumes about the need to be back in Parliament to ask tough questions.

In my previous work, before becoming a member of Parliament, I proudly served as the mayor for the township of North Dundas, which is just south of Ottawa, and on the United Council of Stormont, Dundas and Glengarry. I know what it is like to have to govern. A key part of all municipal work is scrutiny and accountability, and that is required when we make tough decisions.

Yes, we are in challenging times and our party and this Parliament have responded by helping Canadians get the assistance they need. However, a key part of being on the opposition benches is asking tough questions, scrutinizing and getting the information that Canadians deserve. Remember, never before have we seen this amount of money go out in the period of time we have seen.

We are now into the second wave, and I am pleased to support this motion, which looks at how to get through the second wave and help Canadians. As I said last night when doing some media interviews and talking to constituents on the phone back home, this motion helps us move forward and improves our response to COVID-19 by going back and looking into the expenditures and the way things were done. The health committee is the appropriate spot for this. I also agree with my colleague from Timmins—James Bay that we have to bring this to the floor of the House of Commons, because the Liberals are filibustering on COVID-19 at the health committee.

We need to scrutinize and we need to get the documents, but not just the documents the government wants us to take a look at. We need all documents that are relevant for us to make an assessment and do an analysis, going through the law clerk and through a procedure, and making sure of that. Yes, there is quite a long list of documents being requested, but hundreds of billions of dollars have been spent in the last seven months. This is what Parliament is for. This is our job as the opposition. We work together where we can but also scrutinize and get answers.

I can say Bill Morneau's name now in the House because he is not here anymore. We have seen a key theme: filibustering. It was nothing to see here, nothing to do. A few months later, the former finance minister saw a different path and now he is no longer the finance minister for Canada or the member for Toronto Centre, which is in the midst of a by-election. It is when the opposition gets the opportunity to ask tough questions, dig and scrutinize that we can get the truth out, not the rosy picture that we always see.

Business of Supply

One thing I want to focus my comments on today is rapid testing. We have been asking lots of questions on this in question period, and the media has been picking up this issue. Most importantly, Canadians are realizing it. What the heck is happening with rapid testing? It is a massive failure on the government's part, for small businesses, parents, students and everybody else. It has been months and months since COVID-19 hit us here at home. We have worked with countries around the world, such as Japan, Germany, the U.K. and the United States, in sharing national intelligence, for example. We have a good working relationship with them on this matter, but when it comes to looking at approvals for rapid testing, they approved rapid testing months ago and tests are nowhere to be found in Canada. We are months behind. The Conservatives are rightfully asking about what has gone wrong. Why are we months behind? When we share intelligence information with those countries, why can we not share some of the health best practices in this serious economic and health crisis we are facing?

• (1315)

We need all hands on deck, we need to get access to the information, and we need to be able to pressure this government to treat this issue with the urgency that it deserves.

When I speak in the House, I always try to bring a context of Stormont—Dundas—South Glengarry into the chamber, and I want to share the story of Krista and Mike O'Neill from O'Neill's Pub in Long Sault. Our eastern Ontario health unit had been contemplating for the past few days reverting to stage 2 in our region. The outcry from businesses was very emotional and overwhelming, and Mike and Krista posted on their Facebook page of O'Neill's Pub. I printed it off last night, and there were 1,200 shares and counting. It was talking about the desperation and frustration that small businesses like their restaurant are facing. If we go back, and if they cannot keep their doors open, they are panicking and worried about going bankrupt.

I just want to make sure that I put into the record an acknowledgement of their work, effort and stress and also note that while the testing, the testing sites and the response on the front lines is handled at the provincial level, it is Health Canada that has not delivered good options to businesses like O'Neill's Pub in Long Sault. If they had access to rapid-testing options, like many other advanced countries did months ago, they could have that tool at their disposal to test their employees every day to build an even better case of staying open and staying in business. That is the contrast that people are facing and it is the frustration people are facing, because this technology, these advancements and this whole process has not been there.

We have seen lineups of cars miles long in eastern Ontario in Casselman. In Winchester, the assessment centre for the testing model saw 1,000 phone calls on a Friday morning when the wave hit. It is not sustainable the way the government is operating these testing options and approvals. We want to get access to those documents. We want to see what they did, frankly, what they did not do, to get a proper process in place to make a tangible difference as we get through the second wave. I look forward to getting those answers and asking those tough questions for the betterment of a wide variety of people.

I mentioned the restaurant industry in my riding. I think of the Glen Stor Dun Lodge in Cornwall or the Hartford Retirement Residence in Morrisburg. If they had access to rapid testing now, like many other countries have and have done approvals, I think they would feel a lot more comfortable in the coming months as we get into this second wave.

I also want to touch on the frustration I have with the line of this *Kumbaya* approach that I have heard from the government the last little while: We work with provinces and territories and all the stakeholders, and it is all wonderful. There has been progress. Our colleagues here on this side of the House have supported where need be, but I also want to highlight that when it comes to rapid testing, there are far from pleasant reviews from our provincial partners on this.

The Government of Manitoba had issued a press release begging the federal government to not block their work on rapid testing to help the province out. To have to beg for that through a news release in the news media does not symbolize to me a good, collaborative working relationship that is set on good communication.

About a month ago, I quoted the Premier of Ontario who talked about the rapid-testing failure. He was doing an event in Huntsville speaking with passion about the frustration on the delays that he had with Health Canada. I just want to read this into the record and make sure that Canadians see that it is not all rosy, it is not all perfect. There are tough questions that need to be asked.

He said that:

The reason there are lineups, very simply, is Health Canada. We have been waiting for months for the antigen tests, the saliva tests. God bless them, they work hard, but they need to get moving on this. This is affecting the whole system. Nothing is more important to the people of Ontario right now than getting Health Canada to approve the test. I am hearing crickets, nothing, silence. How do you expect us to plan?

On something so fundamental, we need access, and not just to the documents that the Liberals want to give but access to them all to see the full story and, most importantly, allow us to advocate how we can get through the second wave and get this issue to the health committee so that we can get results for Canadians.

• (1320)

Ms. Jennifer O'Connell (Pickering—Uxbridge, Lib.): Madam Speaker, I find the member's speech interesting, especially leaving on the point about the Premier of Ontario. In his leader's speech earlier, when answering a question to the member of the Bloc, he said that he, the leader of the official opposition, would not take an approach of "Ottawa knows best". Yet, the Leader of the Opposition criticized Premier Ford's response to COVID.

Business of Supply

I am curious, and I actually have two questions. Why is it that classic Conservatives say one thing in French to Quebec and something else to everyone else, and how does the member opposite feel that his leader does not want an “Ottawa knows best” approach, except to Premier Ford, who did not support his leadership while he praises Premier Kenney, who supported him? Why does the member from Ontario not have a problem with the Leader of the Opposition criticizing the very—

• (1325)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Stormont—Dundas—Glengarry has the floor.

Mr. Eric Duncan: Madam Speaker, I am really glad my fellow Ontarian got up to the House, so Canadians can see the games the Liberal government is playing on this. The Liberals are trying to pit people against each other. We want the information. There was no talk about working together here in Ottawa to get access to information about rapid testing or to get the document; there was nothing about that.

The member for Calgary Nose Hill gave a very reasonable proposal. If 15 days was not appropriate, they can give us a number and work with us; they will not do that. They will not work together, they will not give anything and they will try to switch the subject. People see right through it, and that is why they are trying to change the channel every which way they possibly can.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Madam Speaker, what is so heartening about this debate today is that I have had colleagues from the NDP and the Bloc stand up to say that we all need this place to be facilitating a path forward related to COVID-19, so that families can be reunited, people can get back to work, schools can stay open and we can keep people healthy and safe. This motion focuses on what every Canadian, regardless of political stripe, wants Parliament to be working on right now.

Can my colleague, who is part of our leadership team in our party, speak a bit about the fact that we have reached out to the Liberals today to talk about timelines for document production, and they have not even returned our phone call on this? What kind of message does that send to Canadians who are looking to Parliament to be collaborative, when it comes to dealing with the COVID-19 crisis?

Mr. Eric Duncan: Madam Speaker, yes, our leadership team has reached out to the government to say, “Let us work together”. The Liberals want to talk about COVID-19, let us get the information. The Bloc Québécois, the NDP and our party are united in saying we deserve full access, and the parliamentary secretary to the government House leader said that is a lot of documents. That is correct; we have spent hundreds of billions of dollars. These are unique times. If there ever has been a need for Parliament, for scrutiny, and to work together and scrutinize, to make sure the government is doing the right thing, this is the time. Now is not the time to shut down Parliament. Now is not the time to filibuster for 20 hours, especially at health committee.

Let us get to the results. If the government has a counter-proposal to say 15 days is not enough time, there are staff within the fed-

eral government who could address these issues. I ask that we let them do their work and let Parliament do our job.

Ms. Leah Gazan (Winnipeg Centre, NDP): Madam Speaker, I appreciate my colleague's mention of Manitoba. Currently in Manitoba we are facing a Liberal government that is trying to filibuster, putting the lives of Manitobans at risk, and we also have the Pallister government, which is cutting back on health care. It is Liberals and Tories, with the same old story.

I want to ask the hon. member what he feels we should do in Manitoba, when we continually have Conservatives and Liberals denying the Manitobans critical access to health care during a pandemic.

Mr. Eric Duncan: Madam Speaker, I will go on the record commending Premier Brian Pallister for his leadership. I said during my speech that they are trying to make advancements and taking a leadership role on rapid testing. As I mentioned in my comments, they are being blocked by the federal government on this. It is very hard to be able to deliver results. We have this rapid-testing option, and we all agree rapid testing could change the game of our COVID-19 response, and they have to issue a news release begging the federal government to let them do what they want to do in their own provincial—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Brandon—Souris.

Mr. Larry Maguire (Brandon—Souris, CPC): Madam Speaker, I just want to take a moment, as my colleague from Stormont—Dundas—South Glengarry just did, to thank my friend and colleague, the member for Calgary Nose Hill for drafting this motion.

In just a very short time, she shone a giant spotlight on how ill-prepared the Liberal government originally was to deal with the pandemic. Now, the member for Calgary Nose Hill confirms what many of us have suspected all along, that the Minister of Health had no plan for the second wave.

Right now there are thousands of Canadians waiting in lines to get a COVID-19 test. In fact, I and my Manitoba colleagues wrote a letter to the health minister to let her know how disappointed we were that even though the government had authorized rapid tests, Manitoba could not access them, because of her government.

In some cases, people have been standing in line for hours, hoping they will get tested. Some might get their results tomorrow, while many will have to wait days to find out the results. Right now, we have an entire airline industry on the ropes, and the livelihoods of its employees are threatened as well. Just yesterday many of them were outside of Parliament, protesting this very Liberal government.

Business of Supply

While the Liberals tell us that they have a plan, they should try telling that to these airline employees who do not know if they are going to have a job to return to, or they should try telling that to those who have not seen their loved ones in months because the Liberals have yet to find a way to reunite them while keeping Canadians safe.

I want those watching this right now to know why we are debating this motion. As a member of the health committee, I have now sat through two meetings, approximately four hours, of the Liberal MPs filibustering and talking out the clock. Why are these Liberal MPs filibustering? To begin with, those pesky opposition MPs just want access to information and documents that Canadians are asking for.

The motion we are debating here today is almost identical to the motion we have been trying to vote on at the health committee, but because the Liberal MPs refuse to have a vote in our committee, we are using an opposition day to advance this cause.

What documents do we want that the health minister and the Liberal MPs do not want us to see? Let us start with the record of communications between the government and the World Health Organization. What did the government know, and when did it know it? Many Canadians might be interested to know that we, as opposition MPs, have no idea what internal information was shared by the World Health Organization with the Government of Canada.

Given the serious concerns that are being raised by China's influence over the World Health Organization, Canadians deserve to know if the minister had concerns or doubted the early information she was getting. We have no idea what the World Health Organization was telling the Minister of Health. We have no idea if the Minister of Health questioned that information. We have no idea if the Minister of Health took decisive action to check on Canada's supply of PPE or other necessary equipment.

What we do know is that even after outbreaks in China and multiple other countries, the Minister of Health kept telling the House that the risk was low. I want to know what information she had at that time that led her to that conclusion.

In preparation for this debate, I reviewed the February 3 health committee meeting minutes, specifically on Canada's preparation for COVID-19. The president of the Health Agency of Canada said:

Canada's public health system is well-equipped to contain cases coming from abroad and their potential for spreading within Canada.

We now know that that was not true. We did not have enough PPE. We had people coming into the country without any extra level of screening, other than being asked if they had visited Hubei province.

The president of the Health Agency of Canada went on to say:

The system is working as it should to protect Canadians against this novel coronavirus, and the overall risk to Canadians in Canada remains low.

I wish that was true. I wish that our system had been ready for what descended upon us. At the time of this February 3 committee meeting, COVID-19 was already in 27 other countries. Thousands and thousands had already contracted the virus, and many had died.

I want to remind the House what action the Liberal government took at the time. As of February 3, only three airports in Canada had the CBSA agents asking passengers if they had visited Hubei province.

● (1330)

In seven other airports, passengers could self-report at an electronic kiosk if they visited Hubei province. I want to thank my Liberal colleague from Thunder Bay—Rainy River who was at that committee meeting and asked a great question about the screening process. He wanted to know if the CBSA was asking passengers if they had visited other provinces in China, other than Hubei, in order to be properly screened. He was told, no, the CBSA was only asking passengers if they had visited Hubei. That response boggles the mind.

It even bothered my colleague from Thunder Bay—Rainy River and he pushed back, saying, “My understanding is that there are two other provinces with almost 900 cases. There are a number of other provinces with over 500 cases. That's gone up pretty dramatically over the last couple of days, from when it was almost half that number.”

The next question he asked was this: “My understanding is that the United States is asking all people returning from China to voluntarily self-isolate for two weeks.... Has Canada contemplated doing the same thing, asking all people returning from China to self-isolate for two weeks?” Remember, that was February 3. What a great question. Sadly the answer he received was that the government was only recommending people limit their contact with others if they had visited Hubei province.

I am starting to wonder whether, if the member for Thunder Bay—Rainy River was our health minister, we could have been far better prepared.

The other issue in our motion that I want to speak to is our efforts to get more information and how the government responded and is continuing to respond to the issue of purchasing COVID-19 test products.

Business of Supply

As many have heard, we still do not have widespread access to rapid test kits. Just yesterday, the government announced it had gotten its first shipment, but we still do not have any idea where they are going. Now we have heard some conflicting words from the Minister of Health on rapid tests. For a government that just purchased 100,000 of them, why did the minister say, just a couple of weeks ago, “many jurisdictions that have used rapid tests in that way have seen a worsening of their outbreaks”? She went on to say that “around the world there are very high-profile examples of how rapid tests have actually added confusion and increased the risk of infection.”

These are not words from a pundit. They come from the one person in the country who is supposed to be in charge of the federal government's COVID-19 response. While the minister may think Canadians are not paying attention to what is said in this place, I can assure her they are. It is very disconcerting that, while the government is seemingly getting around to approving and purchasing rapid test kits after much pressure, the minister is sewing doubt about whether they can be trusted. That in itself is very troubling. I question whether the minister said those words because she did not like the questions posed to her from the member for Calgary Nose Hill, or if her officials told her to say that. Who knows? However, I want to get to the bottom of it.

In closing, I implore my colleagues to vote in favour of the motion. Let us review what steps have to be taken so that we can provide the best recommendations to the government moving forward, and the sooner the better. Canadians are counting on us.

• (1335)

[*Translation*]

Mrs. Julie Vignola (Beauport—Limoulu, BQ): Madam Speaker, I would like to hear what my hon. colleague thinks of the government members' stubborn refusal to take us up on our invitation to amend the motion to be more acceptable to them and to show some honesty and transparency to Canadians.

[*English*]

Mr. Larry Maguire: Madam Speaker, if Liberals want to move amendments and put them forward, the other opposition parties are up to doing that. All I know is that they did support a very similar motion at the committees that we had. I commend them for their support in those areas because this is a very, very important issue, and the government is not taking it to heart.

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Madam Speaker, as a member of the committee, I would like to ask the member opposite if he feels it is appropriate for members opposite to make light and make fun of an individual's inability to read a document that was produced in very short minutes. Are those the values that his party represents?

Mr. Larry Maguire: Madam Speaker, I cannot believe I am hearing this. We have a situation where Liberal members were looking at the font size and saying it was too small to be read. We read lots of documents and lots of books, and I do not have any problem with it.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Madam Speaker, first of all, I want to say to the House how awesome my colleague from Brandon—Souris is. He is a pretty awe-

some guy. He is great to work with on the health committee, so I want to thank him for his service and all of his hard work.

I know he was so frustrated watching the Liberals block this common-sense motion, which other parties collaborated with us on, especially at a time when we need these answers. Maybe he could talk a bit about how he feels as a member of Parliament when the governing party will not even return our phone calls to look at what a document production timeline could be, even though we have the support of the other parties.

• (1340)

Mr. Larry Maguire: Madam Speaker, I thank my colleague for the commendation. I really did enjoy working with her on the immigration committee as well, and with my colleagues from east and west who are also on the committee with us right here in the House. It is a pleasure to be on the health committee, particularly at this important time in our Canadian history with COVID being so relevant across the whole country.

As I pointed out in my speech today, it is so frustrating to see the reluctance of the government to move, even on the rapid testing, faster than it is to make sure it could be used as an option for the many businesses we could be keeping open in this country. That is one of the things we need to look at right away. We are looking at a situation where we have many people who want to go to work and cannot.

We need our tourism industry and our airline industry, which was here in the House making presentations yesterday. We need a proper rapid testing mechanism, like many of our allies and even other countries in the world are using right now, which we do not have access to yet. I will back up on that a little as the government did make it available, but as I pointed out in my own comments about the letter we wrote from our Manitoba caucus to the minister, when the Manitoba government tried to purchase those rapid tests it was told it could not because the federal government had the contract for them all and would distribute them however it wanted. We received 100,000 tests yesterday and we still do not know where they are going.

Mr. Chris Bittle (Parliamentary Secretary to the Minister of Transport, Lib.): Madam Speaker, we heard from a number of Conservative speakers who are making it seem to Canadians like rapid testing is a panacea, a magic bullet.

I was wondering if the hon. member could comment on the White House, for example, and that every person in the White House was subject to a rapid test, yet it was the source of an outbreak and a superspreading event. Could he talk about that, and that it is not a magic solution and is only part of an overall solution?

Mr. Larry Maguire: Madam Speaker, I cannot believe that coming from a Liberal member. Actually I can believe it coming from a Liberal member. He is saying that rapid testing does not work. Is that what he is saying?

Business of Supply

That is certainly not what we are saying. We are saying it is an alternative to the present tests and one that we can get the results of in a very short order, which Canadians are asking for. If we are ever going to allow them to be safely back to work and going to school and day cares, we need to have those tests. I take exception to—

Mr. Todd Doherty: Madam Speaker, I rise on a point of order. You heard, as I did, the member across the way, the Parliamentary Secretary to the Minister of Transport, shout an unparliamentary term in heckle to my colleague. Through you, I would ask him to stand and apologize for the term. I know you heard it as well.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I did hear it. I have heard quite a few today from different sides of the House, not just from one side, that I personally would object to because I consider them unparliamentary. I have not brought it up.

I invite the member to apologize.

Mr. Chris Bittle: Madam Speaker, unfortunately I have heard it on all sides, but I will take responsibility for my comment and apologize to the House.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Thank you.

Resuming debate, the hon. Parliamentary Secretary to the Minister of Public Services and Procurement.

[*Translation*]

Mr. Steven MacKinnon (Parliamentary Secretary to the Minister of Public Services and Procurement, Lib.): Madam Speaker, I am pleased to share my time with my colleague, the member for Outremont.

[*English*]

I am pleased to have the opportunity to rise in the House to speak to the motion put forward by my hon. colleague.

As we all know, this pandemic is the worst and most serious public health crisis that Canada has ever faced. We have taken a proactive approach. We have taken a productive approach. We have taken a transparent approach. Most of all, we have taken a co-operative, team Canada approach, one that I humbly submit is not reflected in the motion that we are debating here today. We have consistently informed parliamentarians and Canadians, frequently and regularly, about the work we are doing.

From the start of this crisis, our government has remained focused on one thing: taking care of Canadians. We have their backs. Nothing has been more important to us than making sure Canadians have the support they need to make it through the pandemic while remaining healthy and safe.

A significant part of our government's action to meet the challenges of this crisis has involved procuring the essential supplies that Canadians need to protect themselves against COVID-19. Our government, through the hard work of procurement officials, has worked incredibly hard over these last few months to put in place a solid strategy to get supplies into the hands of those who need them the most. I would like to take this opportunity to thank them and to highlight some of those efforts.

• (1345)

[*Translation*]

I also commend the people of my riding, Gatineau, who, like people everywhere in the national capital region and across Canada, are working around the clock to help us get through the pandemic.

[*English*]

I will also highlight the extraordinary efforts we have gone to in providing transparency to Canadians with regard to procurement contracts.

[*Translation*]

Since the beginning of the pandemic, Public Services and Procurement Canada officials have been working around the clock to procure personal protective equipment.

This equipment includes masks, N95 respirators, face shields and hand sanitizer as well as protective gowns and gloves. In total, we have acquired more than 2 billion pieces of personal protective equipment and we continue to receive more every day. We are making every effort to procure the materials needed to administer COVID-19 tests, including test kits, swabs and reagents.

To obtain such huge quantities in such a short period of time, our government has taken a two-pronged approach. At the beginning of the pandemic, we faced a volatile market amid scarce resources and fierce global competition. We had to be aggressive in our procurement efforts, often with new suppliers. We also had to create new supply chains and sort out warehousing and shipping logistics, all while making sure that all products meet Health Canada standards.

[*English*]

Second, as we continued to deal with firms overseas, we also turned to domestic manufacturers and suppliers. We issued a call to action to Canadian businesses, and thousands of them responded. These companies stepped up to contribute to the national effort and retooled their assembly lines to design entirely new products, so that we could establish secure supply chains right here in Canada. This unprecedented mobilization of domestic manufacturing not only helped to save lives but also helped to keep people employed and contributing to our economy when this country needed it the most.

Because of our strategy, more than 40% of the dollar value of our contracts is for made-in-Canada goods, like surgical gowns, non-surgical masks, face shields and hand sanitizer. These domestic suppliers significantly add to the regular shipments of personal protective equipment that we continue to receive from overseas and will do so for months to come.

Business of Supply

[Translation]

Buying PPE will not get us through the pandemic. We will not be out of the woods until we have a safe and effective vaccine.

I can assure the House that the government is working hard to get ready for that. Once we have approved vaccines, we can start vaccinating Canadians from coast to coast to coast. We had to be aggressive in sourcing PPE domestically and abroad, and now we have to be aggressive in negotiating access to potential vaccines.

Once again, Canada has to navigate a volatile market. We have to be ready for the unexpected. Even though we do not yet know which vaccines will be successful in clinical trials and get approval, we cannot stand by and wait. That is why we are making vaccine procurement decisions based on the advice and recommendations of the COVID-19 vaccine task force and on the latest scientific evidence.

[English]

To date, we have signed agreements with six of the most promising vaccine candidates: Johnson & Johnson, Novavax, Pfizer, Moderna, AstraZeneca, and Sanofi and GlaxoSmithKline. Moreover, the government continues to negotiate additional agreements with both domestic and international suppliers to establish a guaranteed supply of a potential vaccine.

We know that with renewed efforts to keep community transmission at a minimum, testing for the virus and tracing where it may have spread is more important than ever. To that end, we are pursuing rapid test solutions to help us meet urgent demands from provinces and territories to reduce wait times for results. This is key to reducing the spread of the virus.

In addition to these bilateral agreements made directly with pharmaceutical companies, we are also collaborating with our global partners to fight the virus. Our government is investing in the Gavi COVAX Facility, a pooled procurement mechanism for purchasing COVID-19 vaccines and allowing them to be distributed equitably around the world. This pandemic cannot be fought at the domestic level alone. We know that in order to come out the other side, we need to do our part to protect other countries as well.

• (1350)

[Translation]

I want to reiterate our government's commitment to procuring supplies to fight against COVID-19 in a transparent and responsible manner by giving hon. members and all Canadians as much information as possible on the efforts we are making. Since there is a global shortage of the supplies we are procuring and we are competing with other governments, it has not always been possible to immediately disclose certain confidential details about the contracts. That remains the case.

In any event, I am pleased to inform the House that we have taken various measures to disclose as much information as possible. For example, Canadians can go to our website and get informed on the procurement and delivery of essential supplies as well as the names of the suppliers and the value of the contracts for COVID-related procurement. In addition, we regularly update Canadians on agreements the Government of Canada reaches for obtaining access

to promising vaccines that are being developed around the world. We also update them on agreements that are signed to gain access to the most effective testing solutions possible, because the technology is rapidly evolving. I am proud of the efforts our government is making to keep Canadians informed about how we are acquiring these much-needed supplies.

[English]

Overcoming a pandemic requires the work and resolve of every single Canadian. On all fronts, we have made significant progress, but our work is far from done. Now that we are in the middle of the second wave of infection in many parts of the country, we know it is time to return to those actions that allow us to minimize community transmission and successfully flatten the curve early on.

[Translation]

To support these actions, our government will continue to ensure that Canadians have access to PPE, testing solutions and, one day, a safe and effective vaccine. Canadians are counting on the government to do everything in its power to help them get through this pandemic, and we will do so with the help of our procurement activities and strategies.

[English]

Since the beginning of this pandemic, the government has sought to co-operate with the private sector, with provinces, with suppliers, and co-operate and challenge Canadians to come up with domestic supply. I do note the auto parts manufacturers saying today that firms from across the country dropped everything to help save lives by making critical medical goods for every government in Canada, every political stripe. We did this together. That is what team Canada is.

What team Canada is not is driving the bus from the rear with a motion that goes from A to Z and starts over again, that seeks to micromanage, that seeks to have the government spend all its time with document retrieval and not in solving and protecting Canadian's public health. The government will keep being transparent and co-operating. The government will keep having the backs of Canadians.

Mr. Jeremy Patzer (Cypress Hills—Grasslands, CPC): Madam Speaker, listening to the government talk about the team Canada, transparent, open approach it has taken reminds me of an episode of *Seinfeld* in which George is asked how he beat a lie detector test. He said, "It's not a lie if you believe it."

A manufacturer in my riding was bidding on a federal contract and he had to prove he had the capacity to manufacture the good on which he was bidding. He did not get the contract and now he has more than \$300,000 worth of merchandise just sitting there. All Frank Baylis had to do was prove that he was a Liberal and he got \$237 million worth of contracts.

Where is the team Canada approach in that? Should the rules that Brad had to follow not be the same for Mr. Baylis?

Mr. Steven MacKinnon: Madam Speaker, we asked Canadian companies from coast to coast to step up and give us solutions for made-in-Canada domestic supplies that would protect Canadians. By the thousands, they signified their interest; by the thousands, we responded to them.

We have reached arrangements with manufacturers of personal protective equipment. We have reached arrangements with academic institutions. We have reached arrangements with suppliers all across the country, some of whom have gone to great lengths to re-tool and help Canada and provinces in this effort. We will continue to do that.

• (1355)

[Translation]

Mr. Simon-Pierre Savard-Tremblay (Saint-Hyacinthe—Bagot, BQ): Madam Speaker, in his speech the parliamentary secretary spoke about the vaccine. We know that, so far, Canada has signed six agreements to procure 282 million doses of a future vaccine.

With respect to the amounts committed by the Canadian government to reserve these millions of doses, the federal government explained that payment would be made to the drug companies contingent on successful clinical trials. There is a lack of transparency on the contracts because we do not know their value. Several members of the COVID-19 vaccine task force, comprised of 12 experts, have business ties to drug companies that have already signed contracts with the government.

We know that Ottawa bowed to pressure and created a registry of declared conflicts of interest. Since June, at least 23 conflicts of interest have been declared.

If this is not a transparency problem, then what is it?

Mr. Steven MacKinnon: Madam Speaker, I am going to talk to Canadians like they talk to us.

What do they expect? They expect Canada to be a leader. They expect us to support scientists, the best research and the best evidence to find the best possibilities and best potential vaccines in the world.

We have signed six agreements to obtain the most promising vaccines. We can therefore assure Canadians, health care professionals, teachers and bus drivers that as soon as vaccines are approved, they will be made available to protect them. Canada will be there for them.

[English]

Ms. Lindsay Mathyssen (London—Fanshawe, NDP): Madam Speaker, the Liberals claim that they are filibustering in the finance

Business of Supply

and ethics committees to maintain focus on the government's response to COVID-19, yet in the health committee they are filibustering to prevent a study of the government's response to COVID-19. Could the member explain that contradiction?

Mr. Steven MacKinnon: I am not sure I got all of the question, Madam Speaker, because there is a lot of noise coming from over there.

What I do discern from my hon. colleague is that the important work of committees absolutely must continue. The important work of reviewing the best practices, reviewing what the government is doing in responding to this pandemic and the procurement work that is associated with that absolutely must continue.

However, the people across the way would have our most senior officials, the people who work day and night, which I know because I represent many of them, scouring the world for this material, these vaccines and these tests, and review tens of thousands of documents within 15 days.

At the end of the day, I think Canadians support the work of our public service and Parliament, which is aimed at protecting Canadians and our citizens from COVID-19.

Mr. Lloyd Longfield (Guelph, Lib.): Madam Speaker, looking at the motion before us today, it is really an exercise in micromanagement, which we often see from the Conservative Party. Our role as government is to have direction and oversight in the strategy and to bring people together. As the chair of the all-party Parliamentary Health Research Caucus, last night we had researchers from across Canada providing their research on vaccine development. Could the—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I am sorry, but I have to allow for a very short comment from the parliamentary secretary.

Mr. Steven MacKinnon: Madam Speaker, my hon. colleague always takes a leadership role when it comes to science, evidence and academic research in the House and has this government support that very effort.

Members can be sure that we will continue to listen to the experts, the scientists and keep Canada in the front row when it comes to beating this disease.

*Statements by Members***STATEMENTS BY MEMBERS**

● (1400)

*[English]***HUMAN RIGHTS**

Mr. Arif Virani (Parkdale—High Park, Lib.): Madam Speaker, prior to my election I had the opportunity to work with the United Nations, prosecuting crimes against humanity and genocide at the International Criminal Tribunal for Rwanda. The legal standard for establishing genocide is a high one, as it must be for the most heinous crime known to humanity.

I am saddened to indicate that it is genocide that appears to be taking place today in China. A set of studies by the Subcommittee on International Human Rights demonstrates clearly that two million Uighur Muslims are being detained in modern-day concentration camps, unable to speak their language or practise their faith. This is the largest mass detention of a community since the Holocaust. What is more, Uighur Muslims are being subjected to horrific abuses, including forced sterilization and abortions.

The UN Genocide Convention is clear: Imposing measures intended to prevent births within a group is committing an act of genocide. This is happening in China right now under our watch. I will not stand for it, nor should any member of the House.

* * *

PUBLIC SERVICE TRIBUTE

Mr. Dave Epp (Chatham-Kent—Leamington, CPC): Madam Speaker, 338 members of Parliament have the honour, privilege and responsibility of representing Canadians in this chamber. This work would not be possible without the capable support we receive from staff.

Especially since the outbreak of COVID-19, our staff have been essential in delivering services to our constituents. I pay particular tribute to George Paisiovich who, since beginning work on the Hill in 1976, has served nine MPs and MPPs in more than 40 years of experience. He has dedicated a career to serving others by amplifying constituents' voices through the din and maze of democracy. His innate political acumen provides wise counsel to his employer, and I am just the latest member of Parliament to benefit from his experience.

George is also passionate about kites and kite history, and he is an avid collector. He enthusiastically shares his joy of flying kites with the community through hosting free events like the recent Southpoint Kites & Lights Weekend.

We thank George for his community service in so many different ways.

* * *

SMALL BUSINESS WEEK

Mr. Patrick Weiler (West Vancouver—Sunshine Coast—Sea to Sky Country, Lib.): Madam Speaker, during this year's Small Business Week, we recognize the resilience small business has shown through this pandemic.

Small businesses are the heart of our communities and the backbone of the Canadian economy. This year, they have stepped up more than ever.

Bruinwood Estate Distillery in Roberts Creek is one of many distilleries in my riding that started making hand sanitizer to help keep us safe. When tourism bus travel stopped, Squamish Connector partnered with Poparide to help commuters travel, and Whistler Connection pivoted its business to deliver food to the most vulnerable.

As we look to build back better, our chambers and BIAs are providing leadership. The Ambleside and Dundarave Business Improvement Association, in particular, is helping to provide the vision that will make our community of West Vancouver thrive going forward.

This is why it is so important to shop local. Our communities go as our small businesses go, and our government will continue to be there to support them through the wage subsidy, rental assistance and no-interest loans, just as small businesses have been there to support us.

* * *

*[Translation]***JOSETTE PELLETIER**

Ms. Sylvie Bérubé (Abitibi—Baie-James—Nunavik—Eeyou, BQ): Madam Speaker, I would like to congratulate Josette Pelletier, who has received the Ordre de Val-d'Or, the city's highest honour for citizens.

Ms. Pelletier is a well-known volunteer back home. Over the years, she has been involved in many organizations, such as the Marché public de la Vallée-de-l'Or, the Centre de musique et de danse de Val-d'Or and the Val-d'Or chamber of commerce. She is known for her active business and community engagement in Val-d'Or.

For over 20 years, she has been working on initiatives like the Corporation Rues principales, which has helped bring a wind of change to the downtown core. The revitalization of 3e Avenue remains one of the greatest sources of pride in her volunteer work, as well as improvements along Boulevard Lamaque and the creation of Albert-Dumais Park.

On behalf of myself and all my Bloc Québécois colleagues, I would like to thank Ms. Pelletier for her volunteer work. Without her, Val-d'Or would not look the same.

* * *

SMALL BUSINESS WEEK

Mr. Francis Drouin (Glengarry—Prescott—Russell, Lib.): Madam Speaker, 2020 did not really turn out like any of us imagined.

This week is Small Business Week, and I want to take this opportunity to acknowledge the Canadians who make a choice every day to buy local and support small businesses.

I want to recognize the people of Glengarry—Prescott—Russell for their dedication to the local economy and commend the Prescott-Russell Chamber of Commerce for coming up with the Chamberdollars program, a new type of gift card that can be used at local businesses. This ensures that our money is spent in our community to help our businesses.

• (1405)

[*English*]

One last thing: I want to encourage all residents of Glengarry—Prescott—Russell to support our local businesses and shop local.

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CYSTIC FIBROSIS

Mr. Randy Hoback (Prince Albert, CPC): Madam Speaker, over 4,200 Canadians have cystic fibrosis. Unfortunately, one of the most promising treatments for CF is not available in Canada because of the regulatory uncertainty that the current Liberal government has introduced into Canada's patented drug market. Trikafta is a drug that has the potential to treat 90% of CF patients. It is a life-line that is available in the U.S. and U.K. but not here in Canada.

I recently met with a mother in my riding who suffers from CF. She is terrified because she is at risk of severe COVID-related complications. Her doctor believes she would greatly benefit from Trikafta.

On behalf of my constituents and all Canadians with CF, I am asking the Minister of Health to take to heart the plight of these people, and do what needs to be done to bring Trikafta here to Canada.

* * *

SMALL BUSINESS WEEK

Mr. Terry Beech (Burnaby North—Seymour, Lib.): Mr. Speaker, this year, we are celebrating Small Business Week a little differently, by focusing on the tremendous strength and resilience that small business owners have shown throughout the COVID-19 pandemic. When the pandemic hit, our government needed to act like an entrepreneur, rolling out innovative new programs to save millions of jobs and protect household budgets across the country, and we had to do it in record time. Programs like the Canada emergency wage subsidy have been successful because of the engagement and feedback from business people across the country.

Just last week, the Prime Minister and I sat down with people at Steve's Poké Bar. These outstanding local business people shared their thoughts about how our government's support programs have worked for small businesses. We incorporated feedback from meetings like these into our most recent changes to the wage subsidy, the rent subsidy and the emergency business account.

Small businesses create jobs and support families right across the country. It is important to acknowledge the people and the families

Statements by Members

behind these businesses, and to let them know that Canada has their backs during this crisis.

* * *

CANADIAN CENTRE FOR WOMEN'S EMPOWERMENT

Ms. Anita Vandenberg (Ottawa West—Nepean, Lib.): Mr. Speaker, I recently met with the Canadian Centre for Women's Empowerment, a volunteer-led organization focused on the issue of economic abuse against women in domestic relationships. While many people understand the impact of physical violence and verbal and psychological abuse, what is less often discussed is economic abuse. While 95% of women who experience domestic abuse also experience economic abuse, it can also occur on its own.

[*Translation*]

Examples of economic abuse can include denying access to a bank account, forcing someone into debt without their knowledge, or preventing someone from working or going to school. Economic abuse makes it hard for women to leave violent relationships and may continue for a long time after the relationship. As we see far too often, women in marginalized groups are disproportionately affected.

[*English*]

I want to thank the Canadian Centre for Women's Empowerment for its hard work in raising awareness about this very important issue.

* * *

VETERANS AFFAIRS

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Mr. Speaker, for over seven months our country has been gripped by this global pandemic and we have done our best to help the government provide the compassionate support Canadians need to take care of their families, but there is a problem. We have not seen that same compassion for Canada's veterans from the Liberal government.

Shawn Dean devoted nearly three decades of his life to service for our country. He applied for his veteran's pension over a year ago and was recently informed that his application was now in a 64-week "decision phase". That is at least two years of waiting to receive the pension he earned and deserves.

Statements by Members

Thousands of veterans are waiting for help with physical injuries and need mental health care for themselves and loved ones. The benefits backlog now stands at 50,000: an increase of 60% within the last three years. The PBO has said that VAC can dig itself out of its hole by doubling its current hiring plans and implementing the simplified, online application that this Liberal government announced five years ago.

Our veterans deserve better.

* * *

SECRET PATH WEEK

Mr. Michael McLeod (Northwest Territories, Lib.): Mr. Speaker, Secret Path Week marks the dates that both Chanie Wenjack and Gord Downie passed away.

Chanie Wenjack was a 12-year-old boy who died of exposure while attempting to get back home to his family from residential school.

Secret Path Week is about creating a national platform to have conversations, learn about indigenous culture and create awareness of a true history regarding residential schools. The Downie and Wenjack fund has implemented legacy school programs in over 1,300 schools in every province and territory in Canada.

We urge all parliamentarians, and all Canadians, to answer Gord Downie's call to action to do something by supporting reconciliation to further the conversation about the history of residential schools.

* * *

● (1410)

CANCER

Mr. Mark Strahl (Chilliwack—Hope, CPC): Mr. Speaker, Jacob Bredenhof is a childhood cancer survivor. Two years ago, he was diagnosed with osteosarcoma. He endured a painful leg amputation and 17 difficult rounds of chemo, but neither cancer nor COVID could keep Jacob down.

Last month, he and his family organized a “Pedal for Hope” team to raise funds for the Terry Fox Foundation, completing a 105-kilometre bike ride through my riding of Chilliwack—Hope with Jacob leading the way. He started out with the goal to raise \$20,000, but vastly underestimated the impact that his courage to come back would have on the people who know him and who have followed his story. To date, Jacob's team has raised over \$110,000.

Jacob and his family have seen many kids that they knew and loved die from this beast of a disease, and they want to do what they can to raise money and awareness in the hope that fewer children will lose their lives to cancer. To them I say well done. We are all on Jacob's team.

* * *

ORDER OF CANADA

Mrs. Stephanie Kusie (Calgary Midnapore, CPC): Mr. Speaker, when the government was elected in 2015 it claimed gender par-

ity was important to them, yet, as is true with all of the Prime Minister's promises to women, he has failed to deliver.

Analysis shows that over 70% of Canadians appointed to the Order of Canada last year were men. In comparison, in 2015, under the previous Conservative government, the balance was almost fifty-fifty.

On this side of the House, we truly recognize the value and experience women bring to the table. As someone who personally nominated a strong, smart, well-qualified female for the Order of Canada and received no response from the government, I am very much aware it had worthy women to consider.

Claiming to believe in equality is nothing more than condescension if claims are not backed up with action. Canadian women deserve equal treatment from their government. They deserve this because it is 2020.

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GUARANTEED LIVABLE BASIC INCOME

Ms. Leah Gazan (Winnipeg Centre, NDP): Mr. Speaker, more than 40,000 Canadians have signed a petition to support Motion No. 46, which calls on the federal government to replace CERB with a permanent guaranteed liveable basic income while strengthening our current and future government public services and programs. If there was ever a time to do this, it is now.

Support for Motion No. 46 crosses party lines. Many colleagues in the House have supported Motion No. 46, along with senators, PTOs and organizations from across the country. Income guarantees are not a new concept in Canada. OAS is an example, but it is not liveable and leaves many behind, including students, disabled persons, refugees, temporary foreign workers, and people dealing with serious mental health and trauma issues. We must uphold our Canadian charter and ensure all people are able to live with dignity and human rights in Canada.

Governing is about choices. We cannot afford to not care for people at this critical juncture. We must divest from corporate welfare and invest in people. It is time to support Motion No. 46.

* * *

[*Translation*]

MULTIPLE SCLEROSIS

Ms. Louise Chabot (Thérèse-De Blainville, BQ): Mr. Speaker, today, I would like to draw attention to the situation of people suffering from multiple sclerosis. Two of my constituents, Mr. Beauséjour and Mr. Lanctôt, taught me about the daily reality of those with this disease, which sometimes prevents them from holding down a job.

Over 60% of people with multiple sclerosis will sooner or later end up unemployed, and Canada has one of the highest rates of MS in the world.

Must I remind the government that the House adopted a Bloc Québécois motion to increase employment insurance sickness benefits from 15 to 50 weeks?

It is high time that the government took action by helping workers with serious chronic diseases by increasing sickness benefits.

* * *

PATRICE VINCENT AND NATHAN CIRILLO

Hon. Steven Blaney (Bellechasse—Les Etchemins—Lévis, CPC): Mr. Speaker, six years ago, Warrant Officer Patrice Vincent was killed in a parking lot in Saint-Jean-sur-Richelieu simply because he was wearing his Canadian military uniform.

[English]

Corporal Nathan Cirillo, a 24-year-old father, was gunned down while standing guard at the foot of the Canadian National War Memorial, which pays tribute to our brave veterans. The killer would then enter Parliament to sow terror, but was very courageously neutralized by our security officers, for which we are eternally grateful.

[Translation]

These vicious attacks perpetrated by people who were radicalized by Islamic extremism remind us of how vulnerable we are. Canadians showed remarkable resilience in the face of those attacks. The next day, all parliamentarians were in the House to get on with business and keep our democracy alive. Today, let us pay tribute to these two Canadian heroes and let us continue to proudly uphold their values of freedom, commitment and duty, which are pillars of our Canadian identity.

* * *

● (1415)

SMALL BUSINESS WEEK

Mr. Joël Lightbound (Louis-Hébert, Lib.): Mr. Speaker, Small Business Week ends on Saturday, October 24, but I would like to take a moment to highlight the ingenuity and resilience of entrepreneurs across the country and especially those in my riding from Chemin Sainte-Foy to Chemin Saint-Louis, from Boulevard Laurier to Boulevard De la Chaudière, from Route Jean-Gauvin to Rue du Campanile, from Avenue Myrand to Avenue Maguire. A special shout out to Pizza Mag, which I may be supporting a little too much for my own good.

I was proud to see our government support SMEs through what is doubtless the toughest time they have ever faced, the toughest time we have ever faced. Our government has stepped up at every turn with the wage subsidy, the emergency account, the GST deferral and rent assistance. This is going to take more than government action though. Solidarity matters now more than ever. We must stand together. The holidays are around the corner, and we need to do whatever we can to support our local businesses so they survive the pandemic. As an added benefit, doing so will help us all adopt better buying habits.

Oral Questions

ORAL QUESTIONS

[English]

HEALTH

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, after weeks of Conservatives demanding the government develop a strategy for rapid COVID-19 testing, some tests finally arrived yesterday. The problem is that 100,000 tests is more of a sample than a supply. They will be used up in three days. Other countries have had access to millions of rapid tests for months.

Will the Prime Minister let the health committee find out why Canada is at the back of the line when it comes to rapid tests?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, Canada is not at the back of the line.

Let me refresh the memories of the members opposite on the five rapid tests that we have already authorized: the bKIT virus finder from Hyris; the BD Veritor System from Becton, Dickinson and Company; the Abbott ID NOW; the Abbott Panbio; and the Xpert Xpress from Cepheid.

More tests are being looked at by our regulators every single day, and they are arriving in Canada every day.

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, Canada's global public health intelligence network was a global leader in pandemic warning before the government turned it off last year.

Even after that decision, multiple departments of the government were warning that COVID-19 had to be taken more seriously, but the government got it wrong on human-to-human transmission. It also got it wrong on the border, and it got it wrong on masks.

Why is the Prime Minister denying Canadians the opportunity to learn the lessons from the first wave so that we can be better prepared to protect Canadians?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, let me again remind the members opposite of the prompt action our government took as this novel coronavirus hit the world.

On January 2, PHAC spoke directly with all provincial health authorities. On January 14, PHAC convened a meeting of all provincial health authorities. On January 27, we had increased screening at major airports. On January 27, we also convened the incident response group. On January 28, we convened the special advisory committee of chief public health officers across the country. I can and will go on.

Oral Questions

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, the trouble is that two months after those dates, the health minister of the country was still saying there was nothing to worry about. Countless contracts for PPE and other supplies have been held behind by national security designations. After the Frank Baylis affair, we can all understand why.

However, the motion before the House to allow the health committee to look at the process will make sure Canadian health care workers get the best equipment and that taxpayers get value for their money.

Will the Prime Minister let the health committee do what it is supposed to do and make sure that we put the health of Canadians ahead of contracts for Liberal MPs?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, I would like to take this opportunity to address very directly the insinuation at the heart of that question. The suggestion that our government, in those dark days in the spring when we came together as a country to fight this novel global pandemic, was focused on anything other than protecting the health and safety of Canadians, while working closely with the provinces, territories and municipalities, is simply untrue.

• (1420)

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, I am inclined to believe the Deputy Prime Minister, but when they continually cover up, when they prorogue Parliament, when her colleague, Mr. Morneau, resigned, when they delay committees and when they threaten elections, pardon me if I do not believe her sincerity.

Canadians want answers. Will the Deputy Prime Minister put the health of Canadians first and vote with us for a health committee study on COVID-19?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, let me clear up a couple of things. The first is that I always put the health and safety of Canadians first. Let me say something else. I really believe that every single member of the House does the same thing. I know that we disagree on a number of policy issues, but I really believe that we are all here to serve Canadians. We understand that this is a moment of national crisis, and I really hope we can continue to put national interests first, as we did when we voted unanimously for the EI CERB changes.

* * *

[*Translation*]

PUBLIC SERVICES AND PROCUREMENT

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, there is a lot of whitewashing with this government.

Reporters are asking the Liberal government questions on the ventilator contract awarded to Frank Baylis, but they are getting no answers. Now the reporters are trying to get an explanation from Mr. Baylis, but he will not take their calls or answer the door.

Are the Liberals ashamed of supporting their millionaire friends during a pandemic?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, I would like to give a very clear and very accurate response regarding Mr. Baylis.

There is no contract between the public service, PSPC, and Baylis Medical. Public Services and Procurement Canada officials awarded that contract following a review and recommendation by a panel of experts.

Public Services and Procurement Canada has no part in the agreements reached between FTI Professional Grade and its other suppliers. That is the reality.

* * *

POST-SECONDARY EDUCATION

Mr. Yves-François Blanchet (Beloil—Chambly, BQ): Mr. Speaker, the French-speaking community in the Americas is often subjected to harmful comments and words.

However, that pales in comparison to what visible minorities sometimes suffer on a daily basis. We must stand with them and commit to making society better. It starts with knowledge, science and critical analysis.

When a word that history and usage have characterized as racist, humiliating or degrading is used in a pedagogical context that explains and maybe even denounces the word in the interest of knowledge and analysis, is that a racist act that needs to be sanctioned?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, our government's position is clear: anti-Black racism is both heinous and illegal.

We can never remain silent in the face of injustice. When these things happen, we must come together and acknowledge the lived experiences of our fellow Canadians and take action.

Ms. Kristina Michaud (Avignon—La Mitis—Matane—Matapédia, BQ): Mr. Speaker, as institutions of higher learning, universities are an ideal venue for debate and analysis. What are the implications of a word? What does it mean to those it is directed at? What weight does it carry today and in history?

Universities are the place for such debates, and there should be the necessary freedom to impart knowledge. Academic freedom involves addressing difficult issues while paying attention to the sensibilities of individuals and not censoring oneself.

Will the Prime Minister defend academic freedom at the University of Ottawa, yes or no?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, our government and, I believe, all members of the House will obviously defend academic freedom. I am here together with many professors. I have a great deal of respect for universities and academia.

Oral Questions

However, we must take stock of the reality. Systemic racism exists in our country and we must take action on this issue.

* * *

• (1425)

INDIGENOUS AFFAIRS

Mr. Jagmeet Singh (Burnaby South, NDP): Mr. Speaker, Neskantaga First Nation has not had clean drinking water for 25 years. Imagine not having access to clean water for 25 years. Residents do not have water to wash their hands or take a bath.

This is appalling. The Prime Minister promised clean water, but he has not kept that promise.

When will Neskantaga First Nation have access to clean drinking water?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, I thank my colleague for his question.

Access to clean drinking water for all first nations is a priority for our government. We have worked on this issue and have made a lot of progress. I agree with the NDP member that a lot of work remains to be done, and we will work with first nations chiefs across Canada.

[*English*]

Mr. Jagmeet Singh (Burnaby South, NDP): Mr. Speaker, what is happening right now in the Neskantaga First Nation is an example, a representation, of the abject failure of the government and the previous Conservative government to address a basic question of access to drinking water. The people of this community are being evacuated. Seniors are being evacuated. Chief Moonias describes the situation like this. He says, “Why is this not a public health emergency? Are we not important? Are we not human?”

When will the community get access to clean drinking water?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, I really believe that we as Canadians understand that it is a national outrage that there are still drinking water advisories for indigenous communities in our country. This problem was not created in a day and it is not going to be resolved in a day, but what I will say is this. Our government has worked hard and has had some success. It is not enough, and I am very happy to recommit today to the effort to ensure that all communities in Canada have water that is fit to drink.

* * *

[*Translation*]

ACCESS TO INFORMATION

Mr. Richard Martel (Chicoutimi—Le Fjord, CPC): Mr. Speaker, yesterday the government prevented Parliament from doing its job. We wanted to form a special committee on the allegations of Liberal corruption, but the Liberals told us we had to deal with the pandemic. That is fine. “Ask and ye shall receive”.

Today, we are introducing a motion to “un-paralyze” the Standing Committee on Health. We are asking the government to provide us with key documents relating to the pandemic. Now that we are

responding to their request, we would like to know if the government will work with us and support our motion.

Hon. Pablo Rodriguez (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, yesterday the House chose Canadians over petty politics. My Conservative colleagues are likely very disappointed that we are not in an election period today, but we are not.

This is an excellent opportunity for the government and all parliamentarians to continue working for Canadians. As I often say, the government has an extremely important duty to Canadians and the opposition parties. Let us work together for Canadians.

Mr. Richard Martel (Chicoutimi—Le Fjord, CPC): Mr. Speaker, it is our duty to ensure that taxpayers' money is spent well and distributed efficiently. We do not want to hear any more stories like the one we heard yesterday about Frank Baylis. We need to be more rigorous, for the sake of Canadians' health.

Our motion seeks to put an end to the filibustering at the Standing Committee on Health.

When will the government let us do our job and give us the documents?

Hon. Pablo Rodriguez (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, we want to work with all of the opposition parties. That has been our goal from the beginning. We have succeeded in doing that several times. Let us remember all the times when we obtained unanimous consent or the support of one opposition party or another. That is what matters to a person who has lost their job, to a mother who is worried because her child cannot go to school, and to all Canadians.

Yesterday, I reached out to the opposition, and I am still reaching out. Let us work together for the well-being of Canadians.

• (1430)

[*English*]

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Mr. Speaker, as a parliamentarian, I have been really heartened to see collaboration with opposition parties in coming up with a very common-sense, non-partisan motion to review the government's response to COVID-19 so we can chart a firm path forward to get people back to work while keeping people safe. The government is not so willing.

We likely have the support of opposition parties, so in the spirit of collaboration I am asking the health minister this. She said that a 15-day timeline was not reasonable for producing documents, in a scrum earlier today, so what is a reasonable timeline?

Oral Questions

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, certainly that is something I have communicated with the House leader that should be negotiated. The government is willing to work with the opposition to come up with a timeline that is reasonable and will get to the goal of understanding what we need to do, going forward.

The member opposite is right that when we work together, Canadians appreciate it and our response is stronger.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Here is the problem, Mr. Speaker. The minister has had two weeks to answer this question, because this motion was presented to the health committee nearly two weeks ago. The fact that she could not walk into her staff's office and ask what is a reasonable timeline, over a two-week period, really belies the government's overall response to COVID and her approach to her staff, which has been slow, incompetent and costly to Canadian lives.

I am going to ask her this one more time. She has had four hours since I asked her this morning and two weeks since it was originally moved. What is a reasonable timeline for the production of these documents?

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, first, I have to take umbrage with defining our staff members, who have been working day and night around the clock, as slow and incompetent. I think we all can rise above that kind of language, and appreciate just how hard everyone in government and opposition is working to make sure that Canadians have a response that protects them.

The member also knows that health committees are independent, and that is something she needs to work through with the health committee and its chair.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Mr. Speaker, today, in an article by Dylan Robertson from the Winnipeg Free Press, we found out that fewer than half of federal freedom of information offices are operating at full capacity, including the health ministry. This means there are people whose actual job it is to produce information for Parliament who are sitting at home. I wonder what we could do with them. Maybe they could produce some documents for Parliament. I do not know.

What does the minister think?

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, yet again, we hear from the opposition a demeaning of the civil servants, who I can attest have been working around the clock to ensure that they have what we need for Canadians as we respond to this pandemic. We have used every available resource to make sure that Health Canada and the Public Health Agency of Canada have what they need so that they can support provinces, territories and Canadians. We will continue to put the health and safety of Canadians first and foremost in our response.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Mr. Speaker, it is this incompetence that is costing Canadians their lives. It is these excuses that are keeping businesses shut. It is this lack of disregard for Canadians' lives, and our plan forward, that is keeping women out of the workforce, because day cares are closed, because we do not have rapid tests.

This has to stop. The motion that we have before Parliament today is non-partisan. It is getting information that Canadians need, so that we can move forward out of this pandemic. What timeline is the minister proposing to produce these documents?

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, I have spoken to hundreds, if not thousands, of Canadians since the pandemic was first announced, when COVID-19 arrived on our shores. In fact, not once has a Canadian asked me to put more resources into freedom of information officers. What they have asked me for is to ensure that all the resources of Canada are devoted to one thing, and that is the health, safety and economic prosperity of our country. We are going to continue to make sure that Canada has the most robust response possible.

* * *

● (1435)

[Translation]

PUBLIC SERVICES AND PROCUREMENT

Mr. Alain Therrien (La Prairie, BQ): Mr. Speaker, everyone knows that the Liberals are using COVID-19 to line their friends' pockets.

When there was a ventilator shortage during the first wave, the Liberals wanted to get Frank Baylis to make some, but they knew that would look bad. The guy was a Liberal MP just last year. He is a buddy of theirs.

No, they did not give the money directly to their buddy Frank. Even they thought that would be wrong, so instead, they gave \$237 million to FTI, a shell corporation created just seven days earlier.

The problem is that FTI does not make ventilators, so—surprise, surprise—it hired Frank as a contractor. What a bunch they are.

Come on. How stupid do they think we are?

Hon. Anita Anand (Minister of Public Services and Procurement, Lib.): Mr. Speaker, I thank my colleague for his question.

In the early days of the pandemic, Innovation, Science and Economic Development Canada asked Canadian manufacturers for their help in addressing our urgent need for medical equipment.

Following a thorough review by a panel of experts, the government awarded five contracts for domestic production of ventilators. There is no contract with Baylis Medical.

Mr. Rhéal Fortin (Rivière-du-Nord, BQ): Mr. Speaker, that is what we are saying.

The Liberals awarded a sole-source contract, something that has come up a lot lately, worth \$237 million to FTI Professional Grade, a company that had not existed seven days earlier. They told us it was to manufacture ventilators. However, FTI does not manufacture ventilators. It told the Liberals that it knew a guy who knew a guy who makes them. The Liberals said that would work, and they wrote a cheque. By a curious coincidence, the guy in question is a former Liberal MP.

Oral Questions

If I pay the fee to incorporate a company this afternoon, can I collect my cheque for \$200 million next Thursday, or does that only work for Liberal cronies who are in the Liberalist database?

[*English*]

Hon. Anita Anand (Minister of Public Services and Procurement, Lib.): Mr. Speaker, I want to reiterate that our government has stepped up to ensure domestic production of ventilators when, at the beginning of this pandemic, there was no domestic production of ventilators here in Canada. The president of the Automotive Parts Manufacturers' Association said, "Firms from across the country dropped everything to help save lives by making critical medical goods.... Every political stripes, we all did this together." This is important, this is Canada and this is domestic production.

[*Translation*]

Mr. Rhéal Fortin (Rivière-du-Nord, BQ): Mr. Speaker, the Liberals knew it would look bad to give \$237 million to Liberal Frank Baylis, so they used a shell company, which transferred the money. They also knew that it would look bad to award a \$900-million program to their friends at WE Charity when the organization was up to its eyeballs in debt, so they did the same thing. They signed an agreement with WE Charity Foundation, a shell company that did not have any debt because it did not have any operations. The Liberals are using shell companies to award contracts to their cronies.

I will repeat my House leader's question. How stupid do the Liberals think we are?

Hon. Anita Anand (Minister of Public Services and Procurement, Lib.): Not at all, Mr. Speaker.

Our government ensured domestic production of ventilators and PPE. We will keep doing so because it is very important to Canadians.

* * *

[*English*]

HEALTH

Ms. Raquel Dancho (Kildonan—St. Paul, CPC): Mr. Speaker, because the Liberal government is taking so long to provide rapid testing to Canadians, the Manitoba government took the initiative to procure these rapid tests for Manitobans on its own, but the Liberal government blocked it from doing so. It would not allow it. Meanwhile, John Pritchard School and Bird's Hill School in my riding in the Winnipeg area have had large COVID-19 outbreaks. Manitobans deserve and need rapid testing now and we just learned this week that the Liberals have received 100,000 rapid tests.

Therefore, I want to know how many of these tests are going to Manitoba and when.

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, one of the things that has really helped Canada in our response to the pandemic has been the collaboration with provinces and territories and the work that we have done together to prioritize and to distribute PPE, tests and other equipment to Canadians. In fact, through the table of health ministers, we have managed to work out sharing agreements every single time that work for provinces and territories, that address the needs in their communities and that en-

sure that we have the capacity no matter what COVID-19 throws at us.

● (1440)

Mr. Rob Morrison (Kootenay—Columbia, CPC): Mr. Speaker, Air Canada, on October 1, purchased 25,000 rapid-testing kits approved by Health Canada so that Air Canada could test international travellers and, when negative for COVID, there would be no 14-day quarantine.

Canada relies significantly on tourism from outside the country. Can the minister explain why the government has not given Air Canada approval for this Health Canada-approved rapid testing, moving forward with economic recovery safely?

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, there are a lot of presumptions in that question that might not be quite accurate.

In fact, Air Canada is actually conducting a research study with McMaster University right now on trying to determine when someone could receive a test in order to reduce the 14-day quarantine period. It is exciting to note that the Province of Alberta is working in partnership with the Government of Canada on a very similar research project, which was just announced today. These kinds of research projects are going to help us ensure the goal of reducing importations while also looking at ways that we can reduce the quarantine.

I will remind Canadians, though, that the 14-day quarantine still applies today.

Mrs. Tracy Gray (Kelowna—Lake Country, CPC): Mr. Speaker, a local constituent reached out to me about how their family's lives have been on hold due to COVID-19 testing. The dad called the testing centre on October 3. They went in for testing on October 6, the first available day. The dad received his test results on October 7 and the daughter's came in on October 12. This was a 10-day process for this family. The daughter was not able to go to school, and the dad was not able to work.

This is unacceptable. When are regions like the Okanagan Valley and the Lower Mainland going to receive rapid testing?

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, I have been in regular conversations with medical officers of health across the country, including Dr. Henry. I have to congratulate B.C. It has had an incredible testing strategy, but it obviously has challenges, just like every other province and territory. I would encourage the member opposite to get in touch with her MLA and ask about B.C.'s testing strategy and how it is evolving.

*Oral Questions***POST-SECONDARY EDUCATION**

Ms. Heather McPherson (Edmonton Strathcona, NDP): Mr. Speaker, students and graduates in my riding of Edmonton Strathcona are struggling to make ends meet. Students could not get summer jobs because of COVID-19, and recent graduates cannot get jobs to kick-start their futures. This Liberal government promised close to \$1 billion to help students, instead it helped its friends at WE, and the students have received none of this money.

This government could help students right now with rent, tuition fees and groceries. Liberals owe students this money. When will they ensure that the funding goes to students who need it the most?

Hon. Bardish Chagger (Minister of Diversity and Inclusion and Youth, Lib.): Mr. Speaker, I should remind all Canadians and all members that it was actually a \$9-billion plan that our government put forward for students and youth. That plan included the Canada emergency student benefit, and 700,000 students were able to obtain that benefit.

Canada summer jobs were increased, with 84,000 jobs approved and still ongoing until February. I would encourage students to keep applying.

We doubled Canada student grants for full- and part-time students. We instituted a six-month moratorium for interest as well as payment on Canada student loans. We made investments to ensure that—

The Speaker: The hon. member for Churchill—Keewatinook Aski.

AIRLINE INDUSTRY

Ms. Niki Ashton (Churchill—Keewatinook Aski, NDP): Mr. Speaker, it is not enough for the transport minister to abandon workers, but he also has to gaslight passengers. He tweeted his congratulations to WestJet for issuing refunds to some passengers with cancelled tickets, when he literally spent seven months backing up the airlines. Thousands of passengers have been left waiting. The agency he is responsible for issued a statement on vouchers that rips passengers off directly.

That is enough with the hypocrisy. Will the government finally take action and step up to defend the rights of all passengers and Canadian consumers?

Hon. Marc Garneau (Minister of Transport, Lib.): Mr. Speaker, I am certainly aware of the frustration that many passengers have felt. The action taken by WestJet is a good step in the right direction. I know it is an important issue for Canadians. At the same time, the pandemic has hit the air sector hard and that is why we are working on measures to try to ensure Canadians will be able to continue travelling safely and affordably across this country.

For the information of my colleague, the Canadian Transportation Agency does not come under Transport Canada.

• (1445)

SMALL BUSINESS

Mr. Lloyd Longfield (Guelph, Lib.): Mr. Speaker, we have seen employment numbers in my riding rebound to 75% of pre-pandemic numbers. We have witnessed small businesses changing and innovating their delivery models to continue serving their customers and our communities. At the same time, we know more support will be needed in 2021.

Could the Minister of Small Business, Export Promotion and International Trade update the House on our government's work to support small businesses in the coming months as we celebrate Small Business Week?

Hon. Mary Ng (Minister of Small Business, Export Promotion and International Trade, Lib.): Mr. Speaker, during Small Business Week, small businesses in Guelph and across the country have shown incredible resilience and are working hard in their communities. We are helping thousands of small businesses enhance their digital and e-commerce capabilities. Going digital will enable our small businesses to access global markets, to export, to find new customers and to take advantage of Canada's free trade agreements. We are going to do what is right to keep supporting our small businesses during these very difficult times.

PUBLIC SAFETY

Mrs. Shannon Stubbs (Lakeland, CPC): Mr. Speaker, after more than six months, the public inquiry into the Nova Scotia mass murder still has not started. In all of their grief and loss, victims' families are still pleading with the government. A Nova Scotian says that it is "another unkind injury to those surviving from the awful shooting". Families are being ignored and abandoned by the Liberals. Now they are forced to ask for the inquiry to include the reasons for the delay that has victimized them even more.

Will the minister commit to families that they will get the answers they deserve or will he make them struggle through pain and even more delays?

Hon. Bill Blair (Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, this is a very timely question because the Government of Canada and Nova Scotia announced their intent to establish a comprehensive joint public inquiry on July 28, and today, that inquiry has now been established by order in council and the commissioners have begun their work.

The joint public inquiry commissioners' first task is setting up their secretariat, which will be located in Nova Scotia. It includes hiring support staff, establishing a budget and creating a work plan. They have been asked to submit two reports to the Government of Canada and Nova Scotia on their findings, lessons learned and recommendations, with an interim report by May 1, 2022.

Oral Questions

I am pleased to also announce that the name of the third commissioner appointed to undertake this inquiry has been named. Dr. Kim Stanton has accepted the position of inquiry commissioner.

Mrs. Shannon Stubbs (Lakeland, CPC): Mr. Speaker, I do not know if the minister has been the loved one of a murder victim, but I have. He should be ashamed that these victims' families have had to struggle and to wait so long. It has increased their harm and their hurt, and he did not answer the question.

If he will not give a straight answer to Conservatives, will he at least tell the families of these murder victims on what date exactly the inquiry will start and will it include all of the reasons for the delays that have victimized them even more?

Hon. Bill Blair (Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, I actually have far too much experience in my life dealing with the families of victims of violent crime, including homicide. I understand the pain of these families. They need answers. That is why we have established an inquiry that will not only determine what happened but will also make recommendations that will help prevent similar tragic events in the future.

Perhaps the member missed my earlier comment, but the inquiry has now begun. By order in council it has been established and the commissioners have begun the work of establishing their secretariat. The newly named commissioner, Kim Stanton, has accepted the position, as I said, and she joins the Honourable J. Michael MacDonald, chief commissioner, and Ms. Leanne Fitch in doing this important work.

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AGRICULTURE AND AGRI-FOOD

Mr. Larry Maguire (Brandon—Souris, CPC): Mr. Speaker, farmers who use private bank accounts are still out in the cold as they await the Minister of Small Business's decision to keep her promise so that they can apply for an emergency business account loan. The government has a terrible record of saying something but taking forever to deliver on it.

When will the Liberals make the necessary changes so that farmers who use private bank accounts can apply for a CEBA loan? It has been over six months.

Hon. Mary Ng (Minister of Small Business, Export Promotion and International Trade, Lib.): Mr. Speaker, those businesses, farming businesses, are absolutely important to the economy of this country. We are working with over 200 financial institutions to make this loan available to these businesses as soon as possible, as quickly as possible. Very soon we will announce the process to enable those businesses to get access to this important liquidity support through the small business account so that they can get access to this support.

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● (1450)

HEALTH

Mr. Todd Doherty (Cariboo—Prince George, CPC): Mr. Speaker, the rate of suicide across our country is at near epidemic rates. Suicide is now among the leading causes of death in Canada.

Today 10 Canadians will end their lives by suicide, and up to another 200 will attempt to do so.

The U.S. has just taken concrete action to combat suicide by passing the National Suicide Hotline Designation Act. Starting in 2022, a simple and easy to remember number, 988, will be the universal telephone number to reach the national suicide prevention hotline. Will the government commit to doing so?

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, far too many of us can say that we have been impacted by people who have taken their own lives. I want to tell the member opposite I am very interested in his idea, and I look forward to talking with him later about what that might look like in Canada. He is absolutely right. We have to do more, not just to prevent suicide but to support people who are struggling with their mental health, no matter where they live in this country.

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[Translation]

AIRLINE INDUSTRY

Mr. Xavier Barsalou-Duval (Pierre-Boucher—Les Patriotes—Verchères, BQ): Mr. Speaker, after seven months of pressure from the Bloc Québécois, the government finally realized that people who bought plane tickets during the pandemic might like a refund. The government announced that it wanted to help WestJet and Air Canada and that this might include refunds. The Bloc intervened to make sure airlines would refund customers with their own money, not taxpayers' money. Yesterday, WestJet announced that it was going to start refunding customers.

That is a good start, but when will the Minister of Transport show some leadership?

When will he make Air Canada refund its customers?

Hon. Marc Garneau (Minister of Transport, Lib.): Mr. Speaker, as I said, I realize that folks are very frustrated and they would like a refund. That is why WestJet's decision is a step in the right direction. This issue is important to Canadians, and we expect the airlines to do whatever they can. At the same time, we know that the airlines were hit hard by the pandemic. That is why we are working on measures so we can ensure that Canadians can continue travelling safely and affordably across this country.

Mr. Xavier Barsalou-Duval (Pierre-Boucher—Les Patriotes—Verchères, BQ): Mr. Speaker, people are frustrated because they feel that the Minister of Transport is nowhere to be found.

Oral Questions

Before it gets any taxpayer money, Air Canada must refund customers whose flights were cancelled. Air Canada is being a terrible corporate citizen, and Ottawa is letting it get away with it. Ottawa lets it charge ridiculously high prices while it provides poor regional service, engages in dumping to kill competition, and refuses to serve customers in French. If Ottawa keeps letting it do as it pleases, Air Canada will never refund anyone.

When will the minister finally set a deadline to ensure that people get their money back from Air Canada?

Hon. Marc Garneau (Minister of Transport, Lib.): Mr. Speaker, as I said, we are working on measures to ensure that Canadians can continue to rely on our airlines, which provide service nationwide, and that all Canadians, whether they live in the regions or in our cities, will always be confident that they can continue travelling safely and reliably across this country.

* * *

[English]

VETERANS AFFAIRS

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Mr. Speaker, the backlog of veterans' applications for benefits is now over 50,000. Boasting an increase of \$10 billion for veterans services is a slap in the face of veterans who have been waiting for years, and continue to wait, to be compensated for their service and the injuries they incurred. The independent, non-partisan Parliamentary Budget Officer predicts VAC's hiring plan will take two years to reduce the backlog by 10,000, while his recommendation would wipe out the backlog completely in one year. Who should veterans trust?

I ask, "Who's got their six?"

Hon. Lawrence MacAulay (Minister of Veterans Affairs and Associate Minister of National Defence, Lib.): Mr. Speaker, veterans truly deserve the compensation that is owed to them. In fact, it is impossible to refund veterans exactly what we owe them, but we have, as my hon. colleague is well aware, announced \$200 million that will allow the department to hire new staff and upgrade the process in order to ensure we are able to compensate veterans the way we should compensate veterans. We have and will continue to repay our veterans as best we can. Again, we owe veterans so much.

* * *

[Translation]

JUSTICE

Mr. Alain Rayes (Richmond—Arthabaska, CPC): Mr. Speaker, first there was the WE Charity scandal, then the \$237-million contract given to former Liberal MP Frank Baylis to buy ventilators at double the price, and now there is a new scandal with partisan judicial appointments. The Liberals are up to the same shenanigans as they were with the sponsorship scandal.

Can the Minister of Justice guarantee that there has been no interference in the judicial appointment process, yes or no?

• (1455)

Hon. David Lametti (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, our government has implemented significant steps to ensure that the judicial appointment process is transparent. These measures are also designed to encourage greater diversity in the judiciary, and I am proud of the results.

Our process is effective. We have appointed more than 400 judges, and the appointments are more diverse than ever: 53% of the judges appointed are women. We will continue to ensure that the appointment process is merit-based and transparent.

* * *

AIRLINE INDUSTRY

Mr. Joël Godin (Portneuf—Jacques-Cartier, CPC): Mr. Speaker, before the pandemic, many Canadians worked really hard so they could afford a vacation. They paid money to airlines and travel agencies over six months ago, but they never went anywhere, because COVID-19 closed the borders. It is completely unacceptable for these people to be financing the airlines. They are definitely frustrated.

When will the Prime Minister make these companies provide full cash refunds to Canadian workers?

My question is clear: When?

Hon. Marc Garneau (Minister of Transport, Lib.): Mr. Speaker, as I mentioned, I am very aware that Canadians are frustrated, especially those who would prefer refunds rather than credits. That is why the decision made yesterday by WestJet was a step in the right direction. We encourage the other airlines to follow suit, because we realize that it is important for consumers.

At the same time, airlines and airports have been hit hard by the pandemic. We are working on a comprehensive plan to provide assistance to the airline industry and maintain air service across the country.

* * *

WOMEN AND GENDER EQUALITY

Ms. Anju Dhillon (Dorval—Lachine—LaSalle, Lib.): Mr. Speaker, we are in the middle of Women's History Month. This year is the 50th anniversary of the Royal Commission on the Status of Women.

Can the Minister for Women and Gender Equality tell the House what our government is doing to support women and advance gender equality, including in terms of the post-COVID-19 economic recovery effort?

[English]

Hon. Maryam Monsef (Minister for Women and Gender Equality and Rural Economic Development, Lib.): Mr. Speaker, in Dorval, Lachine, Lasalle and across the country women have borne the greatest burdens of this pandemic on the front lines of our care systems, with work hours lost, with increases in unpaid care work and greater vulnerability to gender-based violence. We owe it to those who have come before us to protect their hard-won gains and work with the feminist movement every step of the way.

Our government will ensure that women are working, that they are safe and that their families are cared for. Indeed, it is Canada's only path to a full recovery.

* * *

TELECOMMUNICATIONS

Mr. John Nater (Perth—Wellington, CPC): Mr. Speaker, on Tuesday, I received an unprompted email from the office of the Minister of Rural Economic Development, stating, in its entirety, “Just wanted to confirm that if anything comes up on SpaceX or LEOs, even if it mentions rural broadband, it's going to be handled by [the Minister of Industry] in QP. My Minister has no levers on it, and therefore doesn't have anything to say to this specific issue.”

If the Minister of Rural Economic Development has nothing to say on rural broadband and has no levers on it, is this not further confirmation of the Liberal blind spot to rural Canada?

Hon. Maryam Monsef (Minister for Women and Gender Equality and Rural Economic Development, Lib.): Mr. Speaker, is my hon. colleague suggesting that my team and I staying in touch with his is the wrong thing to do? Is my hon. colleague truly suggesting that a member of Parliament for a mixed rural-urban riding does not understand rural Canada? I urge him to put partisanship aside. Rural Canadians are counting on us and our entire government will be there for them.

Mr. Kyle Seeback (Dufferin—Caledon, CPC): Mr. Speaker, COVID-19 is exacerbating a problem in rural Canada. Right now, thousands of families are trying to access the Internet. They are having affordability and connectivity issues all across my riding of Dufferin—Caledon and all across the country.

My constituents do not want to hear what has been done. They do not want to hear how more fibre was put in by Stephen Harper or Sir John A. Macdonald. They want an answer, and it is a simple answer. When will rural Canada be connected?

● (1500)

Hon. Maryam Monsef (Minister for Women and Gender Equality and Rural Economic Development, Lib.): Mr. Speaker, let me correct the record. More fibre was put into the ground by our Liberal Prime Minister than the previous prime minister.

Every single day our entire team is seized by the challenges that rural Canadians and suburban Canadians experience without access to high-speed Internet and cell service. The investment announced with the Canada Infrastructure Bank will connect three-quarters more Canadians to this essential service, and we will have more to say soon.

Oral Questions

ACCESS TO INFORMATION

Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC): Mr. Speaker, earlier this month, I received an email addressed to an employee who has not worked in my office for over three years. It was from an access to information analyst, asking if we were still interested in information requested nearly four years ago.

My question is for the Minister of Transport. In the spirit of openness and transparency, does he think it is reasonable to still be waiting for an answer four years later?

[Translation]

Hon. Jean-Yves Duclos (President of the Treasury Board, Lib.): Mr. Speaker, I thank my colleague for the question because it allows me to say two important things.

First, it is important that information flows under normal circumstances, but it is even more important under the circumstances of COVID-19. Second, our public servants have obviously been working very hard since the beginning of the pandemic to meet expectations and needs in information technology, and we will continue to work with them on that.

* * *

SMALL BUSINESS

Mr. Pat Finnigan (Miramichi—Grand Lake, Lib.): Mr. Speaker, as we celebrate Small Business Week, I would like to acknowledge the tremendous contributions that small businesses make to our country. They are the backbone of the Canadian economy and employ thousands of people in my riding of Miramichi—Grand Lake.

From the beginning of the pandemic, our government has been there to help employers and small businesses. Can the Minister of Small Business, Export Promotion and International Trade tell the House how we will continue to support Canadian businesses during this second wave of the pandemic?

Hon. Mary Ng (Minister of Small Business, Export Promotion and International Trade, Lib.): Mr. Speaker, Small Business Week is the perfect time to recognize the hard work of SMEs in Miramichi—Grand Lake and across New Brunswick during the pandemic.

Nothing is off the table when it comes to helping our SMEs. Earlier this week, I announced \$12 million to support the Canada united small business relief fund.

Our government will be there to help SMEs.

Business of Supply

[English]

CHILD CARE

Ms. Lindsay Mathyssen (London—Fanshawe, NDP): Mr. Speaker, the Liberals promised universal, affordable, public child care 27 years ago, five years ago, one year ago and two weeks ago, but they never delivered. If only the Liberals had been government over those years; oh wait, they were.

Like other child care centres, the Garderie Tunney's Daycare in Ottawa has had to close suddenly. Parents still had to pay high fees for child care they were not even getting, in fact, \$1,800 for just a few days of care in October.

Why is child care only a priority for Liberals when they are giving speeches?

Hon. Ahmed Hussen (Minister of Families, Children and Social Development, Lib.): Mr. Speaker, we are very much committed to child care. We have created over 40,000 affordable child care spaces since 2015. We are still committed to ensuring that there are an additional 250,000 before and after school child care spaces. We are on track to continue to invest \$7.5 billion in child care over the next number of years. We have reached agreements with provinces and territories.

In addition to that, and to answer directly my colleague's question, we have invested over \$2 billion in child care this year alone, making sure that provinces and territories and the child care sector are resilient and emerge stronger after the COVID-19 pandemic.

* * *

HEALTH

Mr. Paul Manly (Nanaimo—Ladysmith, GP): Mr. Speaker, when we fail to understand the importance of mental health, we pay a price as society in loss of employment, family breakdown, stress-related diseases, addiction, homelessness and crime. Mental health care such as counselling should not be a luxury for those who can afford it or a late intervention for those who are already in crisis.

Will the government implement a national mental health strategy and fully include mental health care under the Canada Health Act?

• (1505)

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, I fully concur with the member opposite's assertion that we need to be focused on mental health now more than ever. Certainly it is not a new problem. We know that many people struggle with mental health even in the best of times, and during this very difficult time, with loneliness and big changes to our daily practices, it is even harder.

I will work with the member opposite to make sure that Canadians get support to access services, and I remind him of the Wellness Together Canada portal, where any Canadian can get access to mental health supports absolutely free.

[Translation]

BUSINESS OF THE HOUSE

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, I rise on a point of order.

I am going to ask the usual Thursday question about an update on parliamentary business.

As we all know, the past few days have been quite busy, but in a good way, in terms of the work we are doing for Canadians.

Today we are talking about COVID-19 and health. The member who moved the motion reached out to the government to find out when the documents will be tabled. We would like information about that.

As everyone knows, the government insists on talking about COVID-19 all the time. Can the government therefore tell us what business we will be looking at in the days to come? No doubt it will have to do with COVID-19.

Hon. Pablo Rodriguez (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I noticed that my colleague came at his gracious question in a roundabout way.

This afternoon, we will continue with the debate on the Conservative Party's motion, of course.

We still have a number of important bills on the legislative agenda, including the MAID bill, the conversion therapy bill and the judicial training bill.

Tomorrow, we will begin debate on Bill C-5, regarding a national day for truth and reconciliation.

[English]

Starting on Monday, we will take up the second reading debate of Bill C-6, the bill regarding conversion therapy.

Lastly, I note that Thursday, October 29, will be an allotted day.

GOVERNMENT ORDERS

[Translation]

BUSINESS OF SUPPLY

OPPOSITION MOTION—INSTRUCTION TO THE STANDING COMMITTEE ON HEALTH

The House resumed consideration of the motion.

Ms. Rachel Bendayan (Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade, Lib.): Mr. Speaker, I am pleased to have the opportunity to discuss the motion moved by my colleague from Calgary Nose Hill, for whom I have great respect.

Committee work is essential to the proper functioning of our parliamentary system and our democracy. As the last parliamentary session drew to a close, I was able to participate in the Standing Committee on Finance's examination of the last budget of the 42nd Parliament. I was also a member of the Standing Committee on the Status of Women. We worked very hard to adopt a number of extremely important reports.

I firmly believe in the role of parliamentary committees and I also believe that the motion before us deals with a subject that warrants the attention of the Standing Committee on Health. However, I must admit that I have some concerns and reservations about the details of this motion, which I could almost describe as an omnibus motion, since it contains 28 clauses.

As the Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade, I make a point of looking at every proposal, every motion, including the motion that is before us today, from the perspective of our business owners, of our SMEs.

[English]

As the members here know, the motion lists 16 areas of study within 28 different clauses. As Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade, I will focus on the areas of the motion that I believe will impact our Canadian businesses, as well as areas of international procurement.

The motion proposes to study the availability of paid sick leave to those in quarantine and voluntary isolation. I believe this is an absolutely critical aspect of our government's response to COVID-19. We all know how important it is to continue to keep our businesses open and running, while protecting the health and safety of one another. We know that the balance between the two is certainly a hard one to manage.

The thinking behind the government's proposal with respect to paid sick leave is rooted in the belief that nobody should have to choose between staying home because they have symptoms of COVID-19 and being able to pay for groceries or rent. That is why we introduced Bill C-4, which included the Canada recovery sickness benefit that provides \$500 per week, for up to two weeks, to Canadians who are either experiencing COVID-19 symptoms, are in self-isolation because they have COVID-19 or have underlying conditions that would make them more susceptible to the virus.

As we all know, the bill received the unanimous support of the House and I believe it also passed royal assent within three days. This is an extremely good example of the speed and efficiency that is possible when we all work together.

The sick leave benefits that the motion proposes to study in committee fulfill the Government of Canada's commitment under the safe restart agreement with provinces and territories. Already now, Canadians have been able to apply for the benefit since October 5, and as of this past Monday, October 12, Canadians who are not eligible for employment insurance have been able to apply for the Canada recovery benefit.

We know that right now our business owners cannot afford to pay for new benefits. We also know that Canadians were asking for

Business of Supply

this support. It was up to our government to respond. We will continue to respond to the needs of Canadians throughout this pandemic.

• (1510)

[Translation]

I would now like to approach the motion from the perspective of employers. We know that our workers and our businesses are facing a lot of uncertainty right now. There is not as much money coming in and our business owners cannot afford to provide additional benefits even if they wanted to.

The Canada recovery sickness benefit is there for employed individuals who are unable to work because they are sick. The \$500-a-week benefit for two weeks not only supports our workers, but it is also essential for our businesses.

We have all seen schools, offices and factories forced to close due to outbreaks of the virus. This benefit helps employers protect their teams without having to face the impossible decision of determining whether one of their employees is too sick to come to work.

The federal government is there for them and will cover two weeks of paid leave. This is a first for Canada. The program provides a win-win solution for our SMEs and our workers while also limiting community transmission of the virus.

[English]

I have to be honest. It is not clear, on the basis of the motion before the House, what aspect of paid sick leave is being proposed for study. The motion refers to the availability of sick leave, but as the House knows, this benefit has already been available to hard-working Canadians for two weeks now. It is therefore perhaps a bit late to study whether or not this measure should go forward, and as I have explained, I believe this program to be absolutely critical. I would assume, on the basis of the fact that the bill in which this measure was included was passed unanimously by the House, that every member of the House agreed with that.

If the motion is proposing to study how well the benefit is working, with only two weeks of usage I would suggest that it is perhaps premature to study its effect at this time. It might be more useful to study this issue independently in a stand-alone study once a longer period of usage exists and more data can be evaluated by committee members.

Let me now turn to another aspect of the motion that touches on international procurement, including the proposal in the motion to study the procurement of vaccines. While I understand the spirit of what is being proposed here, when I read the fine print of the motion, included therein is a requirement to disclose all documents concerning the purchase of these life-saving drugs. The motion would therefore effectively make us hand over details of our negotiating positions and considerations for deals that are not even yet complete.

Business of Supply

I cannot emphasize enough how this would jeopardize our ability to compete and procure what Canadians need in order to survive this pandemic. If other countries find out the good prices that Canada was successful in negotiating with suppliers, they could try to buy the order out from under us. Let me detail this a little further.

• (1515)

[Translation]

We could be forced to reveal the pricing and sales terms we obtained in our international vaccine procurement process. This would expose us to two very serious potential problems.

If another country finds out our terms, it could decide to outbid us and hijack our order.

In addition, this information could undermine the Canadian government's credibility with our suppliers. The last thing we need right now is for our suppliers to decide that Canada is not a reliable partner and sign an agreement with another country that does not require them to disclose information about their terms and conditions. This is a real risk. There are quite a few other potential customers looking to procure these same vaccines.

[English]

The last thing I believe we want to do in the House is to endanger hard-fought procurement deals that will ensure that Canada has the best possible set of vaccine supply contracts. We need companies to feel confident that the Canadian government will remain a reliable partner and not look to publish reams of sensitive information regarding the company's pricing, conditions or scheduling.

We know there are real risks in this ultracompetitive bidding environment. It is a global pandemic impacting countries all over the world. The competition, therefore, on the international stage is incredibly fierce. We must continue to be competitive in our bids. We must continue to be a country that vaccine suppliers wish to partner with, and our priority must continue to be to ensure that Canada has access to vaccines against COVID-19.

These are just a few of the problematic issues I see in the very large motion before us. I therefore cannot support the motion as it is currently written, and Canadians cannot afford to have us jeopardize our ability to procure a vaccine to COVID-19.

Mr. Eric Melillo (Kenora, CPC): Mr. Speaker, I think that Canadians have been asking a lot of questions about the government's handling of the pandemic, about rapid testing, about the management of PPE and many different aspects.

Does my colleague believe that the government's response to COVID-19 warrants a review? If that is the case, why are the Liberals presumably allowing politics to get in the way of supporting the motion?

Ms. Rachel Bendayan: Madam Speaker, I was in the House earlier today when the Minister of Health indicated that she would be open to negotiating with the Conservative members on how we could ensure the motion fulfills the request for responses to certain questions, whether they be on PPE or rapid testing. However, as I mentioned in my lengthy speech just now, there are serious problems with this motion that make it impossible for our government to move forward as proposed.

Mr. Matthew Green (Hamilton Centre, NDP): Madam Speaker, just to recap, the hon. member did a phenomenal job of presenting the reasons why she could not support the motion from her perspective. Now I will share through mine some of the problems that are still outstanding with her rationale.

At the outset of COVID, there was a drastic mishandling of the national emergency stockpile. We asked the Minister of Public Services and Procurement, who could have been responsible, if it was her responsibility. She said, no, it was the Minister of Health. Then we asked the Minister of Health who, of course, would not take responsibility for the fact that the government threw out millions of critical PPE on the eve of a pandemic and still has not adequately accounted for that decision.

Does the member opposite not believe that the government has a role and a responsibility to ensure that critical personal protective equipment is provided to Canadians in a way that will help offset what could perhaps be a third wave coming in the future?

• (1520)

Ms. Rachel Bendayan: Madam Speaker, procuring the necessary PPE for Canadians is an absolute priority for the government. We did transfer \$19 billion to the provinces, in part to ensure they could procure and have access to the necessary PPE.

With respect to my hon. colleague's question as to why a very specific issue cannot be studied, I would suggest that what we have before us is a 28-clause motion with 16 areas of study. Perhaps he could propose an area of study specific to what he is looking for, so that we can answer that specific question.

[Translation]

Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.): Madam Speaker, my colleague raised a very good point that I had not thought of myself, about how the figures and information required in some cases could undermine the government's bargaining position with vaccine manufacturers.

This made me think that when members are drafting these motions, and this one looks to have 28 parts, they should really think about what is being asked, to make sure that the provisions do not undermine Canada's interests.

Ms. Rachel Bendayan: Madam Speaker, I thank my colleague. Obviously that is what I am concerned about right now.

We know that there are many clients on the international market who are trying to get vaccines. If Canada undermines its credibility, if Canada starts disclosing its companies' confidential or sensitive information, these suppliers will not want to do business with Canada. We must be sure that we can get COVID-19 vaccines for Canadians.

Business of Supply

Mr. Denis Trudel (Longueuil—Saint-Hubert, BQ): Madam Speaker, I thank my colleague for her speech. I noticed that she, like everyone, is very concerned about the health of Canadians in the coming months.

However, what we are hearing is that the government could, once again, make this motion a confidence vote and potentially trigger an election in Canada. We have learned that there are more cases of the virus in Quebec today, more deaths.

Does my colleague not agree that it is a bit irresponsible to trigger an election in Canada during a pandemic?

Ms. Rachel Bendayan: Madam Speaker, I do not think anyone wants an election. We all want to work in the House to move forward with measures that will help Canadians. We have several bills pending and we want to get them passed in the House.

I completely agree with my colleague. Now is not the time to call an election.

[*English*]

Mr. Todd Doherty (Cariboo—Prince George, CPC): Madam Speaker, it is an honour to rise today, and I will be splitting my time with my hon. colleague for West Nova.

We are here today, because we have a great motion from our colleague from Calgary Nose Hill. It is one that looks at the COVID pandemic. Yesterday, we had a motion that the government decided was a confidence motion. The government did not like what we had put forward. Nowhere and at no other time have we ever seen a group, an organization or a government work so hard at not answering a question and not providing the answers that Canadians deserve than we have seen over the last little while.

A year ago yesterday, Canadians put this Liberal government on notice. From previously enjoying a majority, they were given a minority. I have to say that since the election of a minority government took place a year ago, we have seen a Prime Minister who does not seem really interested in governing this country. He does not have a majority. We have not even seen a federal budget for almost two years, and what we have seen time and time again are ethical scandals and ethical blunders from this Prime Minister and his cabinet.

Canadians also re-elected, a year ago yesterday, a strong Conservative opposition with a clear mandate to hold this Liberal government to account. We were elected to ask the tough questions of this government, which we do, but very seldom do we get answers. As a matter of fact, what we have seen time and again is every excuse as to why they cannot answer a question.

Just prior to this debate going on, we saw the parliamentary secretary stand on a point of order to say how hard it was going to be and that it would paralyze the government. It would seize up the government to try and answer these questions. Yesterday they did not like the motion because they felt it was questioning the government and it was not COVID related. Now, we have a conscientious, measured motion that is directly related to the COVID pandemic, and they do not like it. They cannot do it.

I have to say that the last 10 months have been among the most challenging of my elected career. I think if we surveyed the 338

members of Parliament, they would say the same thing. We are experiencing the heartbreaking stories of our constituents, Canadians who not only have health concerns, but are also facing incredible, mounting financial losses.

In the early days I would say that, yes, there was a team Canada approach. Opposition would challenge some of the programs that came out and offer solutions. Sometimes the information was taken and these programs were changed. However, as we sit today, there are still tens of thousands of businesses that have shuttered their doors and Canadians who are out of work. Now we are gripped with a second wave of this global pandemic, and all we are asking is what the plan is and where the money is going.

In early spring, we saw almost \$900 million awarded to an organization that had close ties to the Prime Minister and the former finance minister. Since the opposition has been asking questions about how it happened, all we have seen is filibuster after filibuster and a refusal to answer the questions. The Liberals like to say that they released thousands of documents. Perhaps they might have released thousands of documents, but the amount of black ink that was used to scribble out the lines of information in those documents is astronomical.

• (1525)

Just within the last few days, we found out that early in the pandemic, a former Liberal MP was given a contract worth over \$237 million, only 11 days after actually registering the company.

Canadians have questions. The 338 members of Parliament elected to this House were elected to be the voices of Canadians. It is not a right for us to be in this House. It is a privilege. For those members who are new and who have never heard me speak, I will remind my colleagues that the House does not belong to them or me. It belongs to the electors who elected the 338 members of Parliament. They charged us to ask the hard questions of the government. They charged the opposition to hold the government's feet to the fire and to work collaboratively with the government. They also charged that minority government to work collaboratively with the opposition.

I want to talk about leadership in my province of British Columbia. Throughout this pandemic, my province of British Columbia has had incredible leadership. We have been well served by Dr. Bonnie Henry. She is a former navy physician now serving as our provincial public health officer. Maybe it is because of her military background, but she had a plan and she implemented it early. She did not take risks for British Columbians.

Business of Supply

On January 27, I stood in this House and mentioned to colleagues that my riding is the Asia-Pacific gateway to North America. Every day, tens of thousands of passengers enter our borders. I asked the Prime Minister and the Minister of Health what the plans were to increase screening and to shut our borders down, as we were seeing other countries do. I was scolded. I was chastised for fearmongering and being racist.

Under Dr. Bonnie Henry's direction, British Columbia took swift and decisive action early and without hesitation. She communicated frequently, clearly and effectively. She implemented an early and aggressive testing and tracing strategy, and enforced social distancing regulations more rapidly than any other province.

Health care workers employed at multiple long-term care facilities were ordered to limit work to a single site, largely preventing the disastrous outcomes at long-term care homes seen in Ontario and Quebec.

Dr. Henry acted early when it mattered. Her strong and decisive leadership garnered international praise, and ultimately my province was able to flatten the infection curve ahead of other parts of Canada. Now we have seen an increase over recent months. However, she remains strong and resolute.

Dr. Bonnie Henry had a plan. What we are seeing with the government is that it is just now implementing pilots that other countries and other provinces have been doing for months. They did it at the start of this global pandemic.

We have questions. Sadly, we have seen the government and its ministers say that committees are masters of their own destinies and that they act independently. However, all the Liberals got together and decided they were going to filibuster every committee putting forth motions challenging the government on COVID-19 spending and the WE scandal.

I am a father of four. The Prime Minister's actions remind me of when one of my children did not like what the other children were doing, they would complain that the others were not playing fair. They would tell us we should look at what the others were doing. They would run away, or they would just take their toys to go to another area. I think Canadians deserve better.

Conservatives are here to ask the tough questions, and we will continue to do so.

• (1530)

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, here is but one clause in this two-page motion, if I may read it:

...all memoranda, emails, documents, notes or other records from the Office of the Prime Minister, the Privy Council Office, the office of the Minister of Public Safety and Emergency Preparedness, the office of the Minister of Health, Health Canada and the Public Health Agency of Canada, concerning options, plans and preparations for the GPHIN since January 1, 2018....

Madam Speaker, we are in a second wave of a pandemic. We have civil servants working every day with provincial governments, territorial governments, indigenous leaders, the private sector and corporations. They are working together on this every day.

The Conservatives want to see this work done by civil servants, and they are saying they want those documents in 14 days. They are asking to get all this information in 14 days. To heck with the pandemic. This is the Conservative priority, so they can have all these documents to peruse and see if they can find something they can say is unethical.

I wonder if the member would recognize that maybe it is time for the Conservatives be a bit more realistic with what they are asking.

Mr. Todd Doherty: Madam Speaker, where was this same concern for Canadians when the Prime Minister prorogued Parliament for six weeks, returning a week before these critical programs were coming due? Where was this same concern when Canadians struggled, and when people in our aviation sector were taking their own initiative, thrust at the front line to do their own testing? Where was this same concern when the farmers, ranchers and agriculture organizations were saying they needed help? Where was that same concern?

All we see are more excuses from the government. We see excuse after excuse. We see it delay, deflect, and put the blame somewhere else. Canadians deserve better, and we will continue to challenge the Liberals.

• (1535)

[*Translation*]

Ms. Sylvie Bérubé (Abitibi—Baie-James—Nunavik—Eeyou, BQ): Mr. Speaker, I thank my colleague.

Let us not forget that we are currently going through a protracted health crisis that is affecting us all. Many have lost a friend, family member or colleague. We ourselves could also get sick and die from this. There is always a risk; anyone can die from it.

Compared to many other countries, Canada is lagging behind when it comes to testing technologies. For instance, the Abbott ID NOW test has been available in the United States since the spring, but it was not approved here until late September.

Why does my colleague think we are seeing such unacceptable delays?

Business of Supply

[English]

Mr. Todd Doherty: Madam Speaker, that is a great question from my colleague. Another question to ask is this: When Canada was being thrust into the first wave and we had a shortage of personal protective equipment, why did our Prime Minister and the government ship tonnes of personal protective gear? Why, when we are thrust into an opioid crisis, has the government not done anything about that?

Canadians, and the health and safety of Canadians, should always remain the first priority. Instead, what we have seen from this Prime Minister is that he panders to his international friends trying to secure that UN security seat. Instead, he is putting the lives of Canadians at risk. It is time to get serious.

Mr. Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, obviously, the biggest issue facing our country, next to climate change, is the response to COVID-19.

I am glad to hear my hon. colleague talk about transparency and accountability being critical for combatting misinformation and maintaining the public's trust in the government's response to COVID-19.

With six red zones right now in Ontario and Quebec, and with small businesses waiting for help, does my colleague agree with me that it would be completely irresponsible for the Liberals to plunge us into an election only a year after an election took place, in the midst of this crisis, and with people needing help right now?

Mr. Todd Doherty: Madam Speaker, I just came from the PROC committee where I serve as vice-chair. We had the Chief Electoral Officer state his concerns about holding an election during the pandemic. I asked him a number of questions. My first question was whether the Prime Minister consulted with him over his threat of an election yesterday. The Chief Electoral Officer said he did not. My second question was whether the Prime Minister had any modelling of how many deaths and cases a threshold would be, for him to recklessly throw us into an election during the pandemic. The Chief Electoral Officer had no comment.

Mr. Chris d'Entremont (West Nova, CPC): Madam Speaker, it is my pleasure to spend time talking about this motion. I have been listening attentively to my colleagues, especially the Liberal colleagues from the health committee, which I am proud to sit on. It makes me concerned for our future and dealing with things collaboratively for the betterment of our communities and, of course, for the health of Canadians.

[Translation]

Since March, Canada, like many countries around the world, has been severely affected by the pandemic, but many countries are doing better.

• (1540)

[English]

A lot of countries are doing much better than Canada is. It seems quite often that we compare our response with what I would qualify as the bottom of the barrel, which is our friends to the south, in the U.S., and how they are dealing with it. We are doing a heck of a lot

better than them; however, if we compare ourselves with other countries, we are not doing as well as we have been told we have.

The motion from my hon. colleague from Calgary Nose Hill is fully in order and reasonable in making sure we have the documents required to make decisions on behalf of Canadians. We need to know where we have been and know what we have done in order to not make those mistakes in the future. Contrary to what the Liberals are trying to say, they are the ones who are trying to hide the gaps in their response to COVID-19.

I have not been in Parliament for very long, and I have not been on the health committee for very long, but I always thought that when a motion was presented in a committee, members discussed it and then amended it as necessary. Members do not stand there and filibuster for two full meetings, which is basically what has happened for both meetings of the health committee to date. As a matter of fact, I do not think I have had an opportunity to say more than three words in that committee.

I know, beyond this motion, there are a number of other motions that are great pieces of study as well. One that will be coming from our friends in the Bloc is a study of the PMPRB. Let us get moving on this first motion to provide information to the members of that committee and to the people in the House of Commons, so that we know where we have been to help us go where we want to go.

I was not going to talk about the team Canada approach until later on in my speech, but I want to underline that everybody has been raising the team Canada flag and saying that we all need to be working together. Most times, the team Canada approach is only for Liberal members. We, in the opposition, are not provided with the information we require to make decisions or to know whether something is being done correctly or not.

I want to thank all of our health care workers. I know and understand they are very busy, especially those who are working with patients who have COVID-19, or those who are working at many of our testing sites and labs. They are working to plan, especially the chief medical officers of health and the premiers who are making decisions on behalf of the provinces.

I will even thank the public servants in the minister's department, but I am sure within a few weeks they would like to prove us wrong. Why not prove the opposition wrong on some of the allegations they have been bringing forward? Would it not be better to provide the information of this motion so that they can prove us wrong once and for all, or so we can find the gaps and close them up?

Business of Supply

Let us look at some real examples of gaps in our response to COVID-19. I will use the example of Nova Scotia. We do not necessarily have much COVID-19. I forget what the number is today, but even in the Atlantic bubble, we have fewer than 100 or so cases of COVID-19.

That is because the medical officers of health decided a long time ago that they would close our borders to visitors, and make sure that people coming in isolated for 14 days.

Even within the bubble, we have had challenges on testing, especially when students went back to school. A few weeks ago, my niece was exhibiting symptoms and my sister-in-law and brother had to call the 811 number to try to book a test. It took eight days to get the test and a response so that my niece could go back to school. Quite honestly, she was more worried about transmitting the disease than she was about getting it herself.

Luckily, in Nova Scotia there is a semi-rapid test. It is a gargle test. If COVID shows up, people can have the other test. There were eight days of lockdown, eight days of no school and eight days of no work for that family. This is the kind of thing that has been going on and that is why we need rapid tests, even in Atlantic Canada, which has the lowest numbers of COVID-19.

I am glad the folks in Atlantic Canada have made their own decisions as to how to go forward, contrary, in a lot of cases, to what the Government of Canada has been saying. I know they all sit at a table and work on things, but I am glad there is this independence of the different provinces making their own decisions.

The other thing I want to ask, in order to understand what the government has done, is why companies that we know can provide rapid testing have not been accepted at this point. In Nova Scotia, Sona Nanotech has a gold standard when it comes to rapid testing and it has not been approved yet.

Why has it not been approved? I am sure we will find that out with the information provided to us by the government through this motion.

[*Translation*]

Canadians need to know why the Liberals failed so miserably at preparing us for the second wave of COVID-19. We need those answers so we can develop a better plan for moving forward. The Liberals have plenty of public servants who are paid to do this work. There is no reason they cannot do it. That is why we at the Standing Committee on Health need to get back to work. The physical and mental health of Canadians depends on it, our economic health depends on it, and our future as a prosperous G7 country depends on it.

I invite my parliamentary colleagues of all political stripes to support this motion to finally give meaning to the term “team Canada” and restore Canadians' confidence in the independence of committees and the importance of their work. The health of Canadians is not a bargaining chip, and it does not belong to any political party.

We all need to demonstrate responsibility.

• (1545)

[*English*]

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, the member made reference to team Canada in a number of instances in his comments, and I really do respect that. As the member correctly identified, as did the speaker prior to him, B.C. is doing things a certain way and other provinces are doing them in other ways. He made reference to the gargle test, for example.

It is important. What we have seen in the last eight months has been a very positive approach from different levels of government, non-profits and other interested parties, which has really made the difference. It has allowed us to get through and it will allow us to get through the second wave.

I am wondering if my colleague could provide his thoughts on how important it is that governments and people continue to work together, because the pandemic is still there in a very real way. We should continue to work together. It does not mean we cannot have questions, but we do need to be focused.

• (1550)

Mr. Chris d'Entremont: Madam Speaker, it really boils down to this. I know the member has been a parliamentarian for a long time. Even in my experience as a parliamentarian provincially, for a functioning committee to work, when there is a discussion or debate we find ways to amend each other's motions to move forward on the things that are important.

We know a number of things are important within this motion. There are a lot of things that are information-based, so that we can all make the correct decisions to be able to move forward.

[*Translation*]

Ms. Andréanne Larouche (Shefford, BQ): Madam Speaker, I thank my colleague for his speech.

We can agree on the fact that we are going through a public health crisis that requires heavy investment in health care. As the critic for status of women and seniors, I have been hearing a lot about that. People tell me that, in order to provide care to everyone, we need more PPE and support workers, and we need to pay support workers better. Nobody I talk to says we need national standards. In fact, my colleague talked about the importance of respecting each region's unique needs.

I would like him to comment on why health transfers were reduced from 6% to 3%. Why does he think it is important to restore health transfers to 35% to help the provinces take care of people with COVID-19?

Mr. Chris d'Entremont: Madam Speaker, I thank my colleague for her question.

This is an important issue that affects Canadians' health. Health care is provided by the provinces. The provinces are responsible for Canadians' health. We have to give them what they need and understand the decisions they have made. They are independent. We need to support them in their efforts to reduce the spread of COVID-19. We need to help the people in the provinces.

[English]

Ms. Heather McPherson (Edmonton Strathcona, NDP): Madam Speaker, my colleague's comments today were very insightful and interesting. We have heard from the government, time and time again, that it is not able to produce these documents: that it is too much, too onerous and too difficult.

I wonder if the member could speak a bit about the need of the opposition to have these documents so we can do our jobs, and if he could talk a bit about whether he believes transparency and accountability are critical for combatting misinformation and maintaining the public's trust in the government's response to COVID-19.

Mr. Chris d'Entremont: Madam Speaker, this is kind of what this is all about. It is about the transparency of decision-making. The Government of Canada spends billions of dollars. We need to know, especially within this response to COVID-19, exactly where those dollars have gone, how they were invested, who they actually helped and who they are going to be helping, so that we can see where those gaps are and we can make a decision on whether we are going to continue to support one program or another.

Transparency is utmost in everything any government should be doing in Canada. I do not understand, in this particular case, why the government continues to hide behind this notion that it is too much work to be able to provide it. If Liberals have amendments, let them provide those amendments. We will talk about it like grown-ups.

Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.): Madam Speaker, I will be sharing my time with the member for Richmond Hill.

This motion from the member for Calgary Nose Hill includes six exhaustive orders for the production of an extraordinary number of documents. I am not going to go through each of these requests one by one, but I will make some observations.

First, it is premature to request documents in the manner set out in this motion. Receiving a massive package of documents that we will all need to sort through is unproductive. I suggest that instead, as each topic is studied, documents can be requested from the witnesses who appear before the committee, as they often are. This suggestion would ensure that the committee receives the relevant documents when they are studying each issue. It would also help the members of the committee to know what documents are pertinent to their study, as witnesses can point them in the right direction through their expertise. Indeed, that would be a far more efficient and helpful way to request documents. The way the Conservatives are requesting to proceed in this motion is problematic in part because of the challenges it will present for committee members. It will not enable them to do their jobs effectively.

Business of Supply

There are also human and financial costs. I remind all members that the public service continues to work around the clock with real objectives to help all Canadians. Every time documents are requested, whether the request is large or small, our hard-working public servants have to look for the documents, compile them and translate them. This country's bilingualism is one of its greatest strengths, but it also requires that time and money are spent on translation. It means that documents cannot be produced as quickly.

It is also essential to consider the amount of time these document searches take. Every person involved does their utmost to ensure their examination is thorough. A search can take days, weeks and even months, and each person involved in it is taken away from doing other work, which means that fewer people are working on the issues that matter most to Canadians.

This production of documents request does not only apply to our hard-working public servants who work in government departments. When document requests relate to ministers and their offices, the same logic applies to all these same people. Ministers' offices must stop doing their work, stop preparing important legislation, stop critical engagement with stakeholders and go through every email, every memo and every note to ensure that these requests are satisfied.

Please do not misunderstand me. I am not suggesting in any way that transparency is not essential. I know that my Conservative colleagues will try to paint this as the government trying to avoid being open and transparent with Canadians, but that could not be further from the truth. The truth is that there is a balance between transparency and efficiency. All I am suggesting is that the right balance needs happen to not unduly delay or restrict the government's capacity to do the work that Canadians want and need us to do. Canadians are counting on us.

Hard-working public servants are doing the critical work of helping Canadians. Instead of keeping Canadians safe, they would be forced to redirect their efforts to filling these orders. It is worth noting that most, if not all, people are working from home, and locating these documents therefore poses more of a challenge. Most people are not in their offices right now, because they cannot be.

Just yesterday, Ontario reported 790 new cases of COVID-19 and nine new deaths from the virus. Of these, 57 were in Ottawa. In total, 260 people are hospitalized in Ontario because of COVID-19, including 71 in intensive care, and there are 144 new COVID-19 cases related to schools, including at least 66 among students. People need to be able to work from home. This reality makes locating documents even more time-consuming and challenging.

The Conservatives do not seem concerned about helping the many Canadians who find themselves in dire straits because of the pandemic. They do not seem to care about helping millions of Canadians suffering from mental health issues. However, Canadians care about these things, and we are here because Canadians elected us. I would like to do the work that Canadians need us to do.

Business of Supply

● (1555)

The member for Calgary Nose Hill has stated, “the committee is the master of its own business” and “I think it behooves all committee members to remember that the committee is the master of its own destiny”. Why does she refuse to work with the other parties at the health committee to find a constructive way forward? She could easily have withdrawn her initial omnibus motion and reworked it in collaboration with her colleagues on the committee. I would argue that if she wanted to get work done on these issues, as she so often says she does, that would have been a more logical approach. Instead, she has chosen to ask the House to dictate to the committee what work it should undertake. She could easily present a motion at committee requesting a briefing from officials on specific topics. She could submit individual motions on each unique and vital area that she would like the committee to study so it can prioritize the issues that are most pressing and begin the important work that all members are here to do.

I obviously cannot support this motion as it is presently drafted and, frankly, I am not sure how anyone can. However, I am hopeful that colleagues across the way will do the right thing and support us in voting down this motion, allowing the committee members together to decide what work they should undertake.

● (1600)

Mr. Derek Sloan (Hastings—Lennox and Addington, CPC): Madam Speaker, my hon. colleague seemed to be painting a contradiction that the Conservatives do not care about fighting COVID because they are putting forward a motion to look at ways to deal with COVID better. I am wondering how that could possibly be a contradiction. In my mind, this is to help Canadians faster and better.

Mr. Ron McKinnon: Madam Speaker, I suggest, as I mentioned in my speech, that providing a vast trove of documents that are unfocused and not curated will not help us to get to the bottom of all the things we need to get to the bottom of. This is a massive number of documents for the public service to produce, to translate and so forth, and it would be a massive amount of work for committee members and all other interested parties to go through and—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Questions and comments, the hon. member for Longueuil—Saint-Hubert.

[*Translation*]

Mr. Denis Trudel (Longueuil—Saint-Hubert, BQ): Madam Speaker, I thank my colleague for his speech.

I am trying to understand the chain of events. Last night, we voted on a motion that would have created a committee to analyze things like the government's spending over the past six months. It would have looked into WE Charity and the new \$237-million Baylis scandal. The government refused, saying that we would not have time, that there were too many documents, that it would paralyze Parliament and that we could not study this, so we will not be studying it.

Today, the opposition is proposing another committee, this time to look into the government's handling of the pandemic and man-

agement of health care in the midst of a global health crisis, and the government is preparing to vote against it.

My hon. colleague talks about transparency and says we will accuse them of trying to avoid being transparent. It is true that we would like the government to be more transparent.

Could my colleague explain to me how the government plans to be more transparent if we cannot look at what it has been doing for the past six months?

[*English*]

Mr. Ron McKinnon: Madam Speaker, I point out that in the last session, the health committee conducted somewhere in the order of 30 meetings on COVID-19, involving something like 78 witnesses, and accumulated about 1,000 pages of documentation. I would very much like to see that report created and delivered to the House with our appropriate recommendations, so we can actually learn from what went on before, before we take on a massive new responsibility that is unfocused and undirected.

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, it is a pleasure to serve on the health committee with my hon. colleague.

I understand his two main objections to this motion, but I respectfully suggest that they are completely incorrect. First, he says that there is no focus to this motion. The production aspect of this motion specifically directs the committee to request documents related to Canada's early pandemic warning system, our testing protocols, our PPE readiness and our vaccine development and distribution. This is very focused and targeted. Second, in terms of where the motion directs us to go, it specifically says that we can go anywhere we like and lists a bunch of potential topics for the committee to study.

If the member believes that the motion is too broad or the production is too broad, why is he not proposing an amendment to the motion that sets out what the Liberals would agree to?

Mr. Ron McKinnon: Madam Speaker, I certainly enjoy working with the member on the committee, as I have for a number of years.

I should point out that as chair of the committee, I cannot make amendments, but I do not think that is the right approach going forward. It is such a massive all-encompassing motion that we need to break it down into much smaller, manageable pieces. There was the motion to study the mental health aspects of COVID-19, but the opposition voted it down without debate and instead started to proceed with the motions by the member for Calgary Nose Hill. In the two meetings we have had in this session, we have had two hours of debate on each of two separate extensive Conservative motions. This is not productive. Let us focus on the individual—

● (1605)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Resuming debate, the hon. member for Richmond Hill.

Business of Supply

Mr. Majid Jowhari (Richmond Hill, Lib.): Madam Speaker, today I stand to intervene on the motion introduced by the member for Calgary Nose Hill.

As Canadians are experiencing a devastating second wave of COVID-19 pandemic, it is our duty as a government to ensure that the focus remains on the health and well-being of Canadians and that we continue to do everything to support them. Yesterday, there were over 2,600 new cases of COVID-19 and over 22,000 active cases. I suggest we need to focus on that.

My intervention will focus on four key sections of the motion as it relates to COVID-19, specifically the motion to study the adequacy of health transfers, the adoption of the World Health Organization advice, matters related to the COVID-19 Alert application and the impact of COVID-19 on mental health.

As the co-chair of the Parliamentary Mental Health Caucus, I was delighted to hear that the member for Newmarket—Aurora had tabled a motion to study the impact of the COVID-19 pandemic on the mental health and well-being of Canadians, including indigenous and racialized Canadians.

The speaker before me, the chair of the health committee, indicated that this motion was shut down without debate. The result of the study would have identified that many socio-economic gaps that exist within our society have been further exasperated by the COVID-19 pandemic. By addressing these gaps in our society, we as a government could address the increasing demand on our health care systems.

However, as I said, the motion introduced by the member for Newmarket—Aurora was rejected by the health committee. I would like to note that the member for Calgary Nose Hill voted against it as well.

Therefore, I was a little surprised to see that the motion on mental health, which was rejected, is now included as a line item in this omnibus motion, with its intention to paralyze the work of the government.

As I mentioned previously, I will limit my intervention to specific sections of the motion today, mainly sections (i), (j), (l) and section (n) from another motion that was put forward at the health committee.

In section (i), states, “the adequacy of health transfer payments to the provinces, in light of the COVID-19 crisis.” I find it interesting that the member for Calgary Nose Hill wants to study the adequacy of health transfer payments as it relates to COVID-19. As we all know, the current formula was adopted back in 2014 by former Prime Minister Harper's cabinet.

Our government has invested more in health care transfer payments since coming to power and will continue to do so. We know that governments at all levels are working together to keep Canadians safe from COVID-19.

Each year provinces and territories receive \$40 billion through the Canada health transfer. In March 2020, we committed \$500 million to provinces and territories to support their health care systems and their mitigation efforts in light of the crisis. Since then, our government has announced over \$19 billion for the safe restart

agreement to help provinces and territories restart their economy safely while we continue to respond to COVID-19.

The health and well-being of Canadians remains our top priority and the government realizes that engaging with provinces and territories to address key health priorities is important, now more than ever.

In 2017, we committed \$11 billion in health care investments over 10 years to the provinces and territories, with targeted funding of \$5 billion to improve access to mental health services. The study of the adequacy of transfer payments also needs to address the need for an appropriate evaluation method and issues related to the oversight of the management of the fund. This cannot be addressed until we clearly identify the existing gaps in the delivery of the program and services, especially those that may disproportionately affect the most vulnerable Canadians.

However, this topic cannot be studied as part of an omnibus motion in the committee. It needs to have its own separate study. We will keep working with the provinces and territories to fight COVID-19.

Section (j) states, “the impact of the government’s use of World Health Organization (WHO) advice in early 2020 to delay the closure of borders and delay in the recommendation of wearing of masks on the spread of COVID-19 in Canada.” While I am not a member of the Standing Committee on Health, I do follow the study of motions in this committee because of my keen interest in mental health. As such, I am aware that the health committee has already studied these exact provisions over the summer and has already received a great deal of evidence as was highlighted by the previous speaker.

● (1610)

As I was reviewing this section, I was wondering what the scope of this section should actually be to further augment or build on the study that was already conducted rather than opening up the whole box again. Our government has been following the advice of public health officials since the beginning. In January, we took multiple measures at our border. At first, we took enhanced measures for travellers from hot-spot countries and as soon as it became evident that COVID-19 could no longer be traced to a handful of countries, we restricted non-essential travel for travellers from all countries.

We also know that masks have been recommended for symptomatic people suspected of or confirmed to have the virus. In most cities and towns, masks are mandatorily worn to protect against exposure. The policies and practices around masks have changed as medical professionals have learned more about the virus.

Business of Supply

Section (l) states, “the development, efficacy and use of data related to the government’s COVID Alert application.” Our government, in collaboration with other sectors, has developed the COVID-19 Alert app to let users know if they have been exposed to COVID-19. With most illnesses, early detection plays a key role in improving health outcomes for those who may be infected, but also protecting our loved ones and limiting further infections.

The COVID Alert app is an important public health tool that will help Canadians identify if they may have been exposed to COVID-19. While downloading the app is voluntary, we are encouraging Canadians to download it. So far over four million Canadians are using it. It has been great to see that most provinces have already integrated this app into their health system and more jurisdictions will be joining soon.

As a member of the Standing Committee on Industry, Science and Technology, I know this provision has already been studied and results have shown that the rate of adoption of 60% to 80 % is needed for any application to perform at its highest capacity.

As all members can attest, our government has approved and promoted the use of this application at the highest level of our government. All information collected under this application is anonymous and provided voluntarily by users. The app uses Bluetooth technology and does not record the locations of users or other personal information.

It is worth noting that Canada’s Privacy Commissioner has called COVID Alert “an example of how privacy respectful practices can be built into the design of an initiative to achieve public health goals.”

Applications and portals, such as the Wellness Together app, play a key role in integrating access to health care services to Canadians in this incredibly difficult time. Since the launch of the portal, more than 428,000 Canadians have used the supports. In July, the Canada Suicide Prevention Service responded to double the requests from March.

Then there is section (n), the impacts of COVID-19 on mental health, from another motion. As mentioned at the outset of my intervention, Canadians have been worried about the second wave and what it means for their jobs and livelihoods. It has increased the prevalence of depression, psychological distress, substance use, PTSD and domestic violence. The all-party Parliamentary Mental Health Caucus in the 43rd parliament, which includes members from both Houses and all parties, is actively investigating all of these.

In light of the pandemic, our government has invested \$11.5 million, distributed through the Public Health Agency, to promote mental health and well-being in our communities. The Canadian Institutes of Health Research has invested more than \$10 million in 55 research projects during the COVID-19 pandemic.

By introducing an omnibus motion that sets out 17 different areas of study and six requests for production of papers that have already been studied in committee is tying up our administrative capacities, and that cannot be allowed. Our committees are tools that allow us as parliamentarians to better serve Canadians by delving further into the issues mentioned earlier in my speech. This motion

minimizes the importance of issues that are currently affecting Canadians. As such, I am not supporting the motion.

• (1615)

Ms. Leona Alleslev (Aurora—Oak Ridges—Richmond Hill, CPC): Madam Speaker, the reason the opposition has put this motion forward today in Parliament is because we have been unable to study COVID at the health committee. Therefore, the purpose of this motion is to get the information required and make the health committee do the study. The opposition is united and Canadians want this information, but they have been unable to do it at committee. We have had to bring it to the House of Commons in order to direct the committee to do that work and get those documents so it can do it.

I would like to understand from my hon. colleague how he would propose the health committee do the work it needs to do without these critical documents.

Mr. Majid Jowhari: Madam Speaker, as it is said, committees are masters of their own destiny. As the previous speaker mentioned, there were two sessions of debate on this. The issue is not whether we should do these studies; the issue is how and in what manner will we do them.

As I stated in my speech, when the motion on mental health was rejected, it was quite surprising to see it as part of the omnibus motion. The key thing is that the scope of the motion is so large and the number of documents it needs to produce is so inhibiting that it will take our focus from doing surgical activities at the committee as well as serving the Canadian people.

[*Translation*]

Ms. Louise Chabot (Thérèse-De Blainville, BQ): Madam Speaker, the member gave a speech, much like his colleague before him, and for 20 minutes we heard him argue extensively about what is wrong with the motion.

What does he want, then? Basically, they say it is bad and that is why they will vote against it, but what is it that they want? Yesterday the Liberals were lecturing us about how important it is that we all co-operate and work together to combat COVID-19 and protect the health of Canadians. When the time came to vote on a motion to create a special committee, the Liberals made it a confidence motion.

I want to know what the Liberals are so desperate to hide that they are so opposed to this new motion concerning the Standing Committee on Health.

Business of Supply

[English]

Mr. Majid Jowhari: Madam Speaker, first, we do not have anything to hide. Second, as I stated, the best idea would be to break the motion down into very clear, distinct motions that already build on the great work the committee and many other committees, such as the industry committee and the OGGO committee, have done on these fields. Why can that not be done?

Mr. Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, I join the hon. member on the mental health caucus and I appreciate his work. We know that transparency and accountability are critical for combatting misinformation and maintaining public trust in the government's response to COVID-19. Right now we have Liberal members claiming to be filibustering at the finance and ethics committees to maintain focus on their government's response to COVID-19, yet they are also filibustering the health committee to prevent a study on the government's response to COVID-19. Could the hon. member explain this contradiction?

Mr. Majid Jowhari: Madam Speaker, it is truly an honour to work with the member on the all-party Parliamentary Mental Health Caucus and I thank him for his continued advocacy and the leadership he shows on that caucus.

Transparency and accountability is one of the pillars of our government. We have continuously demonstrated that. The fact that we are dealing with an omnibus motion that is so large, so weighty in its scope and does not build and capitalize on the great work we have done prior to the Speech from the Throne is the reason we are asking to break it down into distinct motions. Let us look at it motion by motion, section by section and ensure it is very well defined and—

• (1620)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Resuming debate, the hon. member for Niagara Falls.

Mr. Tony Baldinelli (Niagara Falls, CPC): Madam Speaker, before I begin, I would like to let the House know I will be splitting my time with my colleague, the member for Souris—Moose Mountain.

Today I rise in this place to speak on a topic of great importance, not only to my constituents but in fact to all Canadians, as we seek to navigate a way forward as we combat and eventually tackle COVID-19 and its impacts in Canada.

We are nearing eight months now of this enduring pandemic, with no immediate end in sight. As we enter what some are calling a second wave, Canadians should be rightfully expecting the Liberal government to have been better prepared this time around. Sadly, if the Liberals' actions at the Standing Committee on Health are any indication, the government is simply not prepared to present and defend a plan that will give Canadians the tools to quickly detect and prevent the spread of COVID-19.

Canadians need these tools now to ensure a second full-scale shutdown of our economy does not occur. Too many have made great personal sacrifices to get to where we are today, yet still thousands of lives have been lost, thousands more fall ill by the day and millions find themselves out of work and are losing hope the jobs

they once had will still be there whenever this pandemic is finally conquered.

I come from a tourism community, where 40,000 people work in the sector. There are over 16,000 hotel rooms in my riding alone that traditionally accommodate 14 million visitors to our community. Prior to this pandemic, these visitors would generate \$2.4 billion in receipts per year. That is quite a significant economic impact.

COVID-19 hit the travel and tourism sector hard. It hit us first, it hit us hardest and we will take the longest to recover. Niagara is a microcosm of the Canadian travel and tourism sector. Overall, this segment of our national economy employs almost one in 10 Canadians, generating over \$102 billion. Sadly, we still wait not only for an economic plan but a proper response in terms of our health planning so we can begin to move forward to help achieve the economic recovery that is badly needed in this country.

When dealing with this pandemic, vigilance in providing for the health and safety of Canadians must always be our top priority. However, where is the vision and way forward to lead us out of this pandemic and back to a somewhat normal lifestyle? Where is that vision? Where is that plan?

The recent Speech from the Throne was 32 pages in length, contained almost 7,000 words and yet only mentioned the word “tourism” once. How many more sacrifices can Canadians be told to make by the Liberal government as it continues forward without any plans for a recovery? Canadians are suffering and the government needs to do more. Doing more does not always mean giving out more money or adding more blanket restrictions or limiting more freedoms and civil liberties of Canadians. Sometimes doing more means finding the best innovative solutions quickly to fix some of the root causes of the issue. That issue is COVID-19.

Again, the health and safety of Canadians will always be paramount, but moving forward to address the economic pain brought about by this pandemic need not be mutually exclusive concepts. As we moved to immediately address COVID-19, the Liberal government implemented policies that, while needed at the time, brought about tremendous pain to the Canadian economy and the millions of Canadians it employs. These were measures such as the Canada-U.S. border closure, travel bans prohibiting foreign nationals from entering Canada, 14-day mandatory quarantine restrictions and federal government advisories warning Canadians to avoid all air travel, even within Canada.

Under these restrictions, our travel and tourism industry has been devastated. Nearly eight months into this pandemic, the consequences of these restrictions are starting to be exposed. Last week's announcement from WestJet to cancel many key routes to eastern Canada may just be the beginning of more painful changes coming to the travel and tourism industry in our country, but it does not have to be this way.

Business of Supply

Other advanced countries like the United Kingdom and those of the European Union are moving forward using science-based approaches and implementing viable alternatives to blanket prohibitions and quarantines without compromising safety. We are not seeing this here in Canada from our federal government. We have not seen a sector-specific tourism recovery plan from the Liberal government, something our Conservation opposition has been asking for from the start.

There is no reason Canada cannot be a leader in the COVID-19 response and recovery, just as these countries have. The longer this pandemic drags on, the more we are seeing the Liberal government in policy paralysis.

● (1625)

Although the policy environment is quickly changing and extremely dynamic, the Trudeau Liberals fail to keep up, consult, adapt and change, and only do so when pressed by the opposition. This is even more frustrating to see when we know businesses and industries are desperately trying to forge ahead with their own solutions in the interests of their own survival.

For example, a number of aviation and academic stakeholders have been spearheading a rapid-testing pilot project at Pearson International Airport in Toronto since early September. After about 23,000 COVID-19 test samples from incoming travellers, 99% returned negative. Their success rate is truly encouraging and an initiative like this offers a beacon of hope for the survival and future return of travel and tourism in a dark time. Unfortunately, Health Canada and the minister had to be brought into that process begrudgingly to learn more about the encouraging results coming from industry-led research on rapid testing. We absolutely need to know why.

As the member of Parliament for Niagara Falls and as a special adviser to the leader on tourism recovery, I hear many stakeholders in the travel and tourism industries pushing for more support from the federal government in the areas of advancing vaccine development and rapid testing.

Earlier today, news broke that the federal government is going to allow a rapid-testing pilot project in Alberta as a means to replace the mandatory 14-day quarantine measures currently in place. Despite this encouraging lead, no timelines have been announced yet.

Travel and tourism stakeholders have been pushing for rapid testing advancement for months with a strong sense of urgency, a sense that is reflective of the opportunity costs and the real cost being incurred every day by businesses both large and small. Many small business owners have been forced to close, either temporarily or permanently. Larger businesses are inching toward being forced to make difficult decisions, such as restructuring, taking on more debt, slashing services or deferring capital improvements. The speed at which government acts on these files can literally determine whether a business keeps its doors open or closes them forever.

Considering all this, it is only appropriate that my colleague from Calgary Nose Hill, who serves as our Conservative shadow minister for health, has introduced this comprehensive opposition day motion. Her motion will compel the Standing Committee on Health to undertake a study on the emergency situation facing Canadians

in light of the second wave of the COVID-19 pandemic. This study is needed and her motion has my full support.

I find it astonishing that it takes the official opposition to propose such an obvious study. One would think the government would have been eager to launch such a study itself far earlier in the pandemic, unless, of course, they are concerned such a study could expose and highlight their abject failures of mismanaging Canada's pandemic response. The longer we are in an emergency crisis, the more urgent and important it is to undertake this study so we can ensure the federal government is developing science-based policies that are helpful and adaptive to our ever-changing circumstances.

Speaking of which, many stakeholders from the travel and tourism industry are extremely supportive of rapid testing. They hold high hopes that a proven method will soon reduce the days needed to quarantine or possibly eliminate quarantine altogether some day in the future. Would it not be nice if our federal government could demonstrate confidence in a science-based approach for implementing viable alternatives to blanket prohibitions and quarantines without compromising safety?

Throughout this pandemic, the Liberal government has advocated for a science-based approach to tackling the health issues brought about by COVID-19. Then when industry takes leadership to launch its own initiative, the federal government has to be brought along all while maintaining restrictions that are devastating to travel and tourism. When science can benefit industry and support the health and safety of Canadians, the Trudeau Liberals choose to ignore it. We need to know why and this study will help us understand.

● (1630)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member should know not to mention members' names.

Questions and comments, the hon. parliamentary secretary.

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, it is interesting. We are in the second wave of the pandemic. We look at what is being asked within this motion and being demanded within 14 days. We have said, and even members of opposition have said, that standing committees have that responsibility themselves.

It is not the first time there have been filibusters in committees. I know first-hand that filibusters are often used as a way for committee members to sit down and figure out what is important to them. I understand that many members want to talk about the impacts of COVID-19 on mental illness and what is going to happen after the pandemic. That is a very serious issue. I have trust in the Standing Committee on Health.

Business of Supply

Why do the official opposition members feel they have to trump the health committee and bring it here, because they do not have confidence in their members on that committee to be able to negotiate and work with all members?

Mr. Tony Baldinelli: Madam Speaker, all opposition parties, as far as I am aware, support this motion. It was the Liberal government that prorogued Parliament during the summer months. We could have been working then to address the concerns of our travel and tourism sector, for example—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I ask members to please avoid the dialogue. We are listening to the member for Niagara Falls answering a question.

Mr. Tony Baldinelli: Again, Madam Speaker, it was their government that prorogued Parliament. We could have been sitting then, working then, obtaining those documents and looking at the issues such as rapid testing.

Forty thousand people work in the tourism community in Niagara Falls, 4,000 just in the two casinos alone. They have not been back to work since March.

What is the avenue forward? How can we best address it to assist those people? They do not want the Canada recovery benefit; they want to go back to work.

[*Translation*]

Mr. Mario Simard (Jonquière, BQ): Madam Speaker, I thank my colleague for his speech.

I took a few notes while he was talking. In his introduction, he said that we need a plan so we can stop waiting and move forward. I agree with him on that.

Then he said we needed to do better without giving more money. The problem with the Canadian federation is what is called the “fiscal imbalance”. The report of the Séguin commission in Quebec showed that the government has long been posting endless surpluses on the backs of the provinces because it was not adequately funding health care. In 2011, the Harper government abolished the 6% escalator for health care subsidies.

My colleagues will say that is Mario, the little federalist from the regions, who is saying that, but it was not me. It was the Parliamentary Budget Officer who said that it would be disastrous if the government did not increase health care funding. Year after year, the provinces will run deficits. The answer to our problem is there.

Is his party willing to commit to increasing health care funding to 35%?

[*English*]

Mr. Tony Baldinelli: Madam Speaker, as I mentioned in my remarks, I have been speaking with some of the tourism stakeholders in my riding. The health and safety of Canadians should be considered paramount, but the economic vitality and the jobs and the needed investments need not be mutually exclusive concepts. We need to move to a stage where we can get back and get people back to work. Our economy needs it, our people need it.

• (1635)

Ms. Heather McPherson (Edmonton Strathcona, NDP): Madam Speaker, I particularly enjoyed the member's comments on how we need to support our tourism sector. As members know, Edmonton Strathcona is the heart of the arts sector in Alberta.

I want to ask the member about his thoughts on long-term care. We saw our seniors in long-term care homes suffer deeply under the first wave of COVID-19 to the point where we had members of the military having to go in, military members who then suffered PTSD from what they had seen in these long-term care homes.

Would the member support the idea of having national binding standards for all federal funds that go out to the provinces for long-term care homes, to make sure our seniors can live in dignity?

Mr. Tony Baldinelli: Madam Speaker, I would love to talk with the member later on, or possibly at health committee, on the issue, as well on the whole notion of funding. Here, we are talking about the establishment of this committee and the need to look at issues such as rapid testing and the availability of rapid testing so—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Resuming debate, the hon. member for Souris—Moose Mountain.

Mr. Robert Kitchen (Souris-Moose Mountain, CPC): Madam Speaker, I am thankful for the opportunity to speak.

At a time when Canadians of all stripes should be joining together to fight COVID-19 in any way we can, I am endlessly frustrated to see the Liberals attempting to withhold and hide information on this. There is a pattern when it comes to the current government hiding information, whether it is to do with the documents related to COVID-19 or the WE Charity scandal, and that needs to end immediately. Canadians have a right to know what their government has done and is continuing to do to protect them through the pandemic, yet the Liberals refuse to be transparent with information to the public.

In the previous session of Parliament, which ended abruptly because of prorogation, I sat on the Standing Committee on Health. As a health care professional by trade, it was important to me that this committee received all possible evidence to ensure that the Government of Canada was doing exactly what it should be with respect to managing a response to the COVID-19 pandemic.

On January 28, I had a sit-down meeting in Ottawa with the Minister of Health to discuss the rising numbers of COVID-19 cases in China and the potential spread to Canada. In that meeting, the minister repeatedly assured me that everything was being handled, that she was working closely with the Public Health Agency of Canada, that she was in close contact with her international counterparts and that she would keep parliamentarians and the public informed with respect to any developments. We now know that this was little more than the usual placations doled out by the Liberals whenever their feet are being held to the fire.

Business of Supply

While I appreciate the minister speaking with me, nothing of value came from that meeting aside from empty reassurances. We now know that mismanagement occurred in a number of government departments, hence why we have had to present today's opposition day motion.

In the last session, the Standing Committee on Health held its first meeting discussing the COVID-19 pandemic on January 29, 2020, well before other committees. We heard from the then president of the Public Health Agency of Canada as well as Canada's chief public health officer, Dr. Theresa Tam. At the onset, when asked how many tests we had available, and after much pressure, we were finally told only 6,000 per day for Canada.

Right from the get-go, we were told that there were some complications when it came to data sharing among the federal and provincial levels of government and issues surrounding jurisdictional authority on data collection and management. This immediately raised a red flag for me. I know how essential it is to have as much detailed information as one can possibly get, especially as it relates to a potential epidemiological scenario. From my point of view as a health care practitioner, one does not make a diagnosis until one has completed a history, all the signs and symptoms, all the appropriate diagnostic lab and radiological tests, determined the differential diagnosis and then the diagnosis. This enables one to provide the appropriate treatment based upon the data and facts. However, in this situation, the data was not complete.

The lack of clarity with respect to data sharing eventually trickled down to affect the messaging by the Public Health Agency, PHAC. Senior government officials and public health spokespersons regularly flip-flopped on a number of key issues for months, such as the wearing of masks. One day we were told to wear a mask by the minister and the next we were told that they were almost ineffective by the chief public health officer. When asked for the new research on masks they were using to make these decisions, we were provided with an abstract review of the old research and not any new research. This went on far too long, and I feel that it contributed to the spread of COVID-19 among Canadians.

I must say that, by and large, Canadians are the kind of people who will try to do the right thing. They do, however, need clear guidance from the experts on what that is, and that is where this government failed miserably.

With respect to my time on the health committee, in the first month we learned about COVID-19 and how it was impacting Canada. We heard from a many great witnesses throughout the six months, and this collection of knowledge and testimony from these witnesses should be included as indicated in today's motion. The spirit of co-operation changed, however, when my Conservative colleague tabled a motion calling for the production of government documents related to the management of the COVID-19 pandemic. Does that sound familiar? We are fighting that exact same thing yet again today.

• (1640)

Immediately the Liberal members of the committee went into protection mode with unreasonable and unnecessary attempts time and again to change the scope of the documents requested and the length of timelines for production, and were cagey about letting

documents get into the hands of the opposition. When the documents were finally provided, they were so heavily redacted by department officials that they were all but useless. On that issue, a letter was sent by the parliamentary law clerk to the clerk of the committee stating, "As my Office has not been given the opportunity to see the unredacted information, we are not able to confirm or adopt those redactions." Where have we heard that before?

This was another huge red flag and it is only growing. The fact that we on this side of the House still need to fight tooth and nail just to review how the government has responded to the pandemic raises a greater issue with respect to the Prime Minister's utter lack of transparency to Canadians. For months on end he spouted lots of warm, fluffy words, yet through his MPs on the health committee, he refused to disclose the information that would actually help Canada get through this pandemic.

There are so many questions that have been left unanswered by the government, and today's motion looks at getting some answers through the health committee. One of the major questions I still have, despite having asked it a number of times in a variety of ways, is about the mismanagement of the national emergency strategic stockpile. While this stockpile is meant to be readily available in the event of a national emergency, the Liberals allowed the supplies in this stockpile to expire. Instead of replenishing them immediately, they simply sent them to a landfill and left the shelves bare, closed down warehouses and sent supplies to China.

These shortages had serious negative impacts on frontline workers during the first wave of COVID-19. I have asked the minister multiple times if she can tell me when the NESS will be fully restocked, yet six months after the fact, she still did not have an answer and was clearly unwilling to share what she knew. One can assume that even as of today it is still not restocked. This is exactly why we have had to pursue motions like this one. Getting information from the government is like pulling teeth.

Another question I have has to do with the shuttering of the global public health intelligence network. This system was meant to warn Canadians of any potential epidemiological scenario occurring around the world so that our Public Health Agency would have adequate time to prepare and respond. For some unknown reason, GPHIN was shut down just months before COVID-19, slowing the response of Canadian agencies to the pandemic. This early warning system would have identified human-to-human transmission earlier, as Taiwan's system did in December. This cost some Canadians their lives and has cost hundreds of thousands their jobs.

I would like to point out that there are countries that have had great success in their response to COVID-19. Speaking of Taiwan, it took immediate action to protect its citizens by enforcing the use of PPE and being very strict about its borders. It immediately recognized the importance of data and incorporated it into its decision-making, and the statistics clearly show that it worked, with 544 total cases and seven deaths overall. I can only wonder how the statistics for Canada might look if the Liberals had taken swift, aggressive action on measures to stop the spreading of the virus rather than flip-flopping daily on the advice they gave to Canadians.

I truly and sincerely hope that Canadians can see through the facade that the Prime Minister continues to project.

We are now in the second wave of COVID-19. We need solutions to keep Canadians safe while also keeping our economy open. The shuttering of Parliament through prorogation purely to hide from the WE scandal resulted in lost time that could have been used to develop plans for accessing critical tools and supplies like rapid testing. Conservatives are committed to taking the time and doing whatever it takes to improve Canada's response, but we cannot do that when the Liberals constantly shut down every attempt to get the data needed.

• (1645)

The Prime Minister needs to stop trying to cover up his scandals and start focusing on the health and well-being of Canadians. COVID-19 is the number one concern facing our country right now and while the Prime Minister—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): You may conclude some of your remarks, hon. member, while answering questions. It is now time for questions and comments.

The hon. Parliamentary Secretary to the Minister of Health.

Mr. Darren Fisher (Parliamentary Secretary to the Minister of Health, Lib.): Madam Speaker, Canadians want to know that their government and public servants are focusing 100% of their efforts on keeping them safe during this pandemic. They want to know that we are making every effort to strategically secure PPE, that we are working hard to make sure that when a vaccine is ready, every Canadian will have access to it, and that we are helping the provinces keep kids safe at school.

I can tell colleagues and all Canadians that this government and Canada's public servants are working around the clock to keep them safe.

I ask the hon. member, whom I sat with on the health committee the last session, if he would rather public servants remain focused on protecting his constituents and on protecting all Canadians from COVID-19, or would he rather have public servants stop what they are doing and spend hours and hours, and days and days, sifting through emails in the middle of this pandemic?

Mr. Robert Kitchen: Madam Speaker, the hon. member for Dartmouth—Cole Harbour and I worked together on the committee for six months. I appreciated having him there.

Ultimately, what we are looking at here is the issue of public servants working as hard as they can, and doing so with different restrictions and abilities throughout since being sent home from their

Business of Supply

offices. It is a big challenge for them. I admit that. I know they are able to step up to it and will step up to it, because they can deal with any challenge that they are given, just like other Canadians can.

[*Translation*]

Ms. Andréanne Larouche (Shefford, BQ): Madam Speaker, I thank my colleague. I think he spoke about transparency.

I would like to repeat a Danish word I used this week: *samfundssind*. It is the lack of transparency that is at the heart of today's motion.

In some countries where the health crisis was better managed, nothing was considered more important than putting the best interests of the people before one's personal interests and even before the interests of friends and associates, through cronyism and all the rest. There really is a need to build a bond to bolster trust in institutions. That is the case for vaccines, for example.

Twenty-three cases of potential conflicts of interest were declared. When we hear about these situations that raise serious doubt, how can we convince Canadians to support our measures to deal with this health crisis and consequently better manage the number of cases, in other words, achieve a better public health outcome?

[*English*]

Mr. Robert Kitchen: Madam Speaker, the hon. member touches on a very important point, and that is the issue of transparency. We have a Prime Minister who stood up in 2014, before the 2015 election, and talked completely about transparency and how he was never going to hide or keep documents and information from the Canadian public.

As we saw in yesterday's motion, the same issue of keeping transparency was not evident. He redacted information such that it was unacceptable, and the same thing happened when we received the information that was requested on looking into the issues of COVID-19. It is extremely upsetting when we have a Prime Minister who promises to be transparent throughout. This, then, brings to question other things, such as vaccines or vaccinations—

• (1650)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Questions and comments, the hon. member for Hamilton Centre.

Mr. Matthew Green (Hamilton Centre, NDP): Madam Speaker, I have had the honour of getting to know the hon. member who just spoke. I know him to be a very learned health practitioner with national leadership experience.

He talked about some of the red flags. Today, we have heard about the potential for Liberal self-dealing related to the \$200 million for defibrillators. In September, when Dr. Gary Kobinger, who worked for the Winnipeg team that developed the successful Ebola vaccine, resigned from the federal government's COVID-19 vaccine task force, he was pleading for more transparency.

Business of Supply

Does the hon. member agree with Dr. Kobinger that the task force's potential for conflicts of interest should be fully disclosed, and that the deliberations and advice should be available to the entire Canadian public?

Mr. Robert Kitchen: Madam Speaker, I thank the hon. member for Hamilton Centre for the point he has identified. We look at the great work that we have done throughout this country in places like Winnipeg and at the University of Saskatchewan on developing vaccinations, etc., and we see other aspects throughout the country where people are stepping up. Every one of those individuals, as they step forward, needs to fully disclose what they have worked on and where they have worked, to make certain that everything is legitimate and is followed appropriately and that we can get the answers we need without having to question anyone's credibility.

[*Translation*]

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Before resuming debate, it is my duty pursuant to Standing Order 38 to inform the House that the question to be raised tonight at the time of adjournment is as follows: the hon. member for Leeds—Grenville—Thousand Islands and Rideau Lakes, Public Safety.

Mrs. Claude DeBellefeuille (Salaberry—Suroît, BQ): Madam Speaker, I will be sharing my time with my talented and esteemed colleague from Manicouagan. She is the deputy whip, which means she helps me with my duties as whip.

Madam Speaker, I am always pleased to see you, someone who lives in my region of Montérégie, in the chair. I hope that one day you will sit in the chair as the Speaker. I think we are ready to see a woman Speaker manage the House of Commons. Perhaps that will be the case in the next Parliament.

I am pleased to speak to the motion that was moved in the Standing Committee on Health on October 9. I must say that the motion did not come completely out of the blue. Ever since it was first moved, the Liberals have been filibustering. For those watching at home, filibustering means that they were preventing debate and discussion by burning up time. Some call it filibustering while others call it stubbornness and a waste of time. It is a major waste of time in the exercise of democracy.

There is a parallel here with the WE Charity situation. I used the English name, WE Charity, because the French name, “organisme UNIS”, means nothing in Quebec. We have been using the English name for weeks.

The government is taking parliamentarians hostage to stop them from asking important questions. The government has given up on being transparent about its management of government business.

The Conservative motion we are debating today is not perfect. This study would take a long time, but it is an important one. We need to get to the bottom of this. The Standing Committee on Health needs to debate other issues as well. One example is a study on drug costs, which was proposed by the Bloc Québécois. Obviously, the time wasted on filibustering is time we no longer have to debate the motion, to get to the bottom of things and to study other important aspects of this pandemic.

Essentially everyone agrees that we are managing one of the most serious pandemics in history. There have been others, but the

members of the House unanimously agree that this is an exceptional pandemic. We have been somewhat overwhelmed by the situation and that is why we want to further study how the government managed the crisis.

The motion contains several elements. It proposes to study access to rapid testing. It is up to Health Canada to study the tests and decide if they meet Canadian standards and it is up to the federal government to approve them. What we have come to realize and know is that it took the government a long time to receive and accept the rapid tests proposed by Health Canada. The second wave arrived, but the rapid tests were not ready. These tests quickly provide results to people who believe they have COVID-19 symptoms. Not only does this prevent them from spreading the virus to others, but they also do not lose out on hours of work, especially in the case of PSWs working in hospitals. It is very important that we obtain these rapid tests.

The government has been very critical of the provinces and their management of the pandemic. It has had many criticisms, especially about how Quebec managed the pandemic. Unfortunately, there have been many deaths in our long-term care facilities. Seniors were hit hard and directly affected by the virus. It is up to the government to quickly provide the provinces and Quebec with these rapid tests. It is dragging its feet a bit. If we had the tests at the start of the second wave, management of the pandemic would have been completely different.

● (1655)

I will provide a much more specific example. In my riding, there are three regional county municipalities, Vaudreuil-Soulanges, Haut-Saint-Laurent and Beauharnois-Salaberry and three women's shelters for victims of domestic violence. These shelters are not designed to allow the women to maintain enough distance to avoid getting infected. These community organizations offer essential support to these women, and if we had rapid testing, that would certainly help them provide faster, more responsive service.

I have another example. In Quebec, the government decided to leave schools open and created bubble classes. If a teacher is infected, the entire bubble ends up in isolation. Access to rapid testing would help determine within hours of the onset of symptoms whether it is necessary to have the teachers and students isolate at home. Access to these tests is very important and it is the federal government's responsibility to procure them for us.

The government is quick to tell us that we are not doing our job properly and goes so far as to come tell us how to run our long-term care facilities. However, testing is the government's responsibility and it has not been up to the task.

Let's not forget that 20% of our caregivers who contracted COVID-19 were guardian angels. If a rapid test had been available, personal support workers caring for seniors and social workers working with seniors could likely have taken the test the moment symptoms appeared.

It is already October 22, and it is very important for the government to explain to us why the provinces still do not have access to rapid tests.

We have been talking about seniors a lot, and with reason, but we need to remember that, before the pandemic, many people were already suffering because of a lack of health care services. That includes people with mental health and addiction issues, people experiencing homelessness and children on the autism spectrum. All of those people were suffering before COVID-19, but the pandemic made it clear that Quebec's health care system is stretched thin. It has not been easy: Managers and workers are doing a lot with less, they are optimizing resources, they are coming up with quality indicators and abiding by the strictest possible standards so they can provide quality service to the majority of those who need it. The fact remains that the health care system does not have the means and resources it needs.

The motion therefore proposes to examine the need to transfer money that belongs to Quebecers to Quebec so that it can invest in its health care system. The provinces and Quebec have asked the federal government several times to give them the funding they need to do what they are in the best position to do, which is to help and care for people. However, it is obvious that Ottawa does not want to do that. The federal government wants to maintain control. It is resisting and opposing that request, and it is even being arrogant toward Quebec and the provinces in that regard.

Can the government and the Liberal Party do something constructive and quickly propose clear amendments that will enable us to move forward with this study and prevent the Standing Committee on Health, which is so important, particularly during a pandemic, from being paralyzed? It is up to the federal government to make the next move. We are appealing to its good faith and, as they say, the ball is now in their court.

• (1700)

Mr. John Barlow (Foothills, CPC): Madam Speaker, please excuse me. I would have liked to practise my French, but I am going to ask my question in English.

[English]

I appreciate some of the points my colleague has made about whether we are on the right track when it comes to how we have dealt with the COVID-19 pandemic. The argument we are hearing from the Liberal government is that we do not want to look back; we want to look forward. However, we still have not heard a strategy on dealing with accessing vaccines, rapid testing and how they are going to be distributed.

Does my colleague not think this study and supporting the motion is important? To put it in a health perspective, when we are treating a patient, we need to ensure the treatment we are giving is working before we continue on.

Business of Supply

It is important for this committee to look at what has been done to deal with the COVID-19 pandemic, the money that has been spent and the decisions that have been made before we move on.

Does she feel that it is an important part of the motion, to look back, to see where we are how we got here and then to look to strategies moving forward?

[Translation]

Mrs. Claude DeBellefeuille: Madam Speaker, I thank my colleague for his question. I want to reassure him that I think his French is very good. I encourage him to continue to work on it and commend him for that.

Before I became an MP, I managed a public network in Quebec. I managed housing resources in the field of health, and I can say one thing: In order to improve, one always needs to evaluate the strengths and weaknesses of one's work. That is a basic concept that is taught in all management courses.

I therefore really encourage the government to demonstrate goodwill, make amendments to the motion and let us get to the bottom of things so that we can ensure that, from now on, the response to the pandemic is stronger and more responsive.

• (1705)

[English]

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, members of the Bloc need to realize what the content of the motion asks. It is very extensive and thorough, much like what we saw in the health committee, and would require a great deal of effort. However, to put it into a 14-day time frame is completely unreasonable.

The member made reference to her health care background. Surely to goodness if she reads through the motion, she will recognize that it is too much to ask for in that time frame. We are in the middle of a second wave, when we need health care professionals to do what they can to coordinate, whether it is with provinces, territories, indigenous communities or the many programs out there.

Would the member not agree that this is an overreach and it would have been better left at the health committee and allow it to negotiate its own agenda, as it has done in the past?

[Translation]

Mrs. Claude DeBellefeuille: Madam Speaker, I always appreciate the parliamentary secretary's questions.

However, I would like to remind him of one thing. The federal government is not at all involved in coordinating health care services in Quebec or the provinces. Officials at Health Canada and the Public Health Agency of Canada are not coordinating or managing any public services in Quebec or the provinces. The parliamentary secretary needs to remember that. Perhaps he might like for that to happen, but that is not currently the case.

Business of Supply

I agree with him that the motion is extensive, but we are in the midst of a historic pandemic. We need to take note of what this government has done to protect the public and our constituents, starting with its own activities. I therefore look forward to hearing why the rapid tests were not made available to the provinces sooner, for example.

[English]

Ms. Laurel Collins (Victoria, NDP): Madam Speaker, the member spoke eloquently about the challenges of rapid testing and the tragedy in long-term care, and about the need to look at these issues and the need for goodwill. Transparency is needed. It is a critical component of our pandemic response.

I am curious to hear the member's thoughts on the Liberals' suggestion that somehow transparency will hamper the government's response.

[Translation]

Mrs. Claude DeBellefeuille: Madam Speaker, when evaluating one's actions, it is important to have all the evidence and data available.

Asking for all the data will help us make a proper judgment and better evaluate the government's response. That is just one purpose of this motion.

Mrs. Marilène Gill (Manicouagan, BQ): Madam Speaker, I want to reciprocate my talented colleague from Salaberry—Suroît's kind words. She is a role model for me. To work with her is to emulate her.

I want to thank the people of my riding, Manicouagan. I have not had the opportunity to do so yet. We have been very fortunate on the North Shore. Throughout the whole COVID pandemic, we have had only about 150 cases. I want to congratulate the folks back home who follow the public health guidelines and encourage them to not give up. Just because we have no cases does not mean we can let our guard down.

I also want to thank all the health care workers. Although we have had few cases in my region, they are always on duty.

I also want to thank everyone who has come up with smart, innovative and creative solutions. That is exactly what we need during a crisis like this one.

I have to say, today's topic is of particular interest to me. We are talking about health and the crisis. I am a person with my own story. I come from a family of individuals who have worked in health care. There are a lot of nurses in my circles.

My mother is a nurse. All my life, I have heard people talk about the health care system and its pressing needs. I am now in my forties, and I was hearing about that when I was five, seven or eight years old. I am still hearing about it now, and I think the needs are becoming increasingly desperate. If I might pay tribute to my mother, at one point, the needs were so dire that she was thinking of quitting her job for her own health. The health care system is clearly in a terrible state. These people are committed. As I have said before, it is a calling.

I support the motion before us today. I would like to see a comprehensive study of the government's actions during the crisis. That is the opposition's role. As I was thinking about what I would say today, I decided to reiterate some of my remarks. On too many occasions in this Parliament, I have risen because attempts were being made to silence the opposition. The Liberals did not want to talk about WE Charity, so they prorogued the House. Now they do not want us to adopt a motion to examine the government's actions because they do not want to talk about that.

The government is always trying to avoid dialogue, which is the cornerstone of democracy. This is where one side has one way of thinking, and the other side has another way of thinking. There needs to be a discussion. As my colleague from Salaberry—Suroît pointed out, we need to be able to ask the tough questions and dig deeper. We always need to push further, but the Liberals will not let us.

In the past few weeks and months, the Prime Minister, the Leader of the Government in the House of Commons and government members in general have not stopped going on about how this is the biggest crisis Canada has faced since the Second World War, from 1939 to 1945.

This is the biggest crisis, a time when we should be assessing how we can improve and how we can save lives, but the government refuses to talk about what it did. We are not trying to make improvements just for the sake of it. People are depending on us. We must be responsible.

I have spoken about my past, my own personal story. I want to point out that members in the House come from different backgrounds. I have a teaching background, having taught at the CEGEP level. I cannot help but draw a parallel to my own experience and what I do as a teacher. My colleague drew the same parallel to her experience as a manager.

One of my roles as a teacher is to correct students. It is not always fun, because I have to focus and ask myself what the person might have been thinking, what they had access to, and what they were able to do in order to objectively and thoroughly assess the assignment. The purpose of all that is for the student to achieve certain objectives. I do that with students aged 17 to 21 who are heading to university. I prepare them for starting university. I ensure that they acquire the necessary knowledge.

● (1710)

We have a government that is managing the second-biggest crisis in history, but it does not even want to check or find out or be told if it has done something wrong or if it could be doing better. It says we cannot do anything because we are in the middle of the second wave. There are people who may die of COVID-19.

Exams are not fatal, fortunately, but if I had a second exam next week, I would certainly want to know what I did right in the first exam and what I can do to improve.

As elected members, we have a responsibility, but we must also be humble. Humility enables us to learn and grow in order to do better moving forward. That is truly the role of the opposition, which I will talk about more later, but the analogy is appropriate. I believe that the government should learn its lesson, because no one is above learning from the past. That is what it should do, and fast.

I will say this again, because as a teacher, I believe that repetition can make the message stick. The Bloc Québécois decided to vote against the throne speech because of the health transfer issue.

Premier Legault asked for a significant increase in the health transfer, because year after year, the federal government has been shirking its responsibilities to a significant degree. The concept of responsibility will come up many times, I believe.

The federal government's share of health care used to be 50% and used to cover 50% of Quebec's health expenditures, but its share has been shrinking steadily and is now just 21%. Health care is not a federal responsibility, it is the jurisdiction of the provinces and Quebec. Despite what the premiers are asking for, and regardless of what previous governments did, the current federal government is shirking its responsibilities.

Then it stands up and lectures us. I find that arrogant, insulting and disrespectful towards our constituents, and I will explain why. It lectures us and tells us that it saved us. It is playing the saviour.

Let me suggest an analogy, a dramatic one. Imagine if I were to starve a child, give them nothing to eat, even though I am responsible for feeding them, and then accuse them of being hungry. That is what the feds were doing with other governments. The federal government told Quebec that it sent in the army to help because Quebec was utterly incapable of taking care of its own people. Outwardly, this was a show of kindness and generosity on the part of the federal government, but there was really nothing generous about it.

They cause the problem, and then they decide to be the solution. Maybe their goal is just to interfere where they do not belong or, as the leader of the Bloc Québécois adroitly pointed out, maybe they just want to be able to put a little Canadian flag on a cheque and send it off to reinforce the impression that Canada is the one in charge of people's health.

The thing is, that is Quebec's responsibility. The nurses and all the other health care workers work for Quebec. Quebec pays, but Ottawa is withholding Quebec's money.

Eventually, the system will break down, because we have an aging population. Not only has there been a shortfall for many years now, but the aging population will create additional needs, so the transfers will need to be increased even more. Add the COVID-19 crisis on top of that, and it is easy to imagine how far off the mark we are.

I have not said half of what I wanted to say. I could go on and on, but I will wrap up now.

In the House today, in response to questions about what is going on at the University of Ottawa, the Prime Minister once again pretended that the problem does not exist. If nobody mentions it, there is no problem. It was the same with the WE Charity scandal and

Business of Supply

with the Aga Khan. These problems simply do not exist, because the Prime Minister says so. I do not know what happens in committee, but when it comes to health care, just because we are not talking about a problem does not mean it does not exist.

● (1715)

As I enjoy literature, I would like to quote a passage from *1984* by George Orwell:

And if all others accepted the lie which the Party imposed—if all records told the same tale—then the lie passed into history and became truth. 'Who controls the past,' ran the Party slogan, 'controls the future: who controls the present controls the past.'

[*English*]

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Madam Speaker, I just love the fire of the member. She gets me fired up every day. It is great.

I have a really interesting question for her. It is my understanding that right now the Liberals are filibustering their own motion in the official languages committee so they will not get to the Bloc motion. The Liberals are shutting down any parliamentary accountability whatsoever. I wonder if the wonderful colleague could use her fire to tell us if she thinks this is appropriate and if Parliament should be able to do its job.

[*Translation*]

Mrs. Marilène Gill: Madam Speaker, I thank my colleague for her question.

I am going to admit to something else: I greatly admire my colleague, who is so energetic and animated. She is a strong woman.

I obviously do not want someone to decide to use power to silence the opposition parties and put limits on the work we do. That is what the Liberals have done from the beginning. I am still wondering why they were surprised when we told them that we have absolutely no confidence in them these days. The Leader of the Government was surprised, and I think almost everyone on the other side of the House was surprised. One need only see what is happening in every committee. The Liberals want to undermine democracy and silence the opposition. I have no confidence in them.

● (1720)

[*English*]

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, it is nice to see the Conservatives and the Bloc bonding and solidifying their support.

Business of Supply

My question for the member is based on what the member for Calgary Nose Hill said in committee not that long ago, “but I think it behooves all committee members to remember that the committee is the master of its own destiny, and therefore, we are entrusted to take on studies that can look at anything we want.” This is what the person who introduced the motion we are debating today said previously. It seems to be a contradiction. It is okay for Conservatives to filibuster in a committee if they do not like what is happening there, but, oh my God, if the Liberals do it, it is undemocratic. I see a bit of hypocrisy there.

I wonder if the Bloc recognizes the obvious. One cannot say, yes, the committees set their own agenda and then bring forward a motion saying that instead of the committee doing one report, it is going to do 14-plus reports. That is hypocrisy.

[*Translation*]

Mrs. Marilène Gill: Madam Speaker, I thank my colleague for his question.

I would respond by asking him how we are supposed to have confidence in a government that is mired in scandals. There were the situations with the Aga Khan, WE Charity and the Liberalist for judicial appointments, and then Frank Baylis was awarded a contract through a shell corporation. Did I hear something about a contradiction?

I will always side with democracy. I may contradict myself occasionally, but I will always fight for democracy. At the risk of repeating myself, I do not have confidence in this government.

[*English*]

Mr. Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, I appreciate the member talking about her sister who works in health care. We all need to acknowledge her sacrifice, especially during COVID-19.

This motion is pretty straightforward. It asks the health committee to study the emergency situation facing Canadians in light of the second wave of COVID-19.

The member lives in Quebec where there are red zones. She knows how important it is that we look at the plans and preparations the government has made on the pandemic, the communications it has had with the WHO, the purchase of personal protective equipment or the purchase of testing products used to diagnose those with COVID-19. Our request has been to release all records related to the COVID-19 vaccine task force.

Given the importance of a safe and effective vaccine for addressing the COVID-19 pandemic, does the hon. member agree that Canadians deserve details on the government's vaccine distribution strategy, especially right now when people are hopefully getting ready for some vaccines that are going to be approved soon, and let us cross our fingers on that, and the government's plan for that? This is a reasonable request.

[*Translation*]

Mrs. Marilène Gill: Madam Speaker, I will be brief. I agree with my hon. colleague.

As responsible parliamentarians, we, of course, ask the government to be transparent and give us access to reliable information we can use to keep people safe and healthy. We need this kind of information very quickly. We are talking about the health and safety of everyone.

[*English*]

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Madam Speaker, first off the top, I would like to note that I will be splitting my time with the member for Carlton Trail—Eagle Creek.

Today, as Canada and the world continue to deal with the COVID-19 pandemic, Conservative opposition members find ourselves once again fighting to do our jobs as parliamentarians. We are fighting for an accountable and ethical government. We are fighting for Canadians to get the answers that they deserve. Unfortunately, the Prime Minister and his Liberal government yet again continue to fight us every step of the way.

The motion we are considering today would allow the health committee to thoroughly study and evaluate the government's response to the COVID-19 pandemic and present its findings to the House. This is at a time when Canadians need answers and confidence in their government. The necessity of the motion should be indisputable. It is a motion that could and should have been settled at the health committee, but the Prime Minister's Liberal members of Parliament have been hard at work preventing the adoption of this motion.

They have wasted time filibustering and coming up with any excuse to shut down the health committee meetings. This is the same behaviour that we have also seen at the ethics and finance committees ironically, and it is disrespectful to all Canadians who are facing so much uncertainty. It is disrespectful to all Canadians who have been asked to and have sacrificed so much.

There is a troubling pattern with the Liberal government that started well before this pandemic. The Liberals have repeatedly shown disdain for Parliament and the duties of parliamentarians. This is a Prime Minister who has so much to hide that he threatened an election just this week to avoid the formation of a special committee to review the WE Charity scandal. In what seems to be an effort to avoid accountability at all costs, we have had a prorogation, a resignation, hours of filibustering and threats of sending Canadians to the polls.

The Prime Minister claims that he wants to focus on the pandemic. If that is sincere, then there should be no reason to obstruct the motion. We are already seeing rising numbers of COVID cases in Canada this fall, and Canadians need confidence that there is a plan to navigate us through this pandemic and beyond. However, this government has failed to demonstrate that it has any kind of plan.

Business of Supply

• (1725)

The Prime Minister claimed to have prorogued Parliament so that he could deliver a throne speech with a detailed path forward. As we know, that proved not to be true. There is no detailed plan to keep Canadians safe and healthy, and there is no real plan to keep our economy going. In fact, the Prime Minister has now broken a record for the longest stretch in Canadian history without the federal government presenting a budget. Canadians deserve to know exactly what decisions have been made by this government and based on what evidence. They need to know that the Liberals are learning from their failures in this pandemic.

The Prime Minister would prefer to compare Canada to countries that are faring the worst so that he can pat himself on the back. That low bar fails Canadians, and none more so than Canada's seniors who have been the hardest hit in this pandemic.

Long-term care homes have been at the epicentre of this health crisis in Canada. The Canadian Institute for Health Information released an analysis in the spring that painted a clear picture of the devastation in long-term care. Long-term care residents accounted for 81% of COVID deaths in Canada. Compare that with the average of 38% in other OECD countries, and it is more than double our international counterparts. That is the standard we need to measure ourselves against, not those who are doing worse. We need to understand how other countries manage better in long-term care homes and work in collaboration with provinces to quickly adopt better measures. We owe that to Canada's seniors living in long-term care, their families and those working in these facilities.

That same Canadian Institute for Health Information analysis identified prevention measures taken in countries with fewer infections and deaths in long-term care, which included infection control measures, broad testing, increased training, isolation wards to manage clusters, increased staffing and access to personal protective equipment. When we consider those prevention measures, we already know that Canada is not up to par.

• (1730)

Well before the pandemic, long-term care voices were asking for infrastructure investment and raising the alarm on staffing shortages. We have seen these issues exacerbated during this pandemic, and we have all read the heartbreaking reports on the conditions in some of these care facilities.

However, what actions have really been taken in the immediate term to protect seniors living in care? Long-term care voices are still asking for stable access to adequate personal protective equipment. They are asking for regular and mass testing. They are asking for a plan to ensure the effective delivery of a vaccine. The Liberal government has not been forthcoming with a concrete plan to ensure their health and safety.

Either the Liberals have a plan and do not believe they need to be transparent about it or there is no plan. Canadians need answers.

While this motion would allow the health committee to ensure that there are real-time lessons learned to help improve our response to the pandemic, it would give the committee direction to study, evaluate, review and examine the government's response. It covers testing procurement, vaccine development, the efficiency of

long-term care protocols, the adequacy of health transfers, levels of preparedness and so much more. It would also compel the government to produce documents in relation to the decisions that it has already taken during the pandemic.

The comprehensive motion is necessary and it is completely within the health committee's purview. This is an opportunity for the government to work with Parliament to improve its response and to ensure transparency.

The notion that the Liberal government would throw so much effort at blocking this motion at committee is troubling. The Liberals' all-out efforts to prevent this motion raises so many questions. What do they have to hide? Why are they trying so hard to prevent Canadians from getting answers? What is so incriminating in the documents that they do not want Canadians to see it? What happened to the team Canada approach?

We already know that the Liberals were slow to close the borders. They closed Canada's early pandemic warning system. They failed to maintain our emergency stockpile of personal protective equipment. They sent critical personal protective equipment to China when we did not have enough in Canada. They flip-flopped on the use of masks. They failed to keep up with our allies in the procurement and approval of rapid testing. We are lagging behind on securing COVID-19 vaccines.

What more do the Liberals have to hide that their Liberal members of Parliament on the health committee would spend hours filibustering and playing games to prevent this motion from passing? The more they protest, the more pressing it seems to become that there is greater need for accountability and transparency surrounding their COVID-19 response.

The Liberal government's failures cost Canadians their livelihoods and cost some of them their lives. At a minimum, the Liberals should be willing to evaluate the lessons we have learned from those failures, not fighting the opposition tooth and nail.

The Prime Minister has asked Canadians to sacrifice a lot this year in the interest of public health, and they have. Canadians have sacrificed and they have given the government time to develop better responses.

Business of Supply

The only solution to the pandemic cannot be to keep shutting down our economy and just hoping for the best. That is not sufficient for Canada's seniors, who have seen the highest infection and fatality rates. It is not sufficient for Canadians who are living with compromised immunity, for health care workers who are on the front lines or for our small business owners who are barely hanging on.

Rather than just cancelling Christmas, months in advance, it is time the Prime Minister demonstrate to Canadians that he has a concrete plan to navigate through and beyond this pandemic. This motion is an opportunity to demonstrate just that and to work together to improve Canada's response to this health crisis.

Let us pass the motion and get on with the work that Canadians elected us and expect us to do.

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, there is nothing the government is trying to hide. The reality of the situation is that we value the contributions our civil servants make, day in and day out, as they work with Canadians in all sectors of our society, so that we can minimize the negative impact of the pandemic. It is all about the health and well-being of Canadians and our communities.

If we take a look at the games the Conservatives want to play, and I will have a chance to expand on that very shortly, this particular motion goes into a wide variety of things. We could have 12 or 14 studies from this one motion. There is a little bit of mischief at play.

I would ask the member what she is she trying to hide. Why is she trying to manipulate the situation? Why is she trying to get civil servants to do tasks over the next 14 days that would take them away from what is important to Canadians, which is combatting the pandemic?

• (1735)

Mrs. Rosemarie Falk: Madam Speaker, that was a shameful question and statement. I believe that every single one of us who has been elected to this place wants the best for our constituents.

I spoke about our seniors, who have been failed by the Liberal government. It is absolutely pathetic that the member wants to talk about political games. He is in the government that prorogued. I am sorry, but that was six weeks when we could have done work and when the government should have been doing work. It chose not to.

This is shameful. The member's remarks are shameful. They are ridiculous.

Mr. Derek Sloan (Hastings—Lennox and Addington, CPC): Mr. Speaker, the member mentioned certain Liberal delays and other approaches to the pandemic, which have cost Canadians their livelihoods, and even their lives.

In her opinion, does the member feel that the stall and delay tactics, which may cost us even more lives, are being done solely for the purpose of protecting themselves politically?

Mrs. Rosemarie Falk: Mr. Speaker, I absolutely agree. We were in the first wave months ago, and now we are in the second wave. Some parts of the country are at the height of the second wave.

What has been done? I sit on the HUMA committee. I was very saddened to see, when Parliament was prorogued, our study and all the work we had been doing was just done. It vanished.

I really feel that if the Liberal government truly cared about Canadians' well-being, their livelihoods and their ability to put food on the table to feed their children, Parliament would not have prorogued. At the very minimum, the throne speech could have had a plan to help get us out of this mess. Rapid testing is an example. If we—

The Deputy Speaker: Questions and comments, the hon. member for Longueuil—Saint-Hubert.

[*Translation*]

Mr. Denis Trudel (Longueuil—Saint-Hubert, BQ): Mr. Speaker, I appreciate the question the member just asked our Liberal colleague about why the government prorogued the House for five weeks if it is so worried about public servants losing 14 days gathering documents. We could have been responsible and worked for the well-being of Canadians and Quebecers, but the Liberals prorogued Parliament for five weeks.

I will now move on to my question. We are in a very difficult situation. Premier Legault said again today that we will not be able to handle 1,000 cases per day in Quebec for very long. People are dying. It is not easy. It is a well-known fact that health care has been underfunded for the past 20 years or so, but the Liberals do not seem prepared to permanently increase health transfers.

Does my colleague agree that the provinces' request to increase health care funding from 21% to 35% is legitimate?

[*English*]

Mrs. Rosemarie Falk: Mr. Speaker, our long-term care homes are in crisis, in critical mode, so if anything, this crisis shows that every level of government needs to collaborate and work together. We cannot have an Ottawa-knows-best approach. That is not going to work, especially when the various jurisdictions in this country as so different from one another.

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, I really appreciate this motion. We can all agree that it is important for accountability and transparency. We need to get the right information. To maintain public trust and combat misinformation, we have to get answers regarding the government's response to COVID-19.

Given that there are six red zones in the member's home province, COVID numbers are rapidly rising and small businesses are waiting for urgent relief through the revised programs that had flawed designs, does the member believe this is the right time to plunge the country into an election? The Liberals are now calling almost everything a motion of confidence or vote of confidence. Does she see this as a vote of confidence, and does she think we should be going to the polls in light of what is happening with the second wave?

Business of Supply

● (1740)

Mrs. Rosemarie Falk: Mr. Speaker, in my home province, all of our municipal and provincial elections are happening at the same time right now, so I do not think that is wise. I also do not think it is fair or honest for the governing party to be bullying opposition into corners and threatening to call an election. It should be transparent and be held accountable for what it is doing and what it is not doing.

Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC): Mr. Speaker, as I rise today to speak to our Conservative motion calling on the health committee to begin a large-scale review of the government's response to the COVID-19 pandemic, I want to note that this is the first time I have had the opportunity to give a speech in this place since the decision was made back in March to change how we function as a result of COVID-19. I also cannot help but remember all the catchphrases that have been used every day by the Prime Minister, as he sought to reassure Canadians: there will be a "whole of government response" to this pandemic; "we are team Canada", after all; and "we are in this together".

Here we are debating an opposition day motion calling on the Liberal government to be transparent and provide parliamentarians, and all Canadians, with answers regarding how and why decisions were made in the early days of the pandemic and to provide a concrete plan to protect their health and our economy going forward. This study will bring much-needed transparency to what has been an opaque process. It is so opaque in fact that the Liberals have blocked the health committee from accessing routine documents on pandemic readiness, PPE purchasing and rapid testing approvals.

The government has made a habit of refusing to answer even basic questions, acting offended by the very idea of being held to account. That is why we are deliberating this motion in the House today rather than at health committee, where it ought to be debated.

We know that the Prime Minister's Office directed the Liberal members of the health committee to block the release of documents on the pandemic response, documents that the government has no right to block. Those documents belong not to the Liberal government, but to the Canadian people.

There was a time when the Prime Minister understood that. On June 16, he tweeted the following, "Canadians have high expectations of me and I intend to meet them by continuing to raise the bar on transparency and openness." He made that comment in 2013. It is safe to say that those expectations have been crushed.

This is not merely an academic debate about the role of government and its responsibility to Parliament and ultimately to the Canadian people. No, this is about people's lives and livelihoods. Canadians need clear answers on what the future holds for them, on what plans the government has made and the progress made to date.

Well over a million Canadians are out of work through no fault of their own. Millions more are working fewer hours and suffering the economic consequences, with nearly all Canadians being forced at one time or another into lives of self-isolation, which has had untold consequences on their mental health.

Are we really asking too much in requesting that the members of Parliament serving on the Standing Committee for Health review

the impact of the government's use of the World Health Organization advice in early 2020 to delay the closure of borders and delay the recommendation of wearing masks; or the availability of personal protective equipment in Canada and a review of Canada's emergency stockpile of PPE, otherwise referred to as the NESS, between 2015 and present? Is it too much to ask the government to tell Canadians why they shut down the pandemic early warning system, or how long they can expect to wait before rapid testing kits are available or where we are at in the development of a vaccine and how long before it will be available? The government seems to think it is, and this has been the case all along.

From the moment the House of Commons was recessed on March 13 until today, the government has refused to be open and transparent with Canadians. Time and time again, the Conservatives have called upon the government to clearly outline its processes and address important questions regarding its response to the pandemic, and every time the Liberals have obfuscated. Canadians rightly expect the government to adhere to the highest ethical standards when it comes to the procurement of medical equipment or PPE as well as any potential vaccines or treatments and understand that these things take time.

Given the motion we are debating today, we are left to surmise, as we were after Tuesday's debate, that the government has something to hide. Perhaps the information we do know regarding vaccine procurement, for example, can help us understand why the government is vehemently opposed to transparency on these matters.

● (1745)

The Liberals have failed on numerous counts by placing all our eggs in one basket and that basket is China. China has repeatedly shown that it will not act in good faith. It has shut down the import of Canadian pulse crops on false pretenses. It has illegally held Michael Kovrig and Michael Spavor as political prisoners for nearly two years and it has blocked medical supplies from being shipped to Canada, not to mention its abysmal human rights record toward the people of Hong Kong and minority communities within their borders such as the Uighurs.

Despite all of that, the Liberals chose China. It certainly was not for lack of other options. We had an opportunity to work on a vaccine with the University of Oxford, in a little place called the United Kingdom, one of our closest allies. Instead, their choice has left us scrambling to find alternatives and placing us at the back of the line to receive a vaccine when it finally arrives. Their troubles with a vaccine is not the only problem we know of.

Business of Supply

With such an abysmal track record, I suppose we should not be surprised that the Liberals would avoid transparency as much as possible, but Canadians deserve better. As my colleague, the shadow minister for health said, at a time when it is very clear that the Liberals were unprepared for the second wave of the pandemic and Canadians are worried about their loved ones, their jobs and their futures, they deserve clear answers from the government.

On that note, I would like to move, seconded by the hon. member for Aurora—Oak Ridges—Richmond Hill:

That the motion be amended by replacing paragraph (aa) with the following:

aa) minutes of meetings of the Cabinet and its committees be excluded from this order and all documents issued pursuant to this order (i) be organized by department and be provided to the Office of the Law Clerk and Parliamentary Counsel as soon as is practicable in light of the pandemic but in any event not later than November 30th, 2020, and if this is not possible, the Clerk of the Privy Council may request an extension, of no more than seven days, by writing a letter to the committee, (ii) be vetted for matters of personal privacy information, and national security, and, with respect to paragraph (y) only, be additionally vetted for information the disclosure of which could reasonably be expected to interfere with contractual or other negotiations between the Government of Canada and a third party, by the Law Clerk and Parliamentary Counsel within seven days of the receipt of the documents, (iii) be laid upon the table by the Speaker, at the next earliest opportunity, once vetted, and permanently referred to the Standing Committee on Health; and

The Deputy Speaker: Members will know that for an amendment to an opposition motion to be moved, it must have the consent of the sponsor.

I, therefore, ask the hon. member for Calgary Nose Hill if she consents to the moving of this amendment.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Mr. Speaker, I do.

• (1750)

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I will have to go through the amendment she put forward, but it is encouraging to a certain degree that the member is starting, at this late hour, to recognize there is a need for change. It has been overextended. In fact, I would ultimately argue that this would have been better dealt with in the health committee. That would have been the most appropriate place to have dealt with the amendments to whatever agenda the health committee would like to pursue.

I have referenced this particular aspect of the motion on a couple of occasions throughout the day, where (u) states, "all memoranda, emails, documents, notes or other records from the Office of the Prime Minister, the Privy Council Office, the office of the Minister of Public Safety and Emergency Preparedness, the office of the Minister of Health, Health Canada and the Public Health Agency of Canada, concerning options, plans and preparations for the GPHIN since January 1, 2018".

Does the member's motion have anything to do with that?

Mrs. Kelly Block: Mr. Speaker, COVID-19 is the number one concern of all Canadians right now. By reducing Parliament to a committee, proroguing Parliament and now filibustering committees, the Liberals have wasted precious time that has cost Canadians their lives and jobs. The Prime Minister directed Liberal members on the health committee to block my colleague's motion to

study the pandemic. Forgive me if I do not respond the way this member would like me to when he feigns such indignation that this is not being debated in committee.

We are left to believe that the Prime Minister and the government have no plan to give Canadians the tools needed to prevent the spread of COVID-19 without an economic shutdown. That is why we have moved this motion today.

[*Translation*]

Ms. Louise Chabot (Thérèse-De Blainville, BQ): Mr. Speaker, I commend my colleague on her intervention.

In the last question my colleague was asked, there was talk of trying to understand the amendment and we were told that this could have been done at the Standing Committee on Health. To me the motion has a lot of merit, as exhaustive as it may be, as some colleagues have said. It has merit because it brings home to all citizens, Quebecers and Canadians, the importance placed on the COVID-19 pandemic and the importance of getting answers.

Currently, in every province, there are committees studying this issue. Why would we not be able to have the same transparency here and to ask the real questions with this motion?

[*English*]

Mrs. Kelly Block: Mr. Speaker, over the past six months, Canadians have sacrificed a lot and done their part. They have stayed home, missed important milestones in their lives, lost their jobs and have had to watch their life savings disappear, all the while believing the government was working hard on their behalf to develop a plan to ensure we would come out of this pandemic stronger and with the ability to see our economy come back.

We have the right to this information. I firmly believe that. I believe the Prime Minister and the government need to ensure they are being accountable to Canadians through the health committee by answering the questions of parliamentarians.

• (1755)

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I will pick up on what the member referenced, and that is the fact that the pandemic is the first priority, and should be the first priority, of all of us in the House of Commons. There is absolutely no doubt about that. It has been the government's position since day one. Since day one, we have been working with provinces, territories, indigenous peoples, the private sector, non-profit organizations and the list goes on, so that people understand and appreciate the impact it is having around the world.

Business of Supply

We have taken this issue very seriously. We have been working with political entities of all stripes at the different provincial levels. On occasion, yes, we have seen co-operation from opposition parties, even at times the Conservatives, but there is no doubt that the Conservative Party of Canada is playing games here in the House of Commons. There is absolutely no doubt about that.

Then the Conservatives try to come across as if, no, not them, they are not playing any games because they are focused on COVID-19. I have been a parliamentarian for 30 years. I can understand and appreciate when I see a game being played, and they are playing a game. They say it is about lives. Yes, the federal government, working with provincial governments and other stakeholders, has saved thousands of lives across Canada because there was a team Canada approach. People came together, recognizing what the Prime Minister was saying, which was that we needed to deal with the pandemic. That is exactly what we did.

One might ask why we are here today debating yet another game by the Conservative Party. I can understand why the Bloc would want to play its game. I can understand that. Bloc members are not big fans of Confederation. I am hoping that my New Democratic friends and my friends in the Green Party will realize the game that is being played by the Conservative Party. What is really interesting is how they try to turn it around. They try to say Liberals are hiding something. They say we are the ones who are not being “democratic”. Let me expand on a couple of those points.

Let me quote the member who introduced the motion we are debating today, the member for Calgary Nose Hill. I am glad she is listening very closely to this. She said, “but I think it behooves all committee members to remember that the committee is the master of its own destiny, and therefore, we are entrusted to take on studies that can look at anything we want.” That is exactly, word for word, what the mover of the motion said. I recommend that members look up the word “hypocrisy” in the dictionary.

We now have the very same member coming to the House of Commons with this motion, dictating to the health committee what it has to look at. There is no option. It does not matter who is on the health committee. It does not matter how many meetings it has had or that there have been over 100 witnesses already on COVID. The Conservatives do not care about that, no. Here is their agenda. This is what they want at a time when we are in the middle of a second wave. Members should think about that.

The information that Conservatives are requesting is extensive. There could be 14 or more reports just based on the motion put forward by the Conservative Party. One of the members across the way got it right: Shame on them. Shame on themselves. Think about it.

An amendment was moved and I asked the mover of the amendment, for just one clause, if it includes all memoranda. This is what the Conservatives want right now, within 14 days. They are saying they want all the civil servants working in those offices that have anything to do with this to stop what they are doing and focus their attention on this.

● (1800)

If they have to make calls to the provinces, if they have to talk to others about COVID-19, or if they are working on research, who cares? According to the Conservative Party, this is what they want them to do. This is one clause and, by the way, they have 14 days to do it:

(u) an order of the House do issue for all memoranda, emails, documents, notes or other records from the Office of the Prime Minister, the Privy Council Office, the office of the Minister of Public Safety and Emergency Preparedness, the office of the Minister of Health, Health Canada and the Public Health Agency of Canada, concerning options, plans and preparations for the GPHIN since January 1, 2018.

That is just one aspect. The Conservatives are saying, “Who cares what the members of the health committee want to debate or study?” It does not matter to them. What matters is the Conservative Party has an agenda, and Conservatives believe they can hoodwink every other member of the House into believing that this is a good, positive way to proceed in a time of crisis here in Canada.

I believe the Conservative Party has it wrong, or the Conservative leadership within the party has it wrong. I have listened to some other members and to some of the speeches provided on this issue. I think a number of Conservatives might feel somewhat uncomfortable.

We have a standing committee, and they are critical. The Conservatives are saying that the Liberals are filibustering the committees. The poor Conservative Party of Canada: The Liberal Party does not want it to preoccupy the civil servants with its garbage, at least in part, in the fashion that the Conservatives want to deal with it. It is important stuff, there is no doubt about it, in many different ways, but the Conservatives are saying they need it and need it right away: Everyone should stop all things and get that information before the committee.

We have committees that are asking us to hold on. They are prepared to study the important issues. They want to study the important issues that Canadians have to face regarding coronavirus.

I have heard the issue of mental health is one example. Imagine the impact that the coronavirus pandemic is having on mental health in our country. I think that would be a worthy study. It is not for me to judge what would be worthy and what would not. I believe that the health committee is in a much better position to do that.

Conservatives are frustrated because they cannot get the health committee to do what they want. What they want is the only thing that can happen, so if the Liberals do not let them have it in committee, they will bring it to the House. The Conservatives feel they can trump the committee and force the committee to look at it.

However, a few years back the Conservatives talked, as the sponsor of this motion did, about how important it was that we respect our standing committees. Look who is not respecting those standing committees today. Look who is not interested in protecting the interests of the civil servants who are being called upon to deliver the best service they can to Canadians, whether by providing advice or participating in conferences or doing science or research: whatever it might be.

Business of Supply

Instead, Conservatives are focused on committees producing papers. They want papers. They want thousands and thousands of papers in all forms. They are looking for a word: it might be “Liberal”, or it might be “Prime Minister”, or another minister. Then they are going to say there is a huge conspiracy, another ethical scandal, and then they will hammer on it.

That is what the Conservative focus has been, even before the Prime Minister became the Prime Minister. That is why, when I stood up on Tuesday, I talked about Conservatives' priorities and the games they play, even when we are in a pandemic. I asked them to put a pause on it. There are many other things the opposition party could be doing. I know: I was in opposition for over 20 years. There are many things that they could do during a pandemic.

• (1805)

I would think the Conservative leadership team would understand that. Conservatives make reference to the proroguing of Parliament and ask why we had a prorogation. People who are following the debate should know that the last time the House sat in the summertime was back in 1988. We sat in July and August. Yes, technically it was not a formal sitting of the House, but the House still was here and there were questions and answers were being provided. Opposition parties, all members, were afforded the opportunity to ask hundreds of questions on a wide variety of issues. Members who are interested to know what kinds of questions were asked can look at Hansard. It is there and they can read all they want.

We sat more days in the summer months than we lost because of prorogation, but we would not know that if we listened to the Conservatives' spin on the issue. One would think that democracy is falling because of it. The reality is that it is true only if it is convenient for the Conservative Party.

As for filibustering in committees, my goodness, has anyone ever seen a Conservative filibuster a committee? I have seen some boring stuff come from Conservative filibusters. I sat in the chamber and listened to the member for Carleton speak for 14 hours on a budget, and he was talking about all sorts of little rocks and the building. There was 14 hours of it. Do you want to talk about a filibuster? I think he sat down for the last half-hour so the New Democrats or another party would be able to speak, but he prevented any other member from speaking.

I know what a filibuster is, and the Conservatives are good at it. They are very good at filibusters, but when they do not like the filibuster then automatically it is a bad thing and is undemocratic. If my Conservative friends do not want to see ongoing dialogue and discussion in some of those committees, then maybe sit down and work out what it is they would like to be able to talk about.

I sat on committees, and generally speaking, what happens is that there is a consensus about what the agenda is going to look like and what sorts of studies will be done. There are Liberal members of that committee who are very concerned. They want to start looking into some of these very serious impacts of the COVID-19 virus. Mental health is an excellent example.

What about the issue of home care services? Look at the percentage of seniors who are dying as a result of COVID-19 in care facilities. Liberals, and I hope all members, should be very much con-

cerned about that. Maybe it is time we focus the Standing Committee of Health on that issue. These are just ideas that come to my mind. I suspect if we were to canvass the members of the committee we would find there are many different ideas.

The member for Calgary Nose Hill, who moved this motion, said that it was the standing committee that sets the agenda and she was right. Allow them to do their job. She does not want to do that. The Conservative leadership does not want to do that now. Why? It does not quite fit what it is they want.

I believe the Conservatives duck here, hide around there, say what it is they want and try to give the impression they are fighting for Canadians when, in reality, there has been absolutely zero change in the priorities of the Conservative Party since Stephen Harper was the prime minister and they lost the election five years ago.

• (1810)

I witnessed that when I was sitting in the third party when our current Prime Minister was elected as leader of the Liberal Party. At that time, the Conservative Party spent hundreds of thousands of dollars on advertising, trying to tell Canadians how bad the Liberal leader was at the time. Nothing has changed. The Conservatives continue to do that, and that is why I believe that the Conservatives have zero credibility on the issue.

Even today, how many of them want to talk about scandals? I have far more confidence in the Commissioner of Ethics than I have in the Conservative Party, as all Canadians do. The Office of the Ethics Commissioner is very new to Parliament, as an independent office. Imagine if the office had been here during the in and out scandal or if it had been around here when we had one Conservative member go to jail in handcuffs? What about the Airbus incident?

The Conservatives like to say, “Oh, those Liberals and the Ethics Commissioner.” The Ethics Commissioner is doing a job that we expected them to do. There will be modifications over the years as the Ethics Commissioner educates all of us in terms of what our responsibilities are.

The Conservatives mentioned Frank Baylis. I know Frank. Listening to the Conservatives, we would think that there is a contract between Frank Baylis and the Government of Canada. That is just not true, but yet they will still say it because they want CTV, CBC and all the TV networks to say, “There is this huge conflict. Let us get to the bottom of this.” The Conservatives have no qualms about exaggeration, rumours, hearsay or anything of that nature. That is their priority.

From day one and continuing, as the Prime Minister himself said just the other day, we are not going to continue to allow the Conservative Party to play the games of obstruction and trying to take civil servants away from what they need to do and they do best, which is to serve Canadians so that we can have an economy and a society as a whole that is healthier and able to do the things that we need to do.

As a government, we have an obligation to support Canadians as a need. Yes, it is a minority government and we will continue to work with opposition parties, even the ones that are challenging most of the time, but we still continue to work. Let me remind members that as much as it is important that the Liberal Party understands it is a minority, it is important to recognize that the opposition parties also have a responsibility.

At this point in time, I would like to move, seconded by the hon. member for Glengarry—Prescott—Russell, that the amendment be amended by deleting all the words starting with “minutes” and ending with the word “committees”, and replacing them with the following: “documents or information that constitute cabinet confidences or that could jeopardize the health and safety of Canadians as determined by the Clerk of the Privy Council”; and, by adding after “seven days”, the words, “at a time”.

• (1815)

The Deputy Speaker: We just went through this a short time ago, so members will know that when an amendment or, as in this case, a subamendment is proposed, it must get the consent of the mover of the principal motion.

I therefore ask the hon. member for Calgary Nose Hill if she consents to the subamendment.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Mr. Speaker, I would note that in the text of the motion right now it does include exemptions for cabinet confidence as it relates to minutes of the cabinet meeting, contractual obligations, national security obligations, personal health information. It is a very extensive list. After the health minister did not specify anything during the House—

The Deputy Speaker: I think we are looking for a yes or no, please.

Hon. Michelle Rempel Garner: Mr. Speaker, I am deliberating this. The Liberals did not consult with us at all today. I think that we have it right on this side, so I am really excited. The answer is no.

The Deputy Speaker: There being no consent, therefore pursuant to Standing Order 85, the subamendment cannot be moved at this time.

It being 6:15 p.m., it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of the business of supply. The question is on the motion and the amendment to the motion.

Pursuant to an order made Wednesday, September 23, we do not proceed to a voice vote. Accordingly, if a member present here in the House wishes that a recorded division be held or that the amendment be accepted on division, I ask them to rise in their place to indicate that they wish a recorded division.

And one or more members having risen:

The Deputy Speaker: Accordingly, pursuant to an order made on Wednesday, September 23, the division stands deferred until Monday, October 26, at the expiry of the time provided for Oral Questions.

Adjournment Proceedings

I see the parliamentary secretary to the government House leader rising on a point that may be of curiosity to the House.

Mr. Kevin Lamoureux: Mr. Speaker, I suspect that if you were to canvass the House, you might get unanimous consent to call it 6:30 p.m.

The Deputy Speaker: Is it the pleasure of the House to see the clock at 6:30 p.m.?

Some hon. members: Agreed.

ADJOURNMENT PROCEEDINGS

A motion to adjourn the House under Standing Order 38 deemed to have been moved.

[*English*]

PUBLIC SAFETY

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Mr. Speaker, it is a pleasure to have the opportunity this evening to raise a few issues and give the government an opportunity to respond.

We have seen a theme since the 2015 election among the Liberals and the Prime Minister, and the company they keep. We can break down the company they keep into two categories.

In the first group, we have the likes of Liberals Joe Peschisolido and Raymond Chan. As it has recently been reported, they have links to individuals charged in a gangland shooting and to the Chinese Communist Party. Then there are the bad actors in Markham, who were operating a heavily armed, illegal casino. These individuals happen to be Liberal donors. They have met with the Liberal Prime Minister and interestingly donated \$1 million to the Prime Minister's foundation.

Then there is another type of friend. I imagine members know the ones I am talking about, the ones who paid the family of the Prime Minister half a million dollars and who received, in kind, a contract worth half a billion dollars. We all know the organization I am referring to. It is the one that set up a shell company to run that program, with a contribution agreement worth half a billion dollars.

Speaking of shell companies, there is also the Liberal friend, a friend of the Prime Minister, who was given \$237 million for a ventilator contract. Of course, that was run through a shell company. We might be seeing a bit of a theme there. The shell company is paying former Liberal MP Frank Baylis. He is the one who received this sweet contract for his ventilators that did not have regulatory approval anywhere, not just in Canada.

These are just a few examples, and they really speak to the arrogance and entitlement of the Liberals and the Prime Minister. When questions are raised, legitimate questions, about people being criminally charged, they are very quickly cast off by the Liberals. That is a personal attack.

Adjournment Proceedings

What we have is a degradation of confidence in Canadian institutions, and the cause of that is the Prime Minister. He has twice been found guilty of breaking ethics laws, and he is under investigation for a third time. When he faces tough questions, what does he do? He shuts down Parliament; he prorogues it. He says there will be lots of time for questions later. However, when those questions get asked, what does he do? He has his members filibuster at committee. When the opposition brings important issues to the House, what happens? He threatens an election.

Canadians are right to be concerned about the company the Liberals and the Prime Minister keep, but I can say that in this place I find myself in good company, because Her Majesty's loyal opposition is willing to hold the government and the Liberals to account.

● (1820)

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I had somewhat anticipated that we might talk about Elections Canada and some of the issues surrounding it, particularly donation regimes and so forth. I will, like the member has done, put that to the side and take a different approach.

It is consistent with what I just spoke about prior to the adjournment debate. The member is one of a few in the Conservative Party that is charged with the responsibility of ethics, apparently. It was many years ago, when I was an MLA, that I was asked to take on that sort of role. I have seen a lot of change over the years, a change to a higher sense of accountability and transparency in government. There are bits and pieces that I can recall right offhand that I thought were very helpful in terms of making a statement. Let me provide an example of one of them.

When the Prime Minister was the leader of the Liberal Party, he was sitting in the corner where third party members sit. At the time, he stood in the House and asked for leave for what we call proactive disclosure. He asked all MPs to provide proactive disclosure on their budgets. No one would do it. Members denied it outright. We tried it on at least two occasions, though it may have even been more than that. The leader of the Liberal Party then said that, even if the Conservatives did not want to administer it for their members, he mandated proactive disclosure for all Liberal members. As a result, a few months later, the Conservatives were shamed into doing what we had suggested they do. Then a number of months later, the New Democrats did likewise.

I cited that example because I saw that as a step forward. When Stephen Harper established the independence of the Ethics Commissioner's office, I saw that too as a step forward. The Ethics Commissioner was going to find ways to improve our system, and that is exactly what he has done. The member referenced the Prime Minister, but there have been recommendations that go beyond just the Liberal Party. The Ethics Commissioner is doing what he needs to do.

What the Conservatives have clearly demonstrated, and this member, in particular, is one of the front-runners on it, is that they

know how to exaggerate things significantly. The member will say that the former minister of finance had a villa in France. I think that means it is a house or possibly a cottage. Over the summer, I actually purchased a cottage by Lake Winnipeg. I spent a long time there. I loved it. The problem is that I got in late August.

We learn from the Ethics Commissioner and that is the way it should be, whether it is Conservatives being investigated and reported on or Liberals.

I am wondering if the member would recognize that the Ethics Commissioner's office should be respected for the work it does and demonstrate that by saying so.

● (1825)

Mr. Michael Barrett: Mr. Speaker, I would like to congratulate the member on his cottage. I mean no disrespect to him, but I imagine it might not be quite apples to apples with that of the former finance minister, Mr. Morneau.

It is interesting that the member talks about the establishment of the Office of the Conflict of Interest and Ethics Commissioner. That was an establishment set up by the former Conservative government under former Prime Minister Harper, as was the Director of Public Prosecutions. Both of these offices ended up serving as traps that the Liberals walked right into. The DPP stopped the Prime Minister from criminally interfering in a prosecution, though he attempted to, and that was the subject of the "Trudeau Report II". Of course the first "Trudeau Report" was his first foray into breaking ethics laws. He is now under investigation for a third time. The office is doing the work it needs to do. Certainly it gets lots of business from the Liberal Prime Minister.

Mr. Kevin Lamoureux: Mr. Speaker, the member would love the cottage, and he is more than welcome to come visit sometime. It was a pretty good deal at \$60,000. I am quite pleased with it.

I suspect the Ethics Commissioner would have also looked at the senate scandal. The senate scandal involved a wide selection of people. I think it was about a half dozen. There may have even been as many as 10 people who were directly linked to the PMO. I suspect we could have learned something from that. The RCMP was involved.

I look at the Ethics Commissioner and that office as being here to protect us into the future. They are not only there to say, "This is absolutely wrong. Here are these huge fines, and this is the consequence."

Hopefully, as they do, they provide information to new members. Even people such as myself learn from that particular office. I do value its work.

The Deputy Speaker: The motion that the House do now adjourn is 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 6:29 p.m.)

CONTENTS

Thursday, October 22, 2020

ROUTINE PROCEEDINGS

Supplementary Estimates (B), 2020-21

Mr. Duclos 1071

Citizenship Act

Mr. Mendicino 1071

Bill C-8. Introduction and first reading 1071

(Motions deemed adopted, bill read the first time and printed) 1071

Interparliamentary Delegations

Mr. Drouin 1071

Committees of the House

Procedure and House Affairs

Ms. Sahota (Brampton North) 1071

Petitions

Foreign Affairs

Mr. Bergeron 1071

Sex Selection

Mrs. Wagantall 1072

Human Rights

Mr. Longfield 1072

COVID-19 Vaccine

Mr. Powlowski 1072

Questions on the Order Paper

Mr. Lamoureux 1072

GOVERNMENT ORDERS

Business of Supply

Opposition Motion—Instruction to the Standing Committee on Health

Ms. Rempel Garner 1072

Motion 1072

Mr. Lamoureux 1074

Mr. Thériault 1075

Mr. Angus 1075

Mr. O'Toole 1075

Mr. Drouin 1077

Mr. Thériault 1077

Mr. Angus 1077

Ms. Hajdu 1078

Ms. Rempel Garner 1081

Mr. Thériault 1081

Mr. Angus 1081

Ms. May (Saanich—Gulf Islands) 1082

Mr. Scheer 1082

Mr. Lamoureux 1082

Mr. Thériault 1083

Mr. Blaney (Bellechasse—Les Etchemins—Lévis) 1084

Mr. Powlowski 1084

Mrs. Vignola 1084

Mrs. Wagantall 1086

Mr. Drouin 1086

Ms. May (Saanich—Gulf Islands) 1087

Mr. Davies 1087

Mr. Hoback 1090

Mr. Perron 1090

Mr. Powlowski 1090

Ms. Alleslev 1091

Ms. Gazan 1091

Mr. Barlow 1091

Ms. Michaud 1093

Mr. Lamoureux 1093

Mr. Fortin 1094

Mr. Blaney (Bellechasse—Les Etchemins—Lévis) 1094

Mr. Drouin 1095

Ms. Michaud 1095

Ms. Mathysen 1096

Ms. Sidhu (Brampton South) 1096

Mr. Bezan 1097

Mrs. Vignola 1098

Ms. Gazan 1098

Mr. Van Bynen 1098

Mr. Strahl 1099

Mr. Thériault 1099

Mr. Angus 1100

Mr. Duncan (Stormont—Dundas—South Glengarry) 1100

Ms. O'Connell 1101

Ms. Rempel Garner 1102

Ms. Gazan 1102

Mr. Maguire 1102

Mrs. Vignola 1104

Mr. Van Bynen 1104

Ms. Rempel Garner 1104

Mr. Bittle 1104

Mr. MacKinnon 1105

Mr. Patzer 1106

Mr. Savard-Tremblay 1107

Ms. Mathysen 1107

Mr. Longfield 1107

STATEMENTS BY MEMBERS

Human Rights

Mr. Virani 1108

Public Service Tribute

Mr. Epp 1108

Small Business Week

Mr. Weiler 1108

Josette Pelletier	
Ms. Bérubé	1108
Small Business Week	
Mr. Drouin	1108
Cystic Fibrosis	
Mr. Hoback	1109
Small Business Week	
Mr. Beech	1109
Canadian Centre for Women's Empowerment	
Ms. Vandenberg	1109
Veterans Affairs	
Mrs. Wagantall	1109
Secret Path Week	
Mr. McLeod (Northwest Territories)	1110
Cancer	
Mr. Strahl	1110
Order of Canada	
Mrs. Kusie	1110
Guaranteed Livable Basic Income	
Ms. Gazan	1110
Multiple Sclerosis	
Ms. Chabot	1110
Patrice Vincent and Nathan Cirillo	
Mr. Blaney (Bellechasse—Les Etchemins—Lévis)	1111
Small Business Week	
Mr. Lightbound	1111

ORAL QUESTIONS

Health	
Mr. O'Toole	1111
Ms. Freeland	1111
Mr. O'Toole	1111
Ms. Freeland	1111
Mr. O'Toole	1112
Ms. Freeland	1112
Mr. O'Toole	1112
Ms. Freeland	1112
Public Services and Procurement	
Mr. O'Toole	1112
Ms. Freeland	1112
Post-Secondary Education	
Mr. Blanchet	1112
Ms. Freeland	1112
Ms. Michaud	1112
Ms. Freeland	1112
Indigenous Affairs	
Mr. Singh	1113
Ms. Freeland	1113
Mr. Singh	1113

Ms. Freeland	1113
Access to Information	
Mr. Martel	1113
Mr. Rodriguez	1113
Mr. Martel	1113
Mr. Rodriguez	1113
Ms. Rempel Garner	1113
Ms. Hajdu	1114
Ms. Rempel Garner	1114
Ms. Hajdu	1114
Ms. Rempel Garner	1114
Ms. Hajdu	1114
Ms. Rempel Garner	1114
Ms. Hajdu	1114
Public Services and Procurement	
Mr. Therrien	1114
Ms. Anand	1114
Mr. Fortin	1114
Ms. Anand	1115
Mr. Fortin	1115
Ms. Anand	1115
Health	
Ms. Dancho	1115
Ms. Hajdu	1115
Mr. Morrison	1115
Ms. Hajdu	1115
Mrs. Gray	1115
Ms. Hajdu	1115
Post-Secondary Education	
Ms. McPherson	1116
Ms. Chagger	1116
Airline Industry	
Ms. Ashton	1116
Mr. Garneau	1116
Small Business	
Mr. Longfield	1116
Ms. Ng	1116
Public Safety	
Mrs. Stubbs	1116
Mr. Blair	1116
Mrs. Stubbs	1117
Mr. Blair	1117
Agriculture and Agri-Food	
Mr. Maguire	1117
Ms. Ng	1117
Health	
Mr. Doherty	1117
Ms. Hajdu	1117
Airline Industry	
Mr. Barsalou-Duval	1117
Mr. Garneau	1117
Mr. Barsalou-Duval	1117
Mr. Garneau	1118

Veterans Affairs	
Mrs. Wagantall	1118
Mr. MacAulay	1118
Justice	
Mr. Rayes	1118
Mr. Lametti	1118
Airline Industry	
Mr. Godin	1118
Mr. Garneau	1118
Women and Gender Equality	
Ms. Dhillon	1118
Ms. Monsef	1119
Telecommunications	
Mr. Nater	1119
Ms. Monsef	1119
Mr. Seeback	1119
Ms. Monsef	1119
Access to Information	
Mrs. Block	1119
Mr. Duclos	1119
Small Business	
Mr. Finnigan	1119
Ms. Ng	1119
Child Care	
Ms. Mathysen	1120
Mr. Hussen	1120
Health	
Mr. Manly	1120
Ms. Hajdu	1120
Business of the House	
Mr. Deltell	1120
Mr. Rodriguez	1120

GOVERNMENT ORDERS

Business of Supply	
Opposition Motion—Instruction to the Standing Committee on Health	
Motion	1120
Ms. Bendayan	1120
Mr. Melillo	1122
Mr. Green	1122
Mr. Scarpaleggia	1122
Mr. Trudel	1123
Mr. Doherty	1123
Mr. Lamoureux	1124

Ms. Bérubé	1124
Mr. Johns	1125
Mr. d'Entremont	1125
Mr. Lamoureux	1126
Ms. Larouche	1126
Ms. McPherson	1127
Mr. McKinnon	1127
Mr. Sloan	1128
Mr. Trudel	1128
Mr. Davies	1128
Mr. Jowhari	1129
Ms. Alleslev	1130
Ms. Chabot	1130
Mr. Johns	1131
Mr. Baldinelli	1131
Mr. Lamoureux	1132
Mr. Simard	1133
Ms. McPherson	1133
Mr. Kitchen	1133
Mr. Fisher	1135
Ms. Larouche	1135
Mr. Green	1135
Mrs. DeBellefeuille	1136
Mr. Barlow	1137
Mr. Lamoureux	1137
Ms. Collins	1138
Mrs. Gill	1138
Ms. Rempel Garner	1139
Mr. Lamoureux	1139
Mr. Johns	1140
Mrs. Falk (Battlefords—Lloydminster)	1140
Mr. Lamoureux	1142
Mr. Sloan	1142
Mr. Trudel	1142
Mr. Johns	1142
Mrs. Block	1143
Amendment	1144
Ms. Rempel Garner	1144
Mr. Lamoureux	1144
Ms. Chabot	1144
Mr. Lamoureux	1144
Ms. Rempel Garner	1147
Division on motion deferred	1147

ADJOURNMENT PROCEEDINGS

Public Safety	
Mr. Barrett	1147
Mr. Lamoureux	1148

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