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Speaker: The Honourable Anthony Rota



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HOUSE OF COMMONS

Wednesday, December 2, 2020

The House met at 2 p.m.

Prayer

• (1405)

[*English*]

The Speaker: It being Wednesday, we will now have the singing of the national anthem led by the hon. member for South Okanagan—West Kootenay.

[*Members sang the national anthem*]

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SOUND QUALITY AND INTERPRETATION IN HOUSE PROCEEDINGS

The Speaker: I would like to make a brief statement regarding the participation of members in hybrid sittings of the House.

As a result of the COVID-19 pandemic, the House has adapted or changed some practices to allow for hybrid sittings. This is to ensure the safe participation of members, whether they are physically present or participating via video conference.

The introduction of the technology allowing hybrid sittings allows members to speak and hear the proceedings of the House in the official language of their choice. I would like to remind everyone that if they are not speaking, to please turn off their mikes or put them on mute.

To be effective, however, interpreters following the proceedings must be able to hear what is being said so they can repeat it in the other language. It is not possible to allow simultaneous interpretation when the audio quality is not good enough. This has led to interpretations that are disruptive to the proceedings.

The Chair understands that House leaders and whips have taken steps to address this problem and remind all members to abide by the best practices with respect to video conferencing, including the use of House-approved audio equipment.

[*Translation*]

Using such equipment will reduce the chances of disruption and improve the smooth conduct of our deliberations. Equally important, I want to remind members to perform the necessary connectivity and audio quality tests before participating in the proceedings. IT ambassadors are available should members need assistance or wish to confirm that their setup meets the required standards.

[*English*]

To this end, members have to use the proper audio equipment and connectivity in order to participate in debate remotely. This will be the best way to allow our proceedings to continue uninterrupted in both official languages.

[*Translation*]

I thank all hon. members for their attention in this matter.

STATEMENTS BY MEMBERS

[*English*]

NEW BRUNSWICK

Mrs. Jenica Atwin (Fredericton, GP): Mr. Speaker, an ode to N.B.:

Some words of support and appreciation,
Some love for New Brunswick sent across the nation
To entrepreneurs pushing side hustles,
To our front-line workers and our own Dr. Russell.
Our citizens acted to protect others,
Thinking of nurses, sisters and brothers.

With so much at stake and facing such trouble,
We did our best to stay safe in the bubble.
Once thought of as Canada's sleepy drive-through,
The desire to visit steadily grew.
Come find us online and see what is in store;
When this is all over, come visit our shores.

We have the highest tides, farmers markets with loot,
The longest covered bridges and the biggest axe to boot.
A diverse place, home to rich cultures and celebrations,
Like Harvest Jazz and Blues, and *Mawi'omi* in first nations,
Harbours and haunts with lobsters and fiddles,
Acadian hospitality and Moncton in the middle.

From St. Andrews to Stonehaven, Madawaska to Dalhousie,
We are fun-loving Maritimes and we say it proudly,

[*Translation*]

Let's go, everyone.

[*English*]

We would love to see you here.
Come for the "Frenghish" and stay for the beer.
But until the time we can meet again,
Stay two metres apart, mask up and stay safe, my friends.

Happy holidays.

Statements by Members

● (1410)

ROGER NUGENT

Mr. Ken McDonald (Avalon, Lib.): Mr. Speaker, earlier this year, Roger Nugent of Conception Bay South, a son, a loving husband and friend, passed away at the age of 60.

Roger was a good friend of mine. As kids, we started school together, and we graduated high school alongside one another in 1976. He was a great guy who was always up for a laugh or a lark, but was never one to cause trouble. He was a man who loved hunting, fishing or anything to do with the great outdoors.

Over the years, I spent a lot of time in the Nugent family home. I was always welcomed and made to feel safe. Roger is missed by many, but especially by his loving wife, Bernice; his parents, Tony and Ursula; his brothers and sisters, Kenny, Terry, Debbie and Joy; and of course his best buddy, his dog, Chipper.

Roger, my friend, will be missed. May God bless him.

* * *

HOLIDAY SEASON

Mr. Gerald Soroka (Yellowhead, CPC): Mr. Speaker, I want to encourage my constituents and those across the country to shop local this Christmas.

This year has been tough, especially for small businesses. Many small business owners I have spoken to since the pandemic began say they are barely hanging on. No matter how difficult the circumstances, small businesses truly are the foundation of our communities. Even just one purchase, when amplified across the whole community, could make a big difference.

Some small business owners are seeing more people shopping local, which is good to hear. Looking back on 2020, this has not been an easy year for anyone. My constituents have preserved and remain hopeful, despite all 2020 has thrown at us.

I want to take a moment to wish you, Mr. Speaker, and all my colleagues and, most of all, my constituents of Yellowhead a very merry Christmas and a happy, healthy and prosperous New Year. This holiday season, I remind everyone to shop local.

* * *

CAM'S KIDS

Ms. Jennifer O'Connell (Pickering—Uxbridge, Lib.): Mr. Speaker, I rise today to honour Gordon Hicks, a resident of Uxbridge, Ontario, who is being appointed as a member of the Order of Canada.

Gord and his family founded Cam's Kids, a foundation focused on ensuring that no child's mental health issues restrict their potential. The foundation is named after Gordon's son, Cameron, who struggled with anxiety and tragically passed away during his first year at the University of Ottawa.

What makes Gord so inspiring is his ability to translate the pain of losing his son into meaningful work to help prevent other families from suffering the same loss. When speaking to Gord, he explained that the pain of losing a loved one never fades, yet he and

his family wanted to turn Cam's tragedy into helping other young people. They felt if they could help save even one person, then they would make a real difference in honour of Cam.

Cam's Kids has ambassadors in universities and colleges across the country, and has supported countless young people, which is a powerful legacy in Cam's honour. We thank Gord and the Hicks family for the betterment of our community and our country, and wish him congratulations.

* * *

[Translation]

LOUIS PLAMONDON

Mr. Yves-François Blanchet (Beloeil—Chambly, BQ): Mr. Speaker, our very esteemed colleague, the member for Bécancour—Nicolet—Saurel, our friend, my friend, now holds the record for longest serving French-speaking member of the House of Commons. He has been a member of the House for 36 years, two months and 28 days today.

On behalf of the Bloc Québécois I want to humbly recognize his total commitment to his constituents and his close, often personal, relationship with them, as well as his commitment to Quebec sovereignty because he is the dean of separatists in the federal Parliament and he has all sorts of new friends. I said I make this statement humbly because, after all, I am talking on behalf of a party that the member founded in his riding of Sorel-Tracy with Lucien Bouchard.

Adored and adorable, wise, but not overly so, my colleague won the confidence of his constituents 11 times because he is there for people, he listens, and he will do anything for the people and businesses in his part of the country.

I am confident that he will convince them to vote for him a twelfth time, and if he does, he will beat Wilfrid Laurier's century-old record. We will wait until just after that for Quebec to separate.

Congratulations. It will be a pleasure to continue writing history together.

* * *

● (1415)

INTERNATIONAL DAY OF PERSONS WITH DISABILITIES

Ms. Patricia Lattanzio (Saint-Léonard—Saint-Michel, Lib.): Mr. Speaker, tomorrow is the International Day of Persons with Disabilities.

Unfortunately, persons with disabilities often have the hardest time accessing health care, education and jobs. They are at high risk of poverty, violence and neglect, and are often the most marginalized individuals in communities in crisis.

As a society, it is our responsibility to make sure nobody is left behind during this pandemic and to rebuild a stronger, more inclusive society. Let's commit to rebuilding our country together with Canadians with disabilities, and let's make sure they get full access to the services and care they need.

[English]

MURRAY CHURCH

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Mr. Speaker, I would like to share a story about the community coming together in Merritt, British Columbia, to rebuild the historic Murray Church after it burned down from a pointless act of arson in January 2019. I am happy to say that the church has reached nearly \$170,000 of its \$200,000 goal. It recently held a groundbreaking ceremony with the hope of construction next year. The fire caused a lot of anger and heartbreak for the people of Merritt, but they have taken a difficult situation and, despite all the challenges they have faced, turned it into something that people could rally together on. The spirit of community is extended right across this great country, as many Canadians have contacted Trinity United Church to show their support. My congratulations go to all involved.

As we enter the holiday season, let us remember that we are all part of a community and what that means. Let us give back to those we love and those in need. Let us look to positive examples like Merritt, and know we can overcome anger and sadness and come together as a country.

* * *

CONSERVATION AUTHORITIES ACT

Mr. Adam van Koevorden (Milton, Lib.): Mr. Speaker, today, I join Halton mayors and conservation authorities across Ontario, and state my extreme frustration with Ontario's Bill 229, schedule 6 amendments to the Conservation Authorities Act.

Conservation authorities, such as Conservation Halton, have served the interests of Ontarians for over 60 years. They have not only worked to conserve the environment, but they have ensured the resilience of ecologically important watersheds such as ours in Halton. Locally, ours has planted four million trees. It manages over 11,000 acres of land, employs hundreds of people, educates millions of kids and provides a place to play, hike, swim, paddle and ski for millions of Ontarians every year. Conservation authorities do essential work. They are experts, researchers, guardians and stewards. The environment does not stop at the stream or the trailhead. When environmental protections are reduced, it undermines human health.

I appreciate that this is a provincial matter, but it affects everyone. I ask that Premier Ford and his government withdraw schedule 6 from Bill 229, and uphold the integrity of conservation authorities in Ontario so they can continue protecting our natural environment and the collective well-being of Ontarians.

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[Translation]

ORLEANS PARADE OF LIGHTS

Mrs. Marie-France Lalonde (Orléans, Lib.): Mr. Speaker, despite the challenges, the traditional Orleans Christmas parade has been reinvented this year.

The first parade took place in 1994, and it has grown to become Canada's largest after-dark Santa Claus parade with crowds of over

Statements by Members

100,000 in attendance. Thanks to the incredible work of the Ottawa Professional Fire Fighters Association and its partners, we will be able to experience the magic of Christmas once again. The 26th edition of the Orleans Parade of Lights takes place on December 5, from 5 p.m. to 8 p.m. In keeping with today's realities, it will feature a static, drive-through display at the OC Transpo Park & Ride on the north side of Place d'Orleans.

I invite everyone to join me in taking part in this amazing drive-through initiative, whose purpose is to collect toys and money for our community's less fortunate.

Thank you, and I hope to see you Saturday.

* * *

[English]

COVID-19 VACCINE PLAN

Ms. Leona Alleslev (Aurora—Oak Ridges—Richmond Hill, CPC): Mr. Speaker, a failure to plan is a plan to fail, and Canada has no COVID-19 vaccine plan. The government has secured access to the vaccine. What it has not done is told us who, when, where, what or how Canadians will get it. Worse still, the Liberals are attempting to downplay the severity that Canada's lack of a plan implies.

As a former military logistician, I cannot overstate that the complexity of the prioritization, transportation and security of the vaccine distribution must not be underestimated. The vaccine may not be available yet, but the value of being ready when it is will be measured in deaths prevented and livelihoods saved.

The government has had months to prepare, but has failed to act. Canadians are waiting. Canadians need a national COVID-19 vaccine plan, now.

* * *

LOCAL SMALL BUSINESS

Mr. Wayne Long (Saint John—Rothesay, Lib.): Mr. Speaker, my riding of Saint John—Rothesay is currently in the midst of its second wave of the COVID-19 pandemic, and our local small businesses are again bearing the brunt of the economic impact of the increased public health restrictions that are necessary to flatten the curve.

Statements by Members

The last three months of the year are when most retailers make more than 40% of their annual revenue. For small retail businesses in our community, the second wave could not have come at a worse time. As a former small business owner, I know first-hand how critical small businesses are to our community. They are truly the backbone of our local economy. That is why I am committed to standing up for small businesses in my riding in the House. I also rise today to encourage the people of my riding to support local small businesses when they do their holiday shopping this year.

This holiday season, let us all give back to those who give our community so much all year, by gifting local.

* * *

● (1420)

FOREIGN AFFAIRS

Mr. Ron Liepert (Calgary Signal Hill, CPC): Mr. Speaker, for nine months Canadians have isolated, worn masks and had their lives significantly disrupted, but those are inconveniences that pale in comparison to what two Canadian citizens have had to endure in China. It is going to be two years, in a couple of days, since Michael Spavor and Michael Kovrig were detained arbitrarily by the Chinese government.

Michael Spavor's family members are constituents of mine, and while believing that much has been done to secure his release, they are getting concerned for his well-being and for the toll that this is starting to take. While Meng Wanzhou is given due process and almost total freedom in Vancouver, Michael Spavor has been a total prisoner of the Chinese government, in apparent retaliation for her arrest.

The Spavor family is grateful for the work of Canadian officials, including ambassador Barton, during these past two years. However, today I am calling on the Minister of Foreign Affairs to elevate this file and secure the freedom of these two innocent Canadian citizens.

* * *

KEYSTONE XL PIPELINE

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Mr. Speaker, I stand today on an issue close to my constituents: the Keystone XL pipeline. This important endeavour is now the subject of scrutiny south of the border, as the new administration is taking office.

COVID-19 shook the lives of every Canadian. It took the jobs of many, and now we need to prepare for our economic recovery by safeguarding projects of national interest, such as Keystone XL.

I call on the Liberal government to set aside our political differences and help advocate for this important project to get Canadian resources to market. Together, we can save Keystone XL and, with it, thousands of well-paying jobs in Alberta for the sake of national unity.

BIRTHDAY CONGRATULATIONS

Ms. Rachel Blaney (North Island—Powell River, NDP): Mr. Speaker, on November 27, one of my constituents, Rose Jacobson, celebrated her 100th birthday.

To this day, Rose can still rattle off her name in Morse code because of her service in the Second World War. She became an expert in many codes during her years of service.

Rose grew up in Montreal, and when the call came for women to join the forces, she left her job to do so. Rose said that the initial reaction to women in the army was a bit awkward, and some thought it was a bit of joke, but in time, she and her peers earned respect for their work to support the war effort.

From 1942 until the end of the war in 1945, Rose spent much of the war training pilots, and some of them were from Australia and New Zealand. She said that she did not choose to be an instructor. They chose her.

Rose married a military man, Edwin Christopher “Jake” Jacobson, and over the years they had three daughters: Sharon, Diane and Lynne.

Today we celebrate Rose, her accomplishments and her tremendous service to this country.

We thank Rose and wish her a happy birthday.

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[*Translation*]

MERCIER-EST COMMUNITY ORGANIZATION

Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ): Mr. Speaker, I am delighted to rise to mark the 35th anniversary of an organization in Mercier-Est called “Le Chez-Nous”, a vital community hub for people aged 55 and over in La Pointe-de-l'Île.

For the past 35 years, Le Chez-Nous has been offering recreation activities, coordinating outreach services and providing compassionate support to our most vulnerable seniors. What is important to highlight today, however, is the vitality of its members and the dedication of its volunteers. These women and men make an enormous contribution that reaches far beyond the organization's walls. They help maintain intergenerational ties and have a positive impact on the entire Tétéreaultville community.

It is a great honour for me to wish a happy 35th anniversary to Carmen Diaconescu, the chair of the board of directors, Melda Saedi, the executive director, and the 1,000 members of that organization.

Happy 35th anniversary, Le Chez-Nous, and keep up the good work.

• (1425)
[English]

PARRY SOUND—MUSKOKA

Mr. Scott Aitchison (Parry Sound—Muskoka, CPC): Mr. Speaker, as we approach the Christmas season, I think it is safe to say that we will all be glad to put 2020 behind us.

In Parry Sound—Muskoka, communities have come together to support each other and our most vulnerable, especially seniors. First responders, paramedics, firefighters, police, nurses, doctors and support staff have all served our community admirably through this crisis. Now we are turning our attention to real and meaningful recovery.

In Parry Sound—Muskoka, recovery starts with building on our strengths: our natural resources, lakes and waterways, our clean environment and, most importantly, our people. What the people of Parry Sound—Muskoka are looking for from government is a real plan on vaccine delivery, an economic plan that includes more than massive and crushing debt, access to reliable and affordable Internet, and delivery on attainable housing promises.

What we need is the certainty, clarity and competence a Conservative government would deliver.

* * *

VIOLENCE AGAINST WOMEN

Ms. Yvonne Jones (Labrador, Lib.): Mr. Speaker, as we approach the National Day of Remembrance and Action on Violence against Women, I stand to remind colleagues and all Canadians that for too long victims of gender-based violence have had to suffer in silence. One-third of women in Canada over the age of 15 face gender-based violence. This is staggering, and we must all work together to ensure the protection of all women.

In Labrador and across Canada, I commend the efforts of those working hard to help women and children who are fleeing violence and who are calling others to action in support of their safety. Whether it is the women's transition house in Nain, Sheshatshiu, Natuashish, Rigolet, Happy Valley Goose Bay or Labrador City, or the Selma Onalik Safe House in Hopedale, we know that there are safe places for women and children to turn for help across Labrador.

Our government is committed, and we will not stop the heavy lifting that is required to help victims of gender-based violence, because together we can create a society where all people feel safe, including all women.

ORAL QUESTIONS

[English]

HEALTH

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, in May, the government signed with Chinese pharmaceutical giant CanSino to manufacture a COVID-19 vaccine. In late August, the deal fell apart. It was not until September 16 that the government opened up a new approval stream for COVID-19 vaccines

Oral Questions

that could be imported to Canada. The first approvals were not applied for until October.

Why did the Prime Minister cost Canadians five months in the vaccine race because he wanted to partner with China?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, from the spring we knew that the way through this pandemic was going to be with vaccines, so we set out to make deals and to find out how many vaccine companies we could sign potential deals with. We actually signed and announced deals with Moderna and Pfizer in early August, well before the CanSino project fell through.

We put all our eggs in as many different baskets as possible, and that is how we have the most diverse portfolio of vaccines and more doses potentially per capita than any other country in the world. We have been there for Canadians.

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, the Prime Minister partnered with CanSino first in May. We know from Global News today that CSIS had been warning the government about CanSino for years. In fact, we asked the public safety minister last week if intelligence officials had briefed the Prime Minister and the government about risks on CanSino. He refused to answer, and Canadians deserve answers.

How delayed is our vaccine response going to be because the Prime Minister preferred to partner with China ahead of everyone else?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, the answer is not at all, not delayed at all. We set out to ensure we were knocking on every single door. We were ensuring that regardless of which companies or which researchers found the vaccine first, Canadians would get doses of those vaccines. That is how we ended up with the broadest portfolio of potential vaccines of most countries in the world and more doses per capita than just about any other country.

We have been there with a solid plan to ensure that Canadians get vaccinated when the time comes.

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, "what China did, is they got what they needed (from Canada) and they stopped the vaccine shipment. This neutralizes the ability for Canada to participate in developing the vaccine." This is the assessment of a leading intelligence expert on how the Liberal government got played by China.

Why did the government bet our nation's health, our economy, on a partnership that it was told was against our national security interest?

Oral Questions

• (1430)

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, once again, the Conservative Party is just making things up. We actually secured the broadest range of vaccine potentials. We knocked on every door to ensure that Canadians would maximize their chances of getting an effective vaccine when they came through.

Yes, when CanSino withdrew, we went from potentially eight deals with vaccine makers to seven deals with vaccine makers. However, those seven deals that we have cover the best portfolio of any country in the world and more doses per citizen than just about any other country.

That is the leadership we have shown. That is how we have Canadians' backs.

The Speaker: I want to remind hon. members of the way it works. When a member is named, he or she asks the questions, not while the person is answering. That just does not work in the chamber, and it is causing a lot of distractions. I wanted to point that out for those who have forgotten the rules.

The hon. Leader of the Opposition.

[*Translation*]

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, between April and June, France is going to vaccinate its entire population. In the United States, the entire population will be vaccinated by June. In Canada, our Liberal government is saying that only a few Canadians will be vaccinated by September.

How are Canadians going to feel when the U.S. economy reopens and we have to remain in lockdown? Why the delay?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, Health Canada is currently fast-tracking its study of four different vaccines, and we have obtained tens of millions of doses of all those vaccines for Canadians.

We want to ensure safety. Our priority will be to assure Canadians that these vaccines are safe, but, at the same time, we have been able to guarantee that Canadians will get their doses. We will get through this pandemic together. We will make it to the other side thanks to everything we are doing together.

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, this week, the Deputy Prime Minister tabled an economic update, but the truth is that it is just words.

Without a plan for rapid tests and vaccines, there will be no economic recovery—none. The Liberal government did not have the guts to make sure that Canadians were at the front of the line for vaccines.

Quebeckers are worried and Christmas is coming. It is time to give them hope.

When will the government come up with a plan to give hope to the nation?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, if the Conservatives want to talk about a plan, let us talk.

We are protecting the health of Canadians with this economic statement. We are ensuring that all Canadians have access to an effective, safe and free vaccine. The plan will help our economy to come roaring back with a wage subsidy of 75% for businesses and measures for the hardest-hit sectors.

This plan will help us turn things around for the better for all Canadians. We all remember the damage caused by the Conservatives when they pushed austerity too quickly after 2008-09. We will be there for Canadians.

Mr. Yves-François Blanchet (Beloeil—Chambly, BQ): Mr. Speaker, Canada's Constitution establishes beyond a doubt that health is the exclusive jurisdiction of the provinces, including Quebec.

The federal share of funding for the health system, which was 50%, began to drop in 1977, and that trend has continued to this day.

This is my question: Given that the provinces and Quebec need predictability to manage the crisis and hopefully emerge from it—although the Prime Minister is unable to give us a timeline for that—can we ask him if he is going to defy his own Constitution and let funding for the provinces continue to drop?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, Canadians are proud of their health care system and expect us to work together to improve it.

We gave the provinces and territories \$19 billion to help them restart their economies safely while dealing with the pandemic. We are investing \$11 million to help the provinces and territories improve access to home care, community care and mental health services.

We will provide more than \$200 billion for health care systems over the next five years to the provinces and territories for the health system, and we will always work together to protect the health and safety of all Canadians.

• (1435)

Mr. Yves-François Blanchet (Beloeil—Chambly, BQ): Mr. Speaker, I find it fascinating that pre-written answers are supplied to questions that have not yet been asked.

I am all ears if he wants to open up the Constitution because he cannot hold up his end of the deal. I have a couple of ideas for him.

How can the Prime Minister claim that everything is fine when he just got a kick in the teeth from the Quebec National Assembly, which unanimously adopted a motion calling on the government to hand over the money and mind its own business with respect to long-term care homes?

Will the Prime Minister continue to disregard his obligations to Quebec and the provinces?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we have been working closely with the provinces and territories to support Canadians throughout pandemic.

We got money directly to Quebeckers and Canadians through CERB, assistance for small businesses and the Canada emergency wage subsidy.

We have continued to transfer additional money to help the provinces and territories shoulder the additional costs of the health care system and the school system.

We recognize that we need to work together and respect provincial jurisdictions. We will continue to work together to help Canadians and build a better future.

Mr. Jagmeet Singh (Burnaby South, NDP): Mr. Speaker, Australia has published its COVID-19 vaccination plan on its website. The United Kingdom just approved a vaccine and will be administering it next week. Canada, in contrast, does not yet have a comprehensive COVID-19 vaccination plan. People deserve to know what the plan is.

When will we get a vaccine, and who will get it? What is the COVID-19 vaccination plan?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, since the spring, we have been working with the provinces and territories to distribute vaccines across the country.

We worked with the Canadian Armed Forces and immunization experts to establish priority lists and ensure that we have the capacity to deliver the vaccines.

We have worked and will continue to work with the provinces and territories to distribute these vaccines, just like Canada distributes 19 million flu vaccines to Canadians across the country every year. It is a huge challenge, but we can and will keep our promises.

* * *

[English]

INDIGENOUS AFFAIRS

Mr. Jagmeet Singh (Burnaby South, NDP): Mr. Speaker, the Liberal government has just acknowledged that it will break a commitment to the indigenous people for clean drinking water.

I want the Prime Minister to hear what this means from a nine-year-old girl named Bee Moonias from the Neskantaga nation who will not be able to go home. She says, “Sometimes, I feel like we don't exist. Like, nobody knows that we have no clean water. Like, we're just ghosts and we're just put in a drawer, in a box.”

Could the Prime Minister look Bee Moonias in her eyes and tell her why this country has not provided clean drinking water?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, my thoughts—

The Speaker: I will stop the right hon. Prime Minister. Someone has their microphone on at home. I want to make sure that everyone has their microphones on mute.

The right hon. Prime Minister.

Right Hon. Justin Trudeau: Mr. Speaker, we have been working closely with communities right across the country, including Neskantaga and its citizens, to ensure that we are giving them all the support they need through this pandemic.

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In terms of drinking water, decades of neglect led to the unacceptable reality of first nations on reserve not having access to safe, clean and reliable drinking water. We remain aggressively committed to lifting all long-term advisories and ensuring first nations can have clean water now and into the future. The feds provided an additional \$1.5 billion to accelerate this commitment. We will continue to work in partnership with first nations to get it done.

* * *

● (1440)

HEALTH

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Mr. Speaker, there will be three ways of vaccinating people: hospitals, vaccination centres and in the community with GPs and pharmacists. Around 50 hospitals are on standby and vaccination centres in venues such as conference centres or sports stadiums are being set up now. This is with regard to a COVID vaccine that is being released to the public tomorrow.

I wish we could say that here in Canada. Instead, we have to congratulate our friends in the United Kingdom for getting their act together.

The question is this: When will the Prime Minister give that exact same information to Canadians?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, every step of the way we have relied on experts and scientists to give us recommendations on how to move forward on a rollout of vaccines right across the country. We have worked closely with the provinces and territories and we will continue to. We put the Canadian Armed Forces' Major-General Dany Fortin in charge of the logistics of rolling it out and coordinating with the provinces and territories on vaccines.

Right now, as we speak, Health Canada is looking at four different vaccine candidates, candidates that are leading around the world and that we have signed up for tens of millions of doses. Canadians will be covered on vaccines.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Mr. Speaker, just moments ago, on CJOB in Manitoba, Manitoba's chief public health officer, Dr. Roussin, came out and said that Manitoba's vaccine supply will be very limited in the early months of next year. That is in direct contradiction to what the Prime Minister just said. Meanwhile, they are hearing that New York state is going to have 170,000 doses for deployment on December 15.

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Does the Prime Minister realize that he is going to have to update his talking points binder and give Canadians some information on when they are getting that vaccine and where, as opposed to just spouting nonsense about his failure to plan?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, allow me to begin by again telling the people of Manitoba and their public health officer that as a federal government we will continue to be there to support them while they go through this difficult time. We are there to support Manitoba, like we are there to support premiers right across the country who are facing a rise in cases.

Part of that is making sure that we are able to deliver on the tens of millions of vaccine doses that we have secured because we have access to the largest range of vaccines of just about any country in the world. We did the work early on in securing doses for Canadians so that we can all get through this pandemic together.

* * *

[Translation]

FOREIGN AFFAIRS

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, it was reported today that CanSinoBio's Canadian-educated scientists were also working for Chinese Communist Party information collection networks.

What is worse, CanSinoBio's co-founders are participating in the program, which aims to transfer knowledge and research results from Canada to China. We now know that CanSinoBio never intended to honour the deal. Worse still, our Canadian intellectual property is now in the hands of the Chinese government. Why did the Prime Minister sign that deal with CanSinoBio knowing these facts?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, several years ago, the partnership with CanSinoBio resulted in the distribution of a vaccine for the Ebola virus in West Africa, a collaboration that had a significant and positive impact around the world.

That is why we considered CanSinoBio among all the other vaccine candidates we studied. We followed up and had negotiations and discussions with many companies that produce different vaccines. As a result, we now have the best portfolio of potential vaccines in the world, and more potential doses per Canadian than any other country in the world.

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, that is nonsense.

We are currently talking about CanSinoBio, a company whose CEO and executive director were identified as members of China's Thousand Talents Plan to act as informants for the Chinese Communist Party.

This is not the first time that the Liberal government is letting Canada's information and intellectual property flow to China. These are serious security risks for Canada. Why does the Prime Minister keep working with the Chinese communist regime?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, my responsibility as Prime Minister is to ensure the health and safety of Canadians. That is what I did and what I will always do. I

will work with anyone who can help ensure the safety of Canadians.

The Conservatives are saying that they would not have worked with China. That is their choice, but we are busy ensuring that we have access to more vaccines per person than any other country. Indeed, we sought to partner with all kinds of people to ensure the safety of Canadians.

While they cling to politics and ideology, we will work for Canadians.

* * *

● (1445)

[English]

HEALTH

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Mr. Speaker, Canadians trust our Canadian Armed Forces to get the job done, but nobody trusts the Liberal government. Instead of hiding its vaccine plan behind a veil of secrecy, perhaps the Prime Minister could answer some very basic questions. Canadians deserve to know exactly how our military is going to be used.

How many troops have been placed on high readiness? How many military aircraft will be deployed to deliver vaccines? When will vaccines be delivered by our troops to communities in remote and northern areas? Can the Prime Minister simply give us some dates, numbers, timelines, anything?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, from the beginning, Canadians have had a simple question: When is this pandemic going to be over; when do we get back to our lives; when do we get through this?

The answer is we will get through this with vaccines and we are working to do it as quickly as possible. That is why we secured access to more vaccines per person than just about any other country in the world from a large range of potential vaccine-makers. We did not have a vaccine against COVID-19 because there was not one until very recently. We are going to ensure that we have vaccines for Canadians and we are counting on the Armed Forces to help.

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, last night on a call with MPs, Dr. Njoo suggested the spoilage rate for the Pfizer vaccine would be as high as 5%. That is critical information the government has kept hidden from Canadians.

We do not know when the vaccine is arriving, we do not know how it is being distributed, we do not know which Canadians are going to receive it first, and the Minister of Health is laughing at these questions today.

If the Prime Minister thinks we are all in this together, why does he refuse to publish a plan so that we can all be in this together?

Oral Questions

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, from the beginning of this pandemic we have worked closely with scientists and experts on everything from the prioritization of certain populations for receiving vaccines to delivering the kinds of support across communities that are necessary. We have worked with provinces and territories, municipalities and all Canadians to get through this pandemic and we will continue to. Every step of the way, whether it was the Canadian Armed Forces or the Red Cross and researchers and scientists from across the country, Canadians have pulled together to ensure we get through this pandemic, and that is exactly what we are going to do together.

* * *

[Translation]

INTERGOVERNMENTAL RELATIONS

Mr. Yves-François Blanchet (Beloil—Chambly, BQ): Mr. Speaker, I get the feeling that the Prime Minister is not aware of the Government of Quebec's reaction to his economic update.

He is at odds with the provinces. He maintains that everyone is getting along, but the truth is that things are getting strained. It is more than a little concerning.

We have clearly established that the federal government has obligations to the provinces and Quebec, but the Prime Minister is not respecting his own obligations.

How then can he want to impose obligations on others?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I understand that the Bloc Québécois's *raison d'être* is to create conflict between Ottawa and Quebec. We work well with Quebec.

We will continue to work hand in hand to protect our seniors, as we did with the Canadian Armed Forces and the Red Cross. We will always work together to ensure that the necessary resources are there to get through this pandemic, whether it is by sending the provinces their share of the \$25 billion, which is what we did to help them through this pandemic, or whether it is by working together for seniors, children and families. We will be there to work together.

Mr. Yves-François Blanchet (Beloil—Chambly, BQ): Mr. Speaker, the big pink unicorn is back.

Will it bother the Prime Minister if I inform Quebeckers that, according to his vision, the provinces are subsidiaries of Ottawa, there is no Quebec nation, there is no exclusive jurisdiction, there is no respect for the National Assembly of Quebec, there is no respect for the Government of Quebec and there is no respect for Quebec?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, that is the Bloc's perspective.

We are in a pandemic where people are working together, where we are fighting this virus every day and where we are working on delivering personal protective equipment, rapid testing and vaccines. We are working together.

The Bloc does not want to talk about the fact that the federal government is there to actually help Quebeckers on the ground. It is looking for a fight. We are not fighting, we are working on behalf of all Canadians.

• (1450)

[English]

ETHICS

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Mr. Speaker, we know the Prime Minister's usual reaction when the RCMP come calling with questions about his corruption or ethical breaches of his Liberal colleagues. He rips the phone out of the wall and locks the door, blocking them at every step.

Last week, we heard from the lobbying commissioner that there were three illegal lobbying inquiries sent to the RCMP since the start of this pandemic. Is the Prime Minister aware of any recent or ongoing inquiries by the RCMP into him, Liberal staff or Liberal members?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, once again, in their characterizations, Conservatives continue to just make things up. I can answer directly on that question that we are unaware of any such investigations, and as a reminder to our colleagues, the lobbying commissioner does not investigate public office holders.

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Mr. Speaker, the Prime Minister does not need to take my word for it. Conservatives are not making it up. It is the lobbying commissioner who has said that there are RCMP investigations into illegal lobbying by the government. It is clear that Liberals play fast and loose with the ethical and lobbying rules, and they are being investigated. The Prime Minister is being investigated for a third time.

Will the Prime Minister commit to fully co-operating with investigations by officers of Parliament and the RCMP? Will he commit to waiving cabinet confidence?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, again, my office and I are entirely unaware of any such investigations, and I remind members that the lobbying commissioner does not look into the actions of public office holders.

* * *

PUBLIC SAFETY

Mrs. Shannon Stubbs (Lakeland, CPC): Mr. Speaker, hostile foreign state agents are operating in Canada. Iran is bypassing international sanctions by using small currency exchanges in Canada to wire money. Global News has a CSIS report that states that an Iranian expat is "assisting the government of Iran in the clandestine wiring of monies into Canada". Iran's banks fund terrorist groups like Hamas and Hezbollah and the banks are being used by Iran for foreign interference here in Canada.

Oral Questions

When will the Prime Minister take this seriously and when will they arrest and deport hostile foreign state agents in Canada?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, Canadian intelligence services and agencies take very seriously the allegations and information around interference or misuse of public trust by foreign actors. We will continue to ensure that they have all the tools necessary to keep Canadians safe, to protect our democracy and to continue to uphold the values that we all hold dear in this country.

Mrs. Shannon Stubbs (Lakeland, CPC): Mr. Speaker, the intelligence officers take this threat very seriously, but the Prime Minister does not.

We asked the public safety minister about this last week and he sidestepped, answering about the connections that the member for Richmond Hill has to that individual. The member accepted political donations from him, hosted him on a tour of Parliament and even took a photo with the guy in the Speaker's chair. The PMO refused to answer any questions about this connection, including from journalists, so I will ask.

Is he passive against foreign state hostile agents in Canada because he has a politically exposed person in his own caucus?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, the member in question has addressed this issue.

* * *

EMPLOYMENT

Mr. Scott Duvall (Hamilton Mountain, NDP): Mr. Speaker, this week's fiscal update proves once again that the Liberal government cannot keep its promises and does not care about working people only making minimum wage. After laughing off the federal minimum wage just a few years ago, the Liberals promised it in the last election, and now they are laughing again because the promise was a joke.

Why do Liberals not think that Canadians working full-time jobs should be able to put food on their tables and pay their bills? When will the Prime Minister deliver on the \$15 an hour minimum wage he promised Canadians?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, our priority in this FES and in all the actions we take is to help Canadians through this pandemic. We know that the best way through, not just for Canadians' health but for our economy as well, is to make the necessary investments to support workers, small businesses, families and seniors to help Canadians get through this pandemic. That is exactly what we laid out in this FES. This is exactly what we will continue to do to support Canadians every step of the way. We are there for the middle class and people working hard to join it. We will continue to be.

* * *

● (1455)

POST-SECONDARY EDUCATION

Ms. Lindsay Mathyssen (London—Fanshawe, NDP): Mr. Speaker, on Monday the Liberals announced they were going back on their word, cancelling the moratorium on student loan payments

and forcing students to make loan payments again, despite record high COVID cases across the country.

A pause on interest is very different from a moratorium on payments, but yesterday the Minister for Women and Gender Equality tweeted to tell students the moratorium was extended. Will the minister apologize for spreading misinformation, or better yet, will the Liberals change the policy to help students and make what the minister is saying actually true?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, this government has supported students every step of the way. We paused Canada student loan repayments. We doubled Canada student grants. We introduced the Canada emergency student benefit, which provided support to more than 700,000 post-secondary students and recent graduates. In the fall economic statement we announced we will eliminate the interest on Canada student loans and on Canada apprentice loans for a full year and support more opportunities through the youth employment and skills strategy and Canada summer jobs.

The message to Canadians is clear: We will have students' backs.

* * *

[Translation]

FAMILIES, CHILDREN AND SOCIAL DEVELOPMENT

Mr. Serge Cormier (Acadie—Bathurst, Lib.): Mr. Speaker, this pandemic has been particularly hard on children and young families. When schools, day cares and workplaces closed down, many families had to make very difficult choices. Our government has promised that it will continue to be there for Canadian families.

Can the Prime Minister tell us how the fall economic statement will help families with young children here in Acadie—Bathurst and across the country?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I thank the member for Acadie—Bathurst for his excellent question and hard work.

Many middle-class families are having a hard time making ends meet, especially during this pandemic. That is why we have announced additional support, totalling up to \$1,200 in 2021, for each child under six for low- and middle-income families entitled to the Canada child benefit.

We have been there for Canadians throughout the pandemic, and we will continue to be.

*Oral Questions**[English]***TELECOMMUNICATIONS**

Mr. John Williamson (New Brunswick Southwest, CPC): Mr. Speaker, good news, the Liberals say the government's high-speed Internet service maps filled with bad data can be corrected. Bad news, the onus is on municipalities to fix the errors. Rural communities have 75 days to convince Ottawa that service maps are wrong or else lose federal assistance. The minister responsible for this program gave herself a six-month extension before rolling it out, but small communities around Miramichi, places like Blackville, St. Margarets and Baie-Sainte-Anne, have only 75 days to fix this problem.

Why does the minister expect rural Canadians to find and correct mistakes made by the Liberal government?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, as we continue to deal with this COVID-19 pandemic, Canadians have needed to rely on the Internet to help connect them to work, school, government resources and loved ones. That is why we announced an investment of \$1.75 billion to help connect Canadians to high-speed Internet across the country, grow businesses and create jobs.

This investment will connect 98% of Canadians to high-speed Internet by 2026, with a goal of connecting all Canadians a few years later. It is the largest one-time federal investment in rural broadband, 10 times as much in five years as Conservatives did in 10 years. We are there for rural Canadians. We are there for all Canadians.

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, rural broadband is necessary if we want small businesses to survive during lockdowns, but the government's service maps in Atlantic Canada leave a lot of communities without the ability of funding assistance to expand this essential service. Communities in Cumberland—Colchester, Caledonia and north Queens, Nova Scotia, are being made to fix the mistakes done by the government.

Why are small rural communities across Atlantic Canada getting nothing but a dial tone from the Prime Minister?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, let us look at the record of supporting rural Canadians with Internet. Over the past five years, we have invested 10 times more than the Conservatives invested in 10 years in government, in supporting rural Canadians and getting Internet to them. We will continue to work on accelerating those investments because we know rural Canadians and indeed all Canadians deserve to be connected, and that is what this government is doing.

* * *

● (1500)

HEALTH

Mr. Jeremy Patzer (Cypress Hills—Grasslands, CPC): Mr. Speaker, the government refuses to hear the voices of Canadians with disabilities and ignores the input of physicians. A growing list of doctors from every province provided a strong statement, with over 1,000 signatures, for the study of Bill C-7, so I was shocked when I learned the following. Medical assistance in dying has been

deemed an essential service under the Canada Health Act, yet palliative care has not.

Does the Prime Minister recognize that this is a big problem?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, medical assistance in dying is a difficult, complex and deeply personal issue. We reintroduced legislation that we believe strikes the right balance between upholding rights and protecting our most vulnerable.

We have done so by listening to the diverse and evolving views of Canadians on this issue. That is exactly what we will continue to do as we move forward to meet the court-imposed deadline. We hope all parties in the House will work with us to do this difficult but critically important work.

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, Bill C-7 does not strike the right balance, and in fact, those diverse voices the Prime Minister has been talking about have said that: disability groups, indigenous advocates, physicians.

In fact, the Prime Minister can just ask his Minister of Employment. Last week, she told the Senate she agreed with the concerns being advocated by disability advocates, Conservative MPs and many other Canadians for weeks.

I want to thank the government for providing more time for us to speak on this issue, but I want the Prime Minister to heed the advice of so many Canadians. Let us make the changes that protect the most vulnerable in medical assistance in dying.

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, the House has worked over many years now to move forward on getting that balance right between protecting the most vulnerable and respecting people's fundamental rights. The approach is meant to ensure people who are suffering unbearable pain have the choice of a peaceful death.

The proposed legislation contains revised safeguards to protect vulnerable persons from pressure and coercion and to ensure that medical assistance in dying is always an informed and voluntary choice. It is a difficult balance to strike, but it is one that Canadians expect us to do the work on and that is exactly what we are doing.

Oral Questions

[Translation]

AEROSPACE INDUSTRY

Mr. Simon-Pierre Savard-Tremblay (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, yesterday I asked the government why on earth there was nothing for the aerospace sector in the economic update. I was lucky because I got an answer from none other than the author of the economic update herself, the Minister of Finance. Unfortunately, she had no idea what I was talking about. In her answer, she talked about regional airports and aluminum. I am not saying those things are not important. They are very important, but that is not what I was asking about. I was asking her about the aerospace sector, the country's biggest manufacturing industry, whose Montreal hub is the third largest in the world.

How could the aerospace sector have been so far off her radar that she essentially forgot it existed?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, from the start of the pandemic, we have been there for workers and businesses in every industry that has experienced a pandemic-related downturn or difficulty. The aerospace sector is no exception.

The fact is that we have sent hundreds of millions of dollars in support to the aerospace industry because it is a key industry for Montreal, for Quebec and even for Canada. We know that workers, manufacturers and companies of all sizes in the aerospace and other sectors are grappling with tough times. That is why we are here to support them financially.

Mr. Simon-Pierre Savard-Tremblay (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, yesterday it was the Deputy Prime Minister, and today it is the Prime Minister. At least there is continuity. We cannot accuse of them of being inconsistent. From what I understand, there will be no aerospace policy until the vaccines are rolled out.

There was not one word about this in the economic update or in the Speech from the Throne. Canada is there for the auto and oil sectors when they need it, but not for Quebec's aerospace sector. Canada is the only country in the world that does not have an aerospace policy, even though the aerospace sector is the largest industry in Montreal.

Does the Prime Minister know that he is an MP from Montreal?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, our government has always been proud to support the aerospace industry in Montreal, in Quebec and across Canada with record investments, support for companies, and above all, support for the workers, for training, for the assistance and research that will foster economic growth in this sector. We recognize that the aerospace industry is going through a tough time, like so many industries across the country, and we will continue to be there for it with the wage subsidy, with business assistance, and with a return to a strong economy once we get through this pandemic.

* * *

• (1505)

OFFICIAL LANGUAGES

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, the President of the Treasury Board was responsible for ensuring

that an official languages impact analysis was conducted for the WE Charity contract. The Minister of Official Languages said that the minister followed all the rules. The upshot was that the contract was awarded without an official languages impact analysis, to the detriment of francophones. The Treasury Board does not take French seriously, and all of the responsibility for this fiasco lies with the President of the Treasury Board.

Will the Prime Minister make his minister do his job and fulfill his responsibilities? It is time to act.

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, as we have clearly said many times, the non-partisan public service recommended this structure and approach to support young people.

We will always be there to support young people, whether by granting interest relief on Canada student loans and Canada apprenticeship loans for a full year, enhancing the youth employment and skills strategy, or supporting up to 120,000 placements through the Canada summer jobs program next year.

We will be there to protect young people. We will be there to defend French across the country.

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, he should really listen to the question.

I am asking the Prime Minister to reprimand the President of the Treasury Board. French is being systemically neglected in government communications. COVID alerts are being sent in English only. Departments are holding Zoom meetings in English only. Official languages impact analyses are being ignored.

Even worse, in committee, the President of the Treasury Board blamed his public servants. As minister, he is responsible for enforcing compliance with Canada's Official Languages Act. Does the Prime Minister intend to reprimand the President of the Treasury Board, yes or no?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we have no lessons to learn from the Conservative Party about protecting the French language.

The Conservative Party always cuts funds for linguistic minorities across the country, and it eliminated the support program that made it possible for people to defend their rights in court. To this day, that party still refuses to commit to appointing only judges who know French to the Supreme Court of Canada.

The Liberal government will always be there to protect French both inside and outside Quebec, because we know it is essential for our country.

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, Liberal members from Quebec refuse to fight for the French language.

The President of the Treasury Board is from Quebec City and yet, during the pandemic, he refused to enforce the Official Languages Act. This posed health risks for the francophone population and also led to the WE Charity scandal.

Why are so few Liberal members standing up for the French language?

Oral Questions

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, the Liberal Party will always stand up for the French language.

That is why we have always worked to protect linguistic minorities outside Quebec. We will always work to protect French in Quebec and we will always appoint only bilingual judges to the Supreme Court of Canada.

I have given the leader of the official opposition plenty of opportunities to do so, but he has never committed to appointing only bilingual judges to the Supreme Court. Why?

* * *

[English]

WOMEN AND GENDER EQUALITY

Ms. Helena Jaczek (Markham—Stouffville, Lib.): Mr. Speaker, when the first wave of this pandemic hit Canada, child care providers from across the country were particularly hard hit. In many cases, this meant that mothers were forced to leave their jobs and stay home to take care of their children. This is leading to what some are calling a “she-cession”.

Can the Prime Minister tell us how the fall economic statement proposes to address this?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I would like to thank the member for Markham—Stouffville for her incredibly hard work.

We recognize the extraordinary and disproportionate toll this pandemic has taken on women. Investing in accessible, high-quality and affordable child care is not only good for families, it makes economic sense.

With the fall economic statement, we have laid the groundwork for a Canada-wide child care system with a new federal secretariat on early learning and child care. By taking this step, we are charting a clear and meaningful path forward to deliver this system for women and families across the country.

* * *

• (1510)

INFRASTRUCTURE

Ms. Leona Alleslev (Aurora—Oak Ridges—Richmond Hill, CPC): Mr. Speaker, public transit will be key to our economic recovery after COVID, but the government keeps saying no to York Region. The Yonge subway extension would create 60,000 jobs, reduce gridlock and deliver economic growth for the entire GTA. York Region has met all the federal government demands and the Ontario government has committed to invest.

What is the government waiting for? Why will it not just say yes to the Yonge subway extension?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, this government has invested more money in public transit, both in the past five years and in future years, than any government in Canada's history. We have continued to work with the provinces and with municipalities to deliver on public transit, and we look forward to delivering on the public transit priorities of the Ontario government. We are waiting on more clarity from them. We look

forward to working with them on delivering for Canadians right across the country and Ontarians right across Ontario.

Ms. Leona Alleslev (Aurora—Oak Ridges—Richmond Hill, CPC): Mr. Speaker, the Yonge subway extension is York Region's top priority, but the government refuses to invest. The Yonge line is at capacity, with 800,000 commuters a day and almost 100,000 of them passing through Finch. For jobs, economic recovery and growth, the GTA needs a union station of the north.

York Region has delivered everything the government has asked for. No more excuses, no more delays. Will the government just say yes and get the Yonge subway extension on track?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, on top of moving forward with historic investments in public transit and infrastructure across the country over the past years and into the coming years, we have also committed to work in partnership with provincial governments. We are waiting on the provincial government in Ontario to move forward with its plans on the York subway extension because we are there to be partners and invest, but we need to see the plan.

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, York Region is one of the fastest-growing parts of the country. Every day, 100,000 commuters pass through the Finch station. I took the Yonge line myself for five years as a commuter. Extending the Yonge subway line will take cars off the road and shorten commute times so that people can get to their families in Vaughan, Markham and Newmarket.

When is the government finally going to commit to funding the Yonge line expansion?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we are there with hundreds of millions of dollars for infrastructure projects and public transit projects in the GTA and across the country. We simply need the member opposite, the Leader of the Opposition, to give a nudge to his friends at Queen's Park to move forward with a plan that we can support and deliver for the people in York Region.

* * *

SMALL BUSINESS

Mr. Bryan May (Cambridge, Lib.): Mr. Speaker, we all have seen the impact of COVID-19 on our economy and witnessed the toll this has taken on many small businesses across the country, including many in rural and remote communities.

Could the Prime Minister provide more information on how the recent fall economic statement will support Canadian small businesses, the backbone of our economy?

Business of Supply

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I would like to thank the member for Cambridge for all of his hard work and advocacy on behalf of his constituents and, indeed, small businesses.

We know businesses need support during this second wave. That is why we are raising the maximum wage subsidy rate back to 75%. We are also introducing the new highly affected sectors credit availability program for those hardest-hit businesses. We are topping up the regional relief and recovery fund for businesses that are unable to access other supports.

We will ensure that Canada's small businesses continue to have the support they need as we fight the second wave and position ourselves for a strong recovery.

* * *

[Translation]

THE ENVIRONMENT

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, in the face of a climate crisis, the Liberals adopted the Conservatives' targets and have not even managed to meet them.

Worse yet, we fall further behind year after year, and they do not even want to review these targets for 10 years.

Their economic update was dismal from an environmental standpoint. They keep talking about three billion trees but have yet to plant a single one. The update makes no mention of creating jobs in renewable energies.

Does the Liberals' green plan involve anything beyond wasting \$20 billion to buy an old pipeline and ignoring the pollution created by GNL Québec?

• (1515)

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, Canadians voted for a government that is committed to protecting the environment. We have accomplished a lot in the past five years. We introduced legislation to achieve net-zero emissions, we put a price on pollution across the country, we invested in clean energy, we banned plastics, and we protected 14% of our marine areas.

There is still a lot of work to do, which is why we are committed to proposing an improved plan that will enable us to exceed the 2030 emission targets.

The Speaker: That is all the time we have for oral questions today.

The hon. member for Mégantic—L'Érable on a point of order.

Mr. Luc Berthold: Mr. Speaker, during question period I asked the Prime Minister to reprimand the President of the Treasury Board for his failure to enforce the Official Languages Act.

I would like to ask for the consent of the House to table the following document: "Official Languages Requirements and Checklist". It clearly sets out the requirements and the responsibility of the President of the Treasury Board concerning official languages.

The Speaker: This being a hybrid sitting of the House, for the sake of clarity I will only ask those who are opposed to the request to express their disagreement. Accordingly, all those opposed to the hon. member's request will please say nay.

Some hon. members: Nay.

GOVERNMENT ORDERS

[Translation]

BUSINESS OF SUPPLY**OPPOSITION MOTION—SUPPORT FOR HEALTH CARE WORKERS**

The House resumed from December 1 consideration of the motion.

The Speaker: It being 3:17 p.m., pursuant to order made Wednesday, September 23, the House will now proceed to the taking of the deferred recorded division on the motion of the member for Beloeil—Chambly relating to the business of supply.

Call in the members.

[And the bells having rung:]

The Speaker: The question is as follows. Shall I dispense?

Some hon. members: No.

[Chair read text of motion to House]

[Before the Clerk announced the results of the vote:]

• (1555)

Hon. Marie-Claude Bibeau: Mr. Speaker, I would like to correct my vote and vote against the motion.

The Speaker: According to the Standing Orders, for a member to change his or her vote requires the unanimous consent of the House. Do we have the unanimous consent of the House?

Some hon. members: No.

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

(Division No. 25)

YEAS

Members

Aboultiaif	Aitchison
Albas	Alleslev
Allison	Angus
Arnold	Ashton
Atwin	Bachrach
Baldinelli	Barlow
Barrett	Barsalou-Duval
Beaulieu	Benzen
Bergen	Bergeron
Berthold	Bérubé
Bezan	Bibeau
Blaikie	Blanchet
Blanchette-Joncas	Blaney (North Island—Powell River)
Block	Boudrias
Boulerice	Brassard
Brunelle-Duceppe	Calkins
Cannings	Carrie

Business of Supply

Chabot	Champoux		
Charbonneau	Chiu		
Chong	Collins		
Cooper	Cumming	Alghabra	
Dalton	Dancho	Anand	Amos
Davidson	Davies	Arseneault	Anandasangaree
DeBellefeuille	Deltell	Badawey	Arya
d'Entremont	Desbiens	Bains	Bagnell
Desilets	Diotte	Battiste	Baker
Doherty	Dowdall	Bendayan	Beech
Dreeshen	Duncan (Stormont—Dundas—South Glengarry)	Bessette	Bennett
Duval	Epp	Blair	Bittle
Falk (Battlefords—Lloydminster)	Falk (Provencher)	Bratina	Blois
Fast	Findlay (South Surrey—White Rock)	Carr	Brière
Finley (Haldimand—Norfolk)	Fortin	Chagger	Casey
Gallant	Garrison	Cormier	Chen
Gaudreau	Gazan	Damoff	Dabrusin
Généreux	Genuis	Dhillon	Dhaliwal
Gill	Gladu	Drouin	Dong
Godin	Gourde	Duclos	Dubourg
Gray	Green	Duncan (Etobicoke North)	Duguid
Hallan	Harder	El-Khoury	Dzerowicz
Harris	Hoback	Erskine-Smith	Ellis
Hughes	Jansen	Fillmore	Fergus
Jeneroux	Johns	Fisher	Finnigan
Julian	Kelly	Fortier	Fonseca
Kent	Kitchen	Fraser	Fragiskatos
Kmiec	Kram	Fry	Freeland
Kurek	Kusie	Gould	Garneau
Kwan	Lake	Hajdu	Guilbeault
Larouche	Lawrence	Holland	Hardie
Lehoux	Lemire	Hussen	Housefather
Lewis (Essex)	Liepert	Iacono	Hutchings
Lloyd	Lobb	Jaczek	Ien
Lukiwski	MacGregor	Jones	Joly
MacKenzie	Maguire	Jowhari	Jordan
Manly	Martel	Khalid	Kelloway
Masse	Mathysen	Koutrakis	Khera
May (Saenich—Gulf Islands)	Mazier	Lalonde	Kusmierczyk
McCauley (Edmonton West)	McColeman	Lametti	Lambropoulos
McLean	McLeod (Kamloops—Thompson—Cariboo)	Lattanzio	Lamoureux
McPherson	Melillo	LeBlanc	Lauzon
Michaud	Moore	Lightbound	Lebouthillier
Morantz	Morrison	Longfield	Long
Motz	Nater	MacAulay (Cardigan)	Louis (Kitchener—Conestoga)
Normandin	O'Toole	Maloney	MacKinnon (Gatineau)
Patzer	Paul-Hus	May (Cambridge)	Martinez Ferrada
Pauzé	Perron	McDonald	McCrimmon
Plamondon	Poilievre	McKay	McGuinty
Rayes	Redekopp	McKinnon (Coquitlam—Port Coquitlam)	McKenna
Reid	Rempel Garner	Mendès	McLeod (Northwest Territories)
Richards	Rood	Miller	Medicino
Ruff	Sahota (Calgary Skyview)	Morrissey	Monsef
Saroya	Savard-Tremblay	Ng	Murray
Scheer	Schmale	Oliphant	O'Connell
Seeback	Shields	Petitpas Taylor	O'Regan
Shin	Shipley	Qualtrough	Powlowski
Simard	Singh	Regan	Ratansi
Sloan	Soroka	Rodriguez	Robillard
Stanton	Steinley	Romanado	Rogers
Ste-Marie	Strahl	Saini	Sahota (Brampton North)
Stubbs	Sweet	Saks	Sajjan
Thériault	Therrien	Sangha	Samson
Tochor	Trudel	Scarpaleggia	Sari
Van Popta	Vecchio	Schulte	Schiefke
Vidal	Viersen	Sgro	Serré
Vignola	Vis	Sheehan	Shanahan
Wagantall	Warkentin	Sidhu (Brampton South)	Sidhu (Brampton East)
Wagh	Webber	Sorbara	Simms
Williamson	Wong	Tabbara	Spengemann
Yurdiga	Zimmer— 176	Trudeau	Tassi
		Van Bynen	Turnbull
		Vandal	Vaughan

NAYS

Members

Routine Proceedings

Virani	Weiler
Wilkinson	Yip
Young	Zahid
Zann	Zuberi — 148

PAIRED

Nil

The Speaker: I declare the motion carried.

[*English*]

Mr. Adam Vaughan: Mr. Speaker, I rise on a point of order—

An hon. member: Tie, Mr. Speaker.

The Speaker: That is a very good point. I want to thank the hon. member.

I want to remind everyone that they can vote without a tie but, in order to speak, they do have to have a tie. Saying, “I vote a certain way,” does not count as it is part of the voting process.

We will go back to the hon. member for Spadina—Fort York. He seems to have a tie on.

Mr. Adam Vaughan: Mr. Speaker, I rise on a point of order.

I believe the member for Prince George—Cariboo either tried to vote twice or used a prop during the vote. I just wanted to make sure he was not recorded twice, and also I want to admonish him not to open his Christmas gifts too early, but wish him a merry Christmas and congratulations.

The Speaker: I want to remind the hon. members that we are not to use props in the House, but I also want to congratulate the hon. member for Prince George—Cariboo on the birth of his new granddaughter.

● (1600)

Mr. Todd Doherty: Mr. Speaker, I rise on a point of order.

First, I never want to correct the Speaker, but it is Cariboo—Prince George, so I am actually correcting our hon. colleague.

I just wanted to unreservedly apologize to all of my colleagues. This is my first granddaughter, and I hope, Mr. Speaker, that you will find it in your way and in your heart to see past this slip. I cannot promise it will not happen again, but I do unreservedly apologize to all.

This is my beautiful new granddaughter, Ren Kathleen.

The Speaker: I know the hon. member well enough that it will probably happen again, so we will have to deal with it then.

* * *

MEMBER FOR CARIBOO—PRINCE GEORGE

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I rise on a point of order.

If it is not pushing our luck here as we approach Christmas, I would like to suggest that, if you seek it, you will find unanimous consent for the following motion:

That the House thank the Member for Cariboo—Prince George for sharing this joy with us today and encourage him to continue to do so.

The Speaker: This is a hybrid sitting of the House, so for the sake of clarity, I will only ask those who oppose the request to express their disagreement.

Accordingly, all those opposed to the hon. member moving the motion will please say nay. It is agreed.

The House has heard the terms of the motion. All those opposed to the motion will please say nay.

There being no dissenting voice, I declare the motion carried.

(Motion agreed to)

Mr. Todd Doherty: Mr. Speaker, I rise on a point of order.

I want to thank all of my hon. colleagues, and thank them for making me cry once again.

The Speaker: As I said earlier, I did not think it was going to be the last time.

ROUTINE PROCEEDINGS

[*English*]

GOVERNMENT RESPONSE TO PETITIONS

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, that is a hard act to follow, I must say, but pursuant to Standing Order 36(8)(a), I have the honour to table, in both official languages, the government’s responses to 17 petitions, and that these returns will be tabled in an electronic format.

* * *

ECONOMIC STATEMENT IMPLEMENTATION ACT, 2020

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.) moved for leave to introduce Bill C-14, An Act to implement certain provisions of the economic statement tabled in Parliament on November 30, 2020 and other measures.

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

* * *

BUSINESS OF THE HOUSE

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, there have been discussions among the parties and if you seek it, I believe you would find unanimous consent to adopt the following motion. I move:

That, notwithstanding any Standing Order, special order or usual practice of the House, the report stage of Bill C-7, An Act to amend the Criminal Code (medical assistance in dying), shall be disposed of as follows:

(a) on Wednesday, December 2, 2020, at the conclusion of the adjournment proceedings, the motion to adjourn the House is deemed withdrawn, and the House shall proceed to Government Orders to resume consideration of the bill at report stage for a period not to exceed four hours, provided that at the conclusion of the time provided for debate or when no member rises to speak, whichever comes first, the Speaker shall interrupt the proceedings and put forthwith and successively every question necessary to dispose of the said stage of the bill, and the House shall adjourn until the next sitting day;

(b) any recorded division requested at the conclusion of debate at report stage on Wednesday, December 2, 2020, shall be deferred to the conclusion of Oral Questions at the next sitting day to dispose of the said stage; and

(c) during any period of debate held pursuant to this order, no quorum calls, dilatory motions or requests for unanimous consent shall be received by the Chair.

• (1605)

The Speaker: This being a hybrid sitting of the House, for the sake of clarity, I will only ask those who are opposed to the request to express their disagreement. Accordingly, all those opposed to the hon. member moving the motion, please say nay.

The House has heard the terms of the motion. All those opposed to the motion will please say nay. There being no dissenting voice, I declare the motion carried.

(Motion agreed to)

* * *

PETITIONS

FALUN GONG

Hon. Peter Kent (Thornhill, CPC): Mr. Speaker, I rise to present a petition on behalf of citizens and residents of Canada, calling on the Government of Canada to apply specific Magnitsky sanctions, including the barring of travel to Canada and seizure of assets, against 14 Chinese Communist officials guilty of a range of gross human rights violations of Falun Gong practitioners, including torture, murder and organ harvesting.

THE ENVIRONMENT

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Mr. Speaker, once again I rise to present a petition from young people from my riding of South Okanagan—West Kootenay and my neighbouring riding of Kootenay—Columbia.

These young people are concerned about the accelerating effects of climate change. They point out that the targets of the federal government, and the actions, are completely inadequate. They want jobs for their future that are sustainable, not for short-term gain, and not at the expense of future generations.

The petitioners are calling on the Government of Canada to support their future with a detailed climate strategy, using science-based targets, and to eliminate fossil fuel subsidies, redirecting those funds to renewable energy systems, energy efficiency, low-carbon transportation and job training.

HUMAN RIGHTS

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, it is a pleasure for me to be tabling two petitions in the House today. The first petition highlights the horrific abuses of fundamental human rights of Uighurs and other Turkic Muslims in China.

Routine Proceedings

It points to a growing body of evidence suggesting the intentional suppression of births within the Uighur community, through methods such as forced sterilization, forced insertion of IUDs and forced abortion.

The petitioners call on the House to formally recognize the Uighurs in China have been and are being subject to genocide, and to use the Justice for Victims of Corrupt Foreign Officials Act, the Magnitsky law, and sanction those who are responsible for these heinous crimes being committed against the Uighur people.

HUMAN ORGAN TRAFFICKING

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, the second petition is in support of Bill S-204, currently before the Senate.

This bill would make it a criminal offence for someone to go abroad and receive an organ for which there has not been consent. Essentially, it extends extraterritorial jurisdiction in an attempt to combat forced organ harvesting and trafficking around the world.

The petitioners note that this is an important human rights bill. Efforts have been made to pass it for over a decade, and they hope this Parliament will finally get Bill S-204 passed into law.

THE ENVIRONMENT

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, I am presenting a petition today that deals with the issue of energy consumption and energy efficiency.

The petitioners point to the reality that it costs less to build an energy-efficient home than to retrofit an older home. They note that 17% of energy use in Canada is used for residential buildings.

The petitioners call on the Government of Canada to work with provinces and territories, and to develop a new national building code to substantially reduce the amount of energy used to heat and cool our homes.

HUMAN RIGHTS

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Madam Speaker, I am pleased to rise today on behalf of petitioners who are calling on the Government of Canada to formally recognize that Uighurs in China have been and are being subjected to an ongoing genocide, and that the government use the Justice for Victims of Corrupt Foreign Officials Act or Magnitsky sanctions to address this.

Routine Proceedings

With up to three million Uighurs and other Muslim minorities detained and subjected to practices such as forced abortions, forced sterilizations, and arbitrary detention and separation from their families, and the list goes on, the petitioners call on the Government of Canada to adopt the petitioners' ask with haste.

• (1610)

Mr. Arnold Viersen (Peace River—Westlock, CPC): Madam Speaker, I am pleased to rise today to present two petitions. The first petition calls on the Government of Canada to recognize the genocide that is happening to the Uighur people in China.

I am not sure if members have seen the pictures of folks lined up at the railway station and being hauled off to concentration camps. When we said, “Never again”, we should mean never again.

The petitioners are also calling for the government to use the Magnitsky law against corrupt foreign officials of China who are detaining and persecuting the Uighurs in China.

HUMAN ORGAN TRAFFICKING

Mr. Arnold Viersen (Peace River—Westlock, CPC): Madam Speaker, the second petition that I have to present today is from Canadians from across the country.

The petitioners are calling on the Government of Canada to pass bills from the last Parliament that were formerly known as Bill C-350 and Bill S-240, which would have reduced the number of forced organ harvesting in the world. The legislation would have made it illegal for a Canadian to go abroad to get an organ that has been harvested illegally.

The petitioners are calling for the quick passage of these bills.

HUMAN RIGHTS

Mr. Jeremy Patzer (Cypress Hills—Grasslands, CPC): Madam Speaker, I have a petition calling to formally recognize that Uighurs in China have been and are being subjected to genocide and calling on the government to use Magnitsky sanctions against the Chinese government.

* * *

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.): Madam Speaker, the following questions will be answered today: Nos. 138 and 141.

[Text]

Question No. 138—**Ms. Sylvie Bérubé:**

With regard to calls to action 81 and 82 of the Truth and Reconciliation Commission of Canada, which called for commemorative monuments to be installed in Ottawa and other capitals to honour residential school survivors, and all the children who were lost to their families and communities: (a) has the government taken steps to respond to these two calls to action; and (b) if so, what are the details of the steps it has taken, including (i) providing subsidies to build a monument in the federal capital, (ii) steps to purchase or designate a site for installing said monument, (iii) how many public servants are currently working to respond to these calls to action, (iv) the status of the consultation process with survivors and organizations, (v) the status of discussions with the provinces and territories regarding the full realization of these calls to action?

Ms. Julie Dabrusin (Parliamentary Secretary to the Minister of Canadian Heritage, Lib.): Mr. Speaker, with regard to (a), the Department of Canadian Heritage has begun work on fulfilling call to action 81. The federal government cannot speak to call to action 82 as this call is directed specifically towards provincial and territorial governments.

With regard to (b)(i), for call to action 81, no subsidies have been provided at this time for the building of a national monument in Canada's capital region.

With regard to (b)(ii), for call to action 81, planning is in the preliminary stages. Designation of a site will be undertaken once subsidies are provided to build this monument. As it is likely that a national monument would be constructed on federal lands in the capital, no purchase of land is envisioned at this time.

With regard to (b)(iii), a number of public servants are currently working on the call to action 81 as part of their many tasks, the equivalent to a combined number of 0.5 full-time equivalents, FTEs, approximately.

With regard to (b)(iv), the Department of Canadian Heritage held a workshop on October 22, 2019, that was led by Dr. Marie Wilson, former commissioner of the Truth and Reconciliation Commission that brought together members from the Survivor Circle of the Truth and Reconciliation Commission as well as other individuals, including from the National Centre for Truth and Reconciliation, for example.

With regard to (b)(v), the Department of Canadian Heritage has no information of the status of discussions with the provinces and territories regarding the realization of these calls to action. The federal government cannot speak to call to action 82 as this call is directed specifically towards provincial and territorial governments.

Question No. 141—**Mr. Garnett Genuis:**

With regard to the government's Sovereign Loans Program and the over \$620 million budgeted in 2018 for the program: (a) of loans provided through the program since February 1, 2018, what is the total (i) number, (ii) value; and (b) what are the details of all loans, including (i) loan start date, (ii) recipient, (iii) purpose of the loan or project description, (iv) location of the project, including the country, (v) amount, (vi) length of payback period, (vii) terms, (viii) amount paid pack to date?

Hon. Karina Gould (Minister of International Development, Lib.): Mr. Speaker, the following reflects a consolidated response approved on behalf of Global Affairs Canada ministers. The sovereign loans program, SLP, has not issued any loans since it was announced in the federal budget on February 1, 2018, and launched publicly in July 2019. Potential sovereign loans have been identified for the SLP. As these are still under consideration for approval, further information is not yet available.

*Government Orders**[English]***QUESTIONS PASSED AS ORDERS FOR RETURNS**

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, if the government's response to Questions Nos. 139 and 140 could be made orders for return, these returns would be tabled immediately.

The Assistant Deputy Speaker (Mrs. Carol Hughes): Is that agreed?

Some hon. members: Agreed.

[Text]

Question No. 139—**Mr. Tom Lukiwski:**

With regard to the Canada Infrastructure Bank: (a) what was the total amount spent on administration in fiscal years (i) 2018-19, (ii) 2019-20; (b) what is the breakdown of (a) by line item; (c) what is the total amount of expenditures on infrastructure projects in fiscal years (i) 2018-19, (ii) 2019-20; (d) what is the breakdown of (c) by project; and (e) what are the details of each expenditure on infrastructure projects during fiscal years 2018-19 and 2019-20, including (i) on what date was the money was actually spent or transferred, (ii) amount of expenditure, (iii) vendor or recipient of transfer?

(Return tabled)

Question No. 140—**Mr. Garnett Genuis:**

With regard to the government's International Assistance Innovation Program and the \$900 million announced in Budget 2018 for the program: (a) what is the total amount of funding provided through the program since February 1, 2018; and (b) what are the details of all funding recipients, including (i) date the funding was transferred or provided, (ii) date of the announcement, if applicable, (iii) recipient, (iv) project description, (v) location of the project, including the country, (vi) amount, (vii) type of funding (grant, loan guarantee, equity, etc.)?

(Return tabled)

[English]

Mr. Kevin Lamoureux: Madam Speaker, I would ask that all remaining questions be allowed to stand at this time.

The Assistant Deputy Speaker (Mrs. Carol Hughes): Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS*[Translation]***CRIMINAL CODE**

The House resumed from November 30 consideration of Bill C-7, An Act to amend the Criminal Code (medical assistance in dying), as reported (with amendments) from the committee, and of the motions in Group No. 1.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I wish to inform the House that because of the deferred recorded division, Government Orders will be extended by 40 minutes.

[English]

The hon. member for Battle River—Crowfoot had five minutes of questions and comments remaining.

Questions and comments, the hon. member for Sherwood Park—Fort Saskatchewan.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, I wonder if my colleague can share with this House in particular his concerns about the possibility of same-day death if these amendments are not passed. These amendments include reintroducing a 10-day reflection period. Without this 10-day reflection period, there would be absolutely no time requirements. There is an assessment that would have to take place, but there would be no time limit on that.

There would be no legislated limit on how quickly a person could go through this process without that reflection period, which would create the possibility of a very quick turnaround time and someone not having the opportunity to reflect and really consider what their situation is. I wonder if the member can comment on that.

Mr. Damien Kurek (Battle River—Crowfoot, CPC): Madam Speaker, I would be happy to comment. Let me first note it is certainly interesting to do a speech one day and then answer questions the next, but it does not diminish the importance of this issue.

The ability to possibly access same-day death is certainly a great concern I have and that I have heard from many of my constituents about. My hon. colleague made a comment in one of his speeches that certainly resonated with me, and it is something I heard from a number of my constituents as well, when he said that one's worst day should not be one's last day.

There are safeguards required to ensure Canada's medical assistance in dying framework is strong and protects the most vulnerable among us. I believe the priority of all members of Parliament needs to be to ensure that is in fact the case.

• (1615)

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, in the speeches we have heard, a number of Conservatives have made the point that living should not be harder than dying. I wonder if that means the Conservatives are ready to support a guaranteed livable income to ensure that no Canadian lives in poverty or has economic disadvantage affecting their ability to make the best of their life.

Mr. Damien Kurek: Madam Speaker, I would simply say this: We are debating a bill that dramatically changes the framework for Canada's medical assistance in dying legislation. This bill was introduced prior to Parliament being prorogued and it is being rushed through. We have heard time and time again from experts. In fact, the Senate just wrapped up hearing from 85 different witnesses about how there is a tremendous amount of concern on this bill from all perspectives. For the justice minister to come and make the declarations he has, saying that somehow they have reached a consensus, is absolutely inappropriate.

Certainly, as we debate this bill, we need to focus on ensuring that Canadians are protected and that Parliament gets this right. This is a question literally of life and death for Canadians. Parliament has to get this right and it has to be fulsomely debated to ensure that we are able to get that balance struck appropriately.

Government Orders

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Madam Speaker, could the hon. member comment on what he is hearing, in terms of a reaction, from his constituents on this amended bill?

Mr. Damien Kurek: Madam Speaker, I have heard from many constituents on this matter, quite frankly, from all sides of the debate saying two things. The first is that there is a tremendous amount of concern with the bill as it was presented and as it has been presented to this House. The second is that a lot of the very reasonable amendments put forward in committee were not adopted.

Certainly, that has posed a great deal of concern. I have heard from hundreds of constituents who have brought these very serious concerns to my attention. I am proud to stand for their interests in this debate on such an important subject.

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Madam Speaker, it is a pleasure to be here today because a lot of things need to be said about Bill C-7. For those who are not aware, it is an act to amend the Criminal Code with respect to medical assistance in dying.

Members know I was in Parliament when Bill C-14, the predecessor of this bill, was debated. I heard the debate and discussions about the safeguards that needed to be put in place to make sure we did not go down the slippery slope that many other countries went down when they began to allow assisted suicide and branched further into euthanizing individuals.

Knowing all the discussion and thought that went into the reaction to the Carter case, I am very troubled and disappointed that when the Quebec lower court ruled the reasonably foreseeable death provision was unconstitutional or would not be accepted in Quebec courts, the government did not put this forward to the Supreme Court. I feel as though the Supreme Court was involved in the Carter decision in the first place, as it laid out the provisions it thought would be reasonable. A reasonably foreseeable death was one of them, so this should have gone back to it for commentary before coming to this place.

With that in mind, I am also disappointed that the government has not moved forward on the palliative care provisions that were also a clear recommendation from the special committee that studied the Carter decision. It said that without good quality palliative care, we do not have a real choice.

As members know, I brought a private member's bill to the House on this, which was unanimously supported here and in the Senate. I worked with the health minister of the day to put together a framework across Canada to get consistent access to palliative care for all Canadians, because 70% of Canadians have no access to it. As per the Carter decision and the special committee, if we do not have good quality palliative care, we really do not have a choice.

I was disappointed to not even see “palliative care” mentioned in the fall economic update. The words were not even there. The fact the government would prioritize expanding medical assistance in dying without the input of the Supreme Court and without putting provisions of palliative care in place seems to be the wrong priority. Let us let people live as well as they can for as long as they can

instead of encouraging them to die. I think that is where we as compassionate Canadians want to go.

Another thing the Liberal government fell down on is the choice not to do the five-year review. When Bill C-14 came through, one of its provisions was about looking at the situation after five years so we would understand whether or not the rules that were put in place were being followed, were adequate and met the intended purpose. That was not done. This was a perfect opportunity for the government to do that work, because we heard anecdotally that in many cases across Canada, the existing rules and safeguards have not been followed. We need to get a quantitative analysis on that and understand how these things could happen and how we can prevent them from happening in the future.

It is disturbing, then, that the government has decided, without doing the five-year review, to make changes to what is happening with respect to medical assistance in dying beyond what was asked for by the Quebec courts. Doing something without reviewing what one already has in place is irresponsible, in my view.

Given that, I have some concerns. The government has removed many of the safeguards put in place in the bill to keep those unfortunate things that we worried about when we were discussing C-14 from happening. For example, there is the 10-day cooling-off period. As anyone who has had relatives suffering through irremediable conditions knows, they have good days and bad days, and on the bad days they can feel like they want to die.

My mother just died in October. At the very end, she was in a lot of pain. I talked to her about medical assistance in dying and it was not something she wanted; she wanted palliative care. I am fortunate that in Sarnia—Lambton we have palliative care. One day she told me she was really thinking about it, but the next day it was not something she wanted, so I really think that 10-day cooling-off period was an important safeguard.

• (1620)

I am sympathetic with one of the changes that was put in, although it should have been put in after the five-year review. It says that once people have signed off on all the documents and the independent witnesses and others who understand the condition have dotted all the i's and crossed the t's, a person perhaps will not be able to give consent immediately before the procedure. I saw this in my mother's situation. At the end, she would not have been able to verbally communicate or even write to indicate her choice, should that have been her choice.

However, removing the 10-day safeguard was a mistake. The Conservatives brought an amendment to try to put it back in and explained why it was important, but it was not received.

The other thing I found troubling was the removal of the independent witnesses. We cannot even get a will without having an independent witness. It seems to me that for something as important as determining one's date of death, it should be a provision.

Government Orders

In Ontario, there is another difficulty, which has to do with conscience rights. There are people who do not want to participate in medical assistance in dying for religious reasons or for personal reasons of conscience, and that is their charter right. This means they do not want to participate in the act and do not want to refer. They do not want to have anything to do with it. In Ontario, medical people are being forced to at least refer. That is still a violation of their conscience rights, and it is troubling that in the debates on Bill C-7, when I asked these questions the Parliamentary Secretary to the Minister of Justice said there are plenty of safeguards in there and it is okay. No, it is not okay. They are still violating rights of conscience and that needs to be addressed as well.

A modified advance consent was opened up to allow people to indicate, 90 days in advance, that they want to have this procedure. Advance consent was studied by one of the committees chartered by Parliament. Its recommendations said that a lot of things need to be considered before we go down the advance consent path. The government has not really done its five-year review, and I remember the member for Vancouver Granville commenting on this very point. There is a lot to be thought out there, and if we do not do it correctly, we will once again have a situation where the intent of the bill is not going to be met. There are going to be new violations in the way we have heard anecdotally, and that will not be a very good situation.

I was happy to see in Bill C-7 the clarification to indicate that if the sole underlying medical condition is mental illness, individuals are not eligible for medical assistance in dying, although there is some controversy there. I have heard from groups across Canada that are calling on the government to allow individuals whose underlying suffering condition is mental illness to receive medical assistance in dying. I think it is not a good idea, and I believe this is in line with what was said by the committee that studied this part of medical assistance in dying. It said many of the mental illness conditions, such as depression, could be treated. These are treatable conditions, not irremediable conditions, and some are glad to see this loophole closed.

The bill intends to:

permit medical assistance in dying to be provided to a person who has lost the capacity to consent to it as a result of the self-administration of a substance

We talked about this when Bill C-14 was in this place. At that time, we were not sure about the method of application of medical assistance in dying, whether it could be done with a prescription or not, and there was a concern: What if the procedure went wrong and a person cannot give consent? What do we do then? I am glad to see that situation was addressed in the bill.

• (1625)

Overall, those are my concerns with Bill C-7, and I think the government needs to go back to the drawing board on it. As 50% of the Canadian public seem to be concerned about the existing bill, such as people with disabilities and mental illness, let us go back to the drawing board.

Mr. Nathaniel Erskine-Smith (Beaches—East York, Lib.): Madam Speaker, in 2016, the Alberta Court of Appeal unanimously granted a 58-year-old woman, known as E.F., access to medical assistance in dying. She suffered from severe conversion disorder,

which meant involuntary muscle spasms that radiated from her face causing her severe, constant pain and migraines. Her eyelid muscles spasmed shut, rendering her effectively blind. Her digestive system was ineffective and she went without eating for up to two days. She had trouble sleeping, and because of digestive problems she lost significant weight and muscle mass. She was not ambulatory a needed to be carried or use a wheelchair. Her quality of life, on the court's record, was non-existent. The court also noted that the applicant's husband and adult children were supportive of her decision.

Does the member agree that E.F. should have had access to medical assistance in dying?

• (1630)

Ms. Marilyn Gladu: Madam Speaker, I am not a lawyer, and I think these issues are best decided in the courts.

The Supreme Court, which studied the Carter decision originally, said there had to be an irremediable condition with a reasonably foreseeable death. Although there is definitely suffering in the situation described by the member, it does not seem like death was reasonably foreseeable, so it would not have met the Supreme Court's decision.

Until the Supreme Court has a chance to weigh in on the Quebec court's decision, it would be unrealistic for a person who is not a lawyer to weigh in.

[*Translation*]

Mr. Yves Perron (Berthier—Maskinongé, BQ): Madam Speaker, I congratulate my colleague on her speech and I thank her for that. I want to express my sincere condolences on the loss of her mother. I know how that feels.

The member did raise some interesting issues. The act is slated for a comprehensive review in June. It will also prevent intense suffering.

This is certainly an emotional debate, but I would like to hear the member's thoughts on what happened with Nicole Gladu and Jean Truchon in Quebec.

I would like to know what she thinks of the court deadline. If this law is not passed, we will have inconsistent legislation.

Ms. Marilyn Gladu: Madam Speaker, I thank the member for his question.

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[English]

The courts in Quebec made a decision, and until it is overruled, it is clear that the practice in Quebec is going to be to allow people whose death is not reasonably foreseeable to have medical assistance in dying. That means there is a different practice in Quebec from the rest of the country, until the courts can determine whether or not that is constitutional. That is the step that was missing: finding out if the Supreme Court agreed with the Quebec court's decision. I think that should have proceeded before the bill came forward here.

Mr. Gerald Soroka (Yellowhead, CPC): Madam Speaker, first, I want to tell the member how sorry I am for her mother's passing this fall.

One of the things you spoke about was how important palliative care is and that it was available to her. However, there are other places in the country where palliative care is not as available or the quality is not as good.

Do you feel that if we had a better palliative care system, maybe people would not be looking at assisted suicide as much?

The Assistant Deputy Speaker (Mrs. Carol Hughes): I remind the member that he is to address his questions and comments through the Chair.

The hon. member for Sarnia—Lambton.

Ms. Marilyn Gladu: Madam Speaker, I thank my colleague for an excellent question, because, in fact, countries have studied this. About 95% of people who have good quality palliative care choose to live as well as they can for as long as they can.

The Liberal government pledged \$3 billion over five years, which was changed to be over 10 years, and now that the framework is in place, we are looking for a whole bunch of fixes, such as infrastructure to do virtual palliative care, training for paramedics to be in rural and remote places, training for medical professionals and research. I really think it is the right plan, but we just need to get going on it. The sooner the better.

Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC): Madam Speaker, I appreciate the opportunity to speak at report stage of Bill C-7, an act to amend the Criminal Code, medical assistance in dying, with which the government is seeking to dramatically expand the existing euthanasia regime in Canada.

The government claimed to want to protect vulnerable Canadians. It claimed to be open to our amendments. I see no evidence whatsoever for either of these claims.

Despite knowing full well the concerns that numerous groups had, including those disability rights groups, with the pre-prorogation version of the bill, the minister reintroduced the exact same legislation word for word. In fact, the bill even has the same number. The minister refused to pre-emptively adopt any of the proposed amendments, and has hidden behind the Truchon decision throughout this debate.

What of the Truchon decision? First, it is beyond unacceptable that the Liberal government did not appeal the Truchon decision to the Supreme Court. Truchon struck down vital protections for vulnerable Canadians, protections that this very government put in less

than five years ago. Not only would appealing this decision have brought necessary clarity to the legal status of federal euthanasia legislation, it was also the right thing to do.

Instead, the minister used the Truchon decision, which struck down the reasonably foreseeable death requirement in the province of Quebec, to justify a wholesale abandonment of euthanasia safeguards put in place by the previous minister, the member for Vancouver Granville, and the creation of an advanced consent framework, open to any number of abuses.

That member for Vancouver Granville raised these concerns in this place. She said:

Nothing in the Truchon decision...and the Supreme Court of Canada, in Carter, insisted on the requirement of clear consent. Palliative care physicians, disability advocates and other experts insist that this is an important safeguard, and, like other legislated MAID reports on mature minors and mental disorder, advance requests also raise significant challenges.

However, the minister refuses to listen. A statutory review of the impacts of Bill C-14, required by law, has not been undertaken. That review is mandatory to ensure that the safeguards in place are effectively protecting the elderly and infirm Canadians from manipulation and abuse. Instead of waiting to make these changes until the mandatory review was completed, the Minister of Justice pushed forward his own ideological stance. He blindly pushed Canadians into the dark instead of the light. Sadly, I am not surprised the minister would push this ideology on vulnerable Canadians. When Bill C-14 was introduced, after all, he opposed his own government's legislation. Now, as the minister, he is refusing to listen.

It has always been my priority and that of my colleagues to ensure that any legislation on euthanasia and assisted suicide includes strong safeguards for the most vulnerable in our society as well as for the conscience rights of health professionals. This is clearly not the minister's priority. Instead, by allowing advanced directives for assisted suicide without any legal assurance that individuals will have the opportunity to change their minds and with Liberal members voting down an amendment that would have required those seeking euthanasia to be given an opportunity to refuse it on the day in question, could mean that people could be legally euthanized in their sleep without any opportunity for them to change their mind. This is horrifying. How can the Liberals possibly justify this?

Inclusion Canada, a disability rights organization, has stated that the legislation is its "worst nightmare" and that it is a "moral affront" to equate euthanasia to an equality right. The minister still refuses to listen.

The most egregious, in my view, is the removal of the 10-day waiting period and the need for two independent witnesses. The Liberals also voted against a seven-day-waiting period amendment proposed at committee. They made a deliberate choice to strike down one of the most important safeguards for vulnerable people facing uncertain medical prognosis and have opened Pandora's box to same-day death.

• (1635)

Each of us can think of someone in our lives, perhaps a friend, a grandparent or even a spouse, who has received a serious medical diagnosis. The emotional impact of hearing that news can be overwhelming for both the patients and their families. It can cause depression, anxiety and a great fear of the unknown, especially now in the face of the ongoing pandemic.

Many of us can also think of loved ones who have received terminal diagnoses, only to beat their illness and live for years afterward. However, with the safeguards of two independent witnesses and a 10-day waiting period gone, such stories will be fewer and further between. Without a mandated length of time to collect themselves, to receive support from their families and to learn about treatment options or get second opinions, some people will make emotional decisions based on fear.

Taylor Hyatt, a young woman with a visible disability, shared her experience while suffering from pneumonia and in need of oxygen to help her to breathe. She said:

After taking a cab to the nearest hospital, I was immediately admitted. A couple hours – and many tests – later, the doctor was no closer to finding out what caused my illness. When she finally came to see me, at about 11pm, she said: “The only thing we know is that this infection affects your breathing. You may need oxygen. Is that something you’d want?” My answer was: “Well, of course!” She seemed surprised maybe, or unconvinced, so she asked again: “Are you sure?” I replied, “Well, of course!”

Any non-disabled person would have received oxygen immediately, but instead the doctor asked her twice, leaving Taylor to believe that the doctor assumed that because she was disabled she may not want to live. What if Taylor had felt overwhelmed that day and requested euthanasia in a moment of weakness? At the time, she would have had 10 days to reconsider this choice. If this bill passes, she could have died that day and the world would have lost a great warrior for the rights of disabled Canadians. How can we allow for the legal possibility of such a tragedy?

Every Canadian should feel great shame for these failures. We are and we must be better than this. Every great or good society is judged by how it treats those deemed to be the least among them. How can we claim to be either great or good if we treat the Taylor Hyatts of our nation as if their lives are less valuable than our own. We must protect the innate dignity of every human life, knowing that nothing, not time, not illness, not disability, can ever take that dignity away.

Still, the minister refuses to listen. He is ignoring the statutory review but only to weaken protections, not to strengthen them. Not only has he torn down protections for vulnerable Canadians, he has placed medical professionals into an even more precarious position than the current regime by expanding the eligibility and thereby the number of medical professionals who are impacted. The Liberal members voted down an amendment that would have protected the

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charter rights of medical professionals, trampling their rights in the rush to a predetermined ideological end goal.

Tens of thousands of doctors believe, truly and wholeheartedly, that taking part in an assisted suicide breaches their calling to do no harm. Those beliefs are protected in our charter, but not in this, nor in any other federal legislation regarding euthanasia. Such a glaring omission makes it clear that this minister's priority is not to protect the rights of Canadian citizens but to push his ideology as far as possible. That is something I cannot and will not support.

I would plead with the other place to take the time needed for a sober second thought, removed as they are from the minister's ideological fixation, because the minister is refusing to listen.

• (1640)

Mr. Nathaniel Erskine-Smith (Beaches—East York, Lib.): Madam Speaker, in answer to my last question, the member for Sarnia—Lambton suggested that the Supreme Court in Carter had indicated that one's death needed to be reasonably foreseeable. Of course that is patently untrue. The criteria, established by our Supreme Court unanimously, are that one needs to have a sound mind, be of capacity, be suffering an irremediable illness and be suffering intolerably. I recognize that safeguards are required, but does the member agree that if those conditions are satisfied, the unanimous decision of the Supreme Court should be respected?

Mrs. Kelly Block: Madam Speaker, what we are debating today in Bill C-7 are the changes that would be made as a result of the Truchon decision in Quebec. Nobody is questioning that Canadians have the right to choose MAID. Nobody is questioning that they should have access to that. We are questioning why the minister and the government are bent on removing all the safeguards that were put in place back in 2015 to protect the vulnerable.

• (1645)

[*Translation*]

Mrs. Louise Charbonneau (Trois-Rivières, BQ): Madam Speaker, first off, I want to say that Quebec already has legislation on this matter.

What is the plan for harmonizing the provincial and federal laws?

I would also like to talk about my sister, who has had multiple sclerosis for several years. She has never considered medical assistance in dying, even though she suffers every day.

I think that people who choose to ask for medical assistance in dying have thought long and hard about that decision, on top of going through all of the steps involved, such as making a written request, signing the request, getting witnesses, and going through the 90-day, or three-month, assessment period. When someone is suffering greatly, three months is a long time.

In her speech, my hon. colleague said that she—

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The Assistant Deputy Speaker (Mrs. Carol Hughes): I must interrupt the hon. member for Trois-Rivières because the hon. member for Carlton Trail—Eagle Creek is rising on a point of order.

[*English*]

Mrs. Kelly Block: Madam Speaker, I am hearing the French and the English at the same time and I cannot hear the interpretation of the member's question.

[*Translation*]

The Assistant Deputy Speaker (Mrs. Carol Hughes): The problem has been fixed. The member for Trois-Rivières has 30 seconds to repeat her question.

• (1650)

Mrs. Louise Charbonneau: Madam Speaker, my colleague was talking about uncertainty surrounding a diagnosis. Does she think that a doctor would give a diagnosis of a reasonably foreseeable death if they were unsure? I should think they would show some professionalism at that stage.

How does the member think the federal and provincial legislation can be harmonized to ensure that they work together?

[*English*]

Mrs. Kelly Block: Madam Speaker, I apologize for the difficulties we were having.

I do not believe that I was speaking about the uncertainty of a physician's diagnosis. I have been speaking about the safeguards that are being removed from this piece of legislation that allow for an individual to take time to reflect on the diagnosis they have received and to have conversations, not only with their family and friends but to look for a second opinion should they wish to do so.

With regard to how we ensure that federal legislation and provincial legislation work well together, we have previous legislation that has been in place since Bill C-14. We now see where a judge has made a ruling that the government should have appealed.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I will take a brief question, given the challenges we have had.

The hon. member for Edmonton Manning.

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Madam Speaker, this bill has been through the House twice already, once last Parliament and once this Parliament. The government is not listening to the amendments coming from all parties and all stakeholders.

What would the member tell the government to do in order to make the bill as perfect as it should be?

Mrs. Kelly Block: Madam Speaker, as I said in my speech and in response to other questions, we are debating a bill that would, by removing the safeguards, dramatically expand the existing euthanasia regime in Canada. We need to protect vulnerable Canadians. We heard that over and over again from many stakeholders, as well as those representing disability groups. We really need to pay attention to what physicians and these advocates are saying to us.

[*Translation*]

The Assistant Deputy Speaker (Mrs. Carol Hughes): Order. It is my duty pursuant to Standing Order 38 to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the hon. member for Sherwood Park—Fort Saskatchewan, Persons with Disabilities; the hon. member for Victoria, The Environment; the hon. member for Nanaimo—Ladysmith, International Trade.

[*English*]

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Madam Speaker, I am pleased to have the opportunity to debate Bill C-7 at report stage. This is my first opportunity to speak to this really important piece of legislation.

The government has a deadline and of course is trying to rush this process through, but we have to remember that the Liberals prorogued Parliament for six weeks. I have to say, again, that the government's lack of planning is not my emergency. We had a number of days where important debate could have happened prior to the Liberals dealing with their deadline issues. I look at those six wasted weeks, and I believe we should have been sitting and dealing not only with the emergency issues but with some of the legislation that was critical.

I want to reflect with some general comments before I specifically talk about the report stage. In 2016, Parliament was debating the initial legislation for medical assistance in dying. It was very thoughtful debate. It is perhaps some of the most thoughtful, heart-wrenching debate that I have witnessed and been part of.

We have 338 parliamentarians, and we had legislation that was introduced in a partnership. One of the ministers who introduced it, as members are aware, was Dr. Philpott, who is no longer in this Parliament. She was a doctor, so she brought the lens of the health care provider to the conversation. The other minister was the former attorney general, who is now the member for Vancouver Granville. What we had was careful, very thoughtful debate by 338 parliamentarians, representing 37 million Canadians. We came up with what we thought was a reasonable framework for the first five years. Those five years is where we have to be very careful. This is new and it is something very profound. This is life-altering. We need to be watchful and worried about this.

I was very supportive of the original legislation in 2016 and all the way through, because I felt the ministers were listening, taking in amendments and adapting the legislation so that there was a level of comfort with it. In my riding, there was a lot of work in terms of polling, and I believe that most of my constituents were also favourable. It was in the 70% range. We had round table after round table.

When I voted for the original legislation, I believed I was representing my constituents and I was also representing how I felt about moving forward. I was also comforted by some very careful protections and safeguards.

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What we have now is a judge from the Superior Court of Québec who made a decision, and a government that chose not to refer it to the Supreme Court. We know that the current Attorney General, right from the word go, wanted to expand that. He voted against the legislation, saying he did not feel it went far enough when it was originally presented. He was in the minority of parliamentarians. Clearly the court decision in Quebec aligned with his personal beliefs, as did the decision by the current government that it would not refer it to the Supreme Court.

From my perspective, this court ruling undermined Parliament's power to issue broad legislation aimed at protecting the rights and interests of the elderly, ill and disabled, and preventing suicide.

I find it kind of interesting which section of the charter the judge quoted. It was deemed to be violating and infringing on “life, liberty and security”. The word “life” is in the charter in section 7, but here we are, talking about dying as opposed to life.

● (1655)

I was comfortable, as I said, with the original legislation. In the debate at the time, I talked about the potential slippery slope and that we would have to safeguard against it. I knew that there were some unresolved issues, and the five-year review that was built into the original legislation should have been the opportunity for Parliament to, first of all, see what happened in the first five years of this very profound legislation and then look at those unresolved issues, as opposed to one court decision about one particular section of this.

Many people talk about a slippery slope. I am almost wondering if we are heading down an avalanche path, on which there are going to be no safeguards that remain, which will be a real problem.

I understand that, out of the 81 witnesses at the Senate, there was no one who actually supported the legislation. Many thought there were gaps, but there was also a number who, like in the other debate, felt that it needed to go further. However, there were 81 witnesses and no one said that this was a well-crafted piece of legislation.

Certainly, we are very aware that there have been people who have been vocal. The disability community has been very vocal in terms of its concerns about what this legislation would mean to its members. Regarding indigenous communities, I noticed a tweet from a very prominent indigenous person who said that had that 10-day waiting period not been there, they would have lost a relative before they should have lost that relative. We also have had many physicians who have expressed their concerns. I always recall an email that I got very early on that talked about how life can be very difficult and messy. He said that it spills all over the floor.

However, in terms of this pathway the government has chosen to deal with those very difficult concerns, there is no question that people have profound struggles in their lives, in terms of health issues and where their life path is taking them. I do not think anyone diminishes that, but we have only had this original legislation for five years, and it needs to have that five-year review process. It needs to be very carefully looked at.

The government suggests that it did a lot of engagement and says that it had an online process, which most people in my riding had no awareness of. The government says that it has struck the right balance. I will go back to my original comment. I support medical assistance in dying. I have witnessed the very difficult challenges that people have in their lives, but this particular piece of legislation is, in my opinion, poorly crafted. It is taking out many of the protections that we thought were important to have in place. The approach of the government now, contrasted to 2016, when it truly was listening to parliamentarians and truly caring about what different people had to say, is almost “my way or the highway”.

In conclusion, I supported the bill at second reading. I wanted to hear what the witnesses would say. There are parts of it that I can actually agree with, but on balance, I think we have not created the right balance. Unless there are some very dramatic changes, I will not be able to support it in terms of the next step.

Again, it is really important, and I urge all members to think very carefully about whether this has struck the right balance, when we have so many people from vulnerable communities who say it has not.

● (1700)

Mr. Nathaniel Erskine-Smith (Beaches—East York, Lib.): Madam Speaker, courts and rights are important because sometimes politicians listen to what the majority wants, and we infringe upon those rights. When measures are unpopular, it matters more than ever that we have courts and rights to depend upon.

When we look at the Supreme Court in Carter, it specifically interpreted the same section that the Quebec superior court judge interpreted, section 7, which is the right to life, liberty and security of the person. The word “life” was still in there. When we go back to that Carter criteria, unanimously upheld by the Supreme Court and unanimously upheld subsequently by the Alberta Court of Appeal, specifically we see the eligibility criteria of sound mind, having capacity, irremediable illness and unbearable suffering. I wonder why the member thinks that this notion of terminal illness ought to be an additional criterion.

Mrs. Cathy McLeod: Madam Speaker, obviously the courts and their decisions are very important, but I also believe every single one of the 338 parliamentarians thoughtfully engaged their constituents and spent a lot of time reflecting on what is a really significant piece of legislation. A mechanism needs to be built in that lets us take a very cautious step, review it and then make sure things are okay. Then we need to look at the other pieces.

I do not think we need to look to other countries. We are one of the few countries around the world that has this kind of legislation, so taking those very cautious steps, reflecting and then perhaps readjusting the legislation is important. This should have been, in our opinion, referred to the Supreme Court. There are still many unresolved issues. It would have been better to have a more focused five-year review process.

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• (1705)

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Madam Speaker, I am sure my colleague is aware that the Conservative Senate leader, when questioning the Minister of Employment, Workforce Development and Disability Inclusion, spoke to her about the case of Roger Foley.

The minister's response really spoke to my heart. As reported in the *Toronto Star*, she said:

...she has "grave concerns" about what happened to Foley.

"And I can tell you he's not alone."

She said she "regularly" hears from people who are "appalled" to discover a family member with a disability has been offered what she called "unprovoked MAID."

She then said:

"I think that has to stop ... It really speaks to the underlying systemic discrimination that we can't not talk about anymore in this country."

I wonder what the member's thoughts are on this statement from the individual who serves as the disability inclusion minister for our government.

Mrs. Cathy McLeod: Madam Speaker, that was a very profound statement by the minister. I did talk a bit about the process in the Senate, but we needed to get it right in the House. We had proposed many amendments. We know the disability community is very concerned, and they have raised some very powerful specifics.

The current government did not support the amendments that were proposed. To be frank, I think we are going to have some more challenges when it hits the Senate. We should have made sure it was a good piece of legislation before sending it to the Senate.

Mr. Eric Duncan (Stormont—Dundas—South Glengarry, CPC): Madam Speaker, I actually share all my colleague's views. I was not a member of the chamber back when the original legislation went through, however I have concerns here now about some of the changes and safeguards.

With her background, particularly as a nurse and in health care, could she talk a bit about the lack of options for palliative care, perhaps in her region of British Columbia, as a key concern many of us have not seen developed since the original legislation?

Mrs. Cathy McLeod: Madam Speaker, palliative care throughout the country is a real gap, and it is an important part of our health care system. That was always to be part of how we move forward. Medical assistance in dying was to be part of a larger piece and was to be part of a comprehensive look at what was available in palliative care. We had a colleague who put forward a motion, and nothing was ever done with it.

Ms. Nelly Shin (Port Moody—Coquitlam, CPC): Madam Speaker, it is an honour for me to rise in the House today as one of 338 federal lawmakers in Canada whose duty it is to make good laws that will have a positive impact on the lives of Canadians now and for generations to come.

The weight of my duties as an MP have become more evident as I have been serving my constituents through the pandemic. Canadians have been struggling intensely for nine months as a microscopic organism called the coronavirus has caused us to shut down our lives and institutions on so many levels.

Today, as I speak on Bill C-7, an act to amend the Criminal Code on medical assistance in dying, the weight of my parliamentary role is compounded because what I say today may be the most important thing I have spoken about in the 12 months I have been an MP. Today, I am compelled to speak from the depths of my heart, conscience and love for my fellow humans, and nothing less, because the very flow of life and death in our nation is in my hands and the hands of each member of this House through Bill C-7.

Bill C-7 came about after the Superior Court of Quebec struck down the reasonably foreseeable natural death clause of this legislation as unconstitutional. This ruling resulted from a case of two individuals with degenerative diseases, Truchon and Gladu, who had sought to repeal this provision in the law and access MAID. The judge asserted what the plaintiffs were really looking for was for the law to recognize equally the suffering, dignity and, ultimately, autonomy of people who, like them, are affected by serious and irremediable health problems without any hierarchy, whether death is near or not.

Bill C-7 would eliminate the clause that requires a 10-day waiting period between when MAID is requested and when it can be administered when death is reasonably foreseeable. Bill C-14, the original MAID bill that was given royal assent on June 17, 2016, already allowed for this period to be waived under specific circumstances, which are if two medical practitioners are both of the opinion that the person's death or the loss of their capacity to provide informed consent is imminent, or any shorter period is considered more appropriate by the first medical practitioner or nurse practitioner in the circumstances.

Many lawyers, doctors, families and advocates for individuals with disabilities feel Bill C-7 has gone beyond what the ruling in the Truchon-Gladu case called for. They feel Bill C-7 is discriminatory to the disabled and risks the abuse of MAID.

Amy Hasbrouck, a representative from the group Not Dead Yet, said this about the court ruling in a press interview: "Basically this decision is saying that as far as society's concerned, it's better to be dead than disabled". Hasbrouck feels governments should improve services for people with severe disabilities to help improve their quality of life and allow them to continue living in their own homes.

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This bill has also raised the concern of deepened challenges on the conscience rights of doctors. There are limited protections for the conscience rights of medical professionals already, and loosening restrictions will cause greater strife to those already uncomfortable with MAID. Throughout the debate, Bill C-7 has raised a lot of concern that as it expands MAID accessibility, it risks palliative care suffering. As a result, patients will view MAID as a better option. Unless there is more focus on improving and expanding palliative care so that palliative care is more accessible, MAID may appear to be the more practical solution for Canadians.

I now speak on Bill C-7 as a potential trigger to another pandemic within a pandemic. Canadians are currently experiencing multiple pandemics within the pandemic. They are struggling with depression and anxiety about their future because of economic uncertainties and collapse. They are facing social isolation. Although uncertain about the full ramifications of the coronavirus, in order to prioritize and protect the health and safety of Canadians, multiple tiers of government across our nation opted to take drastic measures throughout the pandemic with lockdowns and travel restrictions, which have infringed on some civil rights.

Social isolation is putting seniors in a mental health crisis. Recently, Nancy Russell, a 90-year-old woman living in a seniors home, chose MAID because she did not want to go through another lockdown or isolation this winter. According to some MAID practitioners, there is a trend of more reports of seniors interested in MAID and accelerating their timelines because of COVID.

I would like to ask each member in the House this: Is the passing Bill C-7, with its safeguards removed, during a pandemic, when Canadians are vulnerable to depression and suicide, a responsible and timely action? The government had the option to appeal this, but it chose not to.

I fully appreciate that the debate on Bill C-7 brings issues of compassion, dignified death, suffering and personal rights into a complex but profound discourse. Medically assisted death is complex, and debates on human rights are important, but in this time of severe and drastic measures to protect lives and keep Canadians safe from a virus that has the potential to take many lives, the government has entered into emergency mode. It has put health and safety above many important things.

• (1710)

We have allowed the economy to fall apart to flatten the curve and save lives. Canadians put a precedent on saving lives over some basic rights.

Rights do not exist in a vacuum. They exist to support the overarching vision and mandate, which I hope unifies all of us in the House, which is to protect the lives, sustenance and flourishing of humans; to ensure all people, regardless of who they are, their behaviour, ideology or capacity, to be functional in life; to protect their existence and sustenance needs; and to provide individuals with fair opportunities to dream and make the most of their lives. I understand the principles of debate and rights, but in the context of this pandemic we are facing, my humanity and my heart burn like a mother bear for the lives of Canadians.

In a recent report from the Canadian Mental Health Association, 3,800 Canadians died in 2018-19 after being admitted into hospitals for self-harm. With the stress, hopelessness and trauma created by the pandemic, that number is on the rise, especially for the most vulnerable.

In a survey held by CMHA in May during lockdowns, 38% of the people surveyed said that their mental health had declined due to COVID-19, 6% had suicidal thoughts and 2% had tried to harm themselves in response to COVID-19. Based on this survey, if there are 30 million adult Canadians, then it would mean that 1.8 million adult Canadians have had suicidal thoughts and 600,000 have tried to harm themselves as a result of the challenges caused by the pandemic.

The count for the number of Canadians who have died from COVID-19 is 12,211 from yesterday's numbers. If only 6% of the 3,000 Canadians who participated in the survey had suicidal thoughts, that would still be 180 people. What does that translate to in Canada's entire population?

More survey results show that not everyone is affected equally. While 6% of the general population have had suicidal thoughts since the outbreak of COVID-19, suicidal contemplation has been happening with 18% of people already struggling with their mental health, 15% of people with a disability, 14% of people with low incomes and 16% of people who are indigenous. This is not fair.

This is the question I would like to ask all members: Do we, as members, take mental health seriously? Do we recognize that extraordinary suicide prevention must be part of our COVID response? Do we see the danger of passing a bill such as Bill C-7 in the context of a pandemic where we see rising numbers of mental health challenges and suicidal contemplation?

The mental health side of the pandemic does not end with a vaccine, because healing from trauma and financial restoration takes time. What is the message we want to send to the Canadian public right now as parliamentarians? In the name of saving lives, we have allowed families to be separated, and we have allowed businesses and institutions to be pulverized, but what support are we providing to counter the depression and hopelessness that comes from these drastic measures? We should be more focused on creating more access to counselling and mental health support.

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For those who say that mental health is a provincial issue, I would say to them that mental health is a serious issue and one that all tiers of government must come to the table to discuss and implement solutions for. We have a responsibility as lawmakers to look at the big picture and understand the time we are in right now.

We do not see suicides reported, but all of us know someone, whether directly or by one or two degrees of separation, who has attempted or committed suicide. Let us be sober. The bill before us could open doors to a suicide pandemic during this pandemic. Our duty is to pass legislation that protects the life, sustenance and flourishing of our fellow humans and not make them more vulnerable and susceptible to death.

Canadians need hope. Will my colleagues, with a clear conscience, be able to say that they did everything they could to prevent suicide? Will they be able to say with conviction that they had helped someone find hope and not have to resort to death?

I want to be wrong. I hope there is no suicide pandemic, which the unpredictable waves and lockdowns of COVID-19 would exacerbate, but the government has chosen to put the priority of saving lives at a high cost. Were the drastic measures reasonable or too severe? I think most Canadians would say that saving lives was worth it. Will it be worth saving lives by stopping the spread of a culture of suicide through a bill like Bill C-7 during this pandemic?

The very life breath of Canadians are in our hands right now. I cannot support the bill in the name of mental health and saving lives in this pandemic. I do not want blood on my hands for the death of any Canadians who were inspired by the passing of Bill C-7 to cope with mental health challenges and hopelessness during the pandemic, especially when we do not have enough to give them more hope.

• (1715)

Being a parliamentarian comes with responsibility. Ideology comes with responsibility. Legislation comes with responsibility. Legislation is not separate from the current plight Canadians face. I encourage every member to examine this bill, recognizing there is not enough hope to safeguard against the dangers of Bill C-7.

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, I appreciate the passion of the member in expressing and sharing her thoughts with regard to the legislation. Unfortunately, with the very small amount of time I have in the form of a question, there are many statements I would like to make that I am not able to. Suffice it to say that mental health is very important, as is palliative care. These are all important issues and some of the reasons why I am not saying we as a government stand alone. We have been pushing that agenda for years now. By pushing that agenda, we have also invested hundreds of millions, going into the billions, of dollars over the last number of years.

The question I have for the member is this. We recognize that all lives are of equal value. There is no doubt about that. Going forward with this legislation is not just supported by one political party: amendments were brought forward and opposition parties are supporting the legislation. It seems the consensus of the 337 mem-

bers of the House is to continue to move forward, given the importance of this issue to the individual.

• (1720)

Ms. Nelly Shin: Madam Speaker, my speech today has to do with the timing of the bill because of the unique circumstances we are in. If we were not in a pandemic, I would not have given this speech.

[*Translation*]

Ms. Sylvie Bérubé (Abitibi—Baie-James—Nunavik—Eeyou, BQ): Madam Speaker, I do not agree with the principles put forward by my colleague.

Medical assistance in dying seeks to help those people. They are vulnerable, but they still have all their faculties and can make decisions.

The member spoke about discrimination against people with disabilities. I disagree with her because people with disabilities also have the right to choose whether to live or die with dignity, regardless of their illness. There are professionals taking care of these people. They have access to mental health care and palliative care.

It is unreasonable to use extreme examples like you did. I think that this legislation will support these people and they need that support. This bill should therefore be passed. Did you read the bill carefully before mentioning these things and expressing your point of view?

The Assistant Deputy Speaker (Mrs. Carol Hughes): I would like to remind the hon. member that she must address her comments to the Chair and not to another member directly.

The hon. member for Port Moody—Coquitlam.

[*English*]

Ms. Nelly Shin: Madam Speaker, I am not disqualifying the thoughtfulness and value of these discussions. Again, I am raising this in the House today because of the unique circumstances of the pandemic we are in, which is putting many people at risk. The very sound bites, the dialogue and the contemplation of suicide should not be exacerbated by having something like this to inspire people in the wrong direction. I am not talking about those who are legitimately seeking the assistance of MAID to find dignified death. I am speaking in the context of the larger Canadian population in this pandemic.

Mr. Nathaniel Erskine-Smith (Beaches—East York, Lib.): Madam Speaker, the member knows that mere hopelessness or experiencing depression because one has lost one's business in the pandemic would not make one eligible for MAID. Even drawing that connection to suggest one would have blood on one's hands, I think, is absurd.

I have a simple question. What are the criteria the Supreme Court established in Carter? It is very simple.

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Ms. Nelly Shin: Madam Speaker, I want to repeat again so there is no misunderstanding that I raise these points today not to undermine anyone's values or perspective of MAID, but we are in a unique time when people are vulnerable. It would be a tragedy to see them inspired to choose suicide. Whether they seek MAID or not, the whole concept of suicide is dangerous right now in the times we are in.

Mr. Jeremy Patzer (Cypress Hills—Grasslands, CPC): Madam Speaker, we are debating a matter today of life and death. This is not an easy topic for anyone to think or talk about. I cannot imagine how much harder it is for people who find themselves in a position where they are faced with a choice between the two. It is a choice that directly affects suffering individuals. Each of their loved ones will also be affected. What makes it even more complicated and difficult is that it involves people having vulnerable moments and often, for many reasons, they were already disadvantaged members of our communities.

How we treat our most vulnerable neighbours reflects back on our personal and social character. It makes all the difference if someone who is struggling receives support to have a fulfilling and meaningful life, or if they are mistreated and neglected. It also gives the rest of us a good or bad example to follow in how we should treat each other. We have to consider all of this when it comes to Bill C-7. There are way too many problems with it, but for now I want to step back and focus on the heart of this issue.

Many brave and passionate voices from the disability community have stepped forward to call out the dangers of stigma and discrimination in the government's bill. One of those voices is Roger Foley's. He was born with a severe neurodegenerative disease and his condition got worse. He was denied the necessary supports for continuing to live at home. He has been speaking out about his troubling experiences while he is in hospital. According to him, the health care system has not provided him with any assisted home care team of his choosing. Instead, among other things, he has been offered the option of assisted suicide. From his hospital bed in London, Ontario, he told the justice committee his story and further said:

What is happening to vulnerable persons in Canada is so wrong. Assisted dying is easier to access than safe and appropriate disability supports to live.

Speaking from his experience living with a terminal illness, he had been calling for assisted life before he should ever have had to consider assisted death. The idea that the opposite could be true here in Canada should be unsettling for all of us. There is definitely a problem for the population with disabilities, in terms of aggravating stigma and discrimination towards them. Other people are at risk too.

If someone is thinking of ending their life, we know that it is most often related to mental health challenges or their emotional and social needs. Recently we heard the story of the late Nancy Russell, who was a senior living in long-term care during the COVID lockdown. She maintained an engaging and outgoing life. During the first wave, the usual activities she enjoyed were restricted. At one point, she was confined to her room for two weeks. Her family noticed an unmistakable decline in her life from the first wave. Her daughter was quoted in the media as recalling that:

It was contact with people that was like food to her, it was like oxygen. She would be just tired all the time because she was under-stimulated.

When news of a second wave came, along with the possibility of another lockdown, Nancy decided to apply for MAID. She was approved for it and died this past October. Her decision, within the larger issue of our response to COVID, is a separate discussion, but her daughter's words are important for us to consider in this different context. When deprived of our human needs, it is easy for someone to consider such an option. On the other hand, whenever these needs are met, it can have a remarkable effect.

I also want to talk about Harold, who passed away this summer. His daughter reached out to share with me the story of what happened near the end of his life when his wife, Barb, was visiting him. I will once again quote: "A COVID-19 restriction allowed window visits only. Because of being hearing impaired, he could see his wife Barb through the glass, but could not hear her. At times, staff were available to repeat Barb's words but not usually. Three weeks ago, Harold's life declined. Barb was informed she could come inside the facility to visit, provided she followed their protocols: masks, gloves, handwashing; only visit within his private room, etc. These preventative measures seemed reasonable. These visits continued for three days and each day Harold's health improved."

She also included this reflection in her message, "Face-to-face physical and emotional contact directly influenced Harold's well-being, and now Barb is left with the lingering remorse that she was not allowed to hold her husband's hand as he breathed his last breath. It is well known that face-to-face human connection fuels wellness and, as end of life naturally draws near, the end for togetherness is just as real."

● (1725)

She makes a good observation about the power of social and physical connection. Whether we are dealing with the case of Roger Foley's physical condition or emotional and relational suffering, we have to make sure that we do not misidentify any cries for help when somebody asks to die.

On a similar point, I want to make sure we consider the great potential for struggling Canadians to not find the help they might desperately need. For the justice committee study on Bill C-7, physicians, together with vulnerable Canadians, submitted a statement signed by doctors from every province. As of today, over 1,000 signatures are on that document. They explained the problem this way:

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The shock of a sudden illness, or an accident resulting in disability, can lead patients into feelings of anger, depression and guilt for requiring care—emotions that, with proper support and attention, can resolve over time. The care and encouragement shown by physicians may be the most powerful force in overcoming despair and providing hope. Unfortunately, patients can no longer unconditionally trust their medical professional to advocate for their life when they are at their weakest and most vulnerable.

The lack of available alternatives and support could only make it more difficult. The same statement notes the following:

We live in a country where the wait time to see a psychiatrist in certain areas is 4-8 times longer than the 90-day waiting period proposed in the bill for those whose natural death is not considered “reasonably foreseeable”, and where 70% of citizens nearing the end of life still have no access to basic palliative care services. Yet MAID has been deemed an essential service under the Canada Health Act and palliative care has not. This bill creates the conditions for cheap and easy death through euthanasia or assisted suicide.

Without addressing the root causes of suffering or actually providing someone with different options, it is impossible for a real choice to be made.

Finally, I share the concerns of advocates for people with disabilities and for other causes, that this bill would help to normalize suicide in situations similar to the stories I have shared and more generally.

In 2020 and beyond, there is a real risk for an increase of suicidal thinking. This year has pushed many to the brink of despair. Now is the time for us to live up to our international reputation as a nation of compassion and caring. We should offer those who are struggling a helping hand, not a cold shoulder of indifference.

In my province of Saskatchewan, in particular, there is a suicide crisis in parts of the indigenous community. I know that many indigenous leaders and communities have raised this concern in regard to the expansion of assisted suicide. In 2016, during the last debate in Parliament to legalize assisted suicide for the first time, the former Liberal member for Winnipeg Centre, Robert-Falcon Ouellette, spoke about the impacts that he believed this would have on indigenous communities.

One of the overarching themes from his speech was that by allowing suicide to become a way out of suffering, we are encouraging a spirit of death in indigenous communities. Rather than telling indigenous peoples that if they are suffering their lives are no longer of value, we should first improve the conditions of their lives and help them carry their burdens.

It is hard to know where to begin with fixing the government's plan for assisted suicide. Bill C-7 rapidly expands the framework of MAID, at a rate never seen before. In this effort, the government has ignored its own framework set in Bill C-14 and the advice of hundreds, and even thousands, of medical professionals.

Where is the expansion of palliative care and other support? How long before we go even further in offering assisted death without first better providing people assisted life?

• (1730)

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Madam Speaker, I find this debate very emotional. These are life-and-death circumstances that we are talking about, and there is a finality to this. When somebody dies, they have died. They are not coming back.

I believe that we need to balance personal autonomy with the protection of vulnerable people. A concern that I have is in regard to palliative care, and even its advocates. If somebody is a vulnerable person, maybe they have no family and maybe they have no friends. Maybe they have a disability and have been admitted to a hospital or are living in a long-term care facility. It is very troubling to me that MAID could be offered and nobody would be there to advocate for them. It is very concerning to me that it could be proposed.

Could the member talk about palliative care, and how we need more access? There was no five-year review from the previous legislation. Could the member comment on the need for more palliative care across Canada, and especially in rural and remote regions?

Mr. Jeremy Patzer: Madam Speaker, palliative care is such an important part of our society and we are lacking greatly in that area. In particular, I grew up in a rural and remote community as well and there was just not the option for palliative care there. People were moving out of their communities, out of their homes and away from their families. Quite honestly, families are the primary caregivers whom people need and want to have with them when they are in palliative care, but they also need access to those facilities. I find it so alarming that here we are, today, prioritizing medical assistance in dying instead of prioritizing palliative care in the country.

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, during the debate on this important issue, we often hear reference to palliative care and how critically important that is. It is encouraging, to a certain degree, to hear the Conservatives talk about why we need to enhance and ensure we have an extensive palliative care system.

What role does the member believe the federal government has in looking at ways we can improve and expand palliative care in Canada? Does the Conservative Party believe we should be playing a stronger role in that?

• (1735)

Mr. Jeremy Patzer: Madam Speaker, the first thing we need to do is listen to the advocates for palliative care. They have very compelling testimony for enhanced and expanded palliative care. We also need to ensure that we work hand in hand with the provinces. The federal government has a role to play, particularly in ensuring that the infrastructure for palliative care facilities can be built in our small towns and rural and remote communities and ensuring that people of all communities have access to quality palliative care.

[*Translation*]

Mrs. Caroline Desbiens (Beauport-Côte-de-Beaupré-Île d'Orléans-Charlevoix, BQ): Madam Speaker, I believe that what we are doing is admirable, since these are major issues of life or death.

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I commend everyone here today. What they are putting forward is very well reasoned and carefully contemplated. Personally, I like to connect with people. What concerns me about this prolonged debated is time. I know that we must take our time with an issue like this, but we must also rely on what we have learned.

Our society is highly educated. Our scientists are up to date. In our society we have the ability to get the tools we need to do things properly. I want to ask you, are you questioning the abilities of our leading scientists, our doctors and our experts in medical assistance in dying?

The Assistant Deputy Speaker (Mrs. Carol Hughes): I would remind the hon. member to address the Chair.

[*English*]

The hon. member for Cypress Hills—Grasslands.

Mr. Jeremy Patzer: Madam Speaker, I am not one to doubt scientists and people who have committed their life to their field. However, what we are missing is prioritizing people's right to live, their right to life. We are missing that as we have this discussion today.

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Madam Speaker, I am really honoured to be standing in the House as we debate this very important bill, Bill C-7, in response to the *Truchon v. the Attorney General of Canada*.

My husband and I were discussing this last night. I can recall the night of the vote on Bill C-14. I had held town halls in my riding, sent post cards, all these different things. It was about a fifty-fifty split among constituents who wanted to see MAID pass. That day I voted for that bill. I thought there were some very important provisions in it which we had to talk about. However, as we move forward with Bill C-7, I have strong concerns.

I decided to return to the speech I made in 2016, and I wanted to share an excerpt of it. We have been going back to people's speeches to see where they were at that time. I am pretty much where I was in 2016 with respect to better safeguards. I will quote from my speech on May 20, 2016:

My role as a parliamentarian is to do the fact-finding, speaking to the constituents I represent, and making sure that I get the right message to make this decision and do what is right for my constituency and all Canadians. From that, I decided to do a lot of town halls ... I sent letters ... one-on-one meetings ... I also received many email ... campaigns.

After that, I received a letter from Dr. Carroll Harder, a physician in my riding. I want to share her from 2016 email. She wrote:

I am e-mailing in response to your letter I received requesting information on my concerns about Bill C-14. Thank you for requesting physician input. I certainly appreciate having the opportunity to weigh-in as a stakeholder in these decisions. This topic is obviously very important to me and I am trying to understand all of the implications of this for me and for my patients.

I appreciate the steps that have been put in place to provide checks and balances that will hopefully prevent abuse of this system by family or health care providers. I am concerned that many groups are calling for less restrictions than those that are currently in place dictating who applies for this and who is ineligible. I would ask that you, as our representative, continue to advocate for stringent restrictions with multiple layers of accountability to prevent abuse of this legislation.

Based on that foundation, I started to look at Bill C-7. I have watched the hours and hours of committee business. Excellent amendments were proposed but were turned down. I thought my

vote would be yes, but I have turned it into a no. I have not been swayed by the government and I have not been swayed by anything other than those disability groups that are very concerned about the bill. Then I go back to where I was in 2016. The point is that our job is to protect all Canadians. Our job is to represent Canadians.

What I see in the bill just does not fit. When I look at what the doctor has requested and at all the testimony from the justice committee, I do not think we are doing due justice. Tomorrow we will be celebrating International Day for Persons with Disabilities. We are not doing them justice. We are not listening to them and that is why I have this huge concern.

Unfortunately, because these amendments were left out of the bill, I have changed my vote to no. We had a great opportunity to make this a better bill in committee.

I take all these social issues to heart. I speak to people and they help make these decisions. I think about a gentleman whom I just spoke to on Saturday, Rick Arkell. I recall speaking to Rick years and years ago when I was constituency assistant working for Joe Preston. I recall him calling the office. When I spoke to him on Saturday, he said he wanted MAID.

I know that when I voted on Bill C-14 and made that decision to support, it was the right decision. However, when he and I talked about this, he too understood why I could not move forward on this. This gentleman has multiple complications such as diabetes and heart issues. When combined, they are making his life very difficult. I asked him if he could please send me some more information because I wanted to share his story. This story is not about people who do not want it; it is about people who do want, but ensuring precautions are there.

● (1740)

Instead of his being upset with me for saying I was going to vote against it, he asked how he could help because he knew we wanted better legislation. It comes down to that.

This is a very sad story. As I spoke to him on Saturday, I was not sure what my next steps were. I was not sure if I should go over there and try to counsel him or if I should be a parliamentarian and just ensure that the legislation was right. I am still caught on that.

For a number of years he has been trying to get medical assistance in dying under Bill C-14. This is his email:

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“My euthanasia target is 60 days or less. I value and respect your point, however, I most assuredly am not going to enjoy the summer or any time thereafter and God willing, I will be dead in six months or less, whether by MAID, naturally or do it yourself. I have taken 250,000 milligrams of acetaminophen prior to our meeting as I did with Dr. Kay, thinking of the tears, groaning, crying in pain, stumbling and face plants, which were not necessary in fact, not to mention I was attempting to demonstrate that I can live independently. I do the same any day. I go out in public, appointments, shopping, etc. As I mentioned, I am not seeking immediate death since I am working to get my affairs in order as quickly as possible and to find homes for my cats. In order to do that, I need to remain independent. In the interim, I am seeking ways to cope such as I showed you. I still definitely want to seek assurance and peace of mind that MAID approval would provide.”

It is really interesting because we are talking today about witnesses and all those different things that are necessary to ensure people can go through this process.

We talked about palliative care. I am watching this man who is suffering, who does not have an option because palliative care is not available. We can sit here and say that MAID is very different. MAID is different if people cannot get it and do not have palliative care. That is why people say let us go for MAID because there is nothing better.

We just heard it from my friend from Port Moody—Coquitlam. She talked about someone who was willing to go through MAID rather than being in lockdown any longer. Those are huge concerns and we need to listen to that. These are people's stories. We need good legislation and we do not need to put them at more risk. That is what I see in the bill.

When we have had disabilities groups come forward, when the Senate, under a pre-committee study, has 91 different people testifying against this legislation, that should tell us something. It is not one or two people from specific groups who are talking. They are Canadians and Canadian families that are bringing forward their personal stories on what they go through each and every day. We are not making this right. By making MAID a better program so people can get it easier is one thing. However, we should ensure we have a full program that allows choice. I am fearful that this does not offer choice. It offers a choice to take MAID or to live uncomfortably. When I look at Rick, I think this is what is happening to him.

I am also very fortunate because I represent the great organization ARCH. ARCH is located in the community of Lambeth in London. It wrote to senators, and I want to leave members with this:

Dear Senators,

ARCH Disability Law Centre (“ARCH”) makes this submission as part of your pre-study of Bill C-7 – An Act to amend the Criminal Code (medical assistance in dying).

ARCH is a legal clinic dedicated to defending and advancing the rights of persons with disabilities in Ontario. ARCH also advocates for the rights of persons with disabilities nationally and internationally. ARCH has expertise in Canadian human rights and equality rights law as it relates to persons with disabilities, national and provincial accessibility laws...

I recognize that I do not have a lot of time, so I will sum this up. ARCH is extremely concerned with this. It put forward concerns because it was looking at effective safeguards, which it does not see in the bill. It is clear to me that if people are telling us that this is not going to work for them, and there is a whole lot of them, then we should start listening. That is why I am concerned with the government moving forward with the legislation without including the amendments that have been put forward. It is not doing what is best for Canadians.

I will continue to encourage the government to please think again. Do what is best for all Canadians and let us put the interests of all Canadians first.

● (1745)

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Madam Speaker, we know that part of the fear and anxiety for people in the disability community, who oftentimes are living in poverty and without the resources they need to live in dignity, is that they are going to be faced with a really impossible choice between a life of poverty and suffering or a premature death. While Parliament cannot change the Truchon decision, one of the things we can do is put in place appropriate income supports for people living with disabilities so they are not forced to live below the poverty line.

Would the member support the federal government moving to establish a disability income support program that would ensure that any person living with a disability in Canada would not be forced to live below the poverty line?

Mrs. Karen Vecchio: Madam Speaker, I think this is one of the things we see. As I indicated, I was a constituency assistant for 11 years, so I had the opportunity to see a lot of Canadians who were on the Ontario disability support program, had benefits through WSIB or had Canada pension plan disability benefits. This is not a lot of money.

We know that the cost of living has increased substantially, especially through the COVID-19 pandemic, so this needs to be reassessed. Lots of people are living without the means to have a proper roof over their heads, while paying their bills, putting food on their tables and enjoying life.

● (1750)

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Madam Speaker, I thank my colleague for always telling us about what the people in her riding are talking about.

With respect to this legislation, I wonder if she could talk about the people in long-term care, who have been very isolated in this pandemic. I want to pick up on the theme that my colleague from Coquitlam—Port Coquitlam mentioned about the dangers there, as people like them might want to take advantage of assisted suicide.

Mrs. Karen Vecchio: Madam Speaker, that is one of the concerns we are seeing. We know there have been many challenges during this pandemic, specifically with mental health and people who are in isolation.

I can look within my own family. My parents are not in long-term care but they are 80 and 84. I worry about their isolation within their own home, given the fact that they are not leaving their home very often. I think my mom has left twice in the last eight months. I can only imagine what it is like for residents in long-term care homes, where people are not able to come in to see them. They are not able to see their grandchildren. A lot of times, the spark of their lives is their family.

We have to work urgently to make sure we are dealing with rapid testing for COVID-19 and make sure that all of the supports for people living with disabilities or in long-term care homes are taken care of. We need to do better, and I am afraid we are not doing it under the government.

[*Translation*]

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Madam Speaker, I have a great deal of respect for my colleague who just gave her speech.

The thing that most concerns me is the issue of access to palliative care in Mégantic—L'Érable. I know that many people back home have some concerns about that because this type of care is not always available. I would like to know whether the same is true in her corner of the country and to hear her comments on that.

[*English*]

Mrs. Karen Vecchio: Madam Speaker, throughout the entire country we are seeing issues within our long-term care homes, and we have seen throughout this pandemic what is happening. When we are looking at medical assistance in dying, all of the factors that are bundling up on our seniors are making life look hopeless.

I am a person of hope. Sometimes I call myself a Pollyanna. I always believe there has to be a light at the end of the tunnel. I do not think the government is providing enough light to make sure people know we can do better.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Madam Speaker, I am thankful for the opportunity to speak again to Bill C-7, an act to amend the Criminal Code (medical assistance in dying) at report stage.

I will touch on two key amendments the Conservatives were seeking, namely to maintain the reflection period of 10 clear days between when the request for MAID is signed and then received, and to extend the assessment period from 90 to 120 days for those whose death is not reasonably foreseeable. Originally, these were amendments we put forward at committee. In fact, these are just two of several amendments we worked really hard to achieve in good faith. They were all rejected by the Liberals.

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Therefore, I would first contend that the bill we have received back from the committee demonstrates a lack of concern for the voices of opposition, and not merely those of our Conservative opposition, but rather those of the differently abled and the medical experts whose concerns we compassionately championed. We must thoughtfully consider the alarm of Canadians who are passionately opposed to what Bill C-7 is now proposing.

Bill C-7 would eliminate the requirement of waiting 10 clear days after being approved for the procedure, effectively allowing for a system of death on demand. As we heard at committee, this is troubling for those whose lives have been affected by disability. For those who want to live with dignity, Bill C-7 presents and very clear and present danger. That is what they are saying.

Let us refer to what witnesses told us at committee.

Roger Foley, who lives with a severe neurodegenerative disease, told the committee this:

With the Assisted Dying Regime in Canada, I have experienced a lack of care and assistance for which I need to live.... I have been abused and berated because I have disabilities, and told my care needs are too much work. My life has been devalued. I have been coerced into assisted death by the abuse, neglect, lack of care and threats.

Mr. Foley went on to say, “Assisted Dying is easier to access than safe and appropriate disability supports to live!... You have turned your back on disabled and elderly Canadians!” I found that very difficult to hear.

Dr. Ewan Goligher, a physician-scientist, was clear in his assertion that Bill C-7 singles out those with disabilities when, in many cases, death can be prevented. He said:

Bill C-7 declares that an entire class of people—those with physical disabilities—are potentially appropriate for suicide, that their lives are potentially not worth living. Indeed, were it not for their disability, we would not be willing to end them. I cannot imagine a more degrading and discriminatory message for our society to communicate to our fellow citizens living with disabilities.

As the CBC similarly noted, “While reflecting understandable empathy for often-severe suffering, the bill conforms to an ableist presumption that a life with disability or chronic illness is less worth living.”

Krista Carr, executive vice-president of Inclusion Canada, spoke on behalf of families of those with intellectual disabilities who fear their loved ones will be left without a choice. She said, “families now fear that their family members will be encouraged to end their lives. Rather than addressing their suffering, as we do for every other Canadian who tries to end their suffering through suicide, their lives are now judged as not worth saving.”

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This claim by Ms. Carr was reinforced by the testimony of Taylor Hyatt, who bravely shared a personal story. Having been admitted to the ER with difficulty breathing, she was advised by the doctor that an infection she had could require oxygen. Ms. Hyatt enthusiastically agreed to the use of oxygen, but found it troubling that her answer came as a surprise to the doctor. I know Taylor and she is full of energy and life. It was at this point that Taylor came to a stark realization. She said:

In that moment, I would have been able to refuse treatment and be permitted to die. Or, in a moment of weakness, bought into the stereotype that my life wasn't worth living and requested and received a lethal injection. Breathing supports would be considered standard treatment for a non-disabled person in my situation, especially somebody in their mid-20s as I was.... If this bill goes through, how many more disabled people at their lowest moments could have a drastically different and decidedly unwanted ending to their story?

We on this side of the House recognize that Canadians' tolerance for assisted dying has evolved over the past four and a half years. In fact, a 2020 Angus Reid Institute poll found that four in five Canadians believe that it should be easier to make their own end-of-life decisions, compared with 73% four years ago. However, the same poll found that 65% believe the option of assisted suicide and euthanasia has the potential to intensify pressure on those with disabilities to choose death as a means to avoid being a burden to others. They want lawmakers and the courts to give significant weight to this concern.

In my view, C-7 abandons the concerns of witnesses and the majority view of Canadians. Appropriate safeguards, such as the 10-day reflection period and a 120-day assessment period for those whose death is not reasonably foreseeable, are absolutely warranted, so why are the Liberals denying this?

● (1755)

My second point as to why the bill should not proceed is that it is the government's clear intention to go beyond the scope of the Quebec Court of Appeal's Truchon decision.

One of the key elements of the bill, for me, is the about-face the government has taken. Less than five years ago, Bill C-14 was passed. It was a bill that I, and many in my party, have opposed in principle from its introduction to the present day. However, many Canadians took solace in the fact that Bill C-14 contained a vital element of parliamentary accountability. Clause 10 mandated a five-year review, wherein the provisions of the assisted suicide law, as well as the state of palliative care in Canada, would be fulsomely studied by the House of Commons and Senate before the end of June 2021. This was our responsibility.

This vital element of Bill C-14 has been ignored by the government. As parliamentarians, we have now been tasked to consider a massive expansion of assisted suicide and euthanasia without a clear enough understanding of Bill C-14's effectiveness, enforceability and areas of acute concern.

It bears repeating something from my speech in October. Rather than appeal Truchon to the Supreme Court of Canada or wait for the all-important five-year review of assisted death in Canada, the Liberals have chosen to run with the Truchon decision and legislate on an expansion of assisted death for the entire country. Not only that, but the bill far exceeds the scope of Truchon.

Indeed, during Oral Questions on November 23, the member for Vancouver Granville, the former minister of justice and attorney general, and author of the original MAID legislation, called into question the government's effort to eliminate the 10-day reflection period and reconfirmation of consent through Bill C-7. She said:

Nothing in the Truchon decision of the Quebec Court of Appeal, which the government chose not to appeal, requires this, and the Supreme Court of Canada, in Carter, insisted on the requirement of clear consent. Palliative care physicians, disability advocates and other experts insist that this is an important safeguard, and, like other legislated MAID reports on mature minors and mental disorder, advance requests also raise significant challenges.

The government clearly has its own agenda here. The Liberals appear determined to eliminate safeguards for the most vulnerable when they were not instructed to do so. This is coupled with the fact that the House has not had the benefit of a fulsome study of the original MAID legislation. The House should proceed with the adoption of our very reasonable amendments, as Canadians want them.

Finally, I would like to reiterate a point from my last intervention on the bill. The Liberals continue to lag on a national strategy for palliative care, but at the same time they are moving forward on more accessibility to MAID. The Liberals broke their promise to invest \$3 billion in long-term care, including palliative care, and have yet to bring Canadians the national strategy on palliative care they promised and agreed to. Just as 80% of Canadians believe it should be easier to make end-of-life decisions, 70% of Canadians continue to live without any access to palliative care. That is why the Liberals' approach is nonsensical.

The Angus Reid poll found that 62% of Canadians want those in this place to give due attention to the concern that our health care system might begin to ignore long-term care and chronic disease among the elderly as MAID becomes more widely accessible and routine. We are seeing this happen.

Furthermore, seven in 10 Canadians want us, as lawmakers, to consider whether increased access to assisted suicide and euthanasia will mean less investment in traditional palliative care. I dread that, but in my view that situation is already unfolding.

Government Orders

I refer to the Delta Hospice Society, where 10 hospice beds are at risk of being defunded because of its refusal to provide assisted suicide to its patients. The Delta Hospice Society believes that MAID is distinct from, and violates the very purpose of, the palliative care that it is very proud to provide. Indeed, President Angelina Ireland has been clear that the intention is not to overturn MAID. The society is not a threat. It only wants to uphold its approach to the end-of-life care that so many Canadians want and deserve but do not have access to.

A majority of Canadians would side with the position of the Delta Hospice Society. Again referring to the Angus Reid poll, 55% of Canadians reported religious hospitals should be free to refuse to participate in MAID on moral grounds.

Any attempt to cheapen the value of palliative care should be of concern to the House. In the words of Dr. Goligher:

The goal of health care is to help the patient flourish. Palliative care is about helping the patients flourish even as they go through the dying process. I think anything that accelerates or hastens that process and doesn't give the opportunity for reflection and so on is of serious concern.

MAID is antithetical—

● (1800)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I am sorry, but we have to go to questions and comments.

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

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Madam Speaker, I appreciated the member's example about the disabled individual who had a very different experience than a Canadian without a disability might experience. I heard a similar story about an individual who, it was apparent, had a physical disability and when suffering a seizure, the very first question asked was if they had a do-not-resuscitate, DNR, order.

Why is it important that Parliament give a thoughtful review, as was committed at the five-year mark, instead of having this hasty process, which goes beyond the Quebec court decision and was not appealed by the government? Why is having a proper review, where stakeholders, including from the disability community, can speak to parliamentarians, testify about their concerns, have their questions answered and have the government answer for why it would make those decisions? Why is that process important and why would that be preferential to what we are seeing happening right now?

Mrs. Cathay Wagantall: Madam Speaker, there is such concern in my heart for the fact that the government is choosing on so many occasions to go over and above its own responsibilities within the realm of our Parliament, where 338 members made the decision to bring Bill C-14 forward with the understanding that the proper oversight would take place. This is a huge issue for Canada and we have a responsibility as parliamentarians to do the due research to find out how well it has been functioning and if it has been abused. We are clearly hearing stories over and over again now and yet the government has chosen to move ahead and rush this.

Those who wanted to speak to that review have had to try to make their voices heard and known in the midst of the presentation of Bill C-7. We know that many of them were shut down at committee. Testimony time was not extended and very many reports and dockets were not submitted because there was not time. Thank goodness that time is being taken in the Senate. I feel that the government has abused its responsibilities.

● (1805)

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, this is a very significant piece of legislation. I support it completely. Amendments were attempted by the member for Nanaimo—Ladysmith for the Greens in the committee, but it is terribly important that we not conflate medical assistance in dying, as a number of Conservatives have done in this debate. My hon. friend did not do this in her speech, but did refer to “assisted suicide”. Some speeches have just called it “suicide” and euthanasia. That is not the effect of this legislation. This legislation is for medical assistance in dying for a very limited group of people who would qualify and specifically does not include mental illness.

I ask my hon. colleague to consider again whether there is a cost to people across this country who believe the rhetoric of the Conservatives and now experience additional anxiety and a thought that Canada is losing its moral compass, because the rhetoric being used in this debate is unworthy of the very good people who are using this language.

Mrs. Cathay Wagantall: Madam Speaker, I totally disagree with my colleague's premise. The people we hear from over and over again and come to us for compassionate intervention are the very people feeling threatened by this particular legislation. I know that many who are disabled face very hard challenges, but many of them as well are very capable in many other ways, as I can assure you Taylor Hyatt is.

My concern is that assisted suicide or assisted dying is being encouraged. I am concerned as well for veterans who are told over and over again not to go that direction and yet we are facing a situation where we are not keeping those safeguards that would ensure that the people asking to be protected have the right to be protected in the midst of this legislation.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Resuming debate, the hon. member for Provencher. He will have only two minutes before we go into Private Members' Business. He will be able to proceed afterward.

Mr. Ted Falk (Provencher, CPC): Madam Speaker, John Diefenbaker once said that freedom is the right to be wrong, but not the right to do wrong.

Private Members' Business

As we review Bill C-7, the proposed expansion of the medical assistance in dying regime, we must strive to uphold that value: the value of dignity and worth of all people. Canadians value our right to think freely, to consider our thoughts and opinions and to change our minds if we so choose. As a free society, we want to make room for all people to feel valued as contributing members of society.

Dr. Leonie Herx, past president of the Canadian Society of Palliative Care Physicians and chair of a division of palliative medicine at Queen's University, sees life stories every day that show people can change their mind with respect to MAID. She refers to one beloved patient who arrived at her clinic asking for MAID, but quickly abandoned his quest after being assured of his worth and that he would not be a burden.

Recently, the member for Vancouver Granville asked the justice minister in the House why the 10-day reflection period and reconfirmation of consent were waived in this proposed legislation. She talked about the fact that the removal of these safeguards was not required by the Truchon decision, the ruling that the Liberals chose not to appeal, by the way. Instead, the Liberals introduced Bill C-7 to expand MAID to abandon the critical safeguards that Parliament passed into law just a few years ago.

I noted the member's comments with great interest, given that she was the justice minister who had brought forward the original bill to legalize MAID in Canada. In response to her questions and critiques, the current justice minister replied that the 10-day waiting period only increased suffering, and that he—

• (1810)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I am sorry, to the hon. member for Provencher, but I do have to interrupt. The hon. member will have eight minutes left in his time after we resume debate.

It being 6:10, the House will now proceed to the consideration of Private Members' Business, as listed on today's Order Paper.

PRIVATE MEMBERS' BUSINESS

[*English*]

CONTROLLED DRUGS AND SUBSTANCES ACT

Mr. Nathaniel Erskine-Smith (Beaches—East York, Lib.) moved that Bill C-236, an act to amend the Controlled Drugs and Substances Act (evidence-based diversion measures) be read the second time and referred to a committee.

He said: Madam Speaker, before the pandemic, I introduced Bill C-235 to decriminalize all drugs for personal possession, and this legislation, Bill C-236 as an alternative to create a diversion framework to limit police and prosecutorial discretion in keeping with evidence-based principles.

I was motivated to introduce these bills because of the opioid crisis. As we live through the COVID pandemic and are rightly concerned about how different levels of government are working together to protect us, it is important that we do not forget about the

scale of tragedy the opioid crisis has brought to so many families across our country.

From January 2016 to March 2020, there have been 16,364 apparent opioid-related deaths, nearly 11 a day. There have also been over 20,000 opioid-related poisonings and hospitalizations, or 13 per day. Public health officials do not update us every day the way they do with COVID, but perhaps they should. It is a public health crisis, and it is a tragedy.

StatsCan, pre-pandemic, told us that for the first time in 40 years, our life expectancy had stalled. StatsCan said:

Life expectancy at birth did not increase from 2016 to 2017 for either males or females, a first in over four decades. This was largely attributable to the opioid crisis.

We know that the crisis has been exacerbated by the COVID pandemic. In the words of none other than Health Canada:

At the intersection of these public health crises, people who use substances are likely to experience a number of increased risks.

As we see our government listen to public health experts and respond with emergency measures to address the COVID pandemic, it stands in stark contrast, unfortunately, to the way in which we have handled these opioid-related deaths.

Let me start with quoting some public health experts we have been listening to in the course of the COVID crisis, but that we have failed to heed in the opioid crisis. Canada's chief public health officer, Dr. Theresa Tam has called for a societal discussion on decriminalization. B.C.'s public health officer, Dr. Bonnie Henry published a report called, "Stopping The Harm", explicitly calling for decriminalization, writing:

There is widespread global recognition that the failed "war on drugs" and the resulting criminalization and stigmatization of people who use drugs has not reduced drug use but instead has increased health harms.

Let me put it more bluntly: our outdated and ineffective laws are killing people. If we embraced evidence-based policies, we would not have a highly toxic illegal drug supply. Again, this is Bonnie Henry speaking through her report:

Substance use occurs on a spectrum, from beneficial (e.g., social activity, cultural practices) to non-problematic (e.g., recreational or occasional use), to problematic...to chronic dependence and addiction....due to the toxicity...there is considerable risk of overdose and overdose death related to illegal drug use in any capacity.

Toronto's medical officer of health, Dr. Eileen de Villa has also published a report that states:

The evidence...strongly support the need to shift to a public health approach to drugs in Canada.

She goes on to call on us, the federal government, to decriminalize the possession of all drugs for personal use.

The UN and WHO published a joint statement in 2017, calling on countries to put in place guarantees against the discrimination in law, policies and regulations in health, including by reviewing and repealing laws that have been proven to have negative health outcomes and counter established public health evidence. Again, not my words, their words, “These include laws that criminalize...drug use or possession of drugs for personal use”.

In its report, “Care not Corrections”, the Canadian Mental Health Association writes:

Criminalizing people who use...drugs stigmatizes substance use; it also fosters a climate in which they feel unsafe in accessing life-saving interventions and treatment services, and further marginalizes people living in poverty [or at social disadvantage].

The Canadian Centre on Substance Use and Addiction has written:

A growing body of evidence suggests that decriminalization is an effective way to mitigate the harms of substance use and the policies and practices used to deal with it, especially those harms associated with criminal justice prosecution for simple possession.

Stepping for a moment outside of the advice of public health experts and looking to those in the justice system, we have the Chief Justice of Ontario, Justice Strathy, as he opened the courts, say this:

There is increasing recognition that we, as a society, need to re-consider how we define “crime” and whether some offences, labelled criminal, should be regarded as health-related matters and addressed therapeutically. In recent months, as opioid deaths have soared, the Canadian Association of Chiefs of Police and many of Canada’s chief medical health officers, have suggested that after a century of drug prohibition, we should stop treating the use and simple possession of narcotics as a criminal offence and regard them as public health matters. We need to consider whether these and other social challenges are most effectively addressed outside the courts.

● (1815)

Now, the chief justice referenced our police chiefs, and in July 2020, the Canadian Association of Chiefs of Police wrote its own report calling for decriminalization and evidence-based drug policies, which said, “While law enforcement across Canada exercise their discretion when considering possession charges, such as the presence of harmful behaviour or the availability of treatment services, the application of the law is inconsistent across communities.”

The report continues, “We must adopt new and innovative approaches if we are going to disrupt the current trend of drug overdoses impacting communities across Canada. Merely arresting individuals for simple possession of illicit drugs has proven to be ineffective.”

These are not my words. These are the words of our police chiefs, and the words are “proven to be ineffective.”

The report goes on to say, “Research from other countries who have boldly chosen to take a health rather than an enforcement-based approach to problematic drug use have demonstrated positive results.”

When I spoke to Waterloo Chief of Police, Bryan Larkin, I told him that we absolutely need national action, but if we do not get na-

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tional action in the immediate term, as a way forward, what if municipalities made the request, whether it was Vancouver or Toronto, to the federal government asking for an exemption? He told me that the police chiefs would support that approach as well. We now have had the City of Vancouver call on the federal government to decriminalize simple possession in its geography. Our federal government should honour and grant that request.

The police chiefs also recognize the international evidence, and it is important to pause for a moment and recognize that international evidence. I will point to Portugal, which decriminalized possession of drugs for personal use in 2000. Since then, it has seen overdose-related deaths go down and drug use stay the same. It has not seen problematic drug use increase in any significant way whatsoever. Importantly, it has seen the number of people seeking treatment increase by 60%.

Not only do we know that this move will address stigma, but the number of people seeking treatment will increase because it would be addressing stigma as well. It would also address the racial injustice in our drug laws.

If one tracks the history of our drugs laws, one knows that they are racist. The report of the Senate Special Committee on Illegal Drugs goes into some detail about the racist attitudes that underpinned government action to criminalize certain drugs, including a fear, at one time, of Chinese Canadians.

As the Canadian HIV Legal Network has recently written:

For the period 2014 to 2019, police in Canada made more than 540,000 arrests for drug offences; 69% of those were for simple drug possession. Troublingly, Black and other racialized communities in Canada are disproportionately charged, prosecuted and incarcerated for drug offences, depriving them of their rights to equality and non-discrimination in the criminal legal system, to freedom from arbitrary arrest and detention, to security of the person and to the highest attainable standard of health. As the report of the Commission on Systemic Racism in the Ontario Criminal Justice System concluded more than two decades ago, “Persons described as black are the most over-represented among prisoners charged with drug offences”....

More simply, we fear different drugs today, because we used to fear different people. While we have shifted the purpose of the law beyond explicit racism and xenophobia, its application continues to represent a racial injustice.

Now, we have seen some government action. We have seen an expansion of safe consumption sites, and we have seen 40 safe consumption sites approved. Very recently, the Public Prosecution Service of Canada updated its guidelines to say very explicitly, “Resort to a criminal prosecution of the possession of a controlled substance...should generally be reserved for the most serious manifestations of the offence” where it is for personal use under section 4 of the CDSA.

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Our federal government has implemented pilot projects towards safer supply and has funded pilot projects, including here in our east end at South Riverdale. It has spent hundreds of millions of dollars to address the opioid crisis through a public health approach, including \$150 million in budget 2018 to expand treatment options, and millions more towards a national public education campaign to end the stigma that surrounds people who use drugs. These are unquestionably worthy actions.

• (1820)

We should pause here because we have our federal government spending millions to end the stigma for people who use drugs, but at the same time, we are refusing to remove the criminal sanction that perpetuates that stigma more than any other policy. It is cognitive dissonance in action, and it costs lives.

I will explain what Bill C-236 does. To begin, I moved Bill C-235 and Bill C-236 at the same time because Bill C-235 simply removes the criminal offence for simple possession. This is in keeping with those public health experts, and the international evidence, who are saying that simple possession for personal use should not be a criminal sanction.

While fully removing drug possession for personal use from the CDSA is my preferred approach, and it certainly has the support of experts, in the end, a private member's bill has one opportunity to move a law forward. It is very important to me that this conversation moves to committee and that we see a change in our law.

To that end, Bill C-236 is a more modest change in our law that seeks to address stigma and end the unnecessary criminalization and incarceration of people who use drugs. Ultimately the bill seeks to obtain government support to accomplish those ends.

Very simply, the bill creates an evidence-based diversion framework to ensure that before police officers or prosecutors move forward with laying or pursuing a charge, they must consider whether it is sufficient to give a warning, to refer an individual in need to a public health agency or provider, or pursue alternative measures to incarceration. It was developed in keeping with the model of diversion found in our Youth Criminal Justice Act.

Similar to the new guidelines to prosecutors, it seeks to ensure that police and prosecutorial discretion is exercised with the evidence in mind. If this bill passes, that discretion must be exercised in keeping with a set of guiding principles. I think they are important, so I will simply read them:

- (a) problematic substance use should be addressed primarily as a health and social issue;
- (b) interventions should be founded on evidence-based best practices and should aim to protect the health, dignity and human rights of individuals who use drugs, and to reduce harm to those individuals, their families and their communities;
- (c) criminal sanctions imposed in respect of the possession of drugs for personal use can increase the stigma associated with drug use and are not consistent with established public health evidence;
- (d) interventions should address the root causes of problematic substance use, including by encouraging measures such as education, treatment, aftercare, rehabilitation and social reintegration; and
- (e) judicial resources are more appropriately used in relation to offences that pose a risk to public safety.

The criminalization of drug possession for personal use only harms the very people we want to help. It is not only ineffective, it costs lives. We need a new approach. We need to follow the evidence to save lives.

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Madam Speaker, the member opposite mentioned the Portugal model in his speech, but what he did not say is that Portugal had a 170 recovery centres for 11 million people. They had universal mental health care for everyone in the country to get at the root traumas of their addiction. They had public education about the harms of drugs. They also had a tribunal for people caught with possession that could sanction or recommend people to go somewhere.

The opioid crisis has been going on since this member got elected. Why has the Liberal government done nothing to create recovery beds in Canada so people can get off drugs?

• (1825)

Mr. Nathaniel Erskine-Smith: Madam Speaker, I mentioned \$150 million to expand treatment options. Of course, some Conservative provincial governments have failed to take us up on that money to save lives and, in fact, have fought against evidence-based policies that save lives. As the member references Portugal and ignores much of the evidence out of Portugal, she also fails to mention all the experts in Canada in a Canadian health context who have called for this action.

Lastly, let me just say, specifically, that Bill C-236 would not decriminalize anything. I encourage the member to read Bill C-236. It would basically tell police and prosecutors not to pursue possession charges unless they are in keeping with the guiding principles and the evidence.

[*Translation*]

Mr. Yves Perron (Berthier—Maskinongé, BQ): Madam Speaker, I thank my colleague from Beaches—East York for his bill.

It seems to me that is a very reasonable bill. It opens doors and proposes other options to professional people on the ground. I think it is a good bill, and I congratulate my colleague.

Some people will argue that this will undermine anti-crime initiatives and encourage people who sell drugs. I personally think that one very positive effect of this bill is that it could also help clear the backlog in the justice system. I wonder if my colleague could share his thoughts on those two points.

Private Members' Business

[English]

Mr. Nathaniel Erskine-Smith: Madam Speaker, I have spoken to police chiefs in this country who have called for the decriminalization of drugs and for a new diversion approach. They have said they could then use their resources to go after drug traffickers, the people who are causing harm in our communities, rather than those who use drugs, as they are the very people we want to help.

We should regulate all drugs according to their respective harms, if we truly believe in that evidence, because the toxicity of our drug supply is what is killing people. Simply going after the traffickers is not going to stop that either.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Madam Speaker, I guess I am a bit perplexed with the speech the member for Beaches—East York just gave because it is a really fine speech for his other bill. He introduced Bill C-235, which talks about decriminalization. I just wonder whether he mixed up his speaking notes because everything he said tonight supports that other bill and not the bill he has decided to proceed with tonight.

Could the member explain to me why I am feeling so perplexed about that?

Mr. Nathaniel Erskine-Smith: Madam Speaker, very simply, I want a bill to go to committee so we can have the experts I referenced in my speech, who very few people will listen to and very few people will read, testify at committee about the importance of an evidence-based and health approach to our drug policies. This is the way of doing just that.

Mr. Wayne Long (Saint John—Rothesay, Lib.): Madam Speaker, I would like to thank my friend and hon. Liberal colleague from Beaches—East York for introducing this much-needed legislation. The war on drugs has failed my constituents. My riding of Saint John—Rothesay has a higher per capita opioid overdose rate than Vancouver. This legislation is critical to ensuring that we end the war on drugs, treat the opioid epidemic as a public health crisis and stop criminalizing those suffering from addiction. That is why I was proud to be named as a seconder.

Can the member elaborate on how he feels this legislation will help ensure addiction is treated first and foremost as a public health matter rather than a criminal matter?

Mr. Nathaniel Erskine-Smith: Madam Speaker, very simply, the guiding principles emphasize evidence and a public health approach where the circumstances warrant it, and they say to prosecutors and police officers that they cannot proceed with laying or pursuing a charge unless it is consistent with these principles.

Mr. John Barlow (Foothills, CPC): Madam Speaker, I want to thank my colleague from Beaches—East York for tabling the bill and reworking what he previously tabled. This is something, as Conservatives, we are open to discussing.

I do not think there is any question with anybody in the House that the opioid crisis is going to be the number one health issue this country faces in the years to come. Even when COVID is resolved, hopefully when vaccines become available to Canadians in the new year, the ramifications and implications of this pandemic and the impact it has had on Canadians is going to be long-lasting.

We have seen the opioid crisis explode to proportions I do not think any of us could have ever predicted. I look at my own province of Alberta, where the opioid overdose deaths from January to June tripled from the first quarter to the second quarter of last year. The implications of COVID and the resulting growth in the opioid crisis is a challenge that all of us as parliamentarians have to understand. We have to start addressing this with real solutions and real partnerships between the various different levels of government. This is not a partisan issue. All of us in the House want to find a way to help Canadians in their recovery.

We had a doctor from B.C. appear at the Standing Committee on Health on Monday. She talked about the opioid crisis in B.C., and B.C. is now seeing record levels of opioid overdose deaths. B.C. was certainly the epicentre of this crisis, but as my colleague from Atlantic Canada just said, we have seen this spread from one part of the country to the next. There is no segment of our population that is immune to the impacts of the opioid crisis.

I applaud my colleague for bringing this forward and taking the focus off legalizing illicit drugs. I agree with him that this is not what the bill is about. Bill C-236 is not about legalizing or decriminalizing illicit drugs. It is about putting a focus on treatment and recovery. Unfortunately, there are some things missing from this private member's bill that I think could be strengthened. If we get this to committee, I hope my colleague is open to some amendments and we can work together to strengthen the bill.

I have to chime in on the comment my colleague made about Conservative provincial governments not supporting recovery and treatment for these addictions. Premier Jason Kenney in Alberta named Jason Luan the minister of mental health and addictions, one of the first provincial governments in Canadian history to have a minister in cabinet dedicated to mental health and addictions. It has funded more than 4,000 new treatment beds in the province of Alberta alone. This is not a Conservative conspiracy in which we do not believe in treatment and recovery. My colleague is way off the mark on that.

As I said, I do not think this is a partisan issue in any way. Every government across the country at every level is struggling to find ways to deal with this with limited resources. One of the problems with my colleague's private member's bill is that it really lacks teeth and accountability.

Private Members' Business

The bill really highlights what is already happening in many jurisdictions across Canada with most police forces. The Liberal government put out a directive in 2016 asking police forces not to charge and go to the court system for simple possession, and many police forces across the country are following up on that directive. Many officers, if they are pulling someone over with a minimal amount of drugs, are not charging them and not putting them through the legal system. Therefore, what the bill does is try to formalize what is already informal across the country.

The bill does not put enough emphasis, teeth or accountability on the recovery aspect. One of the keys to the bill is that a police officer would have the discretion to allow a person who has not been charged yet to choose between two streams. The officer could take the person to a recovery centre to get treatment, but it would have to be at that person's discretion. If the person refuses, then it would be the end of the discussion. They can still potentially be charged, but there is no accountability or no mandatory option to go to recovery.

• (1830)

I am hoping that my colleague will be open to that amendment so that there would be some teeth and accountability in the bill, which would put the focus on a mandatory recovery and treatment element when it comes to dealing with opioid addiction.

I agree with him that this is a mental health issue, and as I said at the beginning of my speech, I think this is the biggest mental health issue this country has or will ever face. We have to find a solution or put some resources into it. I know my colleague also mentioned the position of the Canadian Association of Chiefs of Police. He is right that the association does support decriminalization of illicit drugs, but with a caveat that he failed to mention.

The caveat is that there have to be resources in provinces for recovery, and in their report they say that does not exist at this time. Therefore, they really do not support decriminalization of all illicit drugs, which, again, the bill does not do, but I think it highlights that the focus needs to be on the recovery aspect, which is missing from the bill. I know my colleague has tried to step back from going all the way to decriminalization and tried to bring this to something that all of us in the House can work on as a starting point, but it still lacks some of those elements that we would like to see. As I said, in reality a lot of these things are already being done by police officers.

The other element that I hope my colleague would be open to is not about the mandatory recovery but about when an officer is having that interaction with a person. They can take notes of how many times they have had this discussion and offered a recovery option to that person, but that is not admissible, should it ever go to court. For example, if I have pulled Joe Smith over and have had this discussion with Joe Smith on multiple occasions, and on multiple occasions I have offered Joe Smith two options, to take it to the criminal justice system or to go to recovery, again the onus is on Joe Smith. If he says no, then that option is no longer viable.

However, I could have had that discussion with Joe Smith 17,000 times and there is no chance for that, but if that element was admissible, should he ever have to go through the justice system, we could say that we have had this discussion on many occasions and

we have offered him the opportunity to go to recovery and he has refused over and over again. Therefore, the only option would be a criminal justice pathway. I think that needs to be an element in there.

The other aspect to this is that these drugs are dangerous. There is no question. They are killing Canadians from every walk of life, and I know many of us in the House have had personal relations or experiences with this. I know in my riding I had one first nations community that had 18 fentanyl overdose deaths in one month. I have had too many friends and acquaintances who have lost loved ones, including me: a friend I played senior hockey with for many years. I do not want to have those conversations anymore. There has to be a way to get through this, but there have to be consequences.

I understand that when someone is caught with an amount of drugs that is just for their possession, we can look at the mental health and addiction recovery, but there have to be harsh consequences for those who are peddling these drugs, the dealers who are killing those Canadians. We also have to ensure that there are hard consequences and enough resources to CBSA to ensure that we are not having these drugs, specifically fentanyl, imported into our country. With COVID, we are seeing limitations on travel, but now we are seeing an increase in poison and toxins put into these drugs here at home. There have to be consequences.

In conclusion, I am hoping my colleague will be open to amendments and having this discussion, but as this sits now it will be difficult for us to support without some of those accountability elements and the teeth to ensure focus on a mandatory element to recovery and rehabilitation.

• (1835)

[*Translation*]

Mr. Rhéal Fortin (Rivière-du-Nord, BQ): Madam Speaker, this bill is consistent with what is already being done in Quebec.

We see diversion as a good thing. It is understood that living in society implies compliance with a certain number of rules established by society and within a legal framework, and that people who do not obey those rules will be sanctioned. We agree on this point. For instance, someone who traffics in drugs must go through the criminal justice system and, if found guilty, go to prison.

However, we also think that this is not a panacea. Ultimately, what we want is not to put as many people as possible in prison, but to live in a society that respects everyone's rights, somewhere that is a great place to live and where everyone accepts and respects the various rules that we have set for ourselves.

Once again, while some crimes should be severely punished, other offences should be dealt with through a different process. Quebecers believe strongly in rehabilitation and education for these individuals.

This bill addresses a specific situation in which a police officer arrests someone who is in possession of drugs for personal use and not for the purposes of trafficking.

This is obviously not an ideal situation. Drugs are harmful to those who use them, but also to their families, friends and communities. Drug use is therefore something we want to address.

Instead of sending this person to prison, we would use diversion measures and social reintegration. There are various possibilities. As I was saying, Quebec already does this with young offenders. For example, a young person who commits an offence at a corner store may be sentenced to work at that corner store. If the young person graffiti's a wall, they may be sentenced to clean the wall or repaint the inside of the corner store.

The offender will be given a punishment that will teach them a lesson and make them not want to commit the offence again, which is better than ending up in prison as a preventative measure.

Although putting someone in prison for two or three years for a drug-related crime can sometimes convince them to never use drugs again, most of the time, the person is at high risk of reoffending. The person may start to feel victimized, excluded from society and judged. When they are released, they will still have the same bad habits and hang out with the same crowd, which is not good for them.

Instead of sending that person to prison for one, two or three years, we can use alternative forms of punishment designed to help them understand the negative impact of drug use on their own health and that of their partner, children, entire family and community. We may not succeed all the time, but if it works in even 15%, 20% or 30% of cases, it would still be much better than what currently happens. We would improve our society, and we would be taking every possible measure to help these individuals not just to change their behaviour, but to do so of their own volition, after realizing the harmful effects of their previous behaviour.

For these reasons, I believe that this bill should be studied, if only in committee. It will surely need to be amended. I noted earlier that there are problems with the translation, particularly with the proposed new paragraph 10.1(b). The English version says “reduce harm to those individuals”, whereas the French version says “réduire les méfaits”, which is not a good translation, in my view.

• (1840)

There are some small mistakes like that that will need to be fixed, and perhaps some amendments should be made to the substance of the bill. However, one thing is certain, Bill C-236 should be studied and passed to improve the lives of everyone we live with in society.

Earlier, members spoke about stigmatization. I will give some examples. Of course a person who spends one, two or three years in prison and then looks for a job when they get out will have to say that they just got out of prison. Obviously, that will not help them get a job. If that person does not find a job, then they will be more likely to look for other sources of income. They will be caught in a vicious circle, and we might end up encouraging what we want to discourage, something we do not want to do.

Obviously there are also health issues. We often talk about drug use, which is illegal. People who use do not use in broad daylight and often hide. They use syringes that have not been disinfected or

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have been poorly disinfected. They share other paraphernalia for using drugs or they share drugs that might be composed of more harmful substances than they should be.

Some people think that this needs to be regulated, but I believe that we should try to find a way to help these people instead of punishing them. If I had a child or another family member who had a drug problem, I would hope to be able to help them understand the adverse effects and convince them to change their behaviour in order to experience more happiness. I want that for my family and for everyone. I encourage us to vote in favour of Bill C-236.

• (1845)

[English]

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Madam Speaker, this is a timely debate, as I think all members of Parliament recognize. We are not only in a pandemic, but we are also in an ongoing overdose crisis that has been made even worse by the pandemic. In Canada, we have had over 16,000 overdose deaths since 2016. In my own community on southern Vancouver Island, there have been more than 449 overdose deaths since 2016.

This represents an enormous toll on families in my riding. Families have lost loved ones, be they fathers, mothers, siblings or children. Here is the kicker: on the south island, during this pandemic, the number of deaths from overdoses has nearly doubled this year over last. I know that the same pattern has been occurring across the country.

Without a doubt, there is a pressing need to address the overdose crisis. I acknowledge the member for Beaches—East York for trying to suggest ways for the House to grapple with this problem. The bill we have in front of us today is, in fact, one of two bills put on the Order Paper by the member for Beaches—East York. As I remarked, I have some trouble understanding why he has chosen this bill, rather than the other bill.

The other bill I am talking about is Bill C-235, which would address the overdose crisis directly by decriminalizing the possession of small amounts of prohibited drugs for personal use, thus shifting our response from punishment to harm reduction for addiction: something that is clearly a health problem or a medical condition.

In fact, as I mentioned earlier, the member for Beaches—East York just gave a very eloquent speech in support of his other bill, Bill C-235. He laid out all the reasons in his speech for decriminalization. Unfortunately, he has decided to proceed with the other bill, which completely misses the mark as a response to this crisis.

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I will come back to the details of Bill C-236 in a moment, but first I want to stress how happy New Democrats would be to support his first bill instead. Personally, I have been a supporter of the decriminalization of drugs for decades, including during the whole time I taught criminal justice at the post-secondary level.

I first publicly called for decriminalization as a city councillor in Esquimalt. When I did this, we were beginning to recognize the extent of the overdose crisis. At that time, some questioned why a city councillor would be dealing with this question. My answer was simple. When members of our communities are dying unnecessary deaths, deaths that scar our communities, why would we not take the path to reducing these losses when the path is so clear?

Former NDP MP Libby Davies was an early and strong supporter of decriminalization in the House. She made her position very clear in 2013, when the Harper government was seeking to shut down Insite, which at the time was the only safe injection site in Canada.

At the NDP convention in 2018, delegates passed a resolution calling for an end to criminalization of personal possession of drugs. I am proud that my party was the first Canadian party to include decriminalization in our election platform. We desperately need a bill to do this, but Bill C-236 is not that bill.

Instead, we have a bill that only proposes alternatives to charging people for possession, something that is, in fact, already the practice in most jurisdictions. To me, it seems to be a waste of the House's time and efforts to focus on something like Bill C-236, and diversion from charges, when the simple solution is to end charging altogether by ending criminalization of personal possession of drugs.

This bill does nothing to help persons struggling with addiction get the help they need without fear of arrest. It is still there. Nor does it touch on the real criminals: those who traffic and profit from the addictions of others in our communities. The absence of federal leadership on this issue has led to repeated pleas for help from mayors and premiers.

This past July, Premier Horgan of British Columbia wrote to the Prime Minister, asking that the government decriminalize personal possession of drugs. Just a few days ago, I spoke with Vancouver mayor and former MP Kennedy Stewart, whose frustration with the lack of federal action on the opioid crisis caused him to strike out on an innovative plan.

He has requested by letter a federal exemption from the Controlled Drugs and Substances Act to decriminalize illicit drugs within the City of Vancouver's boundaries so that the city can properly address the public health concerns caused by the opioid crisis. His resolution cites a number of factors in favour of decriminalization. Many of the same ones were mentioned in the speech by the member for Beaches—East York.

● (1850)

Mayor Stewart begins by citing the very high number of deaths in Vancouver from overdoses. He also cites how COVID makes the overdose crisis worse by further isolating drug users within the community, by limiting access to harm reduction services and, as

we have seen most recently, by the increasing toxicity of the drug supply on the streets.

He cited the support of the Canadian Association of Chiefs of Police. He cited the support of the B.C. provincial health officer, Dr. Bonnie Henry. He cited the support of organizations such as the Pivot Legal Society in Vancouver and the Canadian HIV/AIDS Legal Network. He also made a final point, which I think is worthy of us noting in the House, that decriminalization is a way to address the overdose crisis, but it is also an important part of any program to address the systemic racism in our justice system.

Why is Bill C-236 so weak? It is described as an evidence-based diversion framework. We already have that in practice, as I said, in most jurisdictions. It will do nothing for the person who eventually refuses any of those alternatives because they will still end up charged and will still end up with a criminal record for drug possession.

There are also some technical problems with the bill. I am still a recovering criminal justice instructor. I doubt that the bill could actually be applied in British Columbia, Quebec or New Brunswick, because the bill is modelled on the Ontario system, where the police lay charges. In those three provinces, the police do not lay charges. I wonder whether the bill has actually taken into account the reality of British Columbia, Quebec and New Brunswick. I do not think that it has.

The bill seeks to reduce the criminalization of drug users through diversion from charges, something which, again, is already taking place in most jurisdictions. The simple solution is right before our eyes. Here is what New Democrats have been calling for to meet the challenges of this other epidemic. These are measures based on sound, evidence-based health policy. We have five things that we say Canadians need.

Canadians need, right now, a national declaration of a public health emergency on the opioid crisis. Canadians need federal funding and stable funding for overdose prevention sites. Canadians need improved access to treatment on demand for people struggling with addictions. Canadians need an end to the poisoned street supply and access to a safe supply of drugs as a medically regulated alternative to the toxic street drugs offered, most of the time, by organized crime. Canadians need to see an investigation into the role of drug companies and the role they may have played in fuelling the opioid crisis, and they need to see a demand put forward for meaningful financial compensation from those companies that profited off the opioid crisis.

Bill C-236 says it used evidence-based measures to come to the conclusion that we need diversion. I would say that is not where it leads us at all. These demands and measures are strongly supported by public health advocates. The police, and all of those who are really interested in public health, say we need decriminalization. The war on drugs has been a clear failure. Instead of stigmatizing and punishing Canadians who are suffering from substance use disorders, it is time for bold and compassionate leadership from the federal government.

While the overdose crisis strikes at all Canadian families, a response that meets the needs of our most marginalized communities is urgently required. The fact that we are dealing with a private member's bill on this topic, and the fact that we have no government bill or government response to the opioid crisis, tells us a lot. We need a bill. The member for Beaches—East York gave an eloquent speech tonight, just as I said, in support of the wrong bill. It is his other bill we need to be dealing with.

Bill C-236 is not the bill that Canadians need. New Democrats will not be supporting a bill that does little or nothing to address the opioid crisis. We need bold action now but, unfortunately, there is no bold action in Bill C-236. Bill C-236, as I said, will actually take up time in the House we could use more productively to decriminalize personal possession of drugs in this country.

• (1855)

Mr. Robert Oliphant (Parliamentary Secretary to the Minister of Foreign Affairs, Lib.): Madam Speaker, it is a great privilege and honour tonight to have both seconded Bill C-236 and speak to it.

I want to thank the member for Beaches—East York for his tremendous work on this bill and for prompting the House to take steps to save lives. It is not often we as members of Parliament get to do things that will save lives. I think that is what this bill, once it becomes law, will do.

I would not agree with the previous speaker. I think when one wants to make a difference in Canada, sometimes we do it incrementally, one step at a time. I think this bill is important for us to look at ways in which we can address the situation, not finish addressing it, but continue addressing it. In short, it is time to develop a health-focused approach to substance abuse to end the stigma against drug users. It is time to move the problem of addictions and substance abuse out of the criminal justice system and into the health care system. It is time to give Canadians, who find themselves in trouble due to their addictions and, yes, sometimes due to their bad choices, an off-ramp so they can get the help they need rather than sinking deeper into despair or death.

As a United Church minister working with families for a quarter of a century, I came to the conclusion that our approach to illegal drugs in Canada is not working. It causes more harm than good and needs to be changed. This bill is a modest attempt at doing that, a first step to see if diverting people from the criminal justice system to the health system will make a positive difference. My instinct is it will. That is why I am pleased to support it. I would encourage all people to support it and not let perfection get in the way of doing good.

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It is a simple state of fact that the use of illegal drugs in Canada persists, despite laws, police activity, criminal prosecutions and incarcerations. Making criminals out of people who use these substances is not working. It is time to rethink our approach. This bill amending the Controlled Drugs and Substances Act, which engages evidence-based diversion measures, is a smart, modest first step in the right direction.

The concern is real. As we have already heard tonight, the B.C. coroner's service recently reported 162 people died of illicit drug overdoses in British Columbia last month, an average of about five overdose deaths per day. This year, in my own city of Toronto, we are on track for over 450 opioid overdose deaths, up from about 300 in each of the last two years. In October alone, Toronto set an all-time record for persons killed by overdose in one month.

The opioid crisis has killed over 16,000 Canadians since 2016. COVID-19 is critically worsening the opioid overdose crisis, a pandemic driving an epidemic.

In 2020, Ontario is hurtling toward 2,271 opioid deaths compared to 1,500 in 2019. Those are real people dying, with real lives, dreams and aspirations. Families, loved ones and friends are being crushed by this loss.

In 2017, I was approached by the indomitable Angie Hamilton and Louise White of Families for Addiction Recovery. Their organization works to help parents and families who are on the front lines of addiction. Their personal stories and those they shared with me from families across Canada inspired me to learn more about the subject. With their help, I organized a round table with 25 experts, including health care workers, medical practitioners, lawyers, academics, and representatives from law enforcement and community groups. I followed this up with a town hall, a meeting for the Don Valley West community, and then a meeting with my constituency youth council asking for their advice on this pressing issue. The verdict was unanimous. The current system is not working. Health care professionals, law enforcement officials, public policy experts, youth and families have asked for significant changes. They want many things. They want more resources and on-demand treatment. They want to erase stigma. Primarily, they want an evidence-based, medically focused approach to addictions and drug use in Canada.

This was confirmed very recently at a town hall I held virtually on this subject in my riding. This bill is a step in the right direction, giving opportunities to people whose lives are at risk.

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● (1900)

At every discussion I have had with experts, stakeholders and community members, the message has been loud and clear: An alternative approach, a public health approach, is required and that is why I am supporting my colleague, the member for Beaches—East York, with this bill.

Our current system is not reducing illegal psychoactive substance use. It results in stigmatization and reduces opportunities for recovery. It ostracizes people who need help the most. It hurts those at the lower end of the socio-economic spectrum and it puts up barriers to social engagement, employment and housing. As we have heard, it targets racialized communities.

The alternative to criminalization is a public health approach. I want to be clear: Bill C-236 would not decriminalize drug possession for personal use. That may be a goal or it may not be a goal; it is for some, it is not for others. This bill is a step forward, with a view to obtain widespread support from both sides of this House so that we can make a gradual, thoughtful change to the law and make a difference in people's lives.

What this bill would do is create an evidence-based diversion framework to ensure that before police officers or prosecutors, depending on the jurisdiction, move forward with laying or pursuing a charge they must consider whether it is sufficient to give a warning, to refer an individual in need to a public health agency or provider, or to pursue alternative measures to incarceration.

We have many examples of good diversion projects in this country. The bill would provide in law an opportunity to use common sense to give law enforcement officers and prosecutors a legal framework to do what, in some cases, they are already doing, but in all cases what I know they want to do: to send people who are in trouble toward those who can help them. It takes drug use seriously, it takes evidence into account and it puts people first.

I repeat. This bill does not go far enough for some, it may go too far for others. It does not decriminalize drugs, but it is an encouragement to move to treatment instead of criminal prosecution, getting people a chance to have an off-ramp, a chance to get into the health system where they can get the help they need. It would give police, prosecutors and judges an option to recommend treatment over criminal charges if the circumstances warrant.

I want to mention that I have been involved in diversion projects in the past. When I was living in Whitehorse, I worked with the RCMP on their diversion projects.

One particular case I remember is a break-in that happened at Whitehorse United Church, my church. It was just after Christmas, and the church had been broken into. Someone had come in and vandalized it, but had particularly stolen the baby Jesus out of the crèche at the front of the church. The police came and asked me what was stolen, and I said, "Jesus was stolen". They asked if I could describe Jesus. I said that it might be a matter of faith or theology, but that the Jesus that was stolen from our church was a small plastic Jesus that was in the crèche.

The police found the perpetrator. I was invited to a diversion opportunity and I worked with this young man. I helped this kid get

the help he needed to make sure that he did not continue to steal objects from churches. As recently as a year ago, I had a report that it is working. Diversion away from criminal justice formal systems and away from incarceration has a proven track record in Canada.

In the name of Jesus, I would say tonight that I urge members of this House to get this bill to committee where it can be discussed, and amended if needed and where members can offer their experience, their advice and their ideas and get thoughtful advice from experts in the field, where it can be examined and be seen as a modest response to a terrible tragedy, taking steps toward the healing of all people. Let us get together. This is a public health emergency. We have the chance to do something small that will make a real difference.

It is an honour to be here tonight. I hope all members will consider supporting this extremely important bill.

● (1905)

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, I was impressed with the analogy that my colleague brought to the floor of the House. I do not have a Jesus story like that to convey, but I have participated in previous years in the justice committee. The justice committee deals with a lot of young people who often fall on the wrong side of the law. They will be brought before a justice committee where the matter can be dealt with, especially when the victim and the perpetrator come together to achieve a result that both sides agree is most appropriate.

This is an issue that is of great importance for me, in that in Winnipeg North there are very serious addiction issues. We can take walks with some of our non-profit groups who make excellent, wonderful efforts, such as the Bear Clan. I know that members of all political parties, either directly or indirectly, are familiar with the Bear Clan. Individual members of Parliament and others walk with them to get a sense of the degree of drug abuse, in particular the concentration and correlation of very strong abuse in that area of Winnipeg, a good portion of which I represent.

I am pleased when I hear that this is not as much a criminal matter as it is a social, economic and, in many ways, a mental issue. We need to look at ways that we can shift it over to the health area. I see that as a benefit and am very interested. Unlike my New Democratic friend who provided his thoughts on it, I applaud the member for the way he wants to get this subject matter before a standing committee. I appreciate what he is saying. I too would be very interested in hearing what other experts have to contribute to the debate.

When we passed the legislation for the legalization of cannabis, there was a great deal of concern regarding that and a lot of the concern has been addressed. I believe there is far less gang activity as a result, in terms of the selling of cannabis.

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• (1910)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The member will have the opportunity to complete his remarks when the question is next before the House.

The time provided for consideration of Private Members' Business has now expired and the order is dropped to the bottom of the order of precedence on the Order Paper.

ADJOURNMENT PROCEEDINGS

A motion to adjourn the House under Standing Order 38 deemed to have been moved.

[*English*]

PERSONS WITH DISABILITIES

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, I appreciate having this opportunity tonight to address the government's very irresponsible and dangerous legislation, Bill C-7. This is the government's effort to expand euthanasia and to remove many safeguards that people in the disability community, as well as experts, have said are vital.

The government prorogued Parliament limiting debate and now is rushing through this legislation. We are hearing many concerns from people across Canada and even from people in the government's own caucus. The member for Richmond Hill said he supports leaving in place the 10-day reflection period, but it is not just members. There are actually ministers who have concerns about the impact that the legislation will have on people with disabilities.

I want to read a quote from the minister whose responsibilities include disability inclusion. The minister said, "I absolutely acknowledge and am quite preoccupied by the power imbalance between practitioners and patients, particularly patients who have been in systems that have discriminated against them and ignored their voices their entire lives. I have grave concerns with the particular circumstances of the individual that you spoke of. Quite frankly, I can tell you, he is not alone." The minister further said, "I regularly hear from families who are appalled by the fact that they take their child, potentially their older child, in and are offered unprovoked MAID. I think that has to stop."

We are hearing concerns from people in the disability community, reflected by the minister, that already people with disabilities, when they are having interactions with the health care system, are getting proactively proposed and encouraged toward euthanasia. They are even told if they reject those pushes, they are being selfish. This is very concerning.

We have heard from the disability community how this bill would enshrine in law discrimination against people with disabilities. It would create a situation where a person without a disability who is experiencing suicidal ideation might be offered suicide prevention, but a person with a disability who presents with the same challenges and sense of existential angst would be offered suicide facilitation, and in fact, encouraged in the direction of euthanasia even if they have not asked for it.

Conservatives proposed reasonable, common-sense amendments to try to leave in safeguards. They are safeguards we know members of the government caucus would actually support if they were given the freedom to vote their real convictions on this.

We proposed amendments to leave in place a 10-day reflection period. That reflection period can already be waived, but as a default, we think a reflection period makes sense so that we do not have same-day death and we do not have people who make the request and die the same day. That is why a reflection period, which can be waived in certain circumstances but is provided as a default, is important.

We have proposed that people be asked on the day they receive euthanasia whether or not they want to go through with it. Right now with the mechanism for advance requests that the government has put in place, there is no requirement that patients would be consulted on the day they receive euthanasia.

We propose specifically an amendment that the Minister of Disability Inclusion seems to support, even if the Minister of Justice does not. It is an amendment that requires that it be the patient who brings it up, not the physician, so that someone does not go into the hospital, a person with a disability, and get told they should think about taking their life. If that conversation is going to happen, it has to be the patient who starts it.

These are reasonable, common-sense amendments and the government rejected 100% of the common-sense Conservative amendments. They were not just Conservative amendments. They were amendments put forward by experts, by people in the disability community and by people who have been ignored in the government's rush to move this forward after it prorogued Parliament.

This is an issue of life and death and of how we respect people living with disabilities, how we recognize and ought to affirm the value and dignity of all human life, and the fact that people living with disabilities ought not be pushed in one direction, which people who are able-bodied are not.

That is what is in front of us and I implore all members of Parliament to look at the details, consult their own conscience, consult their own constituents, maybe even talk to members of their own caucus who have concerns, and support common-sense—

• (1915)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. Parliamentary Secretary to the Minister of Health.

Mr. Darren Fisher (Parliamentary Secretary to the Minister of Health, Lib.): Madam Speaker, as members of the House well know, there are few issues as complex and as personal as medical assistance in dying. Medical assistance in dying forces us to reconcile many fundamental values: equality, respect for life and individual autonomy. We accept that reasonable people can disagree on the best way to achieve balance in respect of all the implicated interests and values.

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As a government, we must make choices on behalf of Canadians that we believe are the right ones for each individual and for all of us collectively. Bill C-7 reflects our best assessment of sound policy that is constitutionally valid. We believe it is consistent with the views of most Canadians who participated in our consultation processes. We further believe it is responsive to many of the concerns and recommendations of numerous and varied experts whose opinions were shared in round tables, expert panel reports, academic articles and other sources.

We certainly know some members of the House believe the safeguards in the existing law reflect a more appropriate balance. We respect these differences of opinion. That is what we are here to do. We are all here to reflect the diversity of views of the Canadians we represent. However, we believe our chosen course of action is the correct one. It is the product of deep reflection and significant consultation, and puts the interests of each individual at the centre of their own medical choices.

We remain committed to the removal of the 10-day reflection period for persons whose death is reasonably foreseeable. We heard over and over again that this safeguard does not provide the protection it was intended to and that instead it aggravates these already difficult situations.

We are also committed to the proposal that would enable those whose death is reasonably foreseeable to make arrangements with their MAID provider for a waiver of final consent in the unfortunate eventuality that they lose their capacity to consent to MAID before the scheduled day. Without this change, some who are found eligible will choose to die sooner than they want, depriving themselves of precious remaining time with their families, rather than risk losing the option to die by their preferred manner of death.

While we understand the ethical and philosophical concerns with the idea of administering MAID to persons who are no longer able to consent, the practical reality of those who wish to spend a little more time with their families is of prime importance. Any expression of resistance would put a stop to the administration of MAID. This is clear in the bill. All that would be permitted is for the practitioner to carry out the person's own clear and precise wishes as to the date and manner of their death.

I would also like to take this opportunity to encourage my colleague to help us limit the unnecessary suffering of Canadians and help us ensure this important legislation receives royal assent prior to the December 18 court deadline.

Mr. Garnett Genuis: Madam Speaker, it is frustrating to hear that nonsense about consultation. Over a thousand physicians have signed a letter sounding the alarm about this. One hundred per cent of disability organizations that appeared before the committee raised serious concerns about the legislation, as written. The person in the federal cabinet charged with speaking up for Canadians with disabilities and ensuring their voices are heard, that minister, is being ignored in her concerns.

Forgive me for having a hard time accepting the parliamentary secretary's claim to have consulted when the government has not listened to any of the physicians, any of the disability rights organizations or its own minister responsible for these issues.

The member wants us to help relieve the unnecessary suffering of Canadians. I would be happy to help all day long on supplying good-quality palliative care and ensuring people with disabilities can live in dignity in this country, instead of this focus on death.

Mr. Darren Fisher: Madam Speaker, I remain confident Bill C-7 is the right approach for Canada now. It would advance the interests of individual choice and autonomy in medical decision-making. If an individual determines for themselves that they are suffering intolerably and make a voluntary request for MAID as well as receive all the information they need to make an informed decision, including being offered alternative treatments and services, I believe we owe it to them to respect their decision.

At the same time, it would ensure requests from the newly eligible, whose death is not foreseeable, would be handled with great care and attention, with the input of experts and time to identify and explore other treatment options. We trust practitioners will do more than the minimum standards set out in the safeguards in all appropriate cases.

● (1920)

THE ENVIRONMENT

Ms. Laurel Collins (Victoria, NDP): Madam Speaker, climate accountability is vital if we want to reduce our emissions. We have missed every single climate target that we have set, so it is hard to understand and wrap my head around why the government would put forward a climate accountability bill that avoids any real accountability for a decade. It puts off accountability for the most important 10 years. This huge omission of a 2025 milestone target is baffling.

The world's top scientists are telling us that the next decade, this decade that we are living in, is the most critical. The next 10 years are the ones that the IPCC reports say are crucial if we want to have any hope of avoiding the most severe impacts of climate change, so it is really difficult for me to understand how Liberal members of Parliament can stand behind this bill, how they can look young people in the eyes and tell them they have to wait for another decade.

However, it is not just young people who are worried about the climate crisis. Canadians are already seeing the impacts. This past summer in B.C., people of all ages were choking on the smoke from the climate fires down south. Grandparents are worried about the world that we are leaving to the next generations. Communities across Canada are already experiencing the billions of dollars of climate costs associated with adapting to climate change. Local governments are spending \$5.3 billion a year right now and in the coming decades that number is expected to grow exponentially.

Adjournment Proceedings

The Liberals said they would provide milestone targets every five years, so why is there no 2025 milestone target? Why put off accountability for 10 years? Why continue the trend of kicking the can down the road when it comes to addressing the climate crisis?

Even with a 2025 milestone target we need stronger accountability mechanisms than the bill would provide, both with the arm's-length advisory body and with the environment commissioner. Neither of these bodies have the capacity or the mandate in this bill to adequately hold the government to account. In this bill, the minister is mainly accountable to himself. If we want to fix these issues and if we want to strengthen the bill, we need to clearly define the advisory body's role.

We have to guarantee that body would be comprised of independent experts. These fixes would strengthen the advisory body, but we also need to ensure that the environment commissioner is reporting on whether our targets are in line with the best available science, whether our climate plan will actually get us to our targets, whether our progress report and our assessment report are accurate, and whether the proposed corrective actions are adequate to address the times when we get off track. It cannot be the party in power being accountable to itself.

The environment commissioner could play an important role in the legislation, but we learned recently that the environment commissioner has not had the resources to do the current regular environmental work. We not only need to give the environment commissioner adequate funding, but we need to ensure that this never happens again. I am curious whether the government will agree to make the environment commissioner an independent officer of Parliament.

There are a number of other gaps. I am curious why the government is not using the language of carbon budgets and a framework of carbon budgeting instead of milestone targets. Why are we not requiring the minister to meet strong standards when setting targets, when—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. Parliamentary Secretary to the Minister of the Environment and Climate Change.

[*Translation*]

Mr. Peter Schiefke (Parliamentary Secretary to the Minister of Environment and Climate Change, Lib.): Madam Speaker, Canadians are already seeing the effects of climate change. We know they want us to take ambitious climate action. That is why the government introduced the Canadian net-zero emissions accountability act, which will include a target to ensure that Canada achieves net-zero emissions by 2050, making us one of the first 10 countries in the world to achieve that goal.

However, before achieving net-zero emissions in the long run, we have to reduce Canada's emissions in the short and medium terms. Under the Paris Agreement, Canada is aiming to reduce greenhouse gas emissions to 30% below 2005 levels by 2030. We pledged to exceed that objective, and we will soon be announcing stronger measures to ensure we do.

• (1925)

[*English*]

There are several elements of the Canadian net-zero emissions accountability act that would help ensure that the work to reach the 2030 targets starts early and leads to reductions in the short term.

The act would require the Minister of Environment and Climate Change to table and make public an emissions reduction plan that sets out key measures and strategies to achieve the 2030 target within six months of royal assent. The minister would also be required to provide an update on progress toward achieving the 2030 target at least once by the end of 2027, and the commissioner of the environment and sustainable development would be required, at least once every five years after royal assent, to examine and report on implementation of the measures meant to achieve the target.

It should be expected that the impact of the measures will increase over time. To get the actions right, we need to consult with stakeholders, provinces, territories and indigenous groups. While the new measures we are coming forward with will start to drive down emissions before 2030, we expect reductions will ramp up over time.

A good example of this is Canada's existing regulations for light-duty vehicles, which introduces increasingly stringent performance standards for each new model year. Another example is the government's commitment to plant two billion trees. Once planted, trees absorb an increasing amount of carbon over time, although the amount is small in the initial years. The new or enhanced measures would ensure that we can exceed our 2030 target and drive even deeper reductions toward 2050.

Looking to the long term, the Canadian net-zero emissions accountability act includes an array of accountability and transparency mechanisms, as well as provisions for public participation and expert advice, all of which will apply at regular intervals over the coming 30 years and help to keep successive governments on track. This includes requirements to seek the input of provinces, territories, indigenous peoples, experts and Canadians when setting each emissions reduction target and the plans to meet the targets.

[*Translation*]

Progress reports and final assessment reports will inform Canadians about the implementation of each plan and the emissions reductions each has achieved. If a target is not met, the government will have to explain why and indicate what it will do to remedy that failure. These mechanisms will ensure a transparent, accountable and successful approach to achieving our long-term goal of net-zero emissions by 2050.

[*English*]

Ms. Laurel Collins: Madam Speaker, I thank the parliamentary secretary for being here tonight, but I cannot thank him for answering my questions, because he did not really answer them.

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He used examples for back-loading some of the climate action when it comes to zero-emission vehicles. We are not on track to meet our targets for selling zero-emission vehicles. Transport Canada has said we are not even halfway there, and in five years we will not even be a quarter of the way there.

Why is the government afraid to put in accountability? Why is it not showing us where it will be in 2025? Why are there not stronger accountability mechanisms?

Mr. Peter Schiefke: Madam Speaker, in reality, we are accountable for this. We are submitting regular reports for the United Nations Framework Convention on Climate Change on its greenhouse gas emissions and climate change actions. The reporting includes the annual submission of the national inventory report detailing Canada's greenhouse gas emissions for every year dating back to 1990. Canada also submits a biannual report every two years and a national communications report every four years.

These reports provide extensive information on Canada's actions to address climate change and projections of Canada's emissions out to the year 2030. In years when Canada does not submit one of these reports, the government publishes a separate emissions project report, which includes the same forward-looking projections.

We are being transparent, and the act will require us by law to be transparent moving forward. That is why it is good for Canadians and our children and grandchildren.

● (1930)

INTERNATIONAL TRADE

Mr. Paul Manly (Nanaimo—Ladysmith, GP): Madam Speaker, Canada has trade relationships with democratic countries that have standards and regulations that exceed our own. We also have trade relationships with undemocratic countries that have terrible track records on human rights, labour standards and environmental protections. Canada should strive to lead the world in creating a model of trade that respects human rights and labour rights and that raises health, safety and environmental standards. These rights and standards must be enforceable.

Last month, I wrote a letter to the Minister of International Trade requesting a halt to the Mercosur trade negotiations while the Bolsonaro government in Brazil continues to encourage the destruction of the Amazon rainforest. The Amazon is called the lungs of the planet because it draws in massive amounts of carbon dioxide and releases oxygen. Its survival is essential to our survival. Destruction of the rainforest also threatens the existence of the Amazon's indigenous people.

This is serious, but what is Canada's record on deforestation? As I speak, the last of the old-growth, big-tree rainforests on British Columbia's coast are being logged. Since colonization, indigenous people have been subjugated through policies of cultural genocide as resources have been systematically stripped from their lands. Now that the banquet has been devoured, first nations have been invited to the table to help justify eating the last crumbs, clear-cutting the last big trees.

These carbon-sequestration giants cannot be replaced, just as the Amazon rainforest cannot be replaced. Brazil is missing its climate

target commitments to protect the Amazon. Canada has signed on to nine different international climate agreements, created plans for none of them and met none of the targets. Canada is a climate laggard.

I ask the government to suspend the Mercosur trade talks and hold the Brazilian government to account, but I could rightly ask the Brazilian government to do the same: Suspend the trade talks and hold the Canadian government to account for its environmental transgressions.

In 2012, the Harper Conservative government signed the Canada-China FIPA. This lopsided agreement gives Chinese state-owned corporations the right to challenge Canadian laws and policies in secretive investor-state tribunals when those laws and policies get in the way of their profits. Chinese state-owned corporations are heavily invested in our oil and gas sector. How can we effectively fight climate change when we are bound by this anti-democratic agreement for 31 years?

However, this is not the worst FIPA of the almost 40 that Canada has signed, at least not if we look at it from a different perspective. This is because in most cases Canada is the economic giant in the agreement, and it is Canadian corporations, mostly mining and fossil-fuel companies, that are challenging laws and policies in other countries, such as Romania, Venezuela, Costa Rica, Kazakhstan, etc. Right now, Canadian corporations have over \$10 billion in investor-state dispute settlement cases against low-income countries. We must eliminate investor-state dispute settlements in all of our international agreements.

Then there is Canada the arms dealer. Half of our weapons exports are to Saudi Arabia, and those weapons are being used against their own citizens and in the brutal conflict in Yemen. We sell weapons to a long list of countries, including Turkey, Algeria, Egypt, India and Israel, which are involved in regional conflicts either directly or by proxy. Canadian weapons fuel and enable conflicts and human rights violations around the world.

We have a mythology about ourselves as Canadians, and I wish it were actually true. Let us take a clear-eyed look in the mirror, examine our historical and current trade practices and hold ourselves accountable to a higher standard—

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The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade.

Ms. Rachel Bendayan (Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade, Lib.): Madam Speaker, I would like to thank my colleague from Nanaimo—Ladysmith for his advocacy on human rights and democracy. I assure him that this government also strongly believes that trade policy must represent the values and interests of Canadians. Indeed, our values must drive not only our domestic policy but also our international policy, so let me be clear about what those values are.

We believe that the economy and the environment can and must go hand in hand. That is why we are investing so heavily in a green economic recovery. We also believe in an inclusive approach to trade that seeks to ensure that the benefits of trade are more widely shared with, for example, traditionally under-represented groups such as women, indigenous peoples and LGBTQ2 communities, all of which lead and can lead very successful small businesses.

I find it curious that the member raised the FIPA with China since, as he noted, it was pushed for and signed by the Conservative government under Stephen Harper, not the current Liberal government.

The free trade agreements our government has signed affirm parties' commitments to respect the values and principles of democracy and to protect and promote human rights and fundamental freedoms identified in the Universal Declaration of Human Rights. In addition, the agreements we have signed include provisions relating to workers' rights, corporate social responsibility and anti-corruption, all of which contribute to supporting human rights more broadly.

Labour provisions in our free trade agreements, including, for example, the new NAFTA, seek to improve working conditions and protect and enhance workers' basic rights. Environmental protections and provisions in our trade agreements, such as the agreement with our European partners under CETA, seek to commit our trading partners to maintaining high levels of environmental protection and set out obligations to foster good environmental governance and the enforcement of environmental regulations.

As I have outlined, the trade agreements that this government has signed support Canadian businesses while including some of the most progressive provisions possible.

• (1935)

[*Translation*]

The goal is to make sure that more Canadians, as well as our partner countries, benefit from greater trade and investment by including provisions about labour law, environmental protection, gender equality and indigenous peoples.

This comprehensive, inclusive approach is more important now than ever before. Our goal is to build back better as a country and as a multilateral world after COVID-19.

[*English*]

Mr. Paul Manly: Madam Speaker, indeed, the Canada-China FIPA was a Conservative agreement. It was a terrible agreement, and we need to get investor-state dispute settlements out of every agreement that we have around the world.

There have been calls in Parliament for party leaders and members to sign a trade agreement with India. What about Prime Minister Modi's campaign to disenfranchise 195 million Muslims in that country? What about the oppressive and anti-democratic actions taken by the Indian central government in Kashmir and the jailing of journalists?

Canada must take democracy, human rights and the environment into consideration when deepening trade relations with other countries. We must hold ourselves and our trade partners to a higher standard. Let us work toward an international system of trade that we are proud to leave our children and grandchildren.

Ms. Rachel Bendayan: Madam Speaker, I am happy to agree with my colleague from Nanaimo—Ladysmith. I note for him that Canada will continue to pursue an inclusive approach to trade with new partners, and that this approach will be informed by engagement with Canadian stakeholders and by conducting various analyses, such as gender-based analyses, environmental analyses and consultation with first nations.

I also note for my colleague that closer bilateral ties with countries, including economic ties, are a very effective way of promoting Canadian values and interests, such as human rights, labour standards and environmental protections.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Pursuant to an order made earlier today the motion to adjourn the House is now deemed to have been withdrawn and the House will resume consideration of Bill C-7 at report stage under government business.

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

The House resumed consideration of Bill C-7, an act to amend the Criminal Code (medical assistance in dying), as reported (with amendment) from the committee, and of the motions in Group No. 1.

Mr. Ted Falk (Provencher, CPC): Madam Speaker, to bring folks up to speed as to where I left off, I was talking about the 10-day reflection period that would be removed from the medical assistant in dying legislation and how the current justice minister said that the 10-day waiting period added to the pain and suffering of people.

We know that is false. Modern medicine gives us the tools to alleviate pain and suffering, if only governments had the courage to make them widely available. It simply is not right or fair that people who are suffering may not have access to good palliative care, home care or to the medications they need to reduce their pain, suffering and anxiety. Ensuring all Canadians have access to care needs should be our top priority to address the needs of suffering Canadians. Death cannot and should not ever be the only choice to end excessive suffering.

Suffering Canadians must also be free to exercise a change of heart if they choose. The elimination of the reflection period and the removal of the requirement to reconfirm consent take away this option. It takes away the option to reconfirm consent. It takes away the option to give comfort in making that decision.

How are we preserving the right for people to change their minds when we waive the waiting period? It would seem the bill would make MAID not only final, but unwavering and resolute, because it would remove the waiting period and the need to reconfirm a person's consent.

The First Annual Report on Medical Assistance in Dying in Canada, 2019, published in July of this last year, relates that in 2019, 3.6% of the patients who made written requests for MAID subsequently withdrew those requests. That may seem like an insignificant number, but the number of deaths put in context works out to 263 deaths that were avoided because people changed their mind. Of the 7,336 who applied for medical assistance in dying, 263 people changed their mind, 3.6%.

We shut down economies for death rates of 0.2%. We now have what would be a wrongful death rate of 3.6% that could be averted and we turn a blind eye to it. Every single one of them deserved the freedom to make that choice. What if, on an annual basis, 263 people would reverse that decision based on having that 10-day waiting period? Now that 10-day waiting period is being removed.

Another primary concern I have is with respect to a glaring omission in the bill, which is the issue of conscience rights protections for medical professionals and health care workers as well as the rights of workers in hospices and other institutions not wanting to cause the death of people in their care.

As an editorial in Maclean's explains:

Many doctors are willing to expedite the natural process of dying, given their traditional role to relieve suffering. There is, however, a qualitative and ethical distinction between hastening a death which is already drawing near, and ending a life which is expected to persist.

This is a very valid point.

When one senator asked an expert witness whether it was true that medical professionals were leaving because of the lack of conscience rights, Dr. Herx replied, yes, that she knew of doctors who had taken early retirement for reasons of professional integrity or for their own moral compass.

Let us make no mistake. These are real lives, real people, real consciences being impacted by the decisions the House is making this week. Do we want to harden the hearts of those who, by their world view, cannot comply, those who by responding to MAID feel it is a betrayal of their professional commitment to save lives, a betrayal of their faith or their conscience?

Likewise, other professionals have concerns, for example, pastoral care and workers who attend to people who are suffering on a regular basis. They know they are not dealing with many of the root causes of pain, loneliness, fear, distress and despair.

With the revelation of the horrific conditions for our elderly, as described by the Canadian Armed Forces just recently when providing assistance to some personal care homes during this COVID crisis, the Canadian Council of Catholic Bishops asked how "in good conscience" could the criteria for MAID be expanded when we were not even responding to their basic human care?

● (1940)

The bill, if passed, has some very real life and death concerns. According to the Council of Canadian Academies, without its reasonably foreseeable natural death provision, which is being removed, Canada will become more permissive with respect to MAID than any other jurisdiction in the world.

Two other voices, Lemmens and Krakowitz Broker, explain that unlike any other country in the world, the new bill fails to explicitly require that all reasonable options be available and tried first before allowing physicians to end a patient's life.

Ensuring consent is so vital in avoiding any sense of coercive implication, subtle or otherwise, for the dignity of all lives. People just may change their minds. The Council of Canadian Academies advised that a major reason why people change their minds about MAID is the disability paradox, which is understood as healthy people imagining a future health condition and ending up discovering it has much more quality than anticipated. In other words, people may tend to overestimate the intolerability of a future health scenario.

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An alarming suggestion made by the report is that people may have written their request under duress or coercion, fearing that a lack of social and health support created a bias to their future quality of life.

Expert opinions, speaking to the Senate committee on Bill C-7, discussed how, in the proposed bill, MAID would include treatable diseases where death was not imminent, which is where the bill adds a 90-day assessment period. However, it is no wonder that people with disabilities or chronic illnesses are feeling threatened by the legislation. This addition is especially concerning when people are faced with a sudden, dramatic, life-changing illness or disability, as it often takes much longer than three months to gain a renewed perspective of life after a diagnosis like that.

It is no wonder that former member of Parliament Jane Philpott and the current member for Vancouver Granville wrote an editorial for Maclean's, urging parliamentarians to proceed with caution, questioning whether there was enough medical and social evidence to even understand the implications of the potential changes being presented in the bill.

• (1945)

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Madam Speaker, I want to thank my colleague for his words of wisdom. It was wonderful.

In my life, previous to becoming elected, I had the privilege and opportunity to work in an interdisciplinary team in a hospital setting as a social worker. A lot of times I got to go into end-of-life situations, palliative and more. It was a real honour to work with a family in a palliative situation. A lot of family therapy happens in that moment, which is for the good, and a lot of reconciliation.

The statistic right now is that only 30% of Canadians have access to quality palliative care. For sure, it is not people who live in rural and remote northern communities.

Would my hon. colleague agree that it is absolutely appalling that only 30% of Canadians have access to palliative care?

Ted Falk: Madam Speaker, my colleague, the member for Battlefords—Lloydminster, happens to share my last name.

It is absolutely horrible that in our country only 30% of people who require palliative care have access to it. In my riding of Provencher, we have many good personal care homes and there is always a need to increase beds. We are seeing some expansion in one of my larger communities right now.

Statistics tell us that when people have access to good, quality care, their demeanour, their perspective on life changes and it could prevent them from making a hasty decision. Now, if they make a hasty decision on MAID, it would be terminal for them, because no reflection period would be required anymore.

Access to medical palliative care is very critical.

Mr. Paul Manly (Nanaimo—Ladysmith, GP): Madam Speaker, I put forward some amendments to the bill during the committee process. One of them was calling to ensure that people were not in a state of decline because of deprivation, social disadvantage, lack of support or perceived discrimination. There are things we can do to help people while they are alive. Some of those we have called

for are a guaranteed livable income to ensure people have a good quality of life and universal pharmacare to ensure people have access to their medicines. We know that when people do not have access to medicine, their health declines.

The Conservatives do not support these things. They do not support taxing the billionaire class. That is about economic Darwinism, everybody for themselves, letting people be deprived of their medicine, letting people live on the streets and live in poverty.

Why does the member not want to take care of people? That is what I would like to know. Why does the member not support a guaranteed livable income and universal pharmacare, so we can take care of people while they are living?

• (1950)

Mr. Ted Falk: Madam Speaker, that is a great question. We want to take care of people. The previous member asked what I thought about palliative care. The lack of palliative in our country is horrible. If people have access to palliative care in the time when they need it, I think it will reduce a lot of the need for people wanting to access MAID. Palliative care is something on which we should be focused. The government indicated that it would have a plan, but it does not have a plan and it has not even begun one.

Mr. Arnold Viersen (Peace River—Westlock, CPC): Madam Speaker, I know this is something my hon. colleague cares about deeply. Has he seen the testimony of Mr. Foley at committee?

Mr. Ted Falk: Madam Speaker, no, I was not at committee when Mr. Foley gave testimony. Therefore, I was not able to see it.

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Madam Speaker, I had the opportunity to speak to this particular legislation before it went to committee for proposed amendments, or the hopeful change of amendments. At that time, I raised some very serious concerns that I had about the changes proposed, through the legislation, to the parameters around medical assistance in dying. I shared my concerns that with the removal of existing safeguards, this legislation was eroding protections for vulnerable persons.

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Countless medical professionals and advocates for persons with disabilities have come forward to express their great concern with this legislation, but it seems that the government is more concerned with rushing to pass this legislation than with listening to the serious and valid concerns they have. These doctors have lived experience with vulnerable populations, and a deep understanding of not only the demand for medical assistance in dying, but also of broader medical needs. It is reprehensible that their voices are being ignored. We have to ensure that personal autonomy does not supersede the protection of vulnerable persons. When the consequences of getting this wrong are life-ending, we really cannot afford to get this wrong.

We know that Conservatives put forward a number of reasonable amendments to reinstate protections that the Liberal government would remove through this legislation. These amendments were sought in good faith to better protect vulnerable persons, such as reinstating the 10-day reflection period when death was reasonably foreseeable, maintaining the requirement for two independent witnesses or even requiring that patients be the ones to first request information on medical assistance in dying. I am beyond disappointed that these proposed amendments were rejected.

We have heard the testimonies and read the stories that persons with disabilities and elderly Canadians are being offered medical assistance in dying without requesting the service. In those moments, the underlying message being communicated to them is that their lives are “less than”, and that is just not okay. It is not okay for us to create the legislative framework that perpetuates ageism and ableism. Every life has value and every life is worthy of protection.

If members opposite do not believe Conservatives, disability advocates or medical professionals that this is happening, maybe they will listen to the words of their colleague, the Minister of Employment, Workforce Development and Disability Inclusion. In speaking to Senate members about the personal experience of Roger Foley, a person with a disability who was offered, unsolicited, medically assisted death, the minister said:

I absolutely acknowledge and am quite preoccupied by the power imbalance between practitioners and patients, particularly patients who have been in systems that have discriminated against them and ignored their voices their entire lives. I have grave concerns with the particular circumstances of the individual that you spoke of. Quite frankly, I can tell you, he is not alone. I regularly hear from families who are appalled by the fact that they take their child, potentially their older child, in and are offered unprovoked MAID. I think that has to stop. That's a matter of practice, I would suggest, and we need to get at that through our regulations, through working with our medical associations.

I agree with the minister. This has to stop. Every life is valuable, disability or not.

The rejected Conservative amendment to require patients to be the ones to first request information on medical assistance in dying could help that, but the legislative changes proposed in this bill, to make same-day medically assisted death available and to remove the requirement for the second witness, certainly would not make it stop. A person with a disability who may already feel disempowered would not be empowered by these proposed changes.

● (1955)

In the previous Parliament, I sat on the HUMA committee during the study of the accessibility act, Bill C-81. The guiding principle

of that particular piece of legislation was to ensure the full and equal participation in society for persons with disabilities. I have to wonder how we can ensure their full participation in society while eroding these protections in the medical assistance in dying framework.

Why are we not listening to the disability advocates who are sounding the alarm? These advocates are telling us that the removal of existing safeguards in medical assistance in death has the potential to devalue the lives of vulnerable persons.

The other significant piece of this conversation is that we cannot truly assert that we are giving Canadians personal autonomy if there is no real choice. If palliative care and medical care needs are not available to a person, but medically assisted death is readily available, there is a problem.

The legislation passed in the previous Parliament required that an in-depth, five-year parliamentary review of the original medical assistance in dying legislation occur, and that the review also consider the state of palliative care in Canada. This government is recklessly pushing through this legislation before that work is done.

The reality is that we already know there is inadequate access to palliative care in Canada. There have been countless studies, and we hear it from medical professionals. We hear it from those who are seeking palliative care and from their advocates. Certainly, this legislation would be better informed if that in-depth parliamentary review had already occurred, and that would be the appropriate order of consideration.

As we navigate COVID-19, we certainly cannot ignore how the quality of care and physical restrictions might impact vulnerable persons. The story of Nancy Russell, who sought medically assisted death rather than face another lockdown in her care home, is heart-breaking. We can certainly imagine that Nancy was not alone in those feelings of loneliness and hopelessness.

First, this story emphasized to me the need for better supports in our care homes. COVID-19 has exposed the acute challenges in long-term care in Canada. These challenges have only been compounded by the pandemic. This government has a responsibility to ensure that there is adequate access to masks and rapid testing, so that our seniors are not forced into endless isolation to the point that ending their lives feels preferable.

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Second, this story reinforced my strong belief that we have to be cautious that we are not promoting MAID to those who are experiencing moments of hopelessness. We have to ensure that we are delivering better and adequate supports and services to all Canadians. We need to ensure that there is adequate access to palliative care and home care needs. We have to make efforts to ensure dignity in living, not only dignity in dying. Without ensuring this, we are in fact eroding personal autonomy, and then choice is skewed. In effect, without true personal autonomy in the decision, there is no dignity in dying either.

I implore my colleagues in the House to pay attention to the alarms that have been sounded by so many Canadians, including countless medical health professionals and disability advocates. I ask them to seriously consider the impact of removing vital safeguards for medical assistance in dying, to consider making efforts to address systemic ageism and ableism and not reinforce it, and to not endanger the lives of vulnerable persons by allowing respect for individual autonomy to outweigh the protection of vulnerable persons.

In my view, the proposed legislation does not find that balance. We must do better to protect vulnerable persons, in fact, on all issues, but even more so on issues of life or death.

• (2000)

We owe it to Canadians to properly consult, review and consider legislation. They deserve that from us.

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 have, on many occasions, talked about the importance and significance of all lives being equal. In the many ways that this legislation has come before us, more than just the governing party is supporting it. New Democrats, Bloc members and Green members are supporting the legislation.

In the debate, one of the issues that keeps coming up is personal care at home, and the need to see it enhanced and supported. It is interesting to hear Conservative members say that. They seem to advocate giving cash toward health transfers as opposed to trying to ensure there are standards for home care services. I wonder if the member can help me reconcile why the Conservatives seem to be at odds with that.

Mrs. Rosemarie Falk: Mr. Speaker, I find that question quite funny because I believe all lives are valuable. I have been in situations where a patient has come into the hospital and had nobody. They die and the social worker plans their funeral. They have nobody. They have no friends. They have no family. They have no advocates.

What I am concerned about with this legislation is that we have vulnerable people, whether they are homeless, drug addicts, alcoholics or anything else. If they go into a hospital or a long-term care facility, and it is suggested that they can end their lives right then, if they are told that MAID can be administered with no safeguards and it can be done right then, I have a problem with that. It does not go with what the member across the aisle said about all lives being equal, because that is not true. All lives are valuable.

• (2005)

Mr. Mel Arnold (North Okanagan—Shuswap, CPC): Mr. Speaker, it is good to be up to ask a question on this bill again. I spoke during the previous stage of debate on this bill about how, because we are dealing with life-and-death situations, we need to take into consideration all aspects of this bill and all sides of the debate.

I talked about my mother's situation, where her dementia had progressed to the point where she could not use a telephone anymore to phone family members. The day after Christmas, the last Christmas before she passed away, she developed the flu. The next day, when she had recovered from that flu, we were invited to go to see her at the care home and she talked to us like the dementia had reverted to two years prior. She picked up the phone and phoned my five siblings that day, from the numbers that were in her head.

I have to question why the 10-day reflection period has been removed from this, because at that time I had a representation agreement to make medical decisions for my mother. Medical assistance in dying was not an option at that time, so we did not even think about it.

However, I put this situation to others who might be placed in that situation now. Her dementia turned around, basically overnight. Are there cures out there that we may find next week or next year that would reverse some of these situations? I would like to ask the member for Battlefords—Lloydminster how she sees that the protection needs to be in this legislation.

Mrs. Rosemarie Falk: Mr. Speaker, I would like to thank my colleague for being vulnerable. It is sometimes very hard to share those stories that can trigger our emotions, so I thank him for that.

If palliative care is only available to 30% of Canadians, a number that I would argue is even lower in rural, remote and northern communities, that is a problem. When palliative care is happening, sometimes it can take months. My mother was in palliative care for not just a day, but for a few months. However, during that time, even though it is such a very hard time, there is reconciliation. There is the opportunity for broken families and people who have had disagreements and hurt and anger and broken hearts to heal.

I believe that if we do not offer palliative care to people, we are actually robbing families of reconciliation and being whole. Therefore, I really want to encourage the government. There is an importance in palliative care, and we will have better families if we are able to offer this particular service.

Mr. Arnold Viersen (Peace River—Westlock, CPC): Mr. Speaker, in the evenings there are fewer people around here, so it is always a challenge to keep an audience, but I appreciate that you are in the chair for sure. I know that you always listen to my speeches with rapt attention.

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I know that the member for Winnipeg North, without a doubt, is here listening with rapt attention as well. We are sometimes concerned that he never leaves that chair or that he sleeps there. He is usually in that chair before I appear here, and he is usually here after I leave. There are rumours that he may actually live here. I do not mean any disrespect, as I appreciate his interventions. I can recognize his voice from a mile away.

Today we are at report stage for Bill C-7. The report stage is reporting to the House on what was discussed at committee. The committee heard some very compelling testimony from witnesses. Most impactful to me was the testimony from a Mr. Foley.

Mr. Foley gave testimony via Zoom to the committee and he was in a hospital bed. He has a degenerative disease that has made him immobile, and he needs full-time care. It was suggested to him several times that perhaps he should pursue MAID. The bed he is in is a very expensive spot to be taking up, and they are not able to move him out of the hospital into a long-term care bed, so it has been suggested to him that MAID is a viable treatment option for him.

It was shocking to listen to him from his hospital bed tell us that. If colleagues have not had a chance to see his testimony, I recommend they have a look at it. The fact that this is being brought up by medical professionals as if it is another treatment is very concerning to me. Assisted suicide is not a treatment. Assisted suicide is eliminating the patient, not the symptoms and not the pain. It is eliminating the patient.

That was very much the concern that everybody had when assisted suicide was introduced back in 2016-17. I remember that was one of the first pieces of legislation I had to deal with my career here. It was a traumatic bill at that time because I really felt that this was a complete shift away from one of the traditions of western civilization, the Hippocratic oath, which is nearly 2,000 years old. I also feel that it is the government's job to defend life.

At that time I said that this is a slippery slope. Who gets to decide who gets to live and who gets to die? I was assured that that was, indeed, not the case, and that this was where they were going to hold the line. I remember specifically the former justice minister and the former health minister assuring us that they had gotten the balance right. I take them at their word. I do believe they firmly believe they had gotten the balance right.

I do not impugn any of their motives, but both of those individuals are no longer in those positions, and here we are, four short years later, with a gentleman in his hospital bed saying that he is being offered assisted suicide, euthanasia, as if it were just another treatment option. We have treatment option A, treatment option B, and assisted suicide or euthanasia, as if someone should pick one. One is relatively inexpensive and it will free up the bed. The other options will take us a little longer.

Mr. Foley said that he does not want to die. He does not. He still enjoys life even though he is incapacitated to a large extent, so the testimony of Mr. Foley was very telling for me.

• (2010)

The Senate has begun its study and has heard from disability advocates, over 85 witnesses to this point, and none of them has been

supportive of the bill. The disability community is very concerned, as the testimony of Mr. Foley really points out. They are very concerned about the pressure that is placed on folks with a disability to pursue MAID, euthanasia or assisted suicide.

One of the most interesting witnesses at committee was the minister for folks with disabilities. At committee, when concerns were raised, she agreed that those were concerns she shared, and that they were also the concerns she had heard from stakeholder groups, which she is closely tied to because this is her portfolio. The voice of the minister responsible for folks with disabilities in Canada had not been heard at the cabinet table or when the bill was drafted.

What is most frustrating about this is that we have seen opportunities for the Liberal government to listen to Canadians on this in several instances. The bill was introduced at the beginning of the Parliament. Then there was the WE scandal, so to get out of that, the government brought in prorogation and the bill was reintroduced after prorogation. The government had heard many of the concerns about the bill prior to prorogation, so it had the opportunity to fix some of the issues it had heard prior to prorogation. It could have reintroduced the bill with some of those fixes, but it never did. It chose not to do that.

Then at committee, I think there were 16 amendments, but the government ignored the amendments that the disability community was seeking. Liberals ignored the amendment to prevent same-day death. Many in the disabilities community said our worst day should not be our last day.

When people are at their worst and say they do not want to do this anymore, that should not be their last day. They should be able to reconsider. This is literally life or death. There is no coming back from this. Many of them brought in amendments to say a 10-day waiting period is acceptable and even a seven-day waiting period would be acceptable.

I heard from a fellow living with a disability who said it takes him longer to get a wheelchair than it would to get assisted suicide. That is one of the major concerns we have. If other treatments are not readily available, then we will see folks being pushed into making a choice that is not really a choice, which is to choose between assisted suicide or going on without treatment for days and days. There were a number of amendments to eliminate the same-day death.

There was also an amendment that was probably the best one in terms of dealing with Mr. Foley's concerns that this is not treatment. It is not a treatment option, and it should be something that is always brought up by the individual. I moved several amendments at committee to Bill C-14 in the previous Parliament around this not being health care. I thought it should definitely be taken out of health care system because I did not want to see euthanasia and assisted suicide being treated as a treatment option.

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There was a great amendment to Bill C-7 brought to committee that would have ensured that health care professionals would never be allowed to be the one to instigate the conversation on MAID or assisted suicide. The Liberals also ignored that amendment. The disabilities community is very concerned about the bill. The Liberals have refused to listen to them, and I hope to see the bill get amendments from the Senate.

• (2015)

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, for many years, since 2015, we have had a great deal of debate, literally hundreds of hours of debates, committee meetings and all forms of presentations and so forth. This is true even most recently, with regard to the amendments the member opposite made reference to.

The Bloc, the NDP and the Green Party are all saying that this would appear to be the best going forward, so it would appear that a solid majority support the legislation. I am wondering if my friend could provide his thoughts on what appears to be a consensus for the legislation to move forward.

Mr. Arnold Viersen: Mr. Speaker, I do not know who said it, but I remember a quote from somewhere that says, "I'd rather be right than be president." To some degree, that is kind of the case here as well. I am not that concerned about how many political parties the member can line up and say agree with the Liberals.

The truth and what is right do not necessarily depend on what the majority is. We should come to this place, debate these issues and hear out the testimony of these individuals. We do have a vote in this place, but it does not necessarily make it the best decision. We have heard 85 witnesses at committee, and all of them in the Senate have been opposed to this bill.

Just because one side of the political spectrum happens to not agree with those witnesses does not mean their testimony is invalid. The Liberals should bring this bill back to—

• (2020)

The Deputy Speaker: We will go to the next question.

Continuing with questions and comments, the hon. member for Nanaimo—Ladysmith.

Mr. Paul Manly (Nanaimo—Ladysmith, GP): Mr. Speaker, I have been working with the Diversability community here in Nanaimo—Ladysmith for a number of years. I did consultations with its members about this legislation as well, and what I hear often is that they live with a form of legislated poverty. They are deprived of a lot of things other Canadians enjoy.

To have a fair country, what we need to be doing is taxing some of these billionaires who have reaped huge benefits during the pandemic, the 20 billionaires and their \$28 billion in additional profits, to even out the playing field and take care of those who are most vulnerable in our communities.

I am wondering whether the hon. member would stand with me and ask that we tax the billionaires and spread out some of that wealth so people can live with dignity in this country.

Mr. Arnold Viersen: Mr. Speaker, at committee, the member for Nanaimo—Ladysmith moved an amendment I was very excited we could support. I believe he worked with Inclusion Canada, and he might correct me, and they had brought forward that amendment. I do hope we can continue to work together to get an amendment like that passed in this bill.

When the Liberals say everybody is supportive of this bill, it is not necessarily true in this place. Other political parties, such as the Greens, put forward amendments that were very easy for us to support. They should have been very easy for the Liberals to support as they have wide support across the Canadian population.

Mr. Mel Arnold (North Okanagan—Shuswap, CPC): Mr. Speaker, my hon. colleague from Peace River—Westlock spoke about the options being provided by health care workers. I relate that to the story of a friend at home who had minor surgery, and because she was in such pain, the doctor basically opened up the cupboard and asked her what she would like. This ties into the opioid crisis. Sometimes the individual practitioner may not be looking at all the options out there. They may be looking at only the easiest options, and I hope that does not become the case here.

When we debated this bill in the earlier stages, it was to go to committee for possible amendments, and those amendments would determine what would happen when it came back here. I heard from constituents right across the North Okanagan—Shuswap on both sides of this debate, and I tried to put some of those issues forward in my earlier speech.

I would like to ask the hon. member for Peace River—Westlock if he feels the debate on both sides of this bill have been considered in the amendments that were either—

The Deputy Speaker: We are out of time. We will have a short response, please, from the hon. member for Peace River—Westlock.

Mr. Arnold Viersen: Mr. Speaker, I remember the member's first speech on the bill, an impassioned speech he gave about his mother who suffered from Alzheimer's. A small miracle happened, in that he got his mother back for a few hours or days, I don't quite remember, but it was a miracle nonetheless. Those are the things that I hope that most Canadians get to experience.

In this debate around Bill C-7, there is unanimity in the disability community that there are not two sides to the debate. There is unanimity in the disability community that this is a bad bill. We should send it back and get it fixed.

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• (2025)

Mr. Gerald Soroka (Yellowhead, CPC): Mr. Speaker, I appreciate the chance to speak about this bill at report stage. I want to take this time to share my personal experience about losing my parents and express my concerns with the bill as it currently stands.

My father passed away of a heart attack 19 years ago. This was incredibly difficult to deal with. He was there one minute, had a massive heart attack and was gone the next. While this was truly devastating, and one of the most difficult points in my life, fortunately there was no difficult decision to make, and his death was not prolonged or painful.

Six years later, my mother passed away. This was not so simple and, unfortunately, long and drawn out. My mother was diagnosed with stage four non-Hodgkin's lymphoma, and 14 years ago, at the time she was diagnosed, treatment options were not as advanced as they are today. My mother's stage-four cancer diagnosis looked grim. She tried radiation and chemotherapy. Both were ineffective, as the cancer was too far gone.

We were told by doctors that stem cell treatment would be her best course of action, as the treatment proved to be 70% effective for those who completed the treatment. In my mother's case, drugs were extremely effective on her body, and after two treatments the drugs caused her to have stroke-like symptoms. Because of the effects of the drugs on her body, she was immediately withdrawn from the stem cell treatment.

After withdrawing from the treatment, my mother's condition continued to decline. Over the next few months, she would receive a blood transfusion every three weeks that gave her a bit more energy and temporarily made her feel a bit better, but we all knew this was only a band-aid solution. There came a point when my mother did not want to continue to prolong her inevitable passing. She took time to reflect and decided to stop accepting transfusions altogether.

Quickly we saw how sick she truly was, not having received her transfusions. Not long after, my mother had passed. While 13 years ago, medically assisted dying was non-existent in Canada, even if it had been, my mother would not have chosen this option, even though she said she was sick of being sick and that was the reason she stopped accepting transfusions, as she was preparing to accept the inevitable. Although she was dying, she never experienced any pain, so she had a relatively comfortable passing. Given my personal experience with losing my parents, I sympathize with people who are in this position or have loved ones in this position.

The legislation we are discussing today is problematic. Choosing medical assistance in dying is a choice that should not be thought out over weeks, months or even years, in some cases. No one should be able to make a rash decision and seek out medical assistance in dying without a wait period. Conservatives are suggesting simple amendments to the legislation to fix the many problems it has and the ethical dilemmas that may arise out of it.

Because of my personal experience, I absolutely believe Canadians who are facing situations where their death is foreseeable should have access to medical assistance in dying. However, with legislation that allows that, there must be safeguards for vulnerable sectors of the population, as well as our health care professionals,

both of which Bill C-7 fails to adequately address. Since the bill was first introduced, I have heard from my constituents both for and against the legislation. Interestingly enough, of all the constituents I have heard from on this issue, no one has said to me they want the bill to be passed in its current state. Those who are for the legislation want to see it passed, but not without amendments.

I agree with them and I cannot support the bill in its current form, so let me share with the House the main points I am hearing from constituents who would like the legislation amended.

First is protecting conscience rights of health care professionals. If a doctor fundamentally disagrees with providing assisted dying, it should be acceptable for them to decline the procedure without providing a referral. If a doctor sees medically assisted dying as ethically improper, as doctors take the oath to "do no harm", when providing a referral to a doctor who will do the procedure, the initial doctor still plays a role in the practice and we must protect their conscience rights.

• (2030)

Second is requiring the patient to be the one to request the information on medically assisted dying. Should someone else request information on medically assisted dying on a patient's behalf, they could feel unwanted pressure, especially if the patient has a mental disability. By not having a safeguard in the legislation, vulnerable sectors of the population are being put at risk.

Third is providing a clearer definition of foreseeable death. In its current form, the legislation fails to clearly define a foreseeable death. Could old age be seen as a foreseeable cause of death? Is that an acceptable reason for a request for medical assistance in dying? What about a disease that will likely take 10 years before someone passes?

Finally, and most importantly, is reinstating the 10-day reflection period. A person who lives to the age of 75, the average age of people who use medical assistance in dying, will have lived about 27,500 days. A 10-day reflection period to ensure they are ready to go is not just recommended, but it is essential.

I would like to bring up another personal point. When my grandfather reached 80 years of age, he stated many times what a good, healthy life he had and that at this time he was more than ready to accept his passing. It took another 16 years before my grandfather passed away. In that time, when he was 91, his hip broke and because of his advanced age we thought for sure that this would be the end. It was not. He was 96 when his other hip broke and that led to his passing.

Even though he had a very long and relatively healthy life, in his final years, his body was slowly deteriorating. He had macular degeneration and was legally blind. In his advanced years, he was essentially deaf. Even though he was physically able to manoeuvre on his own abilities, he said many times that being blind and deaf makes for a very long day. In this situation, would this be grounds for him to choose medically assisted dying simply because of his old age?

In reading this bill, several questions come to mind that I believe the government has not addressed in the legislation.

Can one consent in advance to be euthanized once one reaches a state one fears but which one has never experienced, like living with advanced dementia?

Once a person has signed an advance request and has lost capacity to consent to medical treatment, at what point would that person be euthanized?

Even if a person has signed an advance request and lost capacity, should a physician, before euthanizing the patient, try to determine whether the patient is currently suffering intolerably and desires to die? In its current form, Bill C-7 has no such requirement.

If a non-capable person seems to resist a lethal injection, can the physician, nevertheless, proceed with the injection if the physician believes that the resistance is not due to any understanding on the patient's part that the injection will kill them? In its current form, Bill C-7 says that apparent resistance means a doctor must not proceed, but clarifies that involuntary response to contact is not resistance.

That raises another question. How does a doctor determine if the response to contact is involuntary?

With all this being said, in its current form, I cannot support the legislation. I certainly hope, for the sake of all Canadians who may wish to consider medical assistance in dying, the government accepts the Conservative Party's amendments to the legislation. I look forward to questions.

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 have more of a comment. Over the last number of years since 2015, shortly after getting into government, we have had a great deal of debate, whether inside the chamber, in committee, in the Senate or with our constituents, related to just how important this issue is.

There have been many different types of amendments brought forward. Some have been accepted and others, obviously, have been rejected. We have to be careful not to underestimate the valuable contributions that all participants, including the medical and science professionals, who have allowed us to bring the legislation to the point we are at today.

I always indicate that all lives are equal and I will continue to advocate for that. We need to recognize that, at times, we will have to agree to disagree. I wanted to express that I appreciate the comments by the Conservative Party. Having said that, I believe the legislation we have is a step forward in the right direction.

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• (2035)

Mr. Gerald Soroka: Mr. Speaker, it is probably a little easier to address the comments of the member for Winnipeg North than to answer questions, to be honest.

The member is right. This is a very serious situation where we have no recourse. It is not that people can come back three days later when they have found out they did not like dying so much. That is the problem with this. We have to make sure that the rights of people are protected properly, and that is really my concern. I do not have a problem when people wish to have medically assisted dying because that is their right. We should not make that choice for them, but there needs to be proper safeguards for our vulnerable population. That is what I would like to see amended.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, my colleague makes the point well that we have different points of view, even within our own party, about some of the fundamental questions involved. To coin a phrase, sometimes diversity is a source of strength. The fact is that we have different points of view, but what we are united as a Conservative caucus on is that there need to be protections for vulnerable people.

The 10-day reflection period can already be waived in certain circumstances. The government says it is too much to have a reflection period of 10 days when people wait so much longer to get access to basic treatment. These are reasonable amendments and it is just so striking that the government does not listen. It does not listen to the physicians, the patients, the disability folks or other parliamentarians who have raised these concerns.

I am curious what the member's response is to how we put forward these reasonable proposals and the government consistently refuses to listen to these concerns.

Mr. Gerald Soroka: Mr. Speaker, I have to admit it is quite baffling, but Liberals are probably taking the path of least resistance. It is so much easier just to wipe away any conditions, because then conditions do not have to be regulated and terms do not have to be put forward. All one has to say is yes, it is allowed, and be done with it.

The member is right. I have to agree that there should be safeguards put in place. Even when people buy vehicles or appliances, there is always buyer's remorse to some degree and there is a waiting period. Why would we not have some type of waiting period when dealing with someone's life? I fully agree with the member's comments.

Mr. Paul Manly (Nanaimo—Ladysmith, GP): Mr. Speaker, we are the only country with universal health care that does not have universal pharmacare. There are people in this country who cannot afford their medicine. When they cannot take their medicine, their health declines, and when their health declines, they end up on a downward spiral. We end up with people who end up in situations where death becomes foreseeable.

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Why do the Conservatives not support a universal pharmacare program to make sure we take care of people while they are alive and they get the things they need to live a good life and be healthy?

Mr. Gerald Soroka: Mr. Speaker, the problem is that with most couples, partners of various kinds, one or both of them have a medical plan already in place. The statistic is that around 96% of most Canadians have a health care plan, whether it is a plan at work or a seniors program through the province. Yes, a few people fall through the cracks, so why would we not address the small population that does not have the benefit of a medical plan of some kind instead of a universal plan right across the country, which is going to cost billions instead of a few millions.

● (2040)

Hon. Rob Moore (Fundy Royal, CPC): Mr. Speaker, it is an honour to speak this evening, virtually, from my home province of New Brunswick, to what is a very important issue for Canadians from coast to coast to coast.

Four days is how long the House of Commons Standing Committee on Justice and Human Rights took to study Bill C-7. I have listened with great interest to my colleagues on all sides of the House as we debate this important issue, and it has become abundantly clear that the amount of time the government allocated for the study of this legislation was woefully inadequate. That became abundantly clear to me as a member of the Standing Committee on Justice and Human Rights, where we heard witness after witness, in testimony after testimony, talk about the negative impacts that this legislation will have on Canadians, particularly Canadians with disabilities.

I go into this debate with an open mind. I know that all 338 members of the House of Commons come from different political parties, different backgrounds and different perspectives, but I would hope that most of us are united in our resolve to protect those who are vulnerable and help those who are less fortunate than some of the rest of us. Some of those people appeared before our committee. We had persons with disabilities and other persons who are vulnerable, and under Bill C-7, they would be, for the first time ever, eligible for assisted death in our country.

Bill C-7 is not a moderate change from the existing law. Five years ago, Bill C-14 was passed into law under a majority Liberal government, and it provided for assisted dying. One of the features in that bill, and there was a number of them, were the safeguards that were put in place. One of those safeguards was that a person's death had to be reasonably foreseeable in order for them to be eligible for assisted dying. In other words, the person had to be dying to be eligible for assisted dying.

There were other safeguards in place too, including a 10-day reflection period. We throw around terms like “life-or-death question” or “life-or-death situation”, but assisted dying truly is life or death, and the 10-day reflection period gave someone an opportunity to change their mind.

As members know, with the Truchon decision in Quebec, the Superior Court decided that a safeguard for the reasonable foreseeability of death was not constitutional. It is my position and the position of the Conservative Party, as well as that of many Canadians, that this decision should have been appealed to the Supreme Court

of Canada, for certainty. One of the key things the Attorney General does on behalf of a government, which is one of the key things a government does, is defend government legislation. This is brand new legislation on a brand new idea in Canada. However, the Liberal government, even at the first instance, did not defend its own legislation and its own safeguards, and did not appeal the decision.

We have heard from so many different groups, such as palliative care doctors and persons with disabilities, and they spoke of the need to appeal the decision. We heard at committee how important it would have been to do so. However, rather than appeal the decision, the government brought in Bill C-7, which not only responded to the Quebec court decision but went further in stripping away a number of safeguards that existed in the previous legislation.

● (2045)

At committee, the Conservative Party moved 10 amendments that were based on the feedback we heard from persons with disabilities, palliative care doctors and other specialists. They would have put back in place some of the safeguards that had been stripped away. However, one by one, amendment after amendment, these very modest proposals were defeated by the Liberal government.

I want to mention a few of those proposals.

One was to maintain the 10-day reflection period to give individuals who may change their mind about assisted dying the opportunity to do so.

Another was the requirement that two independent witnesses, neither of whom are paid, be there throughout the process of assisted dying. We sometimes have two witnesses for wills. Surely, to ensure ultimate safeguards we should have two independent witnesses for MAID.

Another was ensuring the physician who is dealing with the individual has an expertise in whatever ailment the patient is facing. That is not a requirement in this legislation.

We heard powerful testimony from Roger Foley. Members may have heard of his case. He recorded conversations he had with individuals within the hospital who were trying to encourage him to consider MAID, assisted death. I think he is someone who has so much to give, even in his state as a person living with a disability. Roger Foley appeared before the justice committee, and he did that not for himself, but to help other Canadians living with disabilities so they would not be faced with the same thing he was faced with: individuals advising him that he is eligible for assisted dying.

I have heard a number of members tonight talk about the equality of Canadians. We heard from different groups representing persons with disabilities, and they see this as an equality issue. They say there is no equality under this law because they are being singled out. They are asking why they are being singled out.

Dr. Catherine Frazee, a person with disabilities and a professor at the school of disability studies at Ryerson University, said:

Bill C-7 begs the question, why us? Why only us? Why only people whose bodies are altered or painful or in decline? Why not everyone who lives outside the margins of a decent life, everyone who resorts to an overdose, a high bridge, or a shotgun carried out into the woods? Why not everyone who decides that their quality of life is in the ditch?

As I mentioned, we heard from Roger Foley, who said:

What is happening to vulnerable persons in Canada is so wrong. Assisted dying is easier to access than safe and appropriate disability supports to live. Committee members, you cannot let this happen to me and others. You have turned your backs on the disabled and elderly Canadians. You or your family and friends will all be in my shoes one day. You cannot let this sliding regime continue.

As Conservatives, we have listened throughout this process. That's why we said the government should have appealed the decision.

As members know, there was a five-year mandatory review under Bill C-14 of the assisted dying regime in Canada. We know that was to start this summer, but the government did not even get the benefit of the mandatory parliamentary review before it brought in sweeping changes that fundamentally alter the assisted dying regime in Canada and alter it against the wishes of persons with disabilities, palliative care doctors and people who are caring for people at the end of their life.

We need to get this right. I would have loved to see an openness from the government to adopt some of our amendments, such as the one Roger Foley asked for, which would have specifically prohibited doctors from bringing up MAID to patients and required that it went the other way around so that the patient would have to bring it up.

• (2050)

For those for whom death is not reasonably foreseeable, who would be eligible for MAID under Bill C-7, we could have extended the reflection period to 120 days. This is based on testimony we heard. It would give time for treatments to take effect and for people to come to terms with their situation.

This is an important bill. It is one that we should have taken more time with. I know the Senate will be looking at it, but I urge all parliamentarians to think of persons living with disabilities who are saying no to the bill.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I thank my colleague for his excellent work on this file as the shadow minister for justice for our caucus and also as vice-chair of the justice committee.

I am not a regular member of the committee, but I have had the opportunity to listen to some of the incredibly moving testimony, and it is hard for me to understand how someone could sit through and listen to that testimony and still vote against these amendments. We heard from physicians. We heard from people with disabilities. We heard from organizations. There was unanimity among those

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from the disabled committee who testified before the committee. They said they have a very different experience with the health care system in the context of medical assistance in dying. It is being offered and even pushed on them. We heard from many witnesses who raised that concern.

It is hard for me to understand how members of the government caucus could sit through those hearings, listening to those concerns and to reasonable calls for amendments, and then vote down 100% of the amendments that people with disabilities were saying would address their concerns. However, it explains why the government was so keen to shut down those hearings prematurely.

I would appreciate hearing more from my colleague about his response to that compelling testimony.

Hon. Rob Moore: Mr. Speaker, I thank my hon. friend for his time spent on the justice committee during the limited time we spent debating the bill and dealing with witnesses.

He is absolutely right. I also thought, in hearing witness after witness, the disability community was unanimous. Groups representing people with disabilities are unanimously against this legislation. Krista Carr, who is the executive vice-president of Inclusion Canada, said that the bill represents the disability community's greatest fear.

I do not understand why our very modest amendments were rejected. They would have protected persons with disabilities from being offered death and helped them deal with their disabilities. I certainly hope that in the future we take greater care with these types of issues related to people with disabilities.

Mr. Paul Manly (Nanaimo—Ladysmith, GP): Mr. Speaker, I would like to thank the hon. member for Fundy Royal for supporting the amendments that I brought forward in committee. The justice committee is not in my portfolio, although one of my portfolios is disability.

It is important to hear from those in the diverse ability community. They have a saying: "Nothing about us without us". They appreciate being heard, so I had some of my own meetings with Inclusion BC and with members of the diverse ability community in B.C.

One thing we know is that poverty is a social determinant of health, and there are too many people living in poverty in this country. We are a wealthy country, so there is no reason why we have people living in poverty.

We put forward the idea of a guaranteed livable income, so I would like to ask the hon. member what kind of programs he would put forward to eliminate poverty in this country. We need to take care of people.

Hon. Rob Moore: Mr. Speaker, I thank the hon. member for his great work at the committee. I believe one of his amendments, which we supported, would have helped in some way to improve the bill.

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The hon. member is right. In assisted dying, it is not a true choice if someone has not had a consultation about their living situation, their social situation and palliative care. The bill would not even require that a person have a real consultation with a palliative care doctor, before MAID is offered, to know what quality of life they can have. We are hearing, even as recently as today, stories about isolation and about COVID being a determining factors in people's decision to end their life prematurely. In Canada, that should not be acceptable.

● (2055)

Mr. Kenny Chiu (Steveston—Richmond East, CPC): Mr. Speaker, Bill C-7 seeks to amend medical assistance in dying by eliminating various safeguards on how and when the service is delivered and introducing others. Some of the changes to end-of-life decision-making include the removal of a 10-day waiting period between MAID requests and its administration, proceeding without immediate consent and the creation of a second track that allows individuals who do not meet the reasonably foreseeable death criteria to receive MAID.

I proudly voted against the second reading of Bill C-7 because it does not adequately protect Canadians from harm. The bill creates a pathway to end of life that would disproportionately impact the disabled without sufficiently encouraging the alternatives. It also does not include sufficient consideration for the right of doctors to refuse to provide death as a service. Any legislation that is introduced in Parliament requires a thorough review and that is especially true for bills that are literally matters of life or death. Bill C-7, which seeks to expand medical assistance in dying, is one of these bills.

I have been told that members of the justice committee have heard first-hand from disability advocates vehemently opposed to Bill C-7 and its rapid expansion of MAID, who argue it amounts to a “deadly form of discrimination”, making it easier for persons with disabilities to die than to live. It is shameful that in the Liberal government's rush to pass the bill before Christmas, it continues to neglect to address legitimate concerns being raised by persons with disabilities and medical professionals.

Conservatives are focused on ensuring that this type of legislation includes safeguards for the most vulnerable in our society as well as for the conscience rights of physicians and health professionals. The opposition has introduced a number of reasonable amendments to reinstate balances the government has removed including: first, reinstating the 10-day reflection period when death is reasonably foreseeable; second, maintaining the requirement for two independent witnesses when death is foreseeable; third, ensuring physicians have expertise in the patient's condition; fourth, extending the reflection period when death is not reasonably foreseeable; fifth, protecting vulnerable patients by requiring the patient to be the one who first requests information on medical assistance in dying; and sixth, protecting conscience rights for health care professionals.

It is essential that the government begin a separate and comprehensive parliamentary review of the original MAID legislation passed in 2016 and the state of palliative care in Canada. It is critical that this review analyzes how the government's MAID legislation negatively impacts persons with disabilities. I might add, such

a review could have taken place over the summer, but instead the Liberal government shut down Parliament and prorogued it to hide their ethical scandals.

Medical assistance in dying is a very complex issue and evokes strong emotions. Recognizing we need more time to review the bill, my Conservative colleagues and I repeatedly proposed increasing the number of meetings dedicated to reviewing the bill and hearing from witnesses. Each time, the Liberals refused. Canada's Conservatives will continue to highlight the flaws in the government's MAID legislation that threatens the lives, rights and dignity of people with disabilities and work to protect vulnerable Canadians, especially persons with disabilities. Canadians deserve this much.

● (2100)

In the midst of a global pandemic, and at a time when people with disabilities are experiencing significant hardship, the government should be ensuring access to needed support, but it is offering people with disabilities an assisted death. To add insult to injury, Bill C-7 is being rushed through the parliamentary process. Given the implications of the bill, this is unconscionable.

The Government of Canada prides itself on championing inclusion and accessibility. With its current position of the reintroduction of the MAID legislation, the government reminds us that it has a glaring blind spot when it comes to its vision of a more inclusive Canada. This is not simply an unfortunate omission. This is a betrayal of the fundamental principles of inclusion, and one that puts the lives of people with disabilities at risk.

If the government is truly committed to building a more inclusive and accessible Canada, it must continue to restrict MAID to end-of-life circumstances and prevent MAID from being provided on the basis of having a disability. The government has a responsibility to protect the human rights and dignities of all Canadians, especially persons with disabilities.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, a 10-day reflection period, which can already be waived in certain circumstances, is really all that we are asking for with the first amendment. The second amendment calls for a 120-day period for those for whom death is not reasonably foreseeable so that people could actually get treatment before they are pushed forward into this or before they proceed with it.

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I just think that these amendments are eminently reasonable. Anybody, regardless of what side of the issue they are on, should be able to accept that a 10-day reflection period before a person dies is quite minimal. It is either that or the government's position right now of same-day death, and being able to request and receive it on the same day. I do not think that a person's worst day should be their last day.

I just cannot understand why the government will not listen to the witnesses, listen to the experts and accept these reasonable amendments. I would like to hear the member's comments on that.

Mr. Kenny Chiu: Mr. Speaker, it is quite unconscionable, as I said, to shorten this reflection period in the guise of providing a more immediate response to shortening a person's pain, understanding that, a lot of times, people under such circumstances could have other alternatives provided or presented to them and, therefore, change the situation altogether. However, once MAID is administered, it would be too late for anybody to reverse the decision, and that is why a reflection period, especially for those who do not have a reasonably foreseeable condition, needs to be reinstated in order to have the chance to reconsider.

Mr. Arnold Viersen (Peace River—Westlock, CPC): Mr. Speaker, I would like to thank my colleague for Steveston for his great speech on this. As I have gotten to know him over the last year or so, he is a valued member here, and I am very happy to call him a colleague.

One of the issues we have seen with the removal of the 10-day waiting period is that there is no real ability to withdraw the request. As we have seen in Canada, it has been reported that over 270 people a year withdraw their request for assisted suicide. I wonder if the member has any thoughts on whether the bill should address that better.

• (2105)

Mr. Kenny Chiu: Mr. Speaker, it is an honour to represent the good people of Steveston. My riding also includes an area of Richmond East that is populated with a lot of good citizens, so it is important to actually mention the full name of Steveston—Richmond East.

In matters of life and death, as I mentioned in my speech, I think it is prudent for any government to provide as much protection as it can, especially for vulnerable citizens of the population. With a decision like MAID where there is no reversal, it is even more important that people make that decision under careful consideration, consultation and discussion with families and medical professionals, so that they understand its implications.

Therefore, I think that it would not be unreasonable to reintroduce the 10-day period of reflection or even a longer reflection period for those who do not have a reasonably foreseeable condition.

Mr. Gary Vidal (Desnethé—Missinippi—Churchill River, CPC): Mr. Speaker, it is a pleasure tonight to speak to Bill C-7 at report stage, an act to amend the Criminal Code on medical assistance in dying.

My journey on this over the last while, as a new member of Parliament and listening to my constituents, has been one where I realized this is a very personal issue and brings out a very strong and

emotional response from people on all sides of this issue. The stories are personal and impactful and people have very strong opinions on all matters to do with the bill.

The thing that has landed for me as I have considered this is that there are a few things we need to ensure are dealt with in the legislation. One, as we have heard many of my colleagues talk about, is the protection of the most vulnerable in our society. The second is the protection of the conscience rights of physicians and health professionals. To that effect, a number of amendments were introduced by my party at the committee stage, for great reason.

The first one talked about reinstating the 10-day reflection period when death was reasonably foreseeable. I was in the House last week and had the privilege of listening to some debate on this matter. It was a very moving experience for me as I listened to my colleague, the member for Flamborough—Glanbrook, share a very personal story in a question to a member. It was a very moving and impactful story.

He talked about the finality of the decision his daughter made when she chose to take her own life some years ago. He talked about how it was at a very low point in her life that she chose to take her own life. We talk about the removal of the 10-day reflection period, but when I heard that story, it personally moved me and caused me to say that it is so important that we protect people in their most vulnerable moments.

My colleague talked a few minutes ago about the idea of maintaining the requirement for two independent witnesses when death was foreseeable. As an accountant for many years, dealing with many legal and financial matters, there were so many things I did over my career that required the signatures of multiple witnesses. The matters I thought were important over all of those years were nowhere near the importance of determining life and death matters like we are talking about today. The requirement for two independent witnesses being reduced to one is appalling when I consider the matters I dealt with as a professional over the years, which required the signatures of at least two or multiple people.

The other point we have talked about over the last few weeks is ensuring physicians have expertise in a patient's condition. It is imperative that we maintain the ability for people to prove it and have multiple opinions. The extension of the reflection period when death is not reasonably foreseeable is another amendment the Conservatives believe is vital and important to this process.

Protecting vulnerable patients by requiring them to be the ones to first request information on medical assistance in dying is really important. It overwhelms me to think that a vulnerable member of our society could walk into a doctor's office or a health provider's office, while being at a low point and suffering from whatever ailment, and a health care professional or somebody in a position of trust initiating a conversation about medical assistance in dying. It is unconscionable.

• (2110)

The removal of that provision is not acceptable. For that reason, there is no way I would ever support this with those kinds of things still included in the bill.

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As I mentioned earlier, there is the protecting of conscience rights for health care professionals. We need to respect the opinions, beliefs and rights of those people to maintain their values and beliefs and maintain the things they believe are important in their approach to their professional journey. It is imperative we protect those folks. The thing I have heard the most from people, along with the protecting vulnerable people, is protecting the conscience rights of health care professionals.

As we think about the process, any legislation that is introduced in Parliament requires a thorough review. Just like I talked about in the context of having the two independent witnesses, when we are talking about matters that are literally life and death, it is important that we ensure we have due process. There was the review that was supposed to be done.

We have a strong belief that this decision should have been appealed to the Supreme Court so we could get certainty in the framework. So many of these things did not get accomplished, as has been mentioned by a number of my colleagues and members today. This is somewhat as a result of the prorogation of Parliament and the fact that we missed a number of weeks of opportunity to debate legislation and deal with these important matters.

I want to reflect upon the witnesses and the testimony that was presented to the justice committee. We heard from numerous people and groups that advocated on behalf of people with disabilities. People are opposed to the bill and the rapid extension of the legislation that has been put before us compared to the former legislation, Bill C-14. It is shameful that we are rushing this. It is a matter of life and death. We are now rushing this to try to get it done before Christmas. We could have done so much more in the weeks past.

As Conservatives, we will continue to fight on behalf of the vulnerable in our society. We will continue to fight on behalf of all Canadians with disabilities. We will continue to ensure that their interests are protected and that they are protected as we move forward in this process.

I want to comment on the impact of this on indigenous people. As the shadow minister for indigenous services, I am always engaged in the lives of those folks. As I speak to my indigenous and first nations friends, they really struggle with this legislation. There is a spiritual element and spiritual being to a lot of indigenous folks. They struggle with the advancement of the legislation and how rapidly it is moving.

I could go on for a while about some of the inequities experienced by indigenous people. I could talk about some of the witnesses at the committee. They talked about the voices of indigenous people not being heard, even though the percentage of the indigenous population in the Northwest Territories, from Nunavut to some of the other communities is so high. Those voices were not heard and have not been heard.

I have a quote that states, “The Indigenous peoples of Canada, including those living with disabilities, do have a voice, however, the opportunity to speak to Bill C-7 has not been adequately conveyed or provided” to those groups.

I want to end with a letter from one of my constituents and I want to frame this carefully. This is from a gentleman and his wife

who served for years as chaplains of the Salvation Army in my community. They have dealt with disadvantaged people for many years. They reached out to me early on in this process.

Their letter states:

“As two of your constituents, we are concerned about Bill C-7 and the changes to Canada's law on medical assistance in dying. Canadians living with disabilities and chronic ailments as well as other vulnerable people already have difficulty getting the support they need to live. Removing the end of life requirement from the MAID law puts these Canadians at even greater risk. We oppose changes to remove the safeguards for MAID law for those whose death is foreseeable, like the 10-day reflection period, the ability to consent at the time of death or the requirement for two independent witnesses. We urge you to fight for these safeguards. It is essential that the government protect vulnerable Canadians from abuse and harm. We urge you to call for a reintroduction of an end of life requirement in the MAID law.”

• (2115)

Mr. Chris Bittle (Parliamentary Secretary to the Minister of Transport, Lib.): Mr. Speaker, I believe it comes from a genuine place of wanting to protect Canadians, but the ultimate result is limiting individuals' charter rights. I have heard a number of Conservatives, and the member is not the only one, talk about the conscience rights of doctors, about which we should all be concerned. It is why there was an amendment in the original bill in 2016 about those rights.

This is a question I asked a number of witnesses at the Standing Committee on Justice in 2016, and I will ask the member. This is such a red herring in this debate.

Could he name for me any time in Canadian history or give me an example of one of his constituents, a physician or anyone, who was required to perform a medical procedure against their will and if not, why is the Conservative Party continuing to perpetrate this red herring during this debate to limit people's charter rights?

Mr. Gary Vidal: Mr. Speaker, I will not go into specific examples, but I have talked to many physicians and health care providers and this is an issue for them. They do not want to be put in a place where they are going to be challenged and going to be before a court because of their beliefs. We have a fundamental right in our country for freedom of religion and a freedom of belief, and it should apply in this case as well.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, the ignorance of the member for St. Catharines of the policy of the College of Physicians and Surgeons in his own province is quite striking.

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The Ontario College of Physicians and Surgeons has a policy that requires physicians to provide effective referral and in emergency situations, to provide services that are the standard of the care, even if they go against their conscience. That is a fact. It is an existing college policy.

The member claims to be unaware of the predicament his constituents are in. The fact of this is that when we debated medical assistance in dying last time, we spoke about the case of Dr. Nancy Naylor, who was a palliative care physician in Ontario. She said that because of the pre-existing policy, she was being forced to close her practice earlier.

The striking ignorance of the member for St. Catharines on these facts from his own province about the attack on conscience in the country is incredible. I would love to hear my colleague's comments on that.

• (2120)

Mr. Gary Vidal: Mr. Speaker, as I said, the examples he has outlined are a perfect example of the situation where that has happened in Ontario. It is imperative that we protect the beliefs and the choices physicians and health care providers want to make in their own journeys and their own professional practices.

Mr. Chris Bittle: Mr. Speaker, the hon. member is repeating the same red herring. The hon. member from across the way did not say that it happened. He said that a witness said it may happen and they were concerned about it.

Mr. Garnett Genuis: Yes I did. It is the policy. It has happened.

Mr. Chris Bittle: If the hon. member would let me speak, I believe I have the floor.

Again, I will repeat the question because the hon. member refused to answer it. Could he name one single incident where a doctor in the province of Ontario or anywhere in the country has been required to do any medical procedure against his or her will? I have a spoiler alert. He cannot. Why is he repeating this red herring?

Mr. Gary Vidal: Mr. Speaker, if the member wants to get into a debate, maybe he should actually recognize where my riding is, which is in northern Saskatchewan, not in Ontario. Let us actually talk about practical—

The Deputy Speaker: [*Technical difficulty—Editor*]

Mr. Gary Vidal: [*Technical difficulty—Editor*]

The Deputy Speaker: I am going to repeat that again, because I am not sure how much was registered by the hon. member who is currently online and who has the floor.

To the member for Desnethé—Missinippi—Churchill River, while I was standing, and as I mentioned, there was some disorder in the House. I was interrupting for that reason. His last sentence or two was probably not registered in debate. I am going to go back to him and let him finish up his final thought on that, and then we will carry on with debate.

The hon. member for Desnethé—Missinippi—Churchill River.

Mr. Gary Vidal: Mr. Speaker, not knowing exactly what [*Technical difficulty—Editor*]

The Deputy Speaker: Let us try that. We are working in manual mode here right now. I think we are encountering some problems with the console. We will try to work in that manner.

I just want to thank the hon. member for Langley—Aldergrove for raising that point as well and helping me to recognize that we were not getting audio even from the Speaker's chair. I thank him for that.

We are now going to go to resuming debate, the hon. member for Langley—Aldergrove.

• (2125)

Mr. Tako Van Popta (Langley—Aldergrove, CPC): [*Technical difficulty—Editor*]

SUSPENSION OF SITTING

The Deputy Speaker: We are going to have to interrupt the hon. member. It would appear that we are not registering audio on those who are participating online, on the Zoom platform, as well.

We are going to have to momentarily suspend the proceedings, just to see if we can get that corrected. I will ask the hon. member for Langley—Aldergrove to stand by. We will suspend momentarily until we are ready to go again. As soon as that happens, we will let the members who are online, and also those here in the House, know that we are ready to go again.

(The sitting of the House was suspended at 9:26 p.m.)

• (2135)

SITTING RESUMED

(The House resumed at 9:37 p.m.)

The Deputy Speaker: We are going to try this again. We think we have a fix in place to at least get us through the evening until we can get something else sorted out. There is some kind of technical issue, but I think we are at a point where we can continue and get back under way.

We are going to go back to the start of the 10 minutes that we began for the hon. member for Langley—Aldergrove, so he will have his full 10 minutes, and we will restart that right at that location.

The hon. member for Sherwood Park—Fort Saskatchewan is rising on a point of order.

Mr. Garnett Genuis: Mr. Speaker, I am not sure if he is still on, but I believe the final response from the member hon. for Desnethé—Missinippi—Churchill River was also missed. I was told the sound problem was also occurring at that point, just so you are aware. I do not know if we want to go back to him or not, but that is just for information.

The Deputy Speaker: I thank the hon. member for Sherwood Park—Fort Saskatchewan for thinking of that. He is probably right, although we will have to check on that with debates to see if that did, in fact, get picked up.

The hon. member is no longer online. I do not like to point out the absence or presence of hon. members, but nonetheless it appears that we are not able to go back to him in this case, so we will go back then. I thank the hon. member.

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We will go to resuming debate with the hon. member for Langley—Aldergrove.

Mr. Tako Van Popta (Langley—Aldergrove, CPC): Mr. Speaker, the government's proposed legislation to expand the availability of MAID to people whose natural death is not reasonably foreseeable is, in my opinion, deeply flawed and the term MAID, in those circumstances, is a misnomer. If Bill C-7 passes, we are no longer talking about doctors and nurses helping those who are dying and alleviating suffering, but helping people to die who are not even near death.

The reasonable foreseeability of natural death standard, which was so central to the Carter decision, makes sense from a medical perspective, as doctors might be willing to expedite the natural dying process given their traditional roles of assisting medically to relieve suffering. It is quite another question whether medical ethics contemplate doctors now bringing death into the equation, where natural death is not even reasonably foreseeable. It is no longer medical assistance in dying, but medical aid to end a difficult life. This is a big shift for Canadians, but the average Canadian was not even consulted on this big shift.

After the Truchon decision of the Quebec Superior Court, the Attorney General and the Liberal government are treating as settled constitutional doctrine this very key question, whether those who are not dying but suffering grievously and irremediably must be given the right to choose MAID. The government side of the House, throughout the debate on this topic, has stated that it has consulted widely with Canadians, but the extent of the consultations was an online survey that was open for a couple of weeks, containing confusing and ambiguous questions with multiple choice answers that left some respondents, people I have spoken to, having to choose the least of a selection of evils. The public was never asked whether the reasonable foreseeability of natural death standard should be dropped. A judge in one province thought so, but what do Canadians think? We will never know, because the question was not asked. A so-called public consultation that fails to ask the key question is not a real consultation. It is a pretext for the government to advance an ideological agenda.

Truchon was poorly reasoned and unbalanced. It has been left unappealed. By failing to appeal this decision, the Attorney General and the government have conceded that one judge in one province can curtail Parliament's power to promote broader societal interests in protecting people who are elderly, ill, disabled or vulnerable. One judge in a lower court was allowed to overturn Parliament's well-reasoned response to the Supreme Court of Canada's decision, and Parliament's well-considered opinion expressed in Bill C-14, four years ago. In my opinion, the Attorney General failed to do his job.

What happens if nothing happens? What if this bill does not pass, either in the House or in the Senate, before the Quebec Superior Court's now-extended deadline of December 18? It will become law in Quebec, which means that provision in our Criminal Code will restrict MAID to only those whose death is reasonably foreseeable in Quebec. That is, out of circumstance, better than the new regime introduced by this flawed Bill C-7, so let it fall. Let the deadline come and go. There will be more protection for vulnerable people if nothing happens than if Bill C-7 becomes law.

If all Bill C-7 did was reflect the Truchon requirement, then this bill would be more acceptable. Rather, the government has taken this opportunity to go much farther than was required by the Truchon decision.

Bill C-7 includes some additions that were not required by Truchon, including advance directives and dropping the requirement for contemporary consent. It also drops the reflection period for those whose death is reasonably foreseeable and, for no apparent good reason, it drops the requirement for two witnesses.

• (2140)

Should we leave the safeguards in place? It has been argued by the government side of House that safeguards are just barriers to implementing the decisions that people have already made. However, that is exactly what safeguards are for. They are intended to be barriers to protect the vulnerable. That is the objective, not to create inconvenience, although safeguards may be inconvenient in some cases.

Now I want to talk about advance directives. We have heard arguments in favour of them, and some have cited the Audrey Parker case. Ms. Parker chose to end her life earlier than she had planned because she feared losing cognitive ability to make the decision later on, when she would have really preferred to make her final decision to die. The best argument, in my opinion, against the Audrey principle is that some people have indeed changed their mind when the time came for the lethal injection.

The first annual report on MAID in Canada, published in July 2020, stated that 3.6% of patients who had made a written request for MAID later changed their mind and withdrew their request. While 3.6% seems like a low number, it was based on 7,300 MAID deaths. That means 263 people changed their minds.

I want to go back to the consultation of 300,000 Canadians. If the government had asked as a question about whether Canadians were accepting of a safeguard that would be designed such that only 263 people would have died, with their lives terminated against their wishes, I think the answer would have been quite different. That is the thing about consultations and surveys: They depend very much on the way questions are written. I do not think Canadians were properly consulted.

The same argument can apply to the 10-day reflection period. The whole idea is to let people reflect on the gravity of the document they have just signed and have the opportunity to change their minds. Last year, 263 people did indeed change their minds. We need to protect people like them.

I now want to talk about seniors care. According to that same report, 771 MAID recipients gave isolation and unbearable loneliness as a reason for requesting death. Easier access to MAID is not the right solution to loneliness and isolation. It is palliative care.

I want to briefly give an example in my family. My father-in-law just recently passed away. He had excellent palliative care at Langley Memorial Hospital, and I want to thank the caregivers there. If every Canadian had palliative care like he had, this would not be the debate that it is. This is what we should be talking about. We should be talking about expanding palliative care, rather than expanding MAID to people whose death is not even reasonably foreseeable.

• (2145)

Mr. Chris Bittle (Parliamentary Secretary to the Minister of Transport, Lib.): Mr. Speaker, I am enjoying this debate. It is interesting to find there is a new-found love of the Supreme Court in the Conservative Party. There was nothing in existence before, as the former Conservative government did nothing after the Carter decision. However, there is a new-found love, and these unconstitutional requirements need to wait years longer. This is from a party that did not support the previous legislation.

Why is the hon. member suggesting that individuals cannot change their minds? That is a dangerous thing to say. It is not that this legislation requires a person to make up their mind and they cannot possibly change it. Why does he and the Conservative Party mislead and suggest that people cannot change their minds, that people will be forced to die against their will? Is their argument so thin that they have to resort to those kinds of arguments?

Mr. Tako Van Popta: Mr. Speaker, first I will talk about the Supreme Court of Canada. As a lawyer practising law for many years, I have the deepest respect for the Supreme Court of Canada. Very many well-written decisions come out of there, which are shaping Canadian society. I have the deepest respect for them. If the Truchon decision had been appealed to the Supreme Court of Canada, we would have had a different outcome. We certainly would have had good constitutional considerations put into the decision.

As for people changing their mind, I recognize that Bill C-7 would allow people to change their mind if they have cognitive ability, but that is the whole point. Advance requests do not protect people who have cognitive disability at the time that the lethal injection is going to be applied. This also puts the doctor in a very difficult position of having to make that final decision to apply the lethal injection. I do not think that we are any further ahead.

• (2150)

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, my colleague spoke about this issue of people changing their mind. I would refer him and members of the House to the powerful testimony, before the committee, of Dr. Ramona Coelho. She is a physician who has, within her practice, a very large number of vulnerable people. She is practising in Ontario.

She expressed concern with the way this legislation is set up, removing safeguards and dramatically shortening timelines, in one case completely eliminating the timeline so they could have same-day death. She made the point that there is a real risk that people who are experiencing temporary suicidal ideation will not receive the care and treatment that they need that allows them to move in a different direction, and that the result will be people being pushed

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into choosing this option without seeing the alternatives and without seeing what may very well be the light at the end of the tunnel.

We know that the data suggest that when people have the onset of a disability in their life, that can be a very difficult adaptation period, that people can certainly experience genuine angst and suicidal ideation, but temporary suicidal ideation. That speaks to the importance of an appropriate time frame, at least a 10-day reflection period, and for at least the opportunity, in the case of a disability, to get information and to receive treatment first. That is the testimony we heard at the justice committee. I would appreciate the member's feedback.

Mr. Tako Van Popta: Mr. Speaker, that is exactly the point of a 10-day reflection period or any reflection period. It is for the person who just signed the document to give deep reflection to the document that he or she has just signed as to whether this is the right thing. It might have been the right thing at the time. It could very well be that within the reflection period they could change their mind. It was a good safeguard that was put in place in Bill C-14, a well-considered opinion of this Parliament, and it should be maintained. There is absolutely no reason to eliminate it, if the purpose is to comply with the Truchon decision.

Mr. Derek Sloan (Hastings—Lennox and Addington, CPC): Mr. Speaker, this is a very important issue and I am pleased and honoured to speak to it tonight. I would like to share, from the perspective of at least certain communities in Canada, some of the issues that certainly many members in our caucus and others have with the bill.

Many people feel that the government has essentially ignored the concerns of Canada's disabled community, their doctors and their advocates who have made it clear that the bill would cause harm to their community. They have also ignored indigenous communities in their misgivings about the bill. Personally, I have been reached out to by physicians, representatives from advocacy groups for people with disabilities, physicians who serve the disabled, palliative care physicians and, most powerfully, disabled Canadians who depend on caregivers to live their lives.

I can assure the House that Canada's disability community is firmly against Bill C-7 and I think that is clear in the testimony we have seen. They are afraid of the message it sends that the lives of disabled Canadians are not worth living. Physicians have expressed serious concerns with euthanasia becoming a standard of care as the bill would mandate. They are clear in expressing that a 90-day waiting period is not nearly enough. It is very common for patients who experience a catastrophic medical episode like a stroke or who receive a diagnosis of a debilitating disease to express death wishes. Part of a doctor's job is to remind their patients that their life has value and to encourage them to persevere. It is also very common for initial suicidal ideations to go away in a matter of months after a patient becomes more used to their situation.

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A 90-day reflection period is simply not enough time. It makes me tremble when I think of how many lives will be needlessly cut short if the bill passes. The government should have appealed the Truchon decision to defend its own law in the Supreme Court and is, in my view recklessly, rushing to pass this new law before the initial review of the MAID legislation has taken place. It is important to recognize the fact that the mandated five-year review of the initial MAID legislation has not taken place yet. The government is jumping the gun here in proposing the bill, which loosens the necessary safeguards in place to ensure euthanasia is safe, rare, never coerced and never rushed.

The Quebec Superior Court's Truchon decision declared that euthanasia ought to be made available to those for whom death is not reasonably foreseeable. The government has decided that the law needs to be changed to align with the decision of a provincial court, ignoring calls from this side of the House to appeal the decision and defend its own law. As a brief caveat on that point, I feel it pertinent to mention that when the first iteration of this law came, the one that was struck down by the Truchon court, some of the arguments that were made on this side of the House dealt with the slippery slope argument and that was often stated to be an incorrect argument. It was stated that no, the bill is legal, rare and safe. Yet not even reaching the review process that was in place in that law, we are seeing more expansion.

Whenever we think of this law, I would like us to think about potential expansion that may happen in the future, that of children, that of mental illness that we see elsewhere. Bill C-7 does not simply expand access to euthanasia to those for whom death is not reasonably foreseeable. It goes beyond Truchon in loosening the safeguards that were already in place, safeguards that frankly have not been strictly adhered to.

Tabling this legislation before the scheduled review of the euthanasia regime in Canada and without appealing the Truchon decision is irresponsible. The government is ignoring the experts. A recent statement was penned and signed by over 1,000 physicians in Canada in response to Bill C-7. That is a lot of physicians. When we are presented with a document with 1,000 signatures from experts in a relevant field, the House should pay close attention to what that document says. Let me read a few important quotes from the statement:

The reckless removal of safeguards previously deemed essential will place desperately vulnerable patients directly in harm's way and may cost them their very lives....This is not the medicine that we have devoted our lives to practicing. Our intent is to heal and to alleviate suffering, not to deliberately end life. We advocate for the lives of our patients, not their deaths....Unfortunately, our patients are the ones who suffer the most from the consequences of this ill-devised scheme. The shock of a sudden illness, or an accident resulting in disability, can lead patients into feelings of anger, depression, and guilt for requiring care - emotions that, with proper support and attention, can resolve over time.

• (2155)

It goes on to say that, sadly, the bill would recklessly prevent countless Canadians from accessing that support or attention, and they will opt instead to end their lives in a time of unimaginable distress. This is a tragedy that we in the House can prevent.

The Liberal members on the justice committee voted against our amendments that would require patients to receive meaningful ac-

cess to care before MAID would be carried out. Do we really want to offer death to disabled Canadians before we offer them care?

We know that the option for assisted death cannot be truly voluntary and free from coercion without the option for quality, long-term palliative care that truly meets the needs of a patient. The government seems more focused on putting people out of their misery than on investing in what Canadians in difficult situations need for alleviating that misery.

I would like to share some statistics and comments put out by the Canadian Association for Long Term Care. Its website says, "The 2017 Federal Budget included a historic \$6 billion over 10 years for home and community care. Long-term care was not included in this investment." The site notes that the national housing strategy does not include long-term care, and the home support worker pilot program for foreign caregivers does not include employment in long-term care. It also says the 2019 federal budget did not include investments in long-term care. The federal government flowed \$343.2 billion in COVID-19-related spending in the first quarter of this year, but not one dollar was committed to supporting long-term care.

I will move on to the moving testimony of Roger Foley, who testified to the justice committee from his hospital bed. He told us that he was essentially given the choice between inadequate care and having his life ended. He was directly approached four times by caregivers who pressured him to receive MAID. This is illegal, but it is happening anyway, and Roger is not the only one who has had this happen. We need to ensure that before people are presented with the option for euthanasia, they have actually been provided with options for the services they need for living with dignity.

Without conscience rights protections, many physicians have indicated they will be forced to leave their profession if the bill passes, including Dr. Ramona Coelho, who brilliantly made this point to the justice committee along with the rest of the testimony condemning the bill. The Liberal chair of the justice committee ruled Conservative amendments for conscience protections inadmissible because the amendments went beyond the scope of the bill. When the Conservative members challenged the chair, the Liberal members voted down our challenge.

Expanding access to euthanasia to disabled Canadians who are not dying will cause many unintended consequences.

First, it is important to listen to the palliative care physicians who are telling us that the term "MAID" no longer applies and that the term "medically administered death" is more appropriate. Disabled Canadians are not dying, so we require a stronger term than "assistance in dying".

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Second, there are serious concerns that making medically administered death a standard of care will dishearten many physicians, causing them to leave the profession altogether. I have had physicians reach out to me and tell me this.

Third, the bill may cause a breakdown of the patient-doctor relationship. It is hard to trust doctors when they repeatedly recommend death because they do not have the resources to provide the care people need.

Let us work on this. Let us ensure that we are actually taking care of the most vulnerable Canadians. Let us give them hope; let us give them help. Let us make sure they know their lives have value.

Kristine Cowley suffered a spinal cord injury 33 years ago. She now has a doctorate and is a professor at a university. She was a wheelchair track Paralympian. She is married with three children and has travelled extensively. This was all done after her accident.

Kris shared that it took her five years after her spinal cord injury to feel great again. She said, "To all outward appearances, I'm a successful person living and contributing to our community, but I'd be lying if I told you that I was good to go within three months of my injury when I was discharged from hospital. In fact, it was a few years before I was able to open my eyes in the morning and feel good."

How many stories like Kristine's will never be told if Bill C-7 passes? That is what we need to ask ourselves.

• (2200)

Mr. Chris Bittle (Parliamentary Secretary to the Minister of Transport, Lib.): Madam Speaker, it is ironic that the hon. member stands here and talks about a doctor's job and says we should listen to the experts, as this hon. member speaks against doctors. He has spoken against Dr. Theresa Tam and has questioned her loyalty to this country as she is trying to protect millions of Canadians. We should listen to doctors, but he gets to pick and choose based on whether they ideologically support him.

How can he stand in this place, after questioning the validity of vaccines and our public health authorities, and even suggest that he understands a doctor's role? Why does the hon. member not trust doctors in this country, and why will he not let them do their jobs?

Mr. Derek Sloan: Madam Speaker, I think the concerns that I raised directly from the mouths of doctors are sound. The critiques that many of us have had about the advice we have received through the Liberal government and other officials on COVID-19 has been warranted with respect to telling us all different types of things, telling us that the virus was not transmissible human to human or telling us that travel bans do not work. These are all things that are worthwhile to discuss.

What is more important are the comments from these doctors that they will be unable to do the work they have been called to do when it comes to protecting life, as opposed to ending life.

Mr. Jeremy Patzer (Cypress Hills—Grasslands, CPC): Madam Speaker, one thing that was talked about earlier tonight was how long it takes to get psychiatric help in Canada, especially for people in rural and remote communities. The wait time is four to

eight times longer than the 90-day reflection period the bill contains.

Is that a concern for my colleague? People do not even have access to the help they deserve and that they need. MAID could be something that people would turn to, rather than trying to get help because it takes so long to get the help they need.

Mr. Derek Sloan: Madam Speaker, as far as I am concerned, in a situation where someone becomes ill or disabled, there can be a period of time of adjustment. We owe it to Canadians to give them the right supports and the right services so that they can make the decision that is best for them. We know from testimony that many people who choose MAID do so because of perhaps not having the resources to deal with their issues. There are many auxiliary issues that could be dealt with in a way other than ending their lives prematurely.

• (2205)

Mr. Paul Manly (Nanaimo—Ladysmith, GP): Madam Speaker, having studied the bill, I think there are enough safeguards in the bill to protect people, but I do hear the concerns of people in the diversability and disability community. There is a lot of fear-mongering going on around this bill. People have a lack of trust and for good reason. People with disabilities have been left behind. They deal with institutional poverty. They do not get the care they need. They do not get the services they need. We have seen governments, Conservative and Liberal, cutting these kinds of services. We have seen how the provincial governments do not take their responsibility seriously in looking after people.

Would the hon. member agree something like a guaranteed livable income or a universal pharmacare program would help to take care of people and make sure they have their medicines and that there is an income floor under which they cannot fall, to ensure that people have a good quality of life with the medicine, services and supports they need?

Mr. Derek Sloan: Madam Speaker, there are a lot of things that can be done. To me, one of the first things that can be done is funding an adequate long-term care program for any Canadian that needs or desires it. That would go a long way to reducing the requests for MAID and for addressing issues that many people are concerned about when they choose MAID in the first place.

Mr. Richard Bragdon (Tobique—Mactaquac, CPC): Madam Speaker, once again, I am so thankful to have another opportunity to speak to the bill.

I really feel there are totally inadequate safeguards built into this piece of legislation. We heard powerful testimony at the committee, and we heard from key members of our society who have very legitimate and grave concerns regarding the implementation of Bill C-7.

Government Orders

It is a cause for a pause for all of us as parliamentarians right now. When some of those from our most vulnerable sectors are speaking up and raising very legitimate concerns about the bill, I believe we, as parliamentarians, have an obligation to pause and reflect carefully about the ramifications of a bill with consequences of such finality for people.

The reason I say this is that we heard powerful testimony from people like Roger Foley, who spoke so powerfully from his hospital bed, saying that he was doing it because he was fighting for others who are in the position that he is in. He wants the amendments that we are proposing to be put into this bill to make sure there are adequate protections for persons with disabilities. Never should anyone, any Canadian, be made to feel pressured or encouraged to make this decision of such finality.

I believe, right now, as parliamentarians, we have heard enough witnesses powerfully speak, enough testimony at committee, to say that it is time to put a pause on this and reflect carefully before we go ahead and rush into the implementation of the bill.

I go back to the fact that I simply do not understand why the government did not take the step to appeal this decision from a lower court to the Supreme Court, and to make sure that every measure and every step of precaution is put in place when it comes to such an important piece of legislation. Here it is and we are feeling this pressure to put the bill through so quickly, without adequately addressing the very legitimate concerns that are coming from persons with disabilities.

I think of Ms. Krista Carr's powerful testimony before committee. She is the executive vice-president for Inclusion Canada. She said that some of the worst fears of the disabled are being realized in Bill C-7. She raised these concerns with such passion and conviction. She was speaking on behalf of literally thousands of Canadians and persons living with disabilities and their families.

It would behoove this Parliament, based on those kinds of testimonies, to pause and reflect, and to ask if we are doing everything we can to make sure that we are putting adequate safeguards in place so that people will have the time to reconsider and to reflect.

One thing I know, from my background and the experience I come from, having worked in the ministry for many years, having walked with people through some of the darkest corridors that life can offer, whether they are dealing with mental health-related challenges or substance abuse or addiction-related challenges or whether they are dealing with disabilities or they have just gotten a life-altering diagnosis, is that those initial hours and days can be so overwhelming for people.

In fact, people can feel like there is no pathway forward for them. They may wonder if life is worth continuing. Anytime people get devastating news or are faced with a reality that is extremely uncomfortable or devastating, when they initially hear it, one of the most important things that is needed for anyone walking through that period in their life is for the adequate supports to be in place to help them navigate it, so that they know they are not alone and that others have been there before and that there will be adequate supports, if needed, for them to help them through that valley.

• (2210)

What happens, and what I have discovered and witnessed at a personal level that has greatly impacted my life, is that, when people who have faced devastating diagnoses or have gone through an extremely difficult season in their lives and have chosen to live on through adversity, pain and a devastating diagnosis, many times the people around them were inspired and greatly helped. They helped others who were devastated and feeling like they could not get through the challenge they were facing, but because they made that difficult decision in those dark times, because they had the time to pause, reflect and hear from those who love them and have their best interest at heart, they made the decision to live on.

As a result of that, others were positively impacted and inspired, oftentimes, throughout their life. People who have inspired many other Canadians and those throughout the world were oftentimes those who had to face the most difficult of circumstances. I feel that there are so many other stories out there yet to be realized and yet to be seen that will inspire other people to continue on, even when it looks like they have every reason to give up.

Obviously, there are things concerning the issues of life and death that none of us have easy answers for. We, as parliamentarians, are obviously not fully equipped to be able to see the whole scope and lens. However, that only further points to the necessity to slow things down and carefully consider the ramifications of this type of bill.

There are legitimate concerns being raised by persons with disabilities and those who work with them. They are also being raised by others, such as physicians, doctors and nurses, who are working to save lives every day and feel like this could infringe upon their conscience rights or their beliefs. I feel we, as parliamentarians, have an obligation to make sure those concerns are heard and reflected in whatever bill we pass. Why we would want to rush through something of this great consequence simply baffles me, so I am hoping that Parliament will take the time and reflect, especially during the season we are entering.

Our country has been through a very challenging year. We have gone through a lot of things. Now we are heading into the holiday season, a time of reflection and a time, hopefully, where possible, to be with family. I hope we will take the time to have those conversations with those whom we love, hear the concerns that they have and recognize that there are those around us who are in a very difficult place. Perhaps we can reach out to them, share a bit of hope and stay in touch with them to help them navigate a difficult spot. Maybe they are going through a rough time, and they have got a lot of things that they are having to process, and really what they need more than anything is adequate support.

Government Orders

Let us look and reflect, as parliamentarians, on this aspect. Are we offering Canadians enough supports in the areas of palliative care and hospice and are we providing adequate support for those persons who are living with disabilities so that we are giving people every opportunity to live their lives to the fullest?

With that, I thank members for this opportunity, and I challenge the House to carefully reflect and hit the pause button here before we rush through with any type of legislation. We have heard enough powerful testimony to tell us it is worth pausing for.

● (2215)

Mr. Chris Bittle (Parliamentary Secretary to the Minister of Transport, Lib.): Madam Speaker, it is bizarre to hear speaker after speaker from the Conservative Party talk about medical assistance in dying as though it is some fleeting concept, as though it is an impulsive decision that Canadians make in a moment. It is a though they are saying, “If only there were the safeguards in place, and if only there were a medical professional there, or any other support.”

Why is the Conservative Party portraying this as though it is not the most significant decision in people's lives, which they have taken with questions to their medical professionals and their faith leaders? Why are they portraying it as though it is something that they just think of overnight? Why are they portraying it that way in an attempt to torpedo this legislation?

Mr. Richard Bragdon: Madam Speaker, I would simply respond to the hon. member by asking this question: Why would we rush a decision of great consequence, which will have huge ramifications, when we are hearing powerful testimonies like that of Roger Foley, who felt pressured in this situation and that he was being encouraged to take that step?

It is time that we hit pause and reflect, because these are very serious matters. These people deserve to have all of their perspectives heard. I would think the hon. member would certainly consider the testimony heard at committee from someone like Ms. Carr, who represents many Canadians living with disabilities. She expressed grave concerns. I am sure he would agree that these concerns need to be heard.

If great Canadian citizens, who are right there in some of the most affected communities, are saying there is an alarm bell and they have grave concerns with this bill, should we not pause and reflect based on that kind of testimony?

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, I thank my colleague for his service both in this place and before.

By way of response to the point made by the parliamentary secretary, it is important to underline, first of all, that it is the people living with disabilities who have encountered the health care system, as well as medical professionals, who testified at committee about the importance of the safeguards that are in place right now. They did so recognizing that in the vast majority of cases, the system tries to do its best to treat people with respect, affirm their dignity and ensure the decisions they are making are considered in an appropriate time frame.

That is what we would like to believe happens in the majority of cases, but we know directly from the testimony that it does not happen in every case. That is why we have safeguards. Safeguards are there to respond to the general case. They are there to respond to those cases of potential abuse, those cases that are outside of what we would expect to be normal good practice, because as the legislation is written, there is the possibility of same-day death. There is the possibility of people being rushed, and that is what witnesses said happens. That is why they said we need the safeguards.

● (2220)

Mr. Richard Bragdon: Madam Speaker, I totally agree with the hon. member that now is the time to make sure that safeguards are put in place. With a matter as serious as this and when decisions of such finality are at stake, why would we not, as parliamentarians, pause and reflect? Based on the testimonies we heard and the potential ramifications of this legislation being passed, this bill can have huge, perhaps even unintended consequences, that could dramatically affect the lives of our most vulnerable.

I will reiterate that the character of a nation is revealed in how it treats its most vulnerable. This bill inadequately addresses the needs of our most vulnerable.

Mr. Chris Bittle: Madam Speaker, I rise on a point of order. It has happened a few times, and I know it is late, but the hon. member for Peace River—Westlock has taken a few phone calls in the chamber. Perhaps the Speaker could advise him of the rules on such things in this place.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Absolutely. It is not only phone calls, but having phones on with sound. I would ask members to refrain from using their phones in the chamber.

Resuming debate, we have the hon. member for Saskatoon West.

Mr. Brad Redekopp (Saskatoon West, CPC): Madam Speaker, it is my privilege to speak to Bill C-7 today. I have previously spoken to this legislation several times.

I would be remiss if I did not remind the House that the reason we are here at this late hour is that the bill was originally introduced and it died with prorogation. Why was there a prorogation? Because the government had this scandal with the WE organization. As much as the Liberals maybe wanted to proceed with Bill C-7, they were more interested in trying to quell all the furor around the WE scandal. I just want to remind members in the House that this is why we are here at this late hour, speaking about this.

The legislation would amend the original MAID legislation from 2016. MAID is a very touchy, personal and non-partisan issue. I have asked my constituents many questions about this proposed law and most of them are opposed. I am opposed and I will not be supporting the legislation.

Government Orders

Why are we here right now? There are two examples of Liberal inaction that brought us to this place.

The first is the Quebec judge who struck down the “reasonably foreseeable” portion of the law in the Truchon case. Federal governments typically would appeal a lower court ruling, particularly one that has such profound and life-altering consequences. It is quite interesting that the Liberal government chose not to appeal this case, given that it had such significant consequences right across the country. In my opinion, the government should have appealed this case, but it chose not to.

The second reason we are here is that originally the legislation had a scheduled parliamentary review that was supposed to happen this past summer. COVID-19 threw a bit of a monkey wrench into that plan, but at the end of the day, this review has not happened. Again, inaction on the part of the government has gotten us to this place. Why was there inaction on this review? The current justice minister voted against this legislation in 2016, not because he did not agree with the legislation but because it did not go far enough, in his opinion.

The Liberals talk about consulting and listening to Canadians, but the truth is that the Liberal government has its own agenda and pushes that. The truth is that the Liberals did not want the parliamentary review the way it was defined. They wanted something less, something that they could better control. The truth is that they had their own agenda and they wanted to implement their own plans.

The Liberals will talk about consultations that they had with groups and 300,000 responses to their online consultation, but those kinds of discussions are very different from a parliamentary review. Those kinds of consultations are very easy to manipulate, easy to ignore, easy to lead people in a certain direction. It provides cover in the end for implementing the agenda they want to implement.

They had an online survey. It asked leading questions. There was very little ability for people to think outside the box, to provide their own suggestions. It was there for barely two weeks. It was a very short period of time.

It is interesting that we have had the Senate pre-study and the committee study in the House of Commons and almost nobody liked the legislation, even Liberals who spoke to it. Witness after witness had issues that they raised with the legislation and there was nearly unanimous agreement that it needed to be changed dramatically.

Therefore, here we are.

What do I think about the legislation? I sent several mailers to my constituents. We received well over 400 contacts, including phone calls, emails and letters. Roughly two-thirds of them were opposed to the legislation.

There was a lot of feedback on the rights of health care workers. Do they have the right to say no to euthanizing someone? The whole question of conscience protection came up again and again. Are medical professionals free to not participate in this? Are they free of penalty or harassment? The conscientious objection of insti-

tutions is another thing that came up, because institutions are more than bricks and mortar; they are actual people with values invested.

I have spoken of this before, but I want to raise it again.

In Saskatoon, we have a wonderful hospital called St. Paul's Hospital. It is a Catholic hospital governed by the Catholic Bishops board. The Province of Saskatchewan allows hospitals to choose which services to perform. This particular hospital operates on the basis of the Catholic faith, so it does not perform MAID. However, it does respect patients' right to choose and it will transfer patients to another hospital if MAID is requested by that patient.

• (2225)

Instead of MAID, St. Paul's is well known for its amazing palliative care. I have a personal example from my own family, because my mother-in-law was a patient in the palliative care wing of St. Paul's Hospital here in Saskatoon. In her case, MAID was not requested nor was it desired. She received one of 12 palliative care beds in the city. She received amazing care as she came to the end of her life and passed away peacefully in that palliative care bed.

I just want to highlight the 12 palliative care beds. Fortunately, the hospital has recently added 13 more, but even at that, 25 palliative care beds for all of northern Saskatchewan is far below what is needed. It is very inadequate. It is a bit like winning the lottery, in a sense, to get a palliative care bed in northern Saskatchewan right now, and my mother-in-law was very fortunate she was able to have that at the end of her life. In fact, 70% of Canadians do not have access to good palliative care.

The hospital actually built these 13 new beds all on its own, by raising the money to build the units. However, because there is lack of conscience protection, the hospital is being sued by activists to provide MAID. A hospital well known for amazing palliative care is being forced to defend itself in court because it will not provide MAID. We must respect the multicultural nature of Canadian society. We have to respect medical professionals and institutions and allow them to have full conscience protections, free from harassment and consequences.

As I said, MAID is a very touchy, personal and non-partisan issue. We can always find examples of people for whom MAID legislation is a difficult and unwelcome option, but I have heard many stories of cases where families were caught by surprise and forced to deal with the aftermath, or cases where a person was at a particularly low point in their health. Under this legislation, they would be able to request and receive MAID with no waiting period. I have also heard of cases where physicians or hospitals applied pressure on individuals to consider MAID.

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There are a couple of stories I would like to share. A friend of mine had an elderly father who was in hospital with non-life-threatening issues. Eventually a doctor came by who suggested to his father that he think about MAID, and his father actually chose MAID without letting his family know. My friend had to explain to his elderly mom, who had the beginnings of dementia, what had happened to her husband, and to his dad. It was very difficult to explain, and very complicated. There was no consultation with the family and it was thrown on them as a surprise. In fact, they did not even have a funeral for over a year because they simply did not know how to explain it to people and cope with it.

What that example shows me is that, in the aftermath of people choosing MAID, there is literally a swath of people who are hurt emotionally by these things. The requirements for counselling and psychologists and other things are amazing.

Another story I have is about a constituent of mine, who is a disabled older person. I spoke to her because she was trying to bring in a care worker, and that led to a discussion about Bill C-7. She was very concerned about the bill's impact on disabled persons. She was worried this was going to become one of the tools in the tool belts of physicians. She went on to tell me the story of her neighbour across the street, who was also disabled, and quite depressed due to COVID-19. In the end, this neighbour of hers took her life with MAID because she felt there was no hope. Her doctor supported the patient's decision, and my constituent was very disturbed by this.

As I close, I am reminded of something a constituent of mine told me back in February, which was that we need to slow this down and not speed it up. After listening to the many witnesses who have spoken at committee, he is correct. We need to carefully consider legislation with such significant consequences.

I agree with my constituent. Yes, we need to deal with the Quebec court decision. We should appeal it, but if not, there is still only one change required. We should have the proper legislated review. We should put in place a pan-Canadian strategy for palliative care. Let us put in full conscience protection for physicians and institutions. Let us leave the 10-day waiting period. These are amendments we have proposed. Let us continue to require two independent witnesses. Let us slow this down.

• (2230)

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Madam Speaker, I have to admit I am not totally familiar with the political situation in Saskatchewan. I am a bit prejudiced, because the last time I was there the Hamilton Tiger-Cats were soundly defeated by the Saskatchewan Roughriders. The odd time I went through Saskatoon was through the airport, so I admit I am not familiar with everything there.

However, I did hear my hon. colleague say that most of his constituents were against this and then later suggested that out of 400 messages he received, two-thirds were against the bill we are discussing. There are over 50,000 electors, so I am wondering whether my friend would want to take some more polling as to where his constituents really stand on this issue. I think there may be many more who are in favour of the approach the government is taking than what he has suggested.

Mr. Brad Redekopp: Madam Speaker, certainly more polling would be an option, but I can tell the member this. Person after person I have spoken with bring up issues they have with this legislation. Admittedly, not everybody is opposed to it in principle, but they are opposed to the legislation on one ground or another. All we have to do is look at the people who testified at the committee hearings on this, both in the House and the Senate. Person after person had issues with the way the legislation is written. I think it is safe to say I feel comfortable with what the people I have spoken to have said and what I have seen.

Mr. Arnold Viersen (Peace River—Westlock, CPC): Madam Speaker, I look forward to hearing from the Green Party tonight. I believe there is a speaking spot available for its members if they so choose. I know the Green Party put forward an amazing amendment to ensure that the options of assisted suicide would never be brought forward or introduced into a situation by a doctor or physician. I wonder if the member would support that amendment the Green Party brought forward.

Mr. Brad Redekopp: Madam Speaker, it is very important that physicians do not suggest MAID to patients. I believe it is critical that MAID be something that is requested by the patient and not suggested by the physician. That was exactly my point in the story I raised, that physicians have the ability to see this as a tool. I am not saying all physicians would do that, but it opens up that possibility, and we have to be very careful this request and decision come solely from the patients themselves.

• (2235)

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, the member across the way asked whether the member intends to poll more of his constituents. I take the point from my colleague from Peace River—Westlock that public opinion polls are not the arbiter of truth.

I want to refer the member who just spoke, and the member who asked the question, to a public opinion polling that was done by Angus Reid specifically on this issue. Angus Reid found that a majority of Canadians support legal euthanasia. A majority of those identify as cautious supporters, that is, they are very concerned around issues around safeguards and protections for the vulnerable, and expressed grave concern about the specific provisions in Bill C-7. At least according to Angus Reid, the government's approach on this and its lack of willingness to incorporate important safeguards is offside with the public and certainly offside with the majority of people who supported its initial legislation.

I do not hold that up to suggest that polls are always authoritative of what constitutes justice and injustice, but it reveals that the government has really lost the plot with respect to people who might have supported its initial steps, but are now very concerned it is going way too far and removing safeguards it said were necessary only four short years ago and its former justice minister said is going too far.

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Mr. Brad Redekopp: Madam Speaker, I thank my colleague for that information. I would simply say that is consistent with what I have heard from the people I have talked to in my riding. The things he mentioned are exactly what I have been hearing.

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Madam Speaker, I am pleased to speak to Bill C-7 this evening from British Columbia.

Before I begin with my formal speech, I want to thank the member for Delta, the Minister of Employment. I was in the House of Commons when she gave her heartfelt speech during earlier periods of this debate. What became very clear is that the minister has grave concerns about the issues facing people with disabilities in respect to Bill C-7.

What struck me about this legislation was that the Liberal government is rushing ahead to put forward these changes without any corresponding framework or financial commitments to support palliative care. In many cases, this is going to leave Canadians without an option to continue their lives under palliative care, which is very concerning for me.

Conservatives are committed to ensuring that this legislation, first and foremost, includes safeguards to protect Canada's most vulnerable. The end of a person's life is a vulnerable time for anyone. As parliamentarians we have a responsibility to not only speak for those who do not have a voice, but first of all, to listen to the many important voices in our community that have something to say about this.

The government has been rushing this legislation and failing to consult with physicians, caregivers, disability rights advocates and the indigenous communities. Dr. Thomas Fung, the lead physician for Siksika Nation, where he has been a family physician for the past 13 years, recently spoke about the lack of access to services and care faced by many first nations in remote communities. He told a story about a patient who suffers from a lung disease that causes him to become easily short of breath, even when doing simple household tasks. This patient uses a walker, but cannot walk for more than a couple of minutes without gasping for breath.

Dr. Fung says that his patient would improve greatly with home oxygen, but regretfully, his lab values on testing fall just short of qualifying for funding through non-insured health benefits for first nations. Dr. Fung is telling us that his patient does not have the finances to afford home oxygen. While the man's condition is incurable, he could certainly have an improved quality of life if he had access to funding to support his home oxygen. Dr. Fung says, under Bill C-7, his patient would qualify for assisted death, when it should be clear to all that there are other ways to relieve this man's suffering to improve his quality of life.

Patients like Dr. Fung's deserve better. In a country as developed and resourceful as Canada, we cannot allow ourselves to abandon people like this. Our health care system is the pride of many Canadians, but that is because of the universality of access to life-saving treatments, not the universal admissibility to a physician-administered death.

Because the Liberal government is not listening, I want to give voice in the House to the concerns expressed by Mr. Tyler White,

who is a member of the Blackfoot Confederacy and Treaty 7 in Alberta. He is also the CEO of Siksika's health services.

He said this of Bill C-7, "Let us be clear. MAID with its administration of a lethal substance with the intent to end a person's life is countercultural to our indigenous culture and practices. Our concept of health and wellness does not include the intentional ending of one's life. We recognize the dignity [of life] from its beginning to natural death, and efforts to suggest to our people that MAID is an appropriate end to life is a form of neo-colonialism. Extraordinary efforts have been made in suicide prevention in our communities and the expansion of MAID sends a contradictory message to our peoples that some individuals should receive suicide prevention, while others suicide assistance. Our consistent message to our youth has been that suicide is not the answer to the difficulties and challenges we face as people. Bill C-7 sends a conflicting message in direct opposition to ours."

● (2240)

"Another grave concern for Bill C-7 in its current form is the absence of protection for individuals working in our communities who do not wish to participate in MAID. We believe that our people should not be coerced to participate in non-indigenous practices against our conscience and will. And it is the kind of oppression that has been the source of much trauma in our history. The Truth and Reconciliation Commission of Canada calls upon those who can effect change within the Canadian health care system to recognize the value of aboriginal healing practices and for respecting indigenous people's right to self-determination in spiritual matters, including the right to practise our own traditions and customs. Bill C-7 should be amended such that those who opt to abstain from participating in MAID directly and indirectly will be protected to do so without discrimination in their employment in the health care system."

Bill C-7 is a matter of life or death, and the Liberals are racing to remove safeguards that just a few years ago were deemed essential.

Conservatives are committed to defending conscience rights for professionals. We are seeking reasonable amendments that will protect the vulnerable, like preserving the reflection period and making sure that MAID is exclusive and patient-requested, and never a matter of coercion or pressure.

More than 1,000 physicians have spoken out, addressing the problems with Bill C-7. Countless disability rights advocates and first nations communities have testified to the issues this legislation will have on them. We owe it to those Canadians to listen, to act and to fix this legislation so that they can live with dignity.

Finally, over the summer I conducted a survey and heard back from hundreds of constituents in my riding regarding this bill. Two things were very clear. First, that there is disagreement over this legislation. Some people are okay with what the government is doing, but many, and in my riding the majority, are not. Second, everyone agrees that in conjunction with legislation such as this, there should be expanded supports for palliative care, for giving people all of the options to make the best choice and in many cases to preserve their life.

Mr. Chris Bittle (Parliamentary Secretary to the Minister of Transport, Lib.): Madam Speaker, again, we are hearing the same trope from the Conservative Party that physicians will not be protected and that patients will be coerced. This trope is dangerous. It is misleading to Canadians.

I have asked many members, both now and in 2016, and no one has been able to answer it yet, but I have faith in the hon. member from British Columbia. Could the hon. member name one instance in the entire history of this country where a physician was required to perform any medical—

An hon. member: Oh, oh!

Mr. Chris Bittle: The hon. member for—

• (2245)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The member is asking a question. Please.

Mr. Chris Bittle: Madam Speaker, I know the hon. member for Sherwood Park—Fort Saskatchewan is eager to interrupt, because he knows I am right on this.

However, I would like to ask the hon. member if he could name one instance in the history of this country where a physician has been required to perform any medical procedure against their will?

I was wondering if the member could also point out the amendments to the original legislation that protected conscience rights for physicians.

Mr. Brad Vis: Madam Speaker, all I can say is that the physicians in Mission—Matsqui—Fraser Canyon who have contacted me about this bill have outlined very serious and grave concerns about their ability to protect life and continue to serve as doctors.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, there is accidental ignorance which is forgivable, and there is wilful ignorance which is less so.

The parliamentary secretary was corrected earlier in the evening on his ignorance of the policy of the College of Physicians and Surgeons of Ontario. I encouraged him to use Google and read the policy where it says that physicians are required to provide effective referrals in most cases and to directly provide services in emergency situations, even if those services go against their conscience.

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I referred him to the case of Nancy Naylor, a physician who had to close her practice early as a result of that policy, in combination with the medical assistance in dying law. I referred him to those cases. I have referenced them in the previous debate in 2016, and yet he repeats his demand for an example after it has already been provided.

I would encourage the member to take the opportunity to educate himself, an opportunity perhaps he has not chosen to take in the past.

I want to thank the member for his excellent speech and would just refer him as well to the testimony we heard in the previous Parliament from Dr. Alike Lafontaine, past president of the Indigenous Physicians Association of Canada, who made many points very similar to the points he raised, specifically highlighting how indigenous people already often have negative interactions with the health care system, similar to the challenges people with disabilities face, maybe, where they are not always treated with respect in those contexts. Dr. Lafontaine said what they were looking for was not medically assisted death, it was medically assisted and supported life.

Mr. Brad Vis: Madam Speaker, just yesterday, a constituent came up to me and shared a personal experience about MAID and how family members were not able to have enough time to prepare for someone's death. The option to go forward with medically assisted death was very quick. The family members did not have enough opportunities to speak with the individual in question.

I think that right now we are rushing the legislation. We need to do more. We need to reflect more as a society to make sure that we do the most to protect those who need protecting. The legislation would entrench stereotypes and exasperate stigma for Canadians with disabilities, contributing to the adversity and oppression experienced by this vulnerable group.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Is the House ready for the question?

Some hon. members: Question.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The question is on Motion No. 2. A vote on this motion also applies to Motion No. 3.

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

• (2250)

Mr. Garnett Genuis: Madam Speaker, I would request a recorded division.

[*Translation*]

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Pursuant to order made earlier today, the recorded division stands deferred until Thursday, December 3, at the conclusion of Oral Questions.

Government Orders

It being 10:50 p.m., pursuant to order made earlier today, the House stands adjourned until tomorrow at 10 a.m. pursuant to Standing Order 24(1).

(The House adjourned at 10:50 p.m.)

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