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OFFICIAL REPORT
(HANSARD)

Wednesday, May 4, 2016

—

Speaker: The Honourable Geoff Regan

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HOUSE OF COMMONS

Wednesday, May 4, 2016

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 North Island—Powell River.

[Members sang the national anthem]

STATEMENTS BY MEMBERS

[English]

SPORTS

Mr. Anthony Rota (Nipissing—Timiskaming, Lib.): Mr. Speaker, on Saturday, May 7, the North Bay Sports Hall of Fame will honour individuals whose work with sports resulted in a climate that benefited athletes and athletics. This year, the George Martyn award for dedication to basketball as a player, coach, and executive will be awarded to Chantal Piche Rota.

While teaching for over 30 years at École secondaire catholique Algonquin, Chantal dedicated herself to coaching a variety of sports such as badminton, track and field, soccer, and volleyball, most in the same year. However, the clear favourite for her and her real passion was basketball. She served as a mentor, a friend, and often mother figure to her players, guiding them through life both on and off the court.

Championship wins were great, but the highlight of her career was coaching our daughter Samantha. After 36 years together, I continue to be extremely proud and thankful that she is part of my life. Congratulations Chantal.

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AWARDS

Mr. Randy Hoback (Prince Albert, CPC): Mr. Speaker, I rise today to offer my congratulations to three outstanding recipients in my constituency.

First, I would like to congratulate Ms. Gracie Nelson, a 10-year-old resident of the city of Prince Albert, for being announced as the

city's 34th annual Terry Fox award winner. Gracie, good job, keep up the good work. We are very proud of her.

Second, I would like to congratulate Dale Ebert, who received the sovereign's medal for volunteers award from the Governor General in Ottawa. Dale also received the Saskatchewan volunteer medal from Saskatchewan's Lieutenant Governor in Regina. I thank Dale for his great work for our community.

Third, I would like to congratulate the Melfort Mustangs hockey club on successfully defending the Saskatchewan Junior Hockey League championship by defeating the Flin Flon Bombers in six games to win their second straight Canalta Cup title in two years. As the Mustangs progress through a series of tournaments toward the RBC Cup National Junior A Championship, good luck to all the players, and to the entire Mustangs coaching and scouting staff on their path to victory. Go Stangs, go.

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SERENATA SINGERS

Mr. Arnold Chan (Scarborough—Agincourt, Lib.): Mr. Speaker, I am pleased to rise today to highlight a truly remarkable organization from my riding of Scarborough—Agincourt.

The Serenata Singers have been providing Canadians with the sounds of choral music for over four decades. This year marks their 40th anniversary as a community and charity-based group who revel in singing four part choral music.

This fine group of 65 seniors, under the direction of the accomplished Joshua Tamayo, continue to share their talents with the community at many annual events throughout the calendar year.

I would like to mention some of the charitable organizations that receive important assistance from the Serenata group. They include: Sleeping Children Around the World, the Canadian FOP Network, and the Canadian Music Therapy Trust Fund.

Finally, I would be remiss not to mention one very special member of this group. Margaret Taylor is the only original member of Serenata and in this past October celebrated her 100th birthday.

I would like to invite all the members of this House to join me in congratulating and thanking this terrific organization for the tremendous work it does in our community.

*Statements by Members***MULTIPLE SCLEROSIS**

Mr. Kennedy Stewart (Burnaby South, NDP): Mr. Speaker, too many Canadians and their loved ones are affected by multiple sclerosis. My sister, Julia Stewart, who is here today with my mother, Cathy Stewart, has MS.

Julia's battle with this disease has opened my eyes to how we have to do more to help. We need to commit to providing more research funding. We also need to ensure our employment insurance program works for those people with intermittent health issues.

In my sister's case, when Julia found herself unable to perform her regular duties, her employer offered very little support and minimum compensation, even after 10 years of excellent work. Eventually, she had to leave her job.

Now, after a career change, the help of excellent physicians, attention to diet and exercise, and the support of family and friends, Julia is back at work as director of the Fredericton Public Library.

Today, in honour of MS awareness month, I am wearing a carnation to show my solidarity with my sister, my mother, and the entire MS community. I urge each of us to work to end MS.

* * *

FORT MCMURRAY FIRE

Hon. K. Kellie Leitch (Simcoe—Grey, CPC): Mr. Speaker, last night the home I grew up in, a home that my father built, burned down in Fort McMurray, Alberta.

As many members may be aware, forest fires have forced the evacuation of literally tens of thousands of Canadians from their homes, families who actually no longer have a home. My home area, Beacon Hill, is now in ashes.

I ask everyone today in this House and individuals across Canada to please support the people in Fort McMurray, Alberta during this challenging time. Please text the Red Cross at 30333, text REDCROSS, and over the coming days make a donation to support these Canadians. The people of Fort McMurray really need our help right now.

I would like to thank the first responders, all those individuals who are volunteering today on the ground, and those people who have been working day and night to ensure their fellow Canadians have a place to live. Now, more than ever, we need to work hard as Canadians and help these Albertans.

God bless those impacted by this enormous tragedy.

● (1410)

The Speaker: Well said.

The hon. member for Vancouver Quadra.

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SIMON FRASER UNIVERSITY

Ms. Joyce Murray (Vancouver Quadra, Lib.): Mr. Speaker, I am standing today to recognize the 50th anniversary of my alma mater, Simon Fraser University. From its beginnings as a young university, with the eminent architect Arthur Erickson having built this amazing building on the top of Burnaby Mountain, its

atmosphere of radicalism and exploration resonated across the country.

This was a centre of the peace movement and the environmental movement, and was a great place to go to university. Fifty years later, a mature SFU is a leader in innovation, research, and community engagement.

I want to congratulate Simon Fraser University for being ranked as one of the top comprehensive universities by a *Maclean's* magazine survey in 2015.

Please join with me, everyone, in congratulating Simon Fraser University and wishing everyone there a happy 50th anniversary.

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HOLOCAUST REMEMBRANCE DAY

Mr. Anthony Housefather (Mount Royal, Lib.): Mr. Speaker, Yom HaShoah approaches. It is the day we remember the victims of the Holocaust; the men, women, and children who were executed in the fields of Ukraine; those who were murdered in the gas chambers of Auschwitz and Treblinka; those assigned to slave labour who starved to death in Dachau. More than 6 million Jews and millions of non-Jews perished.

My predecessor, Irwin Cotler, often quoted the phrase, "Holocaust did not begin in the gas chamber, it began with words." This is true. Words led to incitement to hatred, which led to pogroms and murder.

[*Translation*]

We must never remain silent in the face of incitement to hatred. The Holocaust took place over 70 years ago, and few survivors remain. It is our sacred duty to ensure that all Canadians know what happened.

[*English*]

We should never forget.

* * *

FORT MCMURRAY FIRE

Mr. Rodger Cuzner (Cape Breton—Canso, Lib.): Mr. Speaker, like all other members in this House, I continue to watch the events unfold in Fort McMurray. I had the great pleasure to make McMurray my home for almost 10 years. I have always bristled at the impression some Canadians have of the Fort, seeing it as a little more than a national ATM.

Canadians who have had the chance to spend time there know it is an absolutely fabulous community. It is a community that has welcomed people from across this country and from all corners of the world. It has built a progressive, dynamic city, with amenities that are envied by cities much larger. It is a community that has been built with a pioneer spirit by caring, compassionate people, making it a great place to live and a wonderful place to raise a family.

I spoke with a number of friends last night who were fleeing the city. The tension and fear in their voices was obvious and understandable. For decades, the community of Fort McMurray has been there for thousands of Canadians.

Statements by Members

Whenever this ordeal ends, the people of Fort Mac have to know that this government, and indeed this Parliament, will stand with them as they rebuild this great community.

* * *

MULTIPLE SCLEROSIS

Mr. Kerry Diotte (Edmonton Griesbach, CPC): Mr. Speaker, my thoughts and prayers are with the people of Fort McMurray and I am sure that my colleagues all feel the same way. I hope we will give generously to the Red Cross, which is the lead organization to help with the recovery.

Canada has the highest rate of multiple sclerosis in the world. This unpredictable, and often disabling, disease of the central nervous system impacts 133 out of every 100,000 Canadians.

Sadly, my good friend Ted Marianix died from this disease this past year.

Today, in honour of MS awareness month, I am wearing a carnation for Ted and to show solidarity with the MS community in the fight against MS.

I certainly hope that we will continue to make significant efforts to support research and to help those impacted by MS. There is still a lot to be done.

I will continue to support efforts to help improve the lives of people living with this disease and to help their families and caregivers.

I would ask everyone today to please rise with me to join in the fight to end MS in our lifetime.

* * *

●(1415)

FORT MCMURRAY FIRE

Mr. Darshan Singh Kang (Calgary Skyview, Lib.): Mr. Speaker, I rise today not only as the member for Calgary Skyview, but also a proud Albertan.

I, along with all members, stand in awe at the incredible outpouring of community support in the face of devastating fire in Fort McMurray. The impact on the city has been enormous. We, as representatives of all Canadians, extend our thoughts, our prayers, and our support to communities in this region.

I wish also to thank the members of our first responders, each of whom puts themselves at risk on behalf of their neighbours and strangers alike, as well as all volunteers who are stepping forward to offer what they can, be it time, be it energy, or both.

With this, I will close by asking every Canadian to consider making a donation to aid the Canadian Red Cross in the daunting challenges it will be facing today. Please visit www.redcross.ca to offer help.

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MULTIPLE SCLEROSIS

Ms. Iqra Khalid (Mississauga—Erin Mills, Lib.): Mr. Speaker, it is our job as public servants to support citizens of our great country

when they are faced with a disease as unpredictable as multiple sclerosis.

People like Denis from Trois-Rivières, Quebec, with progressive MS, states:

I've never received a promotion. Everyone around me was moving up the ladder, and I wasn't. My coworkers were asking, 'What about Denis?' I've never even taken more than a week off work for my illness. There was a time when I met with one of my supervisors to discuss the issue, and he told me I should feel lucky to have a job at all...It was total discrimination.

I am inspired by Denis' story, and others like him, to advocate for simplified and flexible job and income support systems, which will ensure that those affected by MS will get the help they need and increased investments into research that helps accelerate the development of effective therapies for progressive MS.

As my dear friend Imran says, "The one of us who finds the strength to get up first, must help the other."

* * *

[Translation]

FORT MCMURRAY FIRE

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, on July 6, 2013, the town of Lac-Mégantic was decimated by a rail disaster. We are still reeling from the human, social, and economic consequences of that tragic event.

Canadians did not abandon us. They demonstrated extraordinary solidarity by donating \$14 million to the Red Cross. Three years later, the Red Cross is still present, still helping bereaved families, providing housing, and supporting workers. The Red Cross helped us survive, and it will be there to help us rebuild Lac-Mégantic.

That is why, today, on behalf of the people of Lac-Mégantic, we encourage all Canadians to show solidarity once again, this time with the people of Fort McMurray. The terrible tragedy there is still unfolding. People will need us for years to come. A donation to the Red Cross is a donation in support of the people of Fort McMurray.

The people of Lac-Mégantic are grateful for the help they received. Now it is our turn to take action by once again asking everyone to give generously for those who are losing everything in Alberta.

Please donate to the Red Cross now.

* * *

[English]

HOLOCAUST REMEMBRANCE DAY

Mr. Michael Levitt (York Centre, Lib.): Mr. Speaker, tonight, sundown marks the beginning of Yom HaShoah, Holocaust Remembrance Day, marked by Jews around the world.

In York Centre, which has one of the largest populations of Holocaust survivors in Canada, remembrance ceremonies will be held in schools, synagogues, and community centres. Every year, we must continue to remember and reflect on one of history's darkest periods: the systematic, state-sponsored murder of six million Jews during the Second World War.

Oral Questions

Each and every one of us must consider the unfathomable suffering and loss of life, the deep-seeded hatred from which it took root, and the incredible strength, courage, and resilience of those who survived.

Our remembrance is an act of rejection of the evil that fuelled an attempt to extinguish an entire people, an evil we all bear a collective responsibility to ensure is never forgotten.

* * *

• (1420)

BUILD TOGETHER

Ms. Rachel Blaney (North Island—Powell River, NDP): Mr. Speaker, several weeks ago I had the pleasure of meeting women who represented the B.C. building trades. They spoke to me of a program called “Build Together”, a national program that promotes, supports, and mentors women in construction trades.

Women represent 4% of the workforce in these industries. It is very clear that both the industry and the women see this as an opportunity. “Build Together” is focused on growing that percentage. These women expose other women to the trades as a career choice. Knowing that support beyond recruitment is key, women who are thriving in the industry mentor women who are new.

It is true, with only 4% women, there are many challenges and education for everyone.

I want to thank these women for taking on this challenge. I admire their work and dedication to building a Canada that of which we can all be proud.

* * *

FORT MCMURRAY FIRE

Mr. Chris Warkentin (Grande Prairie—Mackenzie, CPC): Mr. Speaker, tragedy has struck Fort McMurray over the past number of hours. Homes and businesses have been lost to fire. The scale of the loss is unprecedented and unimaginable.

Thousands of Albertans have stepped up, putting themselves in harm's way to respond to the crisis. To those who are battling the flames, we are praying for their safety. To those who have stepped up to accommodate displaced people, we thank them for their generosity. To those who have lost their homes, people across Alberta and across our country want them to know we will be there to help them rebuild.

Canadians are generous, and Canadians want to help out. Those who want to make a donation should give it to the Red Cross. Donations can be made by calling 1-800-418-1111, or going to redcross.ca.

Our thoughts and prayers are with the people of Fort Mac. We will be there to support them until the rebuilding is complete.

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FORT MCMURRAY FIRE

Mr. Randy Boissonnault (Edmonton Centre, Lib.): Mr. Speaker, I rise today with a heavy heart, as a proud Albertan, as

80,000 residents of Fort McMurray have left their homes and communities to seek shelter in other municipalities.

The devastating fires that continue to rage in Wood Buffalo are destroying more homes and livelihoods of our fellow Canadians. I have been in personal contact with friends and colleagues in Fort McMurray, and their focus is on getting to safety and on meeting their basic needs.

The hearts and thoughts of all members in the House go out to the families and residents of Fort McMurray.

[Translation]

I would like to sincerely thank the first responders, the RCMP, the City of Edmonton, the municipality of Wood Buffalo, the Province of Alberta, the Red Cross, and everyone else who is already assisting the residents of the area affected by the wildfires.

I call upon the generosity of all Canadians and ask them to support the victims of this natural disaster.

[English]

When Canadians are in need, Canadians step up. The people of Fort McMurray know that our government and the people in this House are with them, now and beyond.

The Speaker: I think we are all thinking about the people who are affected by the fires in Fort McMurray, including our former colleague, Brian Jean.

ORAL QUESTIONS

[English]

DISASTER ASSISTANCE

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, we were all horrified last night to learn of the increasingly desperate situation in Fort McMurray. Our thoughts are with the residents and the surrounding communities, and of course with the firefighters who are working so hard to put out these wildfires.

Could the Prime Minister please update all of us about what the Government of Canada's response will be to these wildfires?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I would like to thank my hon. colleague not just for her leadership in the House, but her leadership as a colleague from Alberta, and all of her colleagues in the House who are responding to the devastation facing the people in Alberta. We stand with them all.

I spoke with Premier Notley last night and assured her that we would provide assistance. We are responding to Alberta's request for the provision of air assets in support of evacuations, firefighting, and delivery of essential aid. The Government Operations Centre is in touch with Alberta on an hourly basis. As the situation develops, we will continue to identify federal assets that can be deployed in support of the response efforts.

The Canadian Forces are deploying search and rescue helicopters, and a Hercules aircraft is now pre-positioned in Cold Lake, with other aircraft on standby in Edmonton and Trenton.

For all Canadians who want to do something to help out our friends, brothers and sisters in Alberta, please donate to the Red Cross, where the assistance will be valuable and appreciated.

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●(1425)

IRAN

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, the Iranian regime is widely considered to be the world's pre-eminent state sponsor of terrorism. This is why it is shocking that the Liberals are warming up relations with the government of Iran, which tortured and murdered Canadian photojournalist Zahra Kazemi. Iranian-sponsored terrorist groups have murdered Canadian citizens, and the government of Iran has allowed multiple assaults on foreign embassies.

How can the Prime Minister justify normalizing relations with Iran to the victims of Iranian-sponsored terrorism?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, it is important that Canada keep its eyes wide open as we cautiously re-engage with Iran alongside our allies. The fact is that the P5+1 deal showed significant movement in removing the nuclear ambitions from Iran's capabilities. At the same time, we recognize there continues to be state sponsorship of terrorism and violations of human rights and oppression of people within Iran linked to Iranian terrorism.

We need to continue to engage constructively in ensuring that Iran and the Iranian people do better in the world, while holding them to account.

* * *

TAXATION

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, the Prime Minister does not seem to understand that borrowed money actually has to be paid back. I guess he does not want to get hung up about it like his Minister of Finance. This is no comfort to Canadian families that see their financial future at risk by the Liberals' massive spending schemes.

Will the Prime Minister today come clean with Canadians and explain how he plans to pay back these billions of dollars? What other taxes is he going to raise?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, in the last election, Canadians were presented with a choice. We proposed to invest in the Canadian economy, invest in our communities, and put more money into the pockets of the middle class and those working hard to join the middle class by lowering taxes for the middle class, raising taxes on the wealthiest 1%, and by bringing in a Canada child benefit that would benefit nine out of ten Canadian families.

The fact is that Canadians chose an option that would invest in our future as opposed to make cuts to balance the budget at all costs, and that is what we are doing. We are investing in the future of Canada, investing in growth to help the middle class.

[Translation]

Hon. Denis Lebel (Lac-Saint-Jean, CPC): Mr. Speaker, it took the Liberals only a month to squander the \$7.5-billion surplus left by

Oral Questions

the Conservatives. Even worse, they have spent another \$5 billion and are left with a \$13-billion deficit. This behaviour shows a lack of respect for Canadian taxpayers.

Can the Prime Minister tell us when he expects to return to a balanced budget?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, the previous Conservative government had plenty of opportunities to invest in the middle class and help Canadians with a higher growth rate, but they failed to do so. They did not promote the economic growth that Canadians so needed.

That is why, during the election campaign, we promised to invest in Canadians' future and put more money into the pockets of the middle class, instead of investing in the wealthy, which is what the Conservatives did. Canadians chose a better way forward and rejected the old Conservative way.

Hon. Denis Lebel (Lac-Saint-Jean, CPC): Mr. Speaker, the average family had an extra \$7,000 in its pockets. The tax rate in Canada was the lowest it had been in 50 years. We will see what is coming, but it is worrisome.

The government is borrowing money we do not have. It is investing in infrastructure, but running deficits to do so. It is announcing infrastructure deficits where no investments have been made. This is extremely worrisome. Spending is out of control.

When will we return to a balanced budget?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, as we have always said, this government's priority is to invest in the middle class, create growth for our communities, and invest in tangible things such as public transit, green infrastructure, and social infrastructure such as affordable housing.

We know that these are the types of investments that will boost economic growth and allow Canadians to get to work and get better jobs.

These are the types of investments Canadians expect from this government, and that is exactly what we are delivering.

* * *

●(1430)

[English]

DISASTER ASSISTANCE

Hon. Thomas Mulcair (Outremont, NDP): Mr. Speaker, Canadians are heartbroken by the suffering and devastation caused by the wildfires and our thoughts and prayers are with the people of Fort McMurray. They need urgent help and the NDP fully supports all federal emergency response and encourages Canadians to give to the Red Cross.

Going forward, will the Prime Minister work with the provinces to bring back the funding for the joint emergency preparedness program and strengthen the disaster financial assistance agreements?

Oral Questions

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we are responding to Alberta's request for the provision of air assets in support of evacuations, firefighters, and delivery of essential aid in the short term. The Government Operations Centre, including the Department of National Defence, is in touch on an hourly basis. All Canadians can rest assured that we are supporting Alberta in this difficult time.

The Minister of Public Safety is already reviewing long-term emergency preparedness and federal support programs. This experience will further inform how we move forward in the future.

In the meantime, I encourage all Canadians to make donations to the Red Cross, which is helping out so many of our fellow Albertans.

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CANADA REVENUE AGENCY

Hon. Thomas Mulcair (Outremont, NDP): Mr. Speaker, yesterday the Prime Minister said that he was concerned about favouritism within the Canada Revenue Agency.

Millions of Canadians have just filed their taxes and paid their fair share. If they make a mistake, they are going to be hit with audits and penalties, but when at least 15 multi-millionaires were caught stashing money in a KPMG offshore tax scam, they were let off with no penalty.

Is this KPMG sweetheart deal the type of favouritism the Prime Minister was talking about, and if so, why is he continuing to protect KPMG?

Right Hon. Justin Trudeau (Prime Minister, Lib.): On the contrary, Mr. Speaker, Canadians expect this government to pursue tax fairness and make sure that everyone pays their own taxes, and that is exactly what we are doing.

It was a Liberal MP who moved the motion to launch a study on tax avoidance at KPMG and who proposed that the minister and KPMG officials appear to testify. This is part of what we are doing to make sure that everyone pays their fair share and it is what we will continue to do.

[*Translation*]

Hon. Thomas Mulcair (Outremont, NDP): Mr. Speaker, there is no explanation for the fact that multi-millionaires, in collusion with KPMG, can hide money in a tax haven and face no consequences.

As we just heard, the Prime Minister says that he wants to fight tax evasion. It is time for him to walk the talk.

The NDP moved a motion at the Standing Committee on Finance to obtain the names of the people involved in this scandal. For six months, the Liberals have been harping on about how they are more open and transparent. This is their opportunity to prove it.

Will the Liberals support our motion to obtain these names, yes or no?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, this issue is now before the courts in order to ensure that all Canadians and all institutions pay their share of taxes.

However, I would like to point out that it was a Liberal MP who moved the motion to initiate a study on tax avoidance and KPMG

and to have the minister and a KPMG representative appear before the committee. We take our responsibility to ensure that everyone pays their fair share very seriously.

* * *

QUEBEC

Hon. Thomas Mulcair (Outremont, NDP): Mr. Speaker, this matter is not before the courts, and that is the problem. If it were before the courts, we would have names.

The fact that the Liberals managed to win 40 seats in Quebec does not show. Dairy producers are losing hundreds of millions of dollars because of the Liberals' inaction. A total of 2,600 aerospace workers are losing their jobs, and the Liberal members remain silent. There is complete radio silence on Bombardier and Lac-Mégantic. Six months later, nothing has changed.

When will the Prime Minister, who claims to be the Quebec lieutenant, finally stand up for Quebecers?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, as a Quebecer, I am extremely proud of the fact that six months ago, the people of Quebec chose to become part of a federal government for the first time in a long time. Most Quebecers made that choice.

Right now, we have strong Quebecers in cabinet and throughout our caucus. They are working on keeping our commitments to Quebec. Quebec's reaction was the same reaction we got all across Canada. We are very proud of that and we are building on it.

* * *

• (1435)

[*English*]

FINANCE

Hon. Lisa Raitt (Milton, CPC): Mr. Speaker, the Minister of Finance said that Conservatives are stuck in this whole balanced budget thing, but during the campaign, the Liberals promised that after running several small deficits, they would return to a balanced budget at the end of their term.

So much for the small deficits. That is one promise completely written off, but now we wait for that second promise of a balanced budget.

Does the Minister of Finance have any intention of honouring any of the promises that he made to Canadians, or is that just another thing?

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, it is particularly ironic that the member from the other side, who was part of a government that added billions and billions of dollars of debt with no results other than the lowest growth rate in decades and a couple of gazebos, is talking about debt.

Oral Questions

Our intention is to make investments in Canadian families. We started with the Canada child benefit, which is helping Canadian families. We will be investing in infrastructure that will make our economy more productive over the long run so that, yes, we can get to balanced budgets.

Hon. Lisa Raitt (Milton, CPC): Mr. Speaker, I find it ironic that the member seemed to love what we were doing when he was the president of C.D. Howe; did he not?

The Liberal budget says the government remains committed to returning to balanced budgets, but on the next page of the budget it actually says that the balanced budget legislation enacted under the previous government is inconsistent with the government's plan.

I know they try it all the time, but Liberals cannot have it both ways. Is the Minister of Finance willing to admit their commitment to balanced budgets is just another broken Liberal promise?

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, our commitment is to making life better for Canadians. I know that the members opposite have an opinion on our budget, but I have had the very good fortune to travel across this country and listen to the opinions of Canadians.

I was in Sydney, Nova Scotia, where families told me that they appreciated the Canada child benefit. I was in Toronto, where people in downtown Toronto told me that affordable housing is what they need, and that is what we are putting in our budget. I was in Vancouver, where clean technology entrepreneurs told us the investments we are making will help the Canadian economy.

We will make the economy better for Canadians.

Mr. Phil McColeman (Brantford—Brant, CPC): Mr. Speaker, the credibility of the Minister of Finance took another big hit this week when he admitted that he does not care about this whole balanced budget thing. Let us flash back to what he said on his very first day in this House:

We intend on getting to a balanced budget during the term of our mandate.

Five months later, he is laughing it off.

Why does he not understand that Canadians deserve a finance minister who takes the job of managing their money seriously?

[*Translation*]

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, in my opinion, Canadians need a finance minister who invests in our economy. That is very important.

For example, when I was in Quebec, I heard that rural Quebec needs investments in high-speed Internet. That is one of our measures. In Quebec City, I heard Mayor Labeaume say that the city needs investments in infrastructure. That is another measure we have taken.

We are going to continue with our agenda, which involves investing in our economy for the future of our country.

[*English*]

SMALL BUSINESS

Hon. Alice Wong (Richmond Centre, CPC): Mr. Speaker, just this week, Stats Canada showed what Conservatives have known all along, small businesses are the middle class.

Unfortunately, the Liberals do not seem to understand. Instead, they abandoned our small business owners when they broke their promise to lower the small business tax rate to 9%. This broken promise will cost our middle class \$2.2 billion.

Why do Liberals continue to abandon our hard-working small business owners?

Ms. Gudie Hutchings (Parliamentary Secretary for Small Business and Tourism, Lib.): Mr. Speaker, I am proud to rise in the House as a small business owner and operator in Newfoundland and Labrador for over 25 years. I am proud to stand with a government that understands small business owners need and want a robust economy to succeed.

We know that the small business tax rate is there to help companies grow, but we also know there is a loophole, as I mentioned yesterday. That is costing taxpayers an estimated \$500 million a year. We are going to fix that problem and I look forward to being part of the team that will fix that.

* * *

● (1440)

[*Translation*]

FINANCE

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, in a previous life, the Minister of Finance was an experienced businessman who gave excellent financial advice.

I would like to take him back to the good old days. Back when he was a financial advisor, if he had had a client who earned \$100,000 a year but spent \$110,000, would the financial advisor have told his client to keep up this lifestyle or to be careful and live within his means?

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, as members on this side of the House have said many times, now is the time to make investments. When we have a very good balance sheet and interest rates are very low, that is the time to invest in our country's future. This is exactly what we have done. We decided to invest in the future of Canadian families, to help improve their future.

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, no one here is against investments, but we still need to invest within our means. It is not a good idea to make an investment with a deficit, because other people end up footing the bill.

Earlier, the minister talked about his meeting with Mayor Labeaume. Does he know that municipalities in Quebec are not allowed to run deficits? Could he take a page from their book and stop running deficits?

Oral Questions

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, the problem is when you make investments without getting results. That is exactly what members on the other side of the House did over the past decade. They invested, but did not get any results. Our plan, on the other hand, makes investments in the future and in families. For example, we are investing in the family allowance and in infrastructure for the future of our country.

* * *

HEALTH

Ms. Brigitte Sansoucy (Saint-Hyacinthe—Bagot, NDP): Mr. Speaker, this is Mental Health Week. Mental illness affects one in five Canadians. During the election campaign, the Liberals made the following promise: “We will make high-quality mental health services more available to Canadians who need them, including our veterans and first responders.”

There was not one penny for mental health in the budget though. This being mental health week, what has to happen for the government to keep its promise?

[English]

Hon. Jane Philpott (Minister of Health, Lib.): Mr. Speaker, I thank the hon. member opposite for drawing attention to the fact that this is mental health awareness week. It is an important week for us to be talking about mental health.

While she said it affects one Canadian in five, I would argue that every Canadian is in one way or another, either directly or indirectly, affected by mental illness.

Our government is fundamentally determined to make sure that we increase access to mental health care in the country. I am absolutely determined to work with my colleagues in the provinces and territories to make sure that mental wellness is a top priority and that we serve Canadians as they deserve.

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, it is Mental Health Week, which reminds us that there was no new money in the budget for indigenous mental health and that last week the government was castigated by the Human Rights Tribunal for its failure to act on Jordan's principle.

In Attawapiskat, the suicide crisis continues, with young people being medevaced out. This community has been asking for a long-term child mental health worker. Some of these traumatized children are as young as six years old.

Therefore, I am asking the minister, what is her commitment to get long-term mental health services on the ground for that community and for those children?

Hon. Jane Philpott (Minister of Health, Lib.): Mr. Speaker, I thank the member opposite for his question and for his relentless advocacy on behalf of communities like Attawapiskat that are in his riding.

I find that the news out of a community like Attawapiskat is devastating. It is almost incomprehensible that children at such a young age could find that life has no hope left for them.

I am working, Health Canada is working, along with the Government of Ontario, along with the Nishnawbe Aski Nation

and Weeneebayko health authority to find long-term funding solutions to increase capacity in those communities.

* * *

MINISTERIAL EXPENSES

Hon. Gerry Ritz (Battlefords—Lloydminster, CPC): Mr. Speaker, America is well known as the land of the free, not the land of free personal travel for Canadian ministers.

It was \$20,000 for an unplanned last-minute sleepover. That is a lot of orange juice.

On Monday, the House leader stood in his place and tried to justify this excess by claiming, “The minister signed important agreements during her visit to California.”

If that is even remotely true, will the trade minister do her job and table those agreements?

• (1445)

Hon. Chrystia Freeland (Minister of International Trade, Lib.): Mr. Speaker, that question is a bit rich coming from the member opposite. He is a prime example of the damage that the Conservatives did to our relationship with the United States. For years under his watch as agriculture minister, our beef and pork farmers suffered from punitive, unfair U.S. country-of-origin labelling. He did nothing about it, but we did in our first eight weeks in office.

I will continue to work with and in the United States to support trade, jobs, and Canada's middle class.

Hon. Gerry Ritz (Battlefords—Lloydminster, CPC): Mr. Speaker, that is rich coming from a member who spent more time in LAX than she spent in meetings.

One agreement that is not fake is the trans-Pacific partnership. If the trade minister will not table the supposed California agreements that she did not sign, will she do her job and bring forward the TPP agreement that she did sign?

Hon. Chrystia Freeland (Minister of International Trade, Lib.): Mr. Speaker, after a decade of Conservative damage, I am proud to promote Canada to the world.

Even the Conservatives saw value in promoting our ties to our largest trading partner. In fact, they spent \$50,000 to hire one of Bush's top aides to arrange TV interviews in the United States. They defended that by saying, “Canada has a very good story to tell, and it won't tell itself”.

We could not agree more, but we do not need to pay Republican consultants. We get invited on our own merits.

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Mr. Speaker, yesterday the trade minister tried to explain her vanity trip to LA.

To be clear, it was the minister who created this controversy. She scheduled herself on an HBO television show. She booked first-class flights to LA from Manila when she had a free ride home on the government jet. Then she had Time Warner book five-star accommodations for her. She left her department in the dark until the last minute and then stuck the taxpayers with a bill under the guise of business, yet not one business or trade partner from Canada attended with her.

It is time for the minister to stand in her place and give Canadians an honest answer. When will the minister finally admit that this was a personal trip for herself?

Hon. Chrystia Freeland (Minister of International Trade, Lib.): Mr. Speaker, let me remind the Conservative member of his own hypocrisy.

Here is a news story: “The Conservative government has hired two former White House communications strategists as part of a ‘sustained’ effort to raise Canada’s profile in”—

Some hon. members: Oh, oh!

The Speaker: Order. Members will remember former speaker of the Senate, Pierre Claude Nolin, who we are thinking of today. He used to say that one cannot really have a debate if one does not listen to the other side. Let us listen to each side.

The hon. Minister of International Trade.

Hon. Chrystia Freeland: Mr. Speaker, I will continue to quote. That was “to help Harper land interviews with leading American”—

Some hon. members: Oh, oh!

The Speaker: Order. I remind the minister that we do not mention the names of members of this House.

We are going to go to the member for Red Deer—Lacombe.

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Mr. Speaker, I am not sure if she is referring to Mitch Stewart from the Obama campaign or David Axelrod from the Obama campaign. Oh no, that was the Liberals who hired those strategists.

The trade minister’s trip to LA is yet another example of the Liberals being entitled to their entitlements.

Officials were confused and uncomfortable with her trip. In one instance, her deputy minister requested that the minister tweet from her own account, not the department account. In another example, officials stated in an email to remove the reference in the program to the show. They did not want people to know about it in advance.

Why is she using government officials to cover up her personal vanity?

Hon. Chrystia Freeland (Minister of International Trade, Lib.): Mr. Speaker, here is what this is really about. The Conservatives do not oppose speaking to the U.S. media, even though they are not very good at it. What they oppose is the positive message I delivered on television about Syrian refugees, and to the *LA Times* about reducing income equality.

The *LA Times* called our new government’s approach thoughtful, measured, and one that Americans should emulate.

Oral Questions

The Conservative failure to show leadership on these issues is why Canadians rejected their government last fall.

* * *

• (1450)

[Translation]

THE BUDGET

Mr. Guy Caron (Rimouski-Neigette—Témiscouata—Les Basques, NDP): Mr. Speaker, the budget implementation bill is nearly 180 pages long and amends 35 laws. It includes controversial changes to the employment insurance system, greater disclosure of personal information to the Canada Revenue Agency, and major changes to our banking system. It also retroactively repeals an act, which goes against all of the rules of law.

The Liberals promised to do things differently, to be accountable and transparent by splitting this omnibus bill to enable thorough study.

Why are the Liberals behaving like Conservatives now?

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, our bill is not really an omnibus bill. Each of the measures in our bill really is something in our budget. We will be very clear with Canadians. We want to be open, transparent, and clear. That is exactly what we did with budget 2016.

* * *

[English]

VETERANS

Ms. Irene Mathysen (London—Fanshawe, NDP): Mr. Speaker, after criticizing time allocation and omnibus budget bills while in opposition, Liberals are shutting down debate and tabling, guess what, an omnibus budget bill. They took a just introduced bill on veterans benefits and hid it in an omnibus bill.

In six months, Liberals went from ambitious change to just trying to change the channel, acting like Conservatives. Why are they hiding changes to veterans benefits in an omnibus bill? Why are they avoiding proper consultations with our veterans?

Hon. Kent Hehr (Minister of Veterans Affairs and Associate Minister of National Defence, Lib.): Mr. Speaker, budget 2016 was a historic day for our veterans. We invested in earning loss benefits, the community impact allowance, and allowing for more access and more supports for our veterans by reopening the nine offices that were closed under the previous administration and rehiring more staff to give more support where and when they need it.

Oral Questions

It is included in the budget because it has financial measures that will make our veterans and their families' lives better.

* * *

DISASTER ASSISTANCE

Mr. Darshan Singh Kang (Calgary Skyview, Lib.): Mr. Speaker, as a proud Albertan, I am heartbroken by the devastating impact of the Fort McMurray wildfire. This tragedy is leaving no Canadian unmoved.

In spite of the tireless efforts of first responders and the support of neighbouring communities, reports indicate that the danger caused by the wildfire continues to increase.

Could the Minister of Public Safety and Emergency Preparedness update the House on the government's reaction to this tragedy?

Hon. Ralph Goodale (Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, as we have heard in the House earlier today, all Canadians are standing firm with the residents of Fort McMurray at this very difficult time.

Alberta has requested federal assistance, including air assets to support evacuations, firefighting, and the delivery of essential aid. The Government of Canada is indeed providing this help, and more. As first responders, RCMP members are fully involved in search and evacuation and safety efforts, and there is much more to the federal effort than only this.

In both the immediate and the long term, the people of Fort McMurray can be assured of the federal government's full and unequivocal support.

* * *

[Translation]

MINISTERIAL EXPENSES

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Mr. Speaker, according to Treasury Board policies for ministers' offices, and I quote, "All travel expenses must be posted on a quarterly basis within 30 days following the last day of the quarter."

However, some ministers have been ignoring that policy for over a month now. That is the case for the Minister of Justice who did not disclose her expenses for a number of trips, including trips to Winnipeg, Regina, Saskatoon, Toronto, and Washington.

When will the minister post her expenses and why do the Liberals think they are above the law?

Hon. Scott Brison (President of the Treasury Board, Lib.): Mr. Speaker, our government is completely open and transparent. We make our expenses public and we will continue to do so. It is very important to recognize the transparency of our government. We will continue to be completely open.

[English]

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Mr. Speaker, although it was a month late, I was pleased to see that the Minister of Finance finally reported his expenses to Canadians.

Unfortunately, the Minister of Finance is not the only minister hiding things from Canadians. It appears that some ministers need

time to manipulate their expenses, to separate ministerial duties from MP duties from Liberal fundraising.

When will the Minister of Justice stop breaking the law and stop hiding her expenses?

● (1455)

Hon. Scott Brison (President of the Treasury Board, Lib.): Mr. Speaker, Liberals have led on openness and transparency.

In fact, it was Paul Martin's Liberal government that was the first to actually post ministerial expenses publicly. It was our Prime Minister, who, when leader of the Liberal Party and leader of the opposition, ensured that the Liberal caucus was the first caucus to publicly post our expenses.

We led the way then in terms of openness and transparency and proactive disclosure, and we will continue to.

* * *

THE ENVIRONMENT

Hon. Ed Fast (Abbotsford, CPC): Mr. Speaker, it appears that our boxing Prime Minister is playing rope-a-dope with Canadians.

He recently sent out a fundraising letter praising his new Canada-wide climate change plan. However, Canadians are asking, what plan is that? Is it the one that was promised in Paris within 90 days, which he failed to deliver in Vancouver?

If there is a climate change plan that only Liberal insiders know about, will the Prime Minister now table it, so that all Canadians can see how painful it will be and who will pay the costs?

Hon. Catherine McKenna (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I am very proud of our government's climate change plan.

We not only went to Paris and helped to negotiate a very ambitious climate agreement, we had the greenest budget ever. We negotiated an agreement with the U.S. on climate and clean growth, and now we are engaged with the provinces and territories to develop a climate change plan that will make a real difference for all Canadians, especially the next generation.

Hon. Ed Fast (Abbotsford, CPC): Mr. Speaker, they are still misleading Canadians.

On the one hand, the Liberal Party's fundraising material claims that the government does have a national climate change plan in place. On the other hand, when asked to show Canadians that long-promised plan, the Prime Minister has steadfastly refused to do so.

Will he acknowledge that the Liberals have no plan?

Hon. Catherine McKenna (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I am very excited to see that the member opposite is so concerned with the climate change plan. It is unfortunate that, for 10 years, the party opposite did nothing.

Oral Questions

We are very committed to taking action on climate change. We negotiated an ambitious agreement in Paris. We have made a climate agreement with the United States. Now we are working with the provinces and territories so we take real action to tackle climate change. The other party did not.

* * *

TELECOMMUNICATIONS INDUSTRY

Ms. Niki Ashton (Churchill—Keewatinook Aski, NDP): Mr. Speaker, Canadians already pay some of the highest wireless prices in the world.

Greater competition in Manitoba means that we have paid lower prices than other parts of the country. However, the proposed takeover of MTS by Bell could erase this advantage, lead to job losses, and sharply increase the prices we pay.

Will the Liberals commit to a public study of this potential takeover, or will they rubber-stamp this deal and stand with well-connected business interests instead of standing up for Manitoba jobs and Manitoba consumers?

Hon. Navdeep Bains (Minister of Innovation, Science and Economic Development, Lib.): Mr. Speaker, our number one concern is to ensure competition for Manitobans and continued investment in rural service.

While the government does not comment on individual company's plans, such transactions would be subject to all relevant regulatory approvals.

We will be looking carefully to make sure that the concerns of Manitobans are addressed. The government supports competition, choice, and availability of service. We want to make sure we have a climate that is good not only for businesses but for consumers as well.

Mr. Brian Masse (Windsor West, NDP): Mr. Speaker, standing up for competition means some action from this minister, not words anymore.

The fact of the matter is that the big three telecom companies have 90% of the market in Canada alone. Canadians are left paying some of the highest wireless prices anywhere in the world.

This proposed takeover would mean greater concentration and less competition, as opposed to what the minister says.

Will the industry minister promise that he will not rubber-stamp a takeover deal without specific protections for jobs and consumers? Will Canadian consumers be supported by a minister who will take specific action and timelines to protect them and their services?

Hon. Navdeep Bains (Minister of Innovation, Science and Economic Development, Lib.): Mr. Speaker, I like the enthusiasm and the passion of the member opposite.

He knows full well that this is a very important file for the government. The telecommunications sector is an absolutely essential platform for our innovation agenda and for the digital economy. That is why this government has been very clear on supporting competition, choice, and availability of service.

With regard to choice for consumers in the wireless sector, we are going to work hard with the sector to make sure we make available more spectrum to make sure that we have an environment where prices are lower and there is more competition and choice for the consumer.

* * *

● (1500)

IRAN

Hon. Tony Clement (Parry Sound—Muskoka, CPC): Mr. Speaker, there are numerous victims of terror currently attempting to collect damages in Canadian courts for brutal actions carried out by the regime in Tehran.

However, the Liberals' insistence on buddying up to Iran will have a negative impact on these significant proceedings.

Will the Minister of Foreign Affairs commit today that the government will do nothing to jeopardize these cases, and any new ones that will come forward?

Hon. Stéphane Dion (Minister of Foreign Affairs, Lib.): Mr. Speaker, we will certainly not infringe on the judicial process, but I want to repeat what I said already about that.

Canada is better off when we engage with the world. It was a mistake for the former government to withdraw from countries because we dislike the regimes. It was a mistake to withdraw from the United Nations. Canada is back in the world with open eyes in order to make progress on our national interests and the universal values in which we believe, like human rights, and it is important for Canada to be in Iran for that.

[Translation]

Hon. Tony Clement (Parry Sound—Muskoka, CPC): Mr. Speaker, since last week, billions of dollars in new revenues have gone into the coffers of the Islamic Republic of Iran. Ayatollah Khamenei referred to Hezbollah as a source of honour and pride for the Islamic world. The minister has not publicly condemned this despicable statement.

Does the Liberals' reluctance stem from their new relationship with Tehran?

Hon. Stéphane Dion (Minister of Foreign Affairs, Lib.): Mr. Speaker, absolutely not, on the contrary. We are taking a very different approach.

We will be frank with the governments with whom we disagree. We are also not going to practice empty-chair politics. We must get involved in the world if we hope to make progress. The world we are living in is not very nice and Canada has to help make it a better place.

[English]

Hon. Peter Kent (Thornhill, CPC): Mr. Speaker, the Liberals have quietly delisted two-thirds of the individuals and entities prohibited by Canada under Iran's sanctions. When they did add six individuals directly linked to ballistic missile testing, they kept those names secret from Canadians. We had to learn those names from the American public listing.

Oral Questions

The minister can also issue sanctions exemption permits to allow Canadian individuals or companies to seek commercial opportunities. Could the minister tell us today just how many Iran exemption permits he has signed and for whom?

Hon. Stéphane Dion (Minister of Foreign Affairs, Lib.): Our approach in getting sanctions, Mr. Speaker, is to be effective. In order to be effective, one works with one's allies. If Canada is alone in getting sanctions against Iran, it will be barely noticed in Iran and will negatively affect Canada, Canadians, companies, families, Iranian Canadians, and so on.

We need to be effective. Effective sanctions must go through in order to make progress. Ineffective sanctions have no *raison d'être*.

* * *

YOUTH EMPLOYMENT

Mr. Robert Morrissey (Egmont, Lib.): Mr. Speaker, funding for the youth employment strategy was cut by more than \$60 million under the previous government, with \$30 million of that funding going unspent in the 2014 fiscal year. I recently met with students facing significant personal barriers to employment, who were taking part in training funded through skills link, a stream of the youth employment strategy that assists young Canadians facing such barriers.

Could the Minister of Employment, Workforce Development and Labour provide the House with a timeline on increased funding for this important program?

Hon. MaryAnn Mihychuk (Minister of Employment, Workforce Development and Labour, Lib.): Mr. Speaker, the previous government actually froze the youth employment strategy funding from 2009 at the \$340-million level. In budget 2016, we are increasing the investment to youth by \$278 million. This includes more funding to help youth through skills link programs, to create green jobs, to make a difference, to provide young people the experience. In April, I announced—

The Speaker: The hon. member for Lakeland.

* * *

DISASTER ASSISTANCE

Mrs. Shannon Stubbs (Lakeland, CPC): Mr. Speaker, Fort McMurray is devastated by the wildfires still raging today. Up to 80,000 people have been evacuated; entire neighbourhoods have been destroyed, and people have lost their homes, their businesses, and everything they own. Like Alberta always does, communities and businesses have come together to help family, friends, and complete strangers. I want to acknowledge the government's full and timely response so far.

Would the Minister of Public Safety and Emergency Preparedness please give us an update on the assistance efforts?

● (1505)

Hon. Ralph Goodale (Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, in addition to the items I mentioned earlier, air force assets are obviously being positioned in the area to be helpful, as required. Satellite and geomatics intelligence is being provided on the progress of the fire. The Canadian Interagency Forest Fire Centre is assembling assets and

personnel to assist Alberta personnel in the actual fighting of the fire, with type 1 and type 2 professional firefighters. Health Canada is involved in stockpiling living supplies. The Red Cross is fully engaged in dealing with issues like clothing, food, and water. The innovation department is making sure that communications systems are working in northern Alberta.

* * *

[Translation]

OFFICIAL LANGUAGES

Mr. François Choquette (Drummond, NDP): Mr. Speaker, we may have changed governments, but it is the same old story when it comes to official languages.

According to a report from the Commissioner of Official Languages, it is still difficult to get services in French from the RCMP officers on Parliament Hill, even though the act is clear in that regard. It is also a security issue. French speakers need to be able to be understood in emergency situations.

What is the Minister of Canadian Heritage waiting for? When will she require all federal institutions, including the RCMP, to comply with the act?

Mr. Randy Boissonnault (Parliamentary Secretary to the Minister of Canadian Heritage, Lib.): Mr. Speaker, I would like to thank my colleague for his question.

Our government is committed to fulfilling the official languages mandate in all federal government departments. We are working closely with them to ensure that bilingualism is practised in our country. We are working with the RCMP and all of the departments. We care about official languages.

* * *

HOUSING

Mr. Frank Baylis (Pierrefonds—Dollard, Lib.): Mr. Speaker, the subsidies granted to people living in co-operative housing across the country are about to expire. However, these subsidies of a few hundred dollars a month give people a roof over their head.

The Cloverdale housing co-operative in my riding of Pierrefonds—Dollard is the largest housing co-operative in Canada. Unfortunately, last fall, its subsidy agreement was not renewed.

What is the government doing to resolve this difficult situation?

Hon. Jean-Yves Duclos (Minister of Families, Children and Social Development, Lib.): Mr. Speaker, I would like to thank my colleague for that important question. I would also like to commend him for his interest in the subject.

Budget 2016 announced a record investment of \$2.3 billion in affordable housing, the biggest investment in this area in 25 years. This funding is available for projects such as the Cloverdale co-operative and other similar projects across Quebec and Canada.

I offer the member my support in serving his community and in helping to meet society's affordable housing needs.

VETERANS

Mr. Alupa Clarke (Beauport—Limoilou, CPC): Mr. Speaker, the Minister of Veterans Affairs has created six advisory groups whose mandate will apparently be to assess various urgent issues affecting our veterans and to advise the minister accordingly.

However, veterans themselves find that the mandate and membership of those groups remain nebulous. On April 22, 2016, right here in the House, the Parliamentary Secretary to the Minister of Veterans Affairs remained silent when I asked her questions about this.

Can the minister share a few salient details about these advisory groups with the members of this House, in order to provide some clarity?

[English]

Hon. Kent Hehr (Minister of Veterans Affairs and Associate Minister of National Defence, Lib.): Mr. Speaker, we have set up six advisory groups to advise us on policy, ranging from financial security to service delivery to commemoration and the like. We have consulted widely with our partners in the various groups, from the Legion through other members abroad. We will be going forward on these policy meetings to advise us of good policy for the long run for veterans and their families.

I can give the member more information as it proceeds along.

* * *

[Translation]

PHYSICIAN-ASSISTED DYING

Mr. Rhéal Fortin (Rivière-du-Nord, BQ): Mr. Speaker, this week the Barreau du Québec submitted a brief to the Standing Committee on Justice and Human Rights that confirms that Bill C-14 on medical assistance in dying does not meet the requirements set out by the Supreme Court in the Carter decision.

I happen to know that there are a few government MPs who are also members of the Barreau du Québec, and I am sure they could confirm the credibility of the representatives from the Barreau for the minister, if necessary.

Will the government, which includes 40 MPs from Quebec, nine of which are members of the Barreau du Québec, amend Bill C-14 to address the gaps outlined by the Barreau du Québec?

• (1510)

Mr. Sean Casey (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, yes, we did in fact hear evidence from representatives of the Barreau du Québec. However, we are very confident that the bill is consistent with the charter.

The document we introduced in the House provides a detailed explanation of the measures we have taken, which are consistent with the charter.

* * *

POINTS OF ORDER

ORAL QUESTIONS

Hon. Denis Lebel (Lac-Saint-Jean, CPC): Mr. Speaker, I would like to bring to your attention a mistake that was made today. In a

Routine Proceedings

reply, the Prime Minister said that, in the last election, Quebecers voted so they could finally have people in government.

I would like to remind him that I was elected in September 2007 and that I am a proud lad from the Lac-Saint-Jean region and a proud Quebecer.

The Speaker: I do not believe that the hon. member's comment is a point of order.

The hon. Prime Minister on a point of order.

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I simply wanted to point out that for the first time in a long time a majority of Quebec MPs are in government.

The Speaker: That is also not a point of order.

The hon. member from Regina—Qu'Appelle on a point of order. I hope that it is a genuine point of order this time.

[English]

Mr. Andrew Scheer: It always is, Mr. Speaker.

I have a thing here that the finance minister may enjoy reading. It is the “Fiscal Monitor” from February, which proves that any deficit that Canada enters into will be as a result of Liberal choices in spending.

I wonder if I can unanimous consent to table it.

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

Some hon. members: Agreed.

Some hon. members: No.

ROUTINE PROCEEDINGS

[English]

GOVERNMENT RESPONSE TO PETITIONS

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, pursuant to Standing Order 36(8), I have the honour to table, in both official languages, the government's response to one petition.

Mr. Speaker, while I am on my feet, I move:

That the House do now proceed to Orders of the Day.

The Speaker: Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

The Speaker: All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Speaker: In my opinion, the yeas have it.

Routine Proceedings

And five or more members having risen:

The Speaker: Call in the members.

• (1520)

[*Translation*]

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

*(Division No. 46)***YEAS**

Members

Aldag	Alghabra
Alleslev	Amos
Anandasangaree	Arseneault
Arya	Ayoub
Badawey	Bagnell
Bains	Baylis
Beech	Bennett
Bibeau	Bittle
Blair	Boissonnault
Bossio	Bratina
Breton	Brison
Caesar-Chavannes	Carr
Casey (Cumberland—Colchester)	Casey (Charlottetown)
Champagne	Chan
Chen	Cormier
Cuzner	Dabrusin
Damoff	DeCoursey
Dhaliwal	Dhillon
Di Iorio	Dion
Drouin	Dubourg
Duclos	Duguid
Duncan (Etobicoke North)	Dzerowicz
Easter	Ehsassi
Ellis	Erskine-Smith
Eyking	Eyolfson
Fergus	Fillmore
Finnigan	Fonseca
Foote	Fragiskatos
Fraser (West Nova)	Freeland
Fry	Gameau
Goodale	Gould
Graham	Grewal
Hajdu	Hardie
Harvey	Hehr
Holland	Housefather
Hussen	Hutchings
Iacono	Jones
Jordan	Jowhari
Kang	Khalid
Khera	Lametti
Lamoureux	Lapointe
Lauzon (Argenteuil—La Petite-Nation)	LeBlanc
Lebouthillier	Lefebvre
Lemieux	Leslie
Levitt	Lightbound
Lockhart	Long
Longfield	Ludwig
MacAulay (Cardigan)	MacKinnon (Gatineau)
Maloney	Massé (Avignon—La Mitis—Matane—Matapédia)
May (Cambridge)	McCallum
McCrimmon	McDonald
McGuinty	McKay
McKenna	McKinnon (Coquitlam—Port Coquitlam)
McLeod (Northwest Territories)	Mendès
Mendicino	Mihychuk
Miller (Ville-Marie—Le Sud-Ouest—Île-des-Sœurs)	
Monsef	
Morneau	Morrissey
Murray	Nault
O'Connell	Olipphant
Oliver	O'Regan
Ouellette	Paradis
Peschisolido	Peterson
Petipas Taylor	Philpott
Picard	Poissant
Qualtrough	Ratansi

Rioux
Rodriguez
Rudd
Rusnak
Saini
Sangha
Scarpaleggia
Schulte
Sgro
Sheehan
Sidhu (Brampton South)
Simms
Sorbara
Tassi
Trudeau
Vandenbeld
Virani
Wilkinson
Young

Robillard
Rota
Ruimy
Sahota
Samson
Sarai
Schieffe
Serré
Shanahan
Sidhu (Mission—Matsqui—Fraser Canyon)
Sikand
Sohi
Tan
Tootoo
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Vaughan
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NAYS

Members

Aboutaif	Albas
Albrecht	Anderson
Angus	Arnold
Ashton	Aubin
Barlow	Beaulieu
Benson	Bergen
Bernier	Berthold
Bezan	Blakie
Blaney (North Island—Powell River)	Blaney (Bellechasse—Les Etchemins—Lévis)
Block	Boucher
Boudrias	Boulerice
Boutin-Sweet	Brassard
Brosseau	Brown
Calkins	Cannings
Caron	Carrie
Chong	Choquette
Christopherson	Clarke
Clement	Cooper
Cullen	Davies
Deltell	Diotte
Doherty	Donnelly
Dreeshen	Dubé
Duvall	Egliniski
Falk	Fast
Fortin	Généreux
Genuis	Gill
Gladu	Godin
Gourde	Hardcastle
Harder	Hoback
Hughes	Jeneroux
Johns	Julian
Kelly	Kenney
Kent	Kitchen
Kniec	Kwan
Lauzon (Stormont—Dundas—South Glengarry)	Laverdière
Lebel	Leitch
Liepert	Lobb
Lukiwski	MacGregor
MacKenzie	Maguire
Malcolmson	Masse (Windsor West)
Mathysen	May (Saanich—Gulf Islands)
McCaughey (Edmonton West)	McColeman
McLeod (Kamloops—Thompson—Cariboo)	Miller (Bruce—Grey—Owen Sound)
Moore	Mulcair
Nater	Nicholson
Nuttall	Obhrai
O'Toole	Paupé
Plamondon	Poilevve
Quach	Raitt
Ramsey	Rankin
Rayes	Reid
Rempel	Richards
Sansoucy	Saroya
Scheer	Schmale
Shields	Shipley
Sopuck	Sorenson
Ste-Marie	Stetski
Stewart	Strahl
Stubbs	Sweet
Thériault	Tilson

Trost
Van Kesteren
Vecchio
Wagantall
Warkentin
Waugh
Weir
Zimmer— 135

Trudel
Van Loan
Viersen
Warawa
Watts
Webber
Wong

PAIRED

Nil

The Speaker: I declare the motion carried.

GOVERNMENT ORDERS

[English]

CRIMINAL CODE

BILL C-14—TIME ALLOCATION MOTION

Hon. Dominic LeBlanc (Leader of the Government in the House of Commons, Lib.) moved:

That, in relation to Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), not more than one further sitting day shall be allotted to the consideration at second reading stage of the Bill;

and

That, 15 minutes before the expiry of the time provided for Government Orders on the day allotted to the consideration at second reading stage of the said Bill, any proceedings before the House shall be interrupted, if required for the purpose of this Order, and, in turn, every question necessary for the disposal of the said stage of the Bill shall be put forthwith and successively, without further debate or amendment.

The Speaker: Pursuant to Standing Order 67.1 there will now be a 30-minute question period. I invite hon. members who wish to ask questions to rise in their place so the Chair has some idea of the number of members who wish to participate in this question period.

The hon. member for Regina—Qu'Appelle.

Mr. Andrew Scheer (Regina—Qu'Appelle, CPC): Mr. Speaker, I want to pre-emptively address what I anticipate might be coming from the government side about the use of this procedural tactic, and I hope we can get down to the actual substance of the bill, debate on which is now being shut down.

What ever merit there may be for a government at some point or another to try to allocate time, this bill is of such an important nature. It is such a monumental shift for Canadian society. Many members wanted to speak to the bill. We had tried to find ways that we could accommodate that, while at the same time not unduly delaying a response to a court decision.

I know there are many different views on all sides of the House on this. I would like to ask the minister why she felt it was necessary, after only two complete days of debate, that we would now find ourselves shutting down debate, preventing members of Parliament to express the views of their constituents or their own conscience on this very important bill.

• (1525)

Hon. Jody Wilson-Raybould (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I am pleased to stand to speak about this. We recognize that the Supreme Court of Canada has put in place a deadline of June 6. We respect the Supreme Court

Government Orders

of Canada in terms of responding to the Carter decision and have put forward Bill C-14 to do just that.

There has been substantive debate in the House. We have had over 21 hours of debate. Eighty-four members of Parliament, from every party in the House, have had the opportunity to speak.

We need to ensure we meet the court's deadline. We need to get this into committee so if amendments are proposed, they can be proposed at the committee stage.

I would further respectfully submit that yesterday we tried to extend the sitting hours as late as necessary to ensure that all MPs who wanted to speak had the opportunity to do so. Unfortunately, the opposition decided to limit the hours of debate.

Mr. Peter Julian (New Westminster—Burnaby, NDP): Mr. Speaker, that is absolute rubbish, and it is shameful. The opposition parties were very clear that we wanted to debate the issue throughout the week. That was the initial government offer. Now we are seeing a shameful backtracking from the government.

The Liberals promised sunny ways. They promised that they would respect opposition parties in the House. I remember them promising as well that they would respect parliamentary debate in this place. They had no better opportunity to prove they would actually walk the talk than on Bill C-14, which is a non-partisan issue to which I think all members of Parliament want to give voice.

However, now we are seeing, shamefully, the use of closure to shut down what should have been a non-partisan debate through the course of this week.

What is even more appalling is that in the previous government, it would allow five days of debate. The Liberals are shutting this down after two-and-a-half days of debate, only. Why are sunny ways turning to dark ways, and why are Liberals shutting down debate on the bill after only two-and-a-half days?

Hon. Jody Wilson-Raybould: Mr. Speaker, I agree with my colleague across the aisle about the sensitive nature, the deeply emotional, and complex realities in our consideration of Bill C-14. Putting in place a medical assistance in dying regime in our country is transformative. It is a paradigm shift.

There has been substantive debate. There have been submissions made by 84 members in the House. There was ample opportunity to debate this.

Ten members from the member opposite's party had the opportunity to speak, and members from his party stopped speaking last night at 11:00 o'clock.

We need to fundamentally ensure that we meet the Supreme Court of Canada's deadline of June 6. We are endeavouring to do so to ensure we can get this substantive piece of legislation through the parliamentary process to comply with the Supreme Court's deadline.

Hon. Peter Kent (Thornhill, CPC): Mr. Speaker, the application of the guillotine motion is outrageous. The government is behaving as though it is a prankster in a model parliament.

Government Orders

Almost two-thirds of the official opposition caucus have been denied the opportunity to debate this important moral issue. An even greater percentage of Liberal members have been denied the opportunity.

On one of the most important moral issues to be debated in the House for years, why is the government not extending evening sittings?

Hon. Jody Wilson-Raybould: Mr. Speaker, I recognize the importance of this piece of legislation. Knowing and ensuring that we need to comply with the Supreme Court of Canada's decision on June 6, parliamentarians have an obligation to do so.

The hon. member's party stood in the way of having unlimited debate on this matter in this House on a substantive piece of legislation. We need to ensure that we provide the ability to get this into committee to have further discussion.

•(1530)

[*Translation*]

Mr. Robert Aubin (Trois-Rivières, NDP): Mr. Speaker, I am completely astounded. A similar process in Quebec lasted no less than six years and they want me to believe that, after 21 hours of debate, we will achieve the same thing. The House is probably where there is the broadest representation of all the opinions that can be expressed across Canada. Does the minister really believe that by cutting short the debate she will be able to establish a consensus?

[*English*]

Hon. Jody Wilson-Raybould: Mr. Speaker, as I indicated, this is an incredibly difficult and sensitive issue. It is imperative that we meet our responsibilities as parliamentarians and put in this complex regulatory regime by the Supreme Court's deadline of June 6. It would be irresponsible if we did not put those measures in place.

We are working incredibly hard, as have parliamentarians from all sides of this House, to contribute toward a special joint committee report that provided recommendations. It is our government that has provided the forum to engage parliamentarians in this substantive discussion.

We need to ensure that the discussion continues at committee. We need to ensure that the discussion continues in and around the kitchen tables of this country. This is a paradigm shift. This is an important subject that we need to ensure continues to be at the height of our political debate. That is the undertaking we are making.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, I am very troubled by this decision. This is one of the most important issues facing this Parliament.

Last week, I opened myself up and said I would have round tables day and night until every person in my riding has had the opportunity to come to a round table and talk to me about it. I may or may not get to speak to the input that they gave me except for some suggestions that I have.

Again, I know the committee. I was there two days ago. The committee is reflecting on this legislation as we speak. There is no excuse for the government to cut debate early this week.

Hon. Jody Wilson-Raybould: Mr. Speaker, we have had substantive discussion in this House. About 84 members of

Parliament have spoken to this. Some Conservative members have actually spoken more than once with respect to this important discussion.

I look forward to ensuring that this substantive piece of legislation is put through the parliamentary process to get it to committee, so we can continue to have those discussions, and where there are well-considered amendments to be proposed, we can have those considerations.

The bill needs to receive third reading and then go to the other chamber. This is a commitment. This is a direction of the Supreme Court of Canada. We have the utmost respect for that institution and we will meet that deadline of June 6.

Mr. Arnold Chan (Scarborough—Agincourt, Lib.): Mr. Speaker, my question is to the Minister of Justice.

I have heard the official opposition suggest that the deadline of June 6 imposed by the Supreme Court is an arbitrary one and is wondering why the government has not gone back to seek a further extension.

Of course, the government originally sought a six month extension of the suspension of the offending sections of the Criminal Code but was only granted a four month extension.

Does the minister believe that there is actually any substantive merit to the new legal issues that would actually allow the Supreme Court to revisit this particular issue?

Hon. Jody Wilson-Raybould: Mr. Speaker, it is an incredible pleasure to have the member back in the chamber, and I thank him for the question.

As he quite rightly pointed out, when we formed government, we recognized that there had not been substantive discussions on this really important issue.

The Supreme Court of Canada issued its decision on February 6, 2015. When we came into government, we sought to put in place substantive measures and steps to ensure that we engaged Canadians and parliamentarians on this particular issue.

We asked for an extension of the Supreme Court deadline. We asked for six months and we received four months. The Supreme Court of Canada, in issuing its decision, said that this was an extraordinary step to extend the deadline, and certainly they referenced the reality of a federal election.

We would not, in my view, be successful if we went back to the Supreme Court once again to seek an extension.

•(1535)

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, this is a difficult debate because it is not about Bill C-14. It is about democracy in this place. The reason it is not democracy is that for the last four years under the majority Conservative government, we saw the illegitimate use of closure more than 100 times in this place. We looked to the new government and we believed in the mandate that there would be greater respect for opposition parties.

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My faith in that was crushed by the decision of the hon. House leader to insist that Liberals at committee pass a motion that deprived me of my rights at report stage. Now we have closure on this matter.

I have the utmost respect for the Minister of Justice. I hold her in high esteem, so I ask her this question. In balancing the harms, the harm to democracy in this place versus the risk that taking the time to do Bill C-14 right might take us beyond June 6, would there be harm done? That is my key point as a lawyer. The Supreme Court of Canada decision could take effect. We could be late having royal assent and there could be a—

The Assistant Deputy Speaker (Mr. Anthony Rota): The hon. Minister of Justice.

Hon. Jody Wilson-Raybould: Mr. Speaker, I acknowledge my colleague across the way for her questions and concerns. Certainly, we are speaking about time allocation. I would share my colleague's discussion and prominence in terms of putting democracy and participatory democracy at the front of everything that we do. We have provided substantive discussion on this really important issue. Many members have been able to stand and speak to this issue.

Looking at the Supreme Court of Canada deadline of June 6, we need to put a federal framework in place. If we were to eclipse that deadline, there would be no procedural safeguards. There would be no safeguards to protect the vulnerable. It is incumbent upon parliamentarians to do the job that the Supreme Court of Canada asked us to do and put in place a federal framework by June 6.

[*Translation*]

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, I am deeply outraged by the government's attitude, but I am not surprised by it.

This is yet another demonstration of the ugliness of Liberal hypocrisy, as if we needed another. Those people brag about their lofty principles, but when the time comes to act, they do exactly the opposite of what they said they would do.

At the beginning of this debate, which should not be coloured by partisanship, the Prime Minister said they would draw inspiration from what happened in Quebec. That is great, because I know all about that. I was in Quebec when it happened. There was no motion to shut down debate. On the contrary, all members who needed or wanted to express themselves in the assembly could do so. That is exactly the opposite of what we are seeing here.

The fact is that one-third of Conservative members and, I gather, about the same fraction of NDP members have had a chance to speak. However, barely one-sixth of the Liberal members have spoken. During the debate yesterday, at around 1 p.m., a Liberal Party member rose to shut down debate. Three Liberal members who rose afterward would not have had the chance to do so had her motion been successful.

Why are we seeing so much Liberal hypocrisy yet again?

[*English*]

Hon. Jody Wilson-Raybould: Mr. Speaker, the Supreme Court of Canada has ruled in this matter. We must respond to the Supreme Court's decision. The deadline is June 6. I recognize and respect the incredible amount of work that has taken place in the province of

Quebec with respect to bringing into force its legislation on end of life. There was no deadline with respect to that. We must comply with our deadline.

Not to necessarily respond to hypocrisy, but the Supreme Court decision was made on February 6, 2015. Our Prime Minister introduced a motion on February 24 to put in place a special committee that would start to have this discussion among parliamentarians. The deadline for reporting back of that special committee, had that motion passed, would have been the end of July. It is the members on the other side of the House who voted against that motion.

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Mr. Speaker, it is certainly disappointing to rise on what is surely a dark day for parliamentary democracy and a dark day for Canada. It is incredible that members on that side of the House are laughing about shutting down debate on one of the most important issues that this Parliament will confront, an issue that impacts thousands of Canadians not just for today but for decades to come. They are laughing as they shut down debate after two-and-a-half days.

Some hon. members: They're still laughing.

Mr. Michael Cooper: And they're still laughing, Mr. Speaker. It's shameful.

I was particularly astounded that the Minister of Justice would stand and justify shutting down parliamentary debate on this most important issue on the basis that it was necessary to meet the June 6 deadline. She stood in the House minutes ago—

• (1540)

The Assistant Deputy Speaker (Mr. Anthony Rota): The hon. Minister of Justice.

Hon. Jody Wilson-Raybould: Mr. Speaker, I did, in fact, stand in the House and say that we needed to comply with the Supreme Court's June 6 deadline. Some 84 members spoke during 21 hours of debate on this legislation. We need to ensure that everybody who wants to speak has that opportunity provided to them.

We need to ensure that we get this legislation to committee and recognize that there is going to be back and forth. We need to hear from Canadians and from experts at committee. The bill needs to come back here for third reading, then it needs to go to the other Chamber, and go through a similar process.

Our responsibility as parliamentarians is to ensure that we acknowledge and meet the Supreme Court of Canada's deadline and put in place a medical assistance in dying regime in this country. That is our responsibility.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, the best way for this government to hit a wall, and this may be what they want, is to try to divert attention away from the substance of the debate by focusing on the form. The best way to get us to overlook the minister's intentions is to do exactly what she is doing.

I remind members that the committee is presently sitting, even before the House has voted on passing the bill in principle at second reading. There cannot be a third House that sits at the same time.

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Even though in response to my questions she told me that she wants a debate, her actions today are intended to draw our attention to the form. Finally, she presumes that hearing from 80 or so members is sufficient for us to gain an understanding of such a sensitive issue. That is unfortunate.

[*English*]

Hon. Jody Wilson-Raybould: Mr. Speaker, I recognize that my friend across the way had the opportunity to speak twice with respect to this debate.

I am in no way diminishing the substance of this fundamentally important issue. This is a transformative discussion that we are engaged in and one that Canadians will continue to be engaged in with respect to medical assistance in dying. This conversation is not going to go away.

As parliamentarians we need to ensure that we meet the Supreme Court of Canada's deadline of June 6. The only way that a committee can go to clause-by-clause and introduce amendments is if the bill is there.

We look forward to a substantive discussion with all members of the justice and human rights committee and look forward to the discussion and results of the study in the other chamber as well.

Hon. Jason Kenney (Calgary Midnapore, CPC): Mr. Speaker, I have been in this place for 19 years. I have been a student of parliamentary history much of my life. I cannot recall, and I stand to be corrected, a single instance where a government imposed the guillotine on a debate on a matter of grave moral conscience, on a matter of life and death ethics, on a matter such as euthanasia, capital punishment, or abortion.

The ancient convention in this and other Westminster parliaments on such matters has been to allow every interested member to speak. We do not regard such speeches as constituting opposition filibusters. I understand that from time to time governments must control the legislative calendar on emergency back-to-work legislation or to shut down opposition filibusters, but allowing members to speak on a free vote, on a matter of grave moral conscience, is the ancient convention of this place.

Can the Minister of Justice offer a single counter example of—

The Assistant Deputy Speaker (Mr. Anthony Rota): The hon. Minister of Justice.

Hon. Jody Wilson-Raybould: Mr. Speaker, we have heard from every member in the House who wanted to speak. I would ask the member across the way why his party stopped debate.

Some hon. members: Oh, oh!

The Assistant Deputy Speaker (Mr. Anthony Rota): Order. I want to remind hon. members that one person speaks at a time. That is the convention in this House.

The hon. Minister of Justice.

• (1545)

Hon. Jody Wilson-Raybould: Mr. Speaker, to the other point that was raised, this is an incredibly difficult and complex piece of legislation. We on this side of the House have the utmost respect for the Supreme Court of Canada. It has ruled in the Carter case. It is not

a question of if legislation, or a federal framework, but a question of how.

The court has imposed a deadline of June 6. We must take our responsibility seriously and meet that deadline. It would be irresponsible if we did not meet that deadline.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, it is important for us to recognize that the minister made reference to 84 members who have spoken. What she did not make reference to is the other 160-plus speaking spots that were made available.

What also needs to be highlighted is that the Leader of the Government in the House of Commons yesterday attempted to get the House to agree to a motion that would have seen the House sit well past midnight. Every member in this House who wanted to have the experience of expressing himself or herself on this legislation was in fact afforded the opportunity to do just that. It was the opposition.

In all likelihood, I have spoken on more time allocation motions than any other member inside this House. I can say that members of this place were afforded the opportunity to speak, if in fact their parties wanted them to speak.

Would the minister reaffirm how important it is that we meet our legal obligation from the Supreme Court of Canada? The bill still has to go to committee and to the Senate. What we are doing is the responsible way to govern this country.

Hon. Jody Wilson-Raybould: Mr. Speaker, it is incredibly important that we meet the June 6 deadline of the Supreme Court of Canada.

The object of this piece of legislation is to ensure that we balance personal autonomy and provide protection to the vulnerable. If we do not have legislation in place as of June 6, there will be no safeguards in place, and the medical practitioners will have uncertainty with respect to the eligibility criteria around somebody who wants to access medical assistance in dying.

The Supreme Court of Canada said two things. It said that an absolute prohibition on medical assistance in dying is unconstitutional, and it put it to Parliament to do our job, to put in place a substantive piece of legislation that reflects the diversity of views that exist in this country. That is what Bill C-14 does.

Hon. Lisa Raitt (Milton, CPC): Mr. Speaker, to mirror what my colleague said, this is a matter of life and death for debate in this place. I do believe that the hon. minister should actually check herself when she said that everyone who wanted to have a chance to speak to this issue has had a chance to speak, because that is absolutely incorrect. The minister should apologize for those remarks because it is simply not true.

If the minister is going to base her arguments by spewing lies in this House of Commons, then she should absolutely be very careful in ensuring she has the facts before she makes assertions that are untrue.

Government Orders

Hon. Dominic LeBlanc: Mr. Speaker, I look to your direction, but my colleague from Milton just accused an hon. member of this House of spewing lies in the House. If somebody should apologize, it is that member, for such an untrue statement.

The Assistant Deputy Speaker (Mr. Anthony Rota): It is inappropriate language to use the word “lies” or to accuse anyone of lies in the House. There are differences of opinions. I believe there is an inappropriate word that was said. I will leave the hon. member with it.

Hon. Lisa Raitt: Mr. Speaker, I do apologize for using that language, but as members can see, it is an emotional topic and that is exactly why the Liberals should not be shutting down this debate whatsoever.

The reality is that Canadians who want to partake in a committee process by being witnesses need to understand the points of view that are expressed by their parliamentarians. This is a free vote for our party. This is an incredibly important vote. An opportunity must be had in order for people to understand the way in which people are going to vote. Why is the minister not giving us that opportunity?

Hon. Jody Wilson-Raybould: Mr. Speaker, again I would agree with my hon. colleague across the way about the substantive nature of this discussion. That is why we offered unlimited debate, and the members opposite stood in their place to limit the debate.

We need to ensure that we have substantive discussions on this. We have had 84 members stand up in this House to debate this issue. We need to ensure that we continue on this piece of legislation by having it go to committee to have that discussion, to hear from experts and to hear from Canadians, so that we can continue to debate this so we meet the deadline of June 6 and ensure that we are compliant with the Supreme Court of Canada's direction.

• (1550)

Mr. Peter Julian (New Westminster—Burnaby, NDP): Mr. Speaker, I just want to quote both the member for Winnipeg North and of course the Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, because they revealed what their actual feelings are about what the government is in the process of doing.

Just last year, the member for Winnipeg North said:

The government, by once again relying on a time allocation motion to get its agenda passed, speaks of incompetence. It speaks of a genuine lack of respect for parliamentary procedure and ultimately for Canadians. It continues to try to prevent members of Parliament from being engaged and representing their constituents on the floor of the House of Commons.

The Parliamentary Secretary to the Minister of Justice and Attorney General of Canada said this:

Mr. Speaker, the government should be ashamed of itself. How dare it rule the country with such an iron fist?

He went on to say:

The government just invoked time allocation which would seriously restrict debate. It does not care to listen to the concerns of Canadians—

They are both right, and the government is wrong to shut down debate on such an important issue, to refuse to have the debates this evening that the opposition members of Parliament have asked for—

The Assistant Deputy Speaker (Mr. Anthony Rota): The hon. Minister of Justice.

Hon. Jody Wilson-Raybould: Mr. Speaker, I am sure my colleague across the way would agree with me that we need to respect the institution of the Supreme Court of Canada, which delivered a decision in Carter on February 6, 2015. It initially had a 12-month period before invalidity came in. When we formed government, we sought to put in place a series of steps to ensure that we actually engage with Canadians in debate. We sought a six-month extension, and we were granted a four-month extension.

We ensured that we put in place a special joint committee that would continue to have this debate and discussion. It put forward its recommendations. We are continuing to have this discussion. Discussion will continue at committee, and discussion will continue through debate and dialogue in the other chamber.

We need to respond by the June 6 deadline. I am sure everybody in this House can appreciate that.

Mr. Omar Alhabra (Mississauga Centre, Lib.): Mr. Speaker, some of my Conservative colleagues falsely claim that the Supreme Court is taking the decision out of the hands of elected representatives.

The fact of the matter is that we as a nation, we as elected representatives, we as citizens embraced the Charter of Rights of Freedoms decades ago. We treat it as part of our core values. The Supreme Court interprets that charter and applies it to the rule of law. The Supreme Court has ruled on this matter.

I find this perplexing. I agree with my colleagues about how important this matter is, but if they really felt it was that important, why did they not start that study over a year ago, when they were in government? Why did they not do that over a year ago?

I wish I could ask my colleagues that question. Perhaps the hon. Minister of Justice could help answer that question.

Some hon. members: Oh, oh!

The Assistant Deputy Speaker (Mr. Anthony Rota): Order. Before I go to the hon. minister, I just want to remind all the members that this is a very emotional topic, and I realize emotions run high. Let us just take a deep breath, everybody together. Take a deep breath, and we will calm down.

The hon. Minister of Justice.

Mr. Garnett Genuis: Mr. Speaker, on a point of order. Maybe the member misspoke, but he did say that no study began under the previous government, which I believe he knows is not true. There was an expert panel that began. It is a point of fact. The member may want to make a clarification.

The Assistant Deputy Speaker (Mr. Anthony Rota): I will just go to the hon. Minister of Justice, and she can answer.

Hon. Jody Wilson-Raybould: Mr. Speaker, as I said, the Supreme Court decision in Carter came out on February 6, 2015. Several weeks later, the now Prime Minister introduced in this House a motion to form a special committee, on February 24, that would do specifically what we have done over the last months since we formed government, to study this issue, to enable parliamentarians to engage in debate and dialogue.

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It is the members opposite who were in government at that time who did not vote in favour of the special committee. It is quite rich, quite surprising that they are now wanting to engage in substantive debate. We have put in place considered steps to ensure that this discussion continues on this incredibly sensitive issue.

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Mr. Speaker, I am absolutely outraged by this. I am going to lose my opportunity to speak to this bill on behalf of my constituents, many of whom have very impassioned views that they wanted me to rise in this House and express on their behalf.

It is very rich, coming from these folks on the other side of the House. One of the first things they did, rather than striking up a committee, was to announce that they are going to lengthen the process for discussion on something as innocuous as a pipeline, which is going to put gasoline in people's cars, by two years so that everybody in Canada who wants to talk about it can, and yet they are only going to let one in four MPs, at second reading on this bill, talk about something as important as the sanctity of human life.

This is something that the Minister of Justice is going to have to reconcile with. This is an abomination. It violates my privileges as a member of Parliament.

• (1555)

Hon. Jody Wilson-Raybould: Mr. Speaker, I would have liked to see the colleague across the way at the debates yesterday, and have him provided the opportunity to speak in those debates. Rather than standing in the way of unlimited debates, perhaps the Conservatives could have allowed that unlimited debate to take place.

I am fundamentally seized with this issue of medical assistance in dying, as are all Canadians. We are having a national conversation on this issue. Not only are we having a national conversation on this issue, but we also need to respond to a Supreme Court of Canada decision, and the deadline is June 6.

I take that incredibly seriously, and we all should take that incredibly seriously, to ensure we fulfill our responsibility as parliamentarians and put in place that framework to respond to the Supreme Court of Canada decision. If not, we are being irresponsible.

[*Translation*]

The Assistant Deputy Speaker (Mr. Anthony Rota): It is my duty to interrupt the proceedings and put forthwith the question necessary to dispose of the motion now before the House.

[*English*]

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

Some hon. members: Agreed.

Some hon. members: No.

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

Some hon. members: Yea.

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

Some hon. members: Nay.

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

And five or more members having risen:

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

• (1635)

[*Translation*]

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

(*Division No. 47*)

YEAS

Members

Aldag	Alghabra
Alleslev	Amos
Anandasangaree	Arseneault
Arya	Ayoub
Badawey	Bagnell
Bains	Baylis
Beech	Bennett
Bibeau	Bittle
Blair	Boissonnault
Bossio	Bratina
Breton	Brison
Caesar-Chavannes	Carr
Casey (Cumberland—Colchester)	Casey (Charlottetown)
Champagne	Chan
Chen	Cormier
Cuzner	Dabrusin
Damoff	DeCoursey
Dhaliwal	Dhillon
Di Iorio	Dion
Drouin	Dubourg
Duclos	Duguid
Duncan (Etobicoke North)	Dzerowicz
Easter	Ehsassi
Ellis	Erskine-Smith
Eyking	Eyolfson
Fergus	Fillmore
Finnigan	Fonseca
Foote	Fragiskatos
Fraser (West Nova)	Fraser (Central Nova)
Freeland	Fry
Gameau	Goodale
Gould	Graham
Grewal	Hajdu
Hardie	Harvey
Hehr	Holland
Housefather	Hussen
Hutchings	Iacono
Jones	Jordan
Jowhari	Kang
Khalid	Khera
Lametti	Lamoureux
Lapointe	Lauzon (Argenteuil—La Petite-Nation)
LeBlanc	Lefebvre
Lemieux	Leslie
Levitt	Lightbound
Lockhart	Long
Longfield	Ludwig
MacAulay (Cardigan)	MacKinnon (Gatineau)
Maloney	Massé (Avignon—La Mitis—Matane—Matapédia)
May (Cambridge)	McCallum
McCrimmon	McDonald
McGuinty	McKay
McKenna	McKinnon (Coquitlam—Port Coquitlam)
McLeod (Northwest Territories)	Mendès
Mendicino	Mihychuk
Miller (Ville-Marie—Le Sud-Ouest—Île-des-Sœurs)	
Monsef	
Morneau	Morrissey
Murray	Nault

Government Orders

O'Connell
Oliver
Paradis
Peterson
Picard
Qualtrough
Rioux
Rodriguez
Ruimy
Sahota
Samson
Sarai
Schiefke
Serré
Shanahan
Sidhu (Mission—Matsqui—Fraser Canyon)
Sikand
Sohi
Tan
Tootoo
Vandal
Vaughan
Whalen
Wrzesnewskyj
Zahid — 165

Oliphant
O'Regan
Pescholido
Petitpas Taylor
Poissant
Ratansi
Robillard
Rudd
Rusnak
Saini
Sangha
Scarpaleggia
Schulte
Sgro
Sheehan
Sidhu (Brampton South)
Simms
Sorbara
Tassi
Trudeau
Vandenbeld
Virani
Wilkinson
Young

Sansoucy
Scheer
Shields
Sopuck
Stanton
Stetski
Strahl
Sweet
Tilson
Trudel
Van Loan
Viersen
Warawa
Watts
Webber
Wong

Saroya
Schmale
Shipley
Sorenson
Ste-Marie
Stewart
Stubbs
Thériault
Trost
Van Kesteren
Vecchio
Wagantall
Warkentin
Waugh
Weir
Zimmer — 140

PAIRED

Nil

The Assistant Deputy Speaker (Mr. Anthony Rota): I declare the motion carried.

[*English*]

I wish to inform the House that because of the proceedings on the time allocation motion, government orders will be extended by 30 minutes.

[*Translation*]

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 member for Trois-Rivières, Employment Insurance; the member for Selkirk—Interlake—Eastman, Veterans Affairs; and the member for Saint-Hyacinthe—Bagot, Status of Women.

● (1640)

[*English*]

SECOND READING

The House resumed from May 3 consideration of the motion that Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), be read the second time and referred to a committee, and of the motion that this question be now put.

Mr. Ali Ehsassi (Willowdale, Lib.): Mr. Speaker, I am grateful for the opportunity to rise today to join many other colleagues in addressing the significant national debate surrounding Bill C-14, and our government's prompt and appropriate response to the Supreme Court's Carter decision. I believe this was a duty the previous government neglected, and I am proud of our government's response to this complex issue.

Bill C-14 represents a mandated response to the Supreme Court's Carter decision by providing a national framework to ensure, subject to necessary safeguards, access to a fundamental and inviolable right enshrined under section 7 of the Canadian charter. After all, the Carter decision transformed the question before the government from one focused on whether the government should legislate and legalized medical assistance in dying to the very different question of how fast to legislate and legalize medical assistance in dying.

NAYS

Members

Aboultatif
Albrecht
Ambrose
Angus
Ashton
Barlow
Benson
Bernier
Bezan
Blaney (North Island—Powell River)
Block
Boudrias
Boutin-Sweet
Brosseau
Calkins
Caron
Chong
Christopherson
Clement
Cullen
Deltell
Doherty
Dreeshen
Duvall
Falk
Fortin
Genius
Gladu
Gourde
Harder
Hughes
Johns
Kelly
Kent
Kmiec
Lake
Laverdière
Leitch
Lobb
MacGregor
Maguire
Mathysen
McCauley (Edmonton West)
McLeod (Kamloops—Thompson—Cariboo)
Moore
Nater
Nuttall
O'Toole
Pauzé
Poilievre
Raitt
Rankin
Reid
Richards

Albas
Allison
Anderson
Arnold
Aubin
Beaulieu
Bergen
Berthold
Blaikie
Blaney (Bellechasse—Les Etchemins—Lévis)
Boucher
Boulerice
Brassard
Brown
Cannings
Carrie
Choquette
Clarke
Cooper
Davies
Diotte
Donnelly
Dubé
Egliniski
Fast
Généreux
Gill
Godin
Hardcastle
Hoback
Jeneroux
Julian
Kenney
Kitchen
Kwan
Lauzon (Stormont—Dundas—South Glengarry)
Lebel
Liepert
Lukiwski
MacKenzie
Malcolmson
May (Saanich—Gulf Islands)
McColeman
Miller (Bruce—Grey—Owen Sound)
Mulcair
Nicholson
Obhrai
Ouellette
Plamondon
Quach
Ramsey
Rayes
Rempel
Ritz

Government Orders

Despite the clear contours delineated by the Supreme Court, I would like to acknowledge the hard work of all members of the House over the course of the past several months to contribute to this important national debate by recognizing the crucial role of the Special Joint Committee on Medical Assistance in Dying, and acknowledging the leadership demonstrated by the Minister of Justice and the Minister of Health for introducing this transformative legislation.

I would also like to thank all Canadians who have, in one way or another, participated in nation-wide consultations with their provincial and federal governments. I am very proud that many constituents in my riding of Willowdale took the time to approach me regarding various aspects of this bill, and having listened to them, I realize full well that this is a deeply important issue for many Canadians.

At the centre of the profound and solemn debate that has ensued in the House and elsewhere, have been discussions focused on such foundational principles, such as the need to respect individual rights, equity, consent and capacity, clarity, dignity, and accountability. Yet, given the extensive debate that has occurred in the House, I would like to specifically focus my remarks on two specific aspects of this bill which I believe need to be further highlighted and emphasized.

The first issue I will focus on is that Bill C-14 represents a significant first step that now requires further co-operation with our provincial and territorial partners. Second, it is important to recognize the significant safeguards embedded in Bill C-14.

One of the primary characteristics of charter rights, of course, is equal access. If charter rights are by definition universal, they must, within reason, be equally accessible to all Canadians. This is where I believe Bill C-14 comes into play by establishing a national framework for medical assistance in dying that can ensure equitable access across provinces and territories. I feel that Bill C-14 fulfills an expressed desire by our provincial and territorial governments for a national framework to address this timely issue.

I strongly believe that this legislation provides an opportunity for the federal government to facilitate a collaborative approach, which includes provincial and territorial consultation. Specifically, the bill's own preamble clearly states that the law must apply consistently across all of Canada. As such, this bill advocates for a national framework in order to avoid variations from province to province.

As we all know, the Quebec government has in many ways laid the groundwork for medical assistance in dying with their own provincial legislation. However, while provinces will continue to act as key legislative and administrative partners in medical assistance in dying, I think we can all agree that establishing a pan-Canadian, national approach was crucial.

We should continue to work with the provinces and territories to explore mechanisms to coordinate end-of-life care for patients who want access to medical assistance in dying, thus avoiding crucial gaps in access and delivery.

Furthermore, in keeping with our government's commitment to evidence-based decision making, we will engage with the provinces and territories to support the development of a pan-Canadian

monitoring system to collect and analyze data, monitor trends, and publicly report on medical assistance in dying.

This two-way relationship is important. In other words, Bill C-14 represents the beginning of a partnership on medical assistance in dying. Our provincial colleagues, informed by the framework we have provided, can now begin the process of implementing their own medical assistance in dying regimes. Quebec, of course, has already done so, while Ontario and most other provinces have begun the process through the creation of a PT advisory groups on physician-assisted dying.

• (1645)

Allow me now to shift to the second element I would like to address today, the topic of the safeguards included within Bill C-14.

Bill C-14 makes Canada the ninth jurisdiction in the world to legalize medical assistance in dying, not including Quebec. Fortunately, we have been able to learn from their experiences to implement safeguards that will protect the most vulnerable while also allowing suffering Canadians access to their charter rights. Bill C-14 is, therefore, a carefully and deliberately crafted piece of legislation, which learns from the best practices of other governments to legalize medical assistance in dying.

As the Supreme Court made clear in paragraph 117 of the Carter decision, the risks associated with physician-assisted death can be limited through a carefully designed and monitored system of safeguards. Our government is committed to addressing the task put forth by the Supreme Court. We understand that this is a complex and emotional issue for many Canadians. As a result, we want to ensure that protecting the charter rights of some Canadians does not infringe upon the charter rights of others.

Bill C-14 provides strict criteria outlining precisely who is eligible for medical assistance in dying. Relatively strict guidelines are required when dealing with such a significant issue and eligibility is limited to three prescribed sets of conditions contained in Bill C-14.

Bill C-14 also includes safeguards protecting the personal convictions of health care providers. This is a fact that bears repeating as there seems to be some misunderstanding and confusion surrounding this issue. There is nothing in Bill C-14 that compels any medical practitioner to perform medical assistance in dying against their will.

As the Minister of Justice recently confirmed in her appearance before the Standing Committee on Justice and Human Rights on May 2, 2016, she said:

There is nothing in our legislation that would compel a medical practitioner to perform medical assistance in dying as you point out. The jurisdiction in terms of regulations falls to the provinces and territories.

The Minister of Health also addressed this issue in her remarks before the same committee and apart from reiterating that the issue of the conscience rights of health providers falls within the jurisdiction of the provinces, she confirmed that the federal government is already working with the provinces to develop a care coordination system for end-of-life care.

Government Orders

Finally, I believe the inclusion in Bill C-14 of a five-year review clause is another important safeguard. While I have the utmost confidence that the bill would address the issues presented to the government via the Carter decision, this mechanism would allow for future improvements and modifications, if need be.

Before concluding, allow me to also emphasize that Bill C-14 is part of a larger discussion around end-of-life health care. In that spirit, I am proud of the commitments our government has made toward palliative care, through a much-needed \$3-billion investment over four years for home and palliative care.

I am confident that the vast majority of my constituents support medical assistance in dying and support Bill C-14. I urge my colleagues in the House to support the bill as well. By boldly, yet responsibly, reacting to the Carter decision, our government has created a workable and pragmatic national framework that would allow us to closely collaborate with the provinces and territories.

Bill C-14 marks the beginning of a new era. By addressing the expanded charter rights laid out by the Carter decision, this legislation would provide Canadians access to a long-overdue right.

• (1650)

Mr. Guy Lauzon (Stormont—Dundas—South Glengarry, CPC): Mr. Speaker, the member mentioned that he was very confident that the majority of his constituents would support his position on Bill C-14. I actually sent a survey to every one of the 45,000 homes in my riding and got the opposite result. As a matter of fact, 65% of the respondents are opposed to Bill C-14 and 35% are in favour of it.

I wonder if he would be willing to do that in his riding just to confirm what he is stating in the House of Commons.

Mr. Ali Ehsassi: Mr. Speaker, of course, the reason I said that is that I have had plenty of opportunities to speak to various constituents. What I can say is that after having spoken to many constituents, they understood the context within which the bill has been adopted. They appreciate full well that the Supreme Court considered this issue. They also understand full well that many consultations went on and that what resulted from those consultations was Bill C-14.

Hon. Dominic LeBlanc: Mr. Speaker, I rise on a point of order. I am tabling, in both official languages, the government's response to Questions Nos. 80 and 81.

Mr. Nathan Cullen (Skeena—Bulkley Valley, NDP): Mr. Speaker, I was intrigued not so much just with what was in the member for Willowdale's speech, but with what was not in his speech. The fact is that this Parliament is now operating under time allocation on what he called a complex and sensitive issue, which I agree with.

For the life of me, I cannot understand why the government would take away the goodwill, the working together approach that we have taken from the start of this issue. We had a multi-partisan approach, an all-party committee to design the legislation and to move it through the House and proceed with it in a sensible way, which is deserving of something so important. This government came in and used time allocation to shut down debate and discussion in this place, and over this issue in particular.

The previous government abused this tactic, which his party decried. His friend from Winnipeg made many speeches on it. Now the Liberals come in as a new government, in these sunny ways, and on a charter rights issue the first tendency of the government is to take away that goodwill of the parties working together for what Canadians want, which is a bill that balances the rights.

The bill has some serious flaws in it. The member's own chair of the committee has recognized the problems with the bill. The Senate has recognized problems with it. The constitutional lawyers that moved the Carter decision forward to the Supreme Court have pointed out to the government that Ms. Carter herself would not have access to the service under this bill. These are legitimate concerns.

Rather than have the fulsome debate, the Liberal Party has chosen to go back to tendencies that were abused by the Conservative Party and that Canadians rejected in the last election. For the life of me, I cannot understand why.

Why not allow Parliament to discuss this? Why just ignore the fact that his government just now brought in a time allocation measure to shut down Parliament's ability to do what it is here to do, and that is to speak on behalf of the people we represent?

Mr. Ali Ehsassi: Mr. Speaker, I fully agree with the member that this is a very complex issue. What we do see in the legislation is a very balanced approach. Of course, every single individual in the House understands that certain issues that may have been of concern to them were not fully addressed. However, that is what a national legislation is all about.

On the issue of having a sensible approach to debating this very complex and important issue in the House, I have heard for several days that every single member who would like to speak has been afforded that opportunity. In fact, it would appear to me, since I was watching this debate very closely, that there were numerous members who had more than one occasion to address issues that were of concern to them.

Lastly, allow me to inform you that of course this will now be the subject of input as it goes before committee, and it will be returning to the House.

• (1655)

The Assistant Deputy Speaker (Mr. Anthony Rota): I am sure the hon. member did not mean me, in talking to the House.

I just want to remind all members that when they are speaking that they speak through the Speaker, as is protocol, not directly across the floor.

Resuming debate, the hon. member for Calgary Midnapore.

[*Translation*]

Hon. Jason Kenney (Calgary Midnapore, CPC): Mr. Speaker, I am honoured to rise to speak to this important bill on behalf of my constituents.

As a member of the House for 19 years, I have had many opportunities to consult my constituents about this, and they are deeply concerned about what we are doing here today.

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[English]

Let me begin by amplifying comments we just heard about the unfortunate application of the guillotine of time allocation and shutting down debate at second reading of this hugely consequential bill.

As I said in this place an hour ago, I understand that from time to time governments must use time allocation in Parliament to address critical urgent issues, such as back-to-work legislation and national emergencies, and to prevent opposition filibusters from unreasonably stalling the government's legislative agenda. I understand that, but this is a different kind of issue. This issue is different in kind but not in degree from those normal prudential matters with which this House normally deals.

Let us be clear, the bill authorizes the taking of human life. I would argue, there is no greater power that could be exercised by this legislature than the authorization of the taking of human life.

That is why there is an ancient convention in this and other Westminster-style parliaments, other democratic legislatures, that on such matters of the most profound moral conscience two conventions apply: first, that all members should vote freely; and second, that all members should be able to speak freely.

Here we have a government that, based on media reports, was very close to violating the first one of those conventions in seeking to whip its own members to vote on this matter of moral conscience, and now we have a government that is violating the second ancient Westminster democratic convention, empowering members to speak their conscience, to reflect the convictions of their constituents, on a matter that could not be more grave.

We will hear lots of political noise about different governments that have used time allocation, but I hearken back to 1969 in this place when the father of the current Prime Minister brought forward the omnibus justice legislation that touched on very profound moral questions, including abortion, and there was no application of time allocation.

I hearken back to 1976. In the free vote and debate in this place on capital punishment, there was no limitation of debate. I reflect back to the difficult debates in this place in 1988 and 1989 about unborn human life, and again, no application of time allocation. Indeed, I believe when the former Liberal government brought forward the Civil Marriage Act in 2005, a matter of profound moral conscience, although perhaps not as grave in terms of human life, it was also unrestricted in terms of debate.

I want to put down that marker that we are crossing two Rubicons here today: first, in violating these ancient parliamentary conventions; and second, in authorizing the taking of human life.

On the substance of the matter, let me first reflect. We throw around a lot of terms here euphemistically, and whenever one hears the application of euphemistic language to matters as grave as the taking of human life, one should be concerned.

We need only reflect on the history of the 20th century, what Saint John Paul II referred to as the century of tears, the century when the taking of human life became industrialized. In fact, we mark today Yom HaShoah when we recall the sacred memory of the six million

European Jews lost in the Holocaust, following the euphemistic application of language to dehumanize the Jewish people.

Aldous Huxley, the great British novelist in his novel *Brave New World*, in 1932, gave us a perfect depiction of what the euphemistic application of language to life and death questions can result in: the normalization, the banalization of the taking of human life.

• (1700)

I believe we see that in the very title of this bill. What was commonly known in the English language for centuries as euthanasia is referred to in this bill with the euphemistic phrase, "physician-assisted dying".

First let me challenge that, so we understand the nature of this debate. Dying is a passive exercise and killing is an active exercise. When we use the word killing, it is bracing and disturbing. It should be so, because the administration of a drug or other medical means purposely to end human life is an act of volition. In the language of formal ethics, it is the teleological of that; the end purpose of the administration of that poison, that life-ending medical intervention, is to end life. In literal terms, it is a decision to kill.

However, that is radically different from assisting people in dying, which palliative care practitioners do with great dignity every single day. Let us not begin this debate in confusing these two radically different moral concepts.

When I was in university in San Francisco nearly 30 years ago, I volunteered occasionally at a hospice established by Mother Teresa's Missionaries of Charity, primarily to assist men dying from complications as a result of HIV and AIDS. I saw the incredible, authentic compassion demonstrated by those women and palliative care practitioners in assisting in the death of those individuals. They were not seeking to hasten death. They were not seeking to end the lives of those in their care. They were seeking to comfort them.

To address another euphemistic abuse of language, we often hear the term compassion thrown about here. We all want to be compassionate. We all want to empathize with those who are facing pain at the end of their lives. However, that same Mother Teresa who established that hospice, and dozens of others around the world, reminded us that the etymological root of the word compassion comes from the Latin words *com* and *passio*, meaning to suffer with.

I would argue that presenting people with the idea of ending their lives is not to suffer with them, as palliative care practitioners and compassionate family members do every day. We must stand by them in legislation and programs, and provinces must, through their health care programs. If one good can come from this debate, I hope it will be a radical improvement in the entire field of palliative care.

However, we have heard from palliative care practitioners and from physicians who are so concerned by the implications of this bill that they are prepared to withdraw from the field of palliative care. I would ask us to proceed with great caution, which indeed reflects the ancient moral consensus of western civilization, dating all the way back to the 5th century BC. In the Hippocratic oath, Hippocrates said:

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I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course.

There is great wisdom in that oath, which has been taken by physicians for millennia in the western tradition. I submit that we should not lightly disregard that great received wisdom, and I am profoundly concerned that the exceptions to the exceptions found in this legislation are radically inadequate to ensure a proper protection of the vulnerable, to ensure authentic compassion, and to ensure that we really do aid people in dying rather than presenting them with the slippery slope of killing.

• (1705)

Mr. David McGuinty (Ottawa South, Lib.): Mr. Speaker, I commend my colleague for his remarks. I appreciate the fact that he goes as far back as Aldous Huxley, and perhaps even Mortimer Adler, in terms of Adler's distinction between differences of kind and of degree. Like him, as someone who spent five years studying the classics and liberal arts and philosophy, I share some of his profound concerns. I have a couple of questions for him in response.

First of all, I would like him to explain to the House how moving the bill to committee, where it can be properly dealt with in terms of specific amendments from the opposition, government members, and the third party, is in any way prejudicial to improving it.

Second, could he explain to us how specifically our government has, according to his language, "not proceeded with caution". He went on to say that we have been lightly disregarding the profound wisdom of apparently a millennia. I would like him to explain to the House how a general practitioner medical doctor as minister of health, a distinguished attorney and attorney general, who is a practising lawyer and crown prosecutor, two of whom have been seized with this issue for months, agonizing over the difficult choices to be made, trying to reflect Canadians' needs and desires, have lent short shrift to the importance of this issue in any form, any shape, in the bill?

Hon. Jason Kenney: Mr. Speaker, obviously the bill passing at second reading appears to be a foregone conclusion, so the committee will be engaged. I must express some concern with the imposition of what I think are quite unreasonable timelines on this sovereign democratic Parliament by the Supreme Court justices down the way, who initially imposed a timeline without apparently being conscious that we had an election that would take this place out of business for several months.

On the member's second point, I did not make an ad hominem attack against the integrity of those who have drafted the bill. I simply disagree with their analysis and their conclusions. Two cases in point regarding the alleged requirements in the bill are first, that two physicians must authorize the act of euthanasia. That seems to be wholly inadequate in a country of over 70,000 physicians. We could easily end up with a handful of Jack Kevorkian-style enthusiasts for euthanasia, using their physician's licence to imprudently authorize acts of euthanasia even when they ought not to do so.

Second, another requirement is that death be reasonably foreseeable, as it is for all of us. I believe that the restrictions in the bill are wholly inadequate to prevent the kinds of abuses about which we are all gravely concerned.

Mr. Nathan Cullen (Skeena—Bulkley Valley, NDP): Mr. Speaker, I always enjoy, if not always agree with my friend from Calgary. I find he represents the point of view of socially conservative Canadians very well, and with great articulation. On two points, I have a question for him.

One is on the process that we are now in. Parliament is now under time allocation. That means that debate has been cut off by the government unilaterally, despite there being many and very good efforts to work across party lines on what is a complex and sensitive issue for all of us. This is the intervention of our own personal experiences as members of Parliament, our faith, our own personal morality, and the attempts we make to represent Canadians with our best courage and intelligence.

Only in the preamble of the bill is there any mention of palliative care whatsoever. In the budget, there are scant resources to bring in any sort of effort to help Canadians with palliative care issues. It is talked about, but never actually addressed and acted upon. I am wondering why it does not exist as some sort of more forceful, meaningful component of this conversation we are having today about a sensitive and important discussion about end of life for all Canadians.

• (1710)

Hon. Jason Kenney: Mr. Speaker, those are kind words from my honourable friend. However, let me first challenge the hon. member's characterization of my position as being the socially conservative position. In fact, I think it is the Canadian position.

It was the position of the Canadian judiciary until a year ago. It was the position of the Supreme Court of Canada in the Rodriguez decision. It was the position of the majority of members in this place in at least three votes that have occurred in my 19 years here, including the vast majority of members of the Liberal Party and many New Democrats, like the former member of Parliament Bill Blaikie.

I would submit that this is not an ideological or political issue. It is an issue on which people have honestly held, different convictions. However, let us not pigeonhole them in that.

In terms of time allocation, I agree with the member and I have already addressed that.

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, I am honoured to have the opportunity to speak to Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying).

Let me first thank the members who were part of the Special Joint Committee on Physician-Assisted Dying for this bill and for their hard work. Their work showcased Parliament at its best, what it is capable of when parties put aside politics and the best interests of Canadians are at heart, and in particular when vulnerable Canadians are put at the forefront. I would also like to recognize the members of the Standing Committee on Justice and Human Rights, who are working diligently and endlessly on this issue.

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Since the debate began, we have heard many moving and deeply personal stories. These are heartfelt sentiments, some that are so moving, as I listened to their stories it brought a lump to my throat. I thought about how wonderful it is that we have Canadian democracy in this very House, where every single member was supposed to have the opportunity to voice their opinion on this very important issue.

In my view, it is a shame that the government brought forward closure. I do think it is a shame. It was not necessary. I think we could have afforded every single member the opportunity to be heard and to offer their point of view on this important bill.

This bill before us today is one of great importance and significance to Canadians from all walks of life, from coast to coast to coast. Its subject is something that has touched countless Canadians, at least to a degree. Whether caring for an ill member of their family, providing support to a friend or colleague, caring for a loved one, or just contemplating their own wishes should they be in a situation where they are forced to deal with enduring and intolerable suffering, this is an issue that truly impacts all of us.

As this legislation is quite literally dealing with life and death, it is of the utmost importance that Parliament put the best legislation forward. The rights and self-determination of individuals must be supported while simultaneously ensuring that the most vulnerable people in society are protected from harm.

This balance must, and I believe can, be struck. There is no question that end-of-life decisions can be incredibly hard on families, whether the family member is dealing with a serious condition, or the surrounding families and loved ones are witnessing the pain and suffering of their loved one. For those doing the support work, it is deeply emotional and deeply personal.

Should a person ultimately determine that they would prefer to, as many call it, “die with dignity” on their own terms, the gravity of that decision itself is enough for a family and the individual to grapple with. Over the years, we have seen the struggles of families of individuals who are fighting for their right to die with dignity go through time-consuming and difficult court battles, from Sue Rodriguez to Ms. Kay Carter.

These individuals went through the court battle, not just for themselves, I believe, but for all Canadians who wish to have the right to choose to die with dignity. For that, I thank them and their families for their courage, and the courage they have shown to have their voices heard in perhaps the most trying and critical time in their lives.

While I have not been in a situation where one of my loved ones has had to endure this kind of pain, I have known people who have. At such a difficult time, one would think that the last thing these families would want to deal with is the additional stress and hardship imposed on them because Parliament did not have the courage to act.

Parliament has been given the task by the Supreme Court of Canada, based on the ruling known as the Carter decision. The court unanimously decided that Canadians who are suffering intolerably as a result of a “grievous and irremediable medical condition” have a charter-protected right to access medical assistance in dying. On

June 6 of this year, a new law adhering to this decision needs to be in place or a legal vacuum will result.

• (1715)

The Special Joint Committee on Physician-Assisted Dying spent considerable time listening to expert testimony and brought forward 21 recommendations in a legislative response to the Carter decision.

The very first question that needs to be answered on Bill C-14 is this: Does this legislation comply with the Carter decision? The special joint committee heard from some advocates and experts who stated that the bill would fall short. This could result in more lengthy court challenges, and more importantly, individuals, families, and medical professionals left navigating incredibly difficult decisions while operating in a legal gray area. In my view, to allow this situation to occur would mean nothing less than a failure of Parliament.

Kay Carter, one of the two women involved in the Supreme Court of Canada case, suffered excruciating and debilitating pain which left her wheelchair bound and unable to feed herself. Fully mentally and legally competent, and possessing a fierce independence, she sought the right to choose medical assistance in dying if her suffering became unbearable. However, her condition was not considered fatal, and because the final criteria in Bill C-14 for undergoing physician-assisted death is “natural death has become reasonably foreseeable”, many experts have noted that Kay Carter would have been denied access under Bill C-14.

Surely we must question how it could be if Bill C-14 was meant to address the Carter decision, that Kay Carter and others like her, who are legally competent and suffering from serious and incurable but non-fatal conditions, would not be granted that very right under this new law.

My question for the government is quite simple: What is behind the decision to use such different terminology than was used in the court ruling?

Bill C-14 is also silent on a practitioner's right to conscientious objection. Presumably this means the government is leaving it up to the provinces to work that out. Respectfully, the Supreme Court of Canada has tasked the federal government with crafting these laws. Leaving out something as important as practitioners having the right to conscientious objection and failing to meet the test of the Carter ruling, in my view, is a failure of Parliament to live up to its responsibility.

The special joint committee recommended that the government consider the topic of advance directives. While the court was silent on this as cognitive decline and therefore legal competence was not going to become an issue for the plaintiffs in the case, the Canadian public has been vocal about this. Experts appearing at committee stated that people dealing with these sorts of illnesses, such as Alzheimer's and other forms of dementia, will be left with no legal options.

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My constituents of Vancouver East have brought this issue to my attention. A Vancouver East resident wrote, “Without the option to make advance requests for assisted dying, Canadians with dementia, or other degenerative illnesses that rob victims of their competence, will be effectively excluded from access.”

It is my belief that this completely goes against the spirit of the Supreme Court ruling on physician-assisted dying.

In going forward, I hope there will be changes to this legislation to bring it to the place where it is both Carter compliant and charter compliant.

I have no doubt that my colleague the member for Victoria will continue to work diligently and consult on this very matter with experts and people affected.

I would like to point out that while the bill in its preamble cites the importance of palliative care, I hope that the government will actually deliver on palliative care as well.

It should be all of our obligation to make sure that these choices are afforded to Canadians and that in their choices, they are supported with every effort to make that choice a reality.

• (1720)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, if I may be allowed to address a number of the points the member has raised, first and foremost, the member acknowledges that the reason this bill is before us is that nine Supreme Court judges unanimously indicated that we need to change the law. That is the reason we have the legislation before us today.

It is interesting that in listening to members speak, sometimes a member will say that we have gone too far and other members will say that we have not gone far enough. We can compare the last two speeches as an example. That tells me there is a good balance, but we are always open to improvements as we see this bill go to committee. This government is open to improving legislation if the need can be demonstrated at the committee stage in particular.

The member made reference to the importance of palliative care. The Prime Minister and this government truly care about palliative care. Over the last number of months there has been a tangible commitment made by this government in the budget of substantial financial contributions in and around \$3 billion, not to mention the commitment to the health care accord.

My last point is the issue of affording members an opportunity to speak. It is important for us to note that last night opposition members were afforded the opportunity to speak endlessly past midnight if need be, but it was the opposition that said no to that. Why does the member believe the official opposition and the NDP did not want to sit past midnight in order to allow members to address this very important issue?

Ms. Jenny Kwan: Mr. Speaker, the government was elected on the notion that it would do things differently. The Liberals said that during the campaign and post campaign. We are in this House debating a bill with respect to a charter rights issue. The member himself acknowledged the significant importance for this bill to be debated properly in the House, yet the government brought in

closure after two and a half days of debate. Why did the government have to do that? Is saying no to a debate past midnight somehow a justification to say, “Gee, we should bring in closure, then”? Does it make sense for a civilized society to be debating past midnight to continue on this work? Why would the government bring in closure after two and a half days?

My understanding is that the government House leader made an agreement with the opposition House leaders on when the government would end the debate on this, yet the government reneged on that. Why did the government do that?

Mr. Todd Doherty (Cariboo—Prince George, CPC): Mr. Speaker, I sat through all of the debate into the wee hours of the morning waiting for my chance to speak. We are talking about life and death. This could be the single most important decision we make as a Parliament perhaps in decades preceding us and decades moving forward. Every one of us bears the burden of the decision we make moving forward. It was the hon. member for Don Valley West, the chair of the very committee that was tasked with investigating this, who said that he guessed it was a good enough bill. However, I am not sure “good enough” is enough when we are talking about life and death.

When we are talking about debate, not one member from the Liberal government stood up beyond 4:00 p.m. When I sat through the discussion earlier on, there were members on the other side who were either for or against it, and I welcome their conversation. However, not one member was able or allowed to stand up.

Now the bill will go to committee, and the debate will be finished. Is the member confident enough that we will see a bill that is not just good enough but the right bill for this serious issue?

• (1725)

Ms. Jenny Kwan: Madam Speaker, all of that rests on the committee and the membership of that committee and whether or not they will bring the spirit of co-operation and collaboration to the table and be open to hearing from experts and open to bringing forward amendments to fix this bill. I am hopeful of that. I have no doubt that the NDP member for Victoria will work tirelessly to ensure that takes place. However, that is yet to be seen. He is only one member, but it rests with the other members of that committee as well.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Madam Speaker, I want to note that after two and a half days of debate, I will be one of the last few speakers of the one-quarter parliamentarians who were actually allotted the opportunity to speak at second reading of Bill C-14. However, I do not want to waste my time raging against that particular issue, because we have an important debate in front of us.

I have watched with envy when some of my colleagues have been able to articulate a really clear position on the legislation, both for and against. Truly, it is going to be with no ease that I will make my vote tonight. It is a very difficult decision for many.

I want to start with a quick reflection on some of the facts about this case and really the two cases that were with the Supreme Court of Canada which ultimately ended up in very different results.

Government Orders

I have heard again and again that the public sees Sue Rodriguez and Gloria Taylor as remarkably similar in terms of the struggle they were having with ALS, which of course is a horrific degenerating neurological disease. Notwithstanding those very similar fact patterns, the 2015 Carter decision did not follow the 1993 precedent and, indeed, was really a completely contradictory position which struck down a 21-year-old law which declared physician-assisted suicide as an indictable offence.

It is an age-old argument that the court should interpret laws and not make them. I actually do acknowledge that the Charter of Rights and Freedoms requires interpretation by our courts, but I would also like to argue that once an interpretation is given, the offering of consistent rulings makes sense to the general public.

As societal views change on any particular issue, it is the responsibility of the legislative branch to adapt to changing public values.

I do want to reject the statements that many have made that Parliament was not willing to consider the issue. In 2010, there was a vote. I remember that my colleague Steven Fletcher spoke very eloquently. He had a private member's bill. I have no doubt we would have dealt with this issue again in this Parliament.

I also want to note that Quebec and many countries took a long time, six years, 10 years, to craft a piece of legislation to talk to their communities.

The Supreme Court of Canada's decision affects every Canadian, and every member of Parliament, I believe, had a responsibility to talk to their constituents in detail.

I did send a letter to every household in my riding right after the Supreme Court of Canada decision. This was consultation before the last election. Of the over 1,000 responses I received, approximately 70% recognized there were some cases where they believed that physician-assisted suicide might be important.

Then we had the actual legislation. I made a commitment and said that if anyone wanted to join me in a round table, I would give them every minute of the last constituency week.

As members can imagine, we had round table after round table, including round tables with physicians and seniors groups. They were powerful discussions. They were divisive discussions. People had very different perspectives, but I think there are three areas that they did agree upon.

Palliative care has to be improved. There is no question about that. I did some quick calculations. That \$30 billion over four years, in terms of a home care budget in the health authority I represent, is actually a pittance in terms of their being able to change a palliative care system.

Again, everyone agreed that there is a slippery slope and that there is no confidence that we are not going to head down that slippery slope. As a result, two recommendations were made.

One recommendation was that two physicians may make a decision but a social worker and a psychologist should inform the physicians' decision, or alternatively, there should be a judicial review process. I think those were important considerations. They

absolutely 100% believe that the protection of health conscience rights of our providers must be in federal legislation.

• (1730)

I will reflect on a few comments from those opposed and from those who were supportive, and then I will conclude.

People opposed to the legislation were not opposed to any technical pieces of the legislation but because they believed we were talking about murder, a profound diminishment of respect for life, and that vulnerable individuals would choose to end their life if they felt they were a burden.

I would like to quote a physician who sent me an email. He said, "I certainly have some concerns with the proposed legislation and would not feel comfortable in bringing about a patient's death. That is not why I went into medicine. I am actively involved in palliative care and believe this is a compassionate and crucial service to people near the end of their lives. Sometimes it's messy and life spills all over the floor. It seems to me that sometimes families want to avoid the challenge of lovingly caring for these individuals. Our society likes tidy, convenient outcomes. It seems to me that this is frequently the motive underlying assisted death. I would take great exception to legislation that would force me to refer someone on for assisted suicide against my conscience. I would certainly explain to the patient that there may be other physicians that would be willing to assist them and taking their life".

That was from one of the very reputable physicians in the community that I represent. Again, in these round tables there were community members both in support and against the legislation.

We had an 80-year-old woman come to a session who wanted that option available to her. She did not have to worry about family and said that it was strictly something that she wanted for herself.

Another constituent, who joined us, talked about being with her stepdad and dad when they died. She talked about the very awful, tragic end that both of them had in spite of the best palliative care that was available. She expressed how awful it was.

I think she would have rejected the physician's characterization that she would choose that end because it was tidy or because she did not have the compassion. She was clearly willing to do whatever she needed to do to help her stepdad and dad, but felt that they needed better options.

Probably one of the most emotional conversations was when someone said, "I respect your opinion on this issue, and I know that you believe it is wrong, but can you please respect mine?" Again, that dialogue was happening where there was a request of respecting one's opinion.

The legislation needs some work and certainly the commitment around palliative care is very minimal. We must have protection for the conscience rights of our health providers in the legislation. As well, we really need to reflect on providing protection for the vulnerable who feel they are a burden.

Government Orders

I will support the legislation at second reading for three reasons. First, I believe that ultimately it will serve Canadians better than having a legal void. Second, indications are that a significant number, a majority, in my riding do support assisted suicide and euthanasia. Finally, everyone reflects personally, and if I ever had family members with ALS or another devastating disease who said that they wanted to lie on their bed, listen to their music, look at the mountains, rather than palliative sedation at the end of their time, and that's what they choose, how could I not support them in their request to escape intolerable pain and suffering?

• (1735)

Mr. Sukh Dhaliwal (Surrey—Newton, Lib.): Madam Speaker, I would like to thank the hon. member for Kamloops—Thompson—Cariboo for her passionate speech, her experience on this file, being a medical professional, and the work that she did with her constituents to come up with the decision to support this important bill at second reading, and taking it to committee stage.

With her professional medical experience and passion, would she be able to convince members on the other side to support this bill, so that we have something concrete in place to help the many individuals who she and other members have compassion for?

Mrs. Cathy McLeod: Madam Speaker, I respect that every member of the House has been dealing with this very difficult issue in their own way. They will vote tonight based on a whole number of factors. Again, the votes at report stage and third reading stage will reflect what comes out of committee.

We are all talking about this important issue and reflecting on the grave responsibility that has been given to us.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, one thing that is distressing me as we move toward closure on this debate is the assertion that June 6 is a deadline that the House cannot exceed. It is very true that June 6 is the deadline and it cannot be moved. I accept that we cannot go back to the Supreme Court and ask for more time. We must have a full debate and avoid a trap set by opposition parties to get the new government to start repeating the anti-democratic mistakes in the House of using closure frequently. We are now getting into a situation where we must move under closure.

Does she agree with me that it might be possible to allow this debate to have gone properly and fully even if there was a lacuna between when the current Criminal Code provisions were no longer legal and removed from the Criminal Code and when the new framework comes into place?

Mrs. Cathy McLeod: Madam Speaker, I am not a lawyer like many in the House, but I originally understood debate was going until midnight tonight, which would have allowed for a lot more debate on this particular issue.

I also know, because I was there just a few days ago, that although the committee cannot look at amendments yet, it is hearing from many witnesses. The government has rushed into closure today, when I had understood there was goodwill on the part of all House leaders. I was looking forward to standing in the House at perhaps 10 o'clock this evening and talking about this particular issue.

I feel privileged and honoured that at least I had the opportunity as one of the last to stand and debate at second reading.

• (1740)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I wish to respond to the leader of the Green Party's concern with regard to June 6. At the end of the day, there will be a whole lot more vulnerability within the communities that we serve if we did nothing. The Supreme Court, nine judges, unanimously said that we need to fill a void. The government, along with the support of members of all political parties, has recognized the need for this legislation.

My question to the member—

The Assistant Deputy Speaker (Mrs. Carol Hughes): In order for the hon. member to answer, we must give her some time.

The hon. member for Kamloops—Thompson—Cariboo.

Mrs. Cathy McLeod: Madam Speaker, one of my rationales for supporting the bill at second reading is the statement that I thought it might be better to have no void in terms of legislation, but I will certainly defer my final decision until third reading and report stage.

The Assistant Deputy Speaker (Mrs. Carol Hughes): Before we resume debate, I want to remind the member for North Okanagan—Shuswap that he will only have a few minutes because we will have to end debate as the time will have expired. I will give the member a signal.

Resuming debate, the member for North Okanagan—Shuswap.

Mr. Mel Arnold (North Okanagan—Shuswap, CPC): Madam Speaker, I feel very fortunate to rise to speak to this issue today. Unfortunately, as you mentioned, I will not have the full time. I was hoping to speak fully on the issue, especially on behalf of the constituents who have continuously contacted me in my office with their concerns over the issue. I feel unfortunate for those members who have no ability to speak to the bill because of the closure that was forced upon us by the Liberal government.

An issue of this importance should not be forced through closure, as has been done today. This needs to be fully debated to the fullest extent. I am appalled at the other side for what it has done to us here. We need to fully consider all the implications of what is being presented in the bill. There are so many details missing in the definitions and in the possibilities down the road.

I want to relate a personal story here that expresses why I am so concerned about what is missing and why I want to ensure all the safeguards possible are put in place in the bill.

A few years ago, I had the honour and the burden of being the authorized representative for my mother in the final years of her life. Her health was gradually degrading through dementia and diabetes, to the point where it was getting difficult to have just a regular conversation with her. In fact, in the final few months it got to the point where she knew what a telephone was, but she did not know to answer it when it rang, or how to dial it anymore. Having done that for decades, she could no longer associate what to do with the telephone.

Government Orders

After three or four months of that, just before Christmas she became quite ill with the flu. We were not sure if she was going to be able to pull through or not. Whatever that illness did to her in her state of dementia, we are not sure. However, we were fortunate enough to visit with her on Boxing Day. We went in to see her. She had fully fluent and cohesive conversations with us. Not only that, earlier in the day she had picked up the telephone and phoned every one of my five siblings, dialing their phone numbers from memory. That was something she had not been able to do for months.

Right now, many people will look at dementia and some of these degenerative diseases as being incurable, but that day, that very short period of time proved to me that it is not always the case.

Therefore, when we are considering Bill C-14, every last one of us as members of Parliament really need to consider this because we are making a decision that is going to impact not just us in the House but the physicians and caregivers out there dealing with these patients, and with possibly many lives down the road.

I am appalled that we have closure on this today. I certainly hope that what goes to committee and what comes back does not open the floodgates to all the dangerous slippery slopes we see down the road.

• (1745)

The Assistant Deputy Speaker (Mrs. Carol Hughes): I apologize for not giving you enough time, but it being 5:45 p.m., pursuant to order made earlier today, it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of the second reading stage of the bill now before the House, and of the motion that this question be now put.

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

Some hon. members: Agreed.

Some hon. members: No.

The Assistant Deputy Speaker (Mrs. Carol Hughes): All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Assistant Deputy Speaker (Mrs. Carol Hughes): All those opposed will please say nay.

Some hon. members: Nay.

The Assistant Deputy Speaker (Mrs. Carol Hughes): In my opinion the nays have it.

And five or more members having risen:

The Assistant Deputy Speaker (Mrs. Carol Hughes): Call in the members.

• (1825)

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

(Division No. 48)

YEAS

Members

Aldag	Alghabra
Alleslev	Amos
Anandasangaree	Arseneault
Arya	Ayoub
Badawey	Bagnell
Bains	Baylis
Beech	Bennett
Bibeau	Bittle
Blair	Boissonnault
Bossio	Bratina
Breton	Brison
Caesar-Chavannes	Carr
Casey (Cumberland—Colchester)	Casey (Charlottetown)
Champagne	Chan
Chen	Cormier
Cuzner	Dabrusin
Damoff	DeCoursey
Dhaliwal	Dhillon
Di Iorio	Dion
Drouin	Dubourg
Duclos	Duguid
Duncan (Etobicoke North)	Dzerowicz
Easter	Ehsassi
Ellis	Erskine-Smith
Eyking	Eyolfson
Fergus	Fillmore
Finnigan	Fonseca
Foote	Fragiskatos
Fraser (West Nova)	Fraser (Central Nova)
Freeland	Fry
Garneau	Goodale
Gould	Graham
Grewal	Hajdu
Hardie	Harvey
Hehr	Holland
Housefather	Hussen
Hutchings	Iacono
Jones	Jordan
Jowhari	Kang
Khalid	Khera
Lametti	Lamoureux
Lapointe	Lauzon (Argenteuil—La Petite-Nation)
LeBlanc	Lebouthillier
Lefebvre	Lemieux
Leslie	Levitt
Lightbound	Lockhart
Long	Longfield
Ludwig	MacAulay (Cardigan)
MacKinnon (Gatineau)	Maloney
Massé (Avignon—La Mitis—Matane—Matapédia)	
May (Cambridge)	McCrimmon
McCallum	McGuinity
McDonald	McKenna
McKay	McLeod (Northwest Territories)
McKinnon (Coquitlam—Port Coquitlam)	Mendicino
Mendès	Miller (Ville-Marie—Le Sud-Ouest—Île-des-Sœurs)
Mihychuk	
Soeurs)	Morneau
Monsef	Murray
Morrissey	O'Connell
Nault	Oliver
Oliphant	Paradis
O'Regan	Peterson
Peschisolido	Philpott
Petitpas Taylor	Poissant
Picard	Ratansi
Qualtrough	Robillard
Rioux	Rota
Rodriguez	Ruimy
Rudd	Sahota
Rusnak	Samson
Saini	Sarai
Sangha	Schieffe
Scarpaleggia	Serré
Schulte	Shanahan
Sgro	Sidhu (Mission—Matsqui—Fraser Canyon)
Sheehan	Sikand
Sidhu (Brampton South)	

Government Orders

Simms
Sorbara
Tassi
Trudeau
Vandenbeld
Virani
Wilkinson
Wrzesnewskyj
Zahid — 169

Sohi
Tan
Tootoo
Vandal
Vaughan
Whalen
Wilson-Raybould
Young

Zimmer — 141

PAIRED

Nil

The Speaker: I declare the motion carried.

[*Translation*]

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

Some hon. members: Agreed.

Some hon. members: No.

The Speaker: All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Speaker: In my opinion the yeas have it.

And five or more members having risen:

● (1835)

[*English*]

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

(*Division No. 49*)

YEAS

Members

Aboultouf
Albrecht
Ambrose
Angus
Ashton
Barlow
Benson
Bernier
Bezan
Blaney (North Island—Powell River)
Block
Boudrias
Boutin-Sweet
Brosseau
Calkins
Caron
Chong
Christopherson
Clement
Cullen
Deltell
Doherty
Dreeshen
Duvall
Falk
Fortin
Geniis
Gladu
Gourde
Harder
Hughes
Johns
Kelly
Kent
Kmiec
Lake
Laverdière
Leitch
Lobb
MacGregor
Maguire
Masse (Windsor West)
May (Saanich—Gulf Islands)
McColeman
Miller (Bruce—Grey—Owen Sound)
Mulcair
Nicholson
Obhrai
Ouellette
Plamondon
Quach
Ramsey
Rayes
Rempel
Ritz
Saroya
Schmale
Shipley
Sorenson
Ste-Marie
Stewart
Stubbs
Thériault
Trost
Van Kesteren
Vecchio
Wagantall
Warkentin
Waugh
Weir

NAYS

Members

Albas
Allison
Anderson
Arnold
Aubin
Beaulieu
Bergen
Berthold
Blaikie
Blaney (Bellechasse—Les Etchemins—Lévis)
Boucher
Boulerice
Brassard
Brown
Cannings
Carrie
Choquette
Clarke
Cooper
Davies
Diotte
Donnelly
Dubé
Eglinski
Fast
Généreux
Gill
Godin
Hardcastle
Hoback
Jeneroux
Julian
Kenney
Kitchen
Kwan
Lauzon (Stormont—Dundas—South Glengarry)
Lebel
Liepert
Lukiwski
MacKenzie
Malcolmson
Mathysen
McCauley (Edmonton West)
McLeod (Kamloops—Thompson—Cariboo)
Moore
Nater
Nuttall
O'Toole
Pauzé
Poilievre
Raitt
Rankin
Reid
Richards
Sansoucy
Scheer
Shields
Sopuck
Stanton
Stetski
Strahl
Sweet
Tilson
Trudel
Van Loan
Viersen
Warawa
Watts
Webber
Wong

Albas
Alghabra
Amos
Angus
Arya
Aubin
Badawey
Bains
Beaulieu
Bennett
Berthold
Bittle
Blair
Blaney (Bellechasse—Les Etchemins—Lévis)
Bossio
Boudrias
Boutin-Sweet
Breton
Brosseau
Cannings
Carr
Casey (Charlottetown)
Chan
Chong
Christopherson
Cormier
Cuzner
Damoff
DeCoursey
Dhaliwal
Di Iorio
Donnelly
Dubé
Duclos
Duncan (Etobicoke North)
Dzerowicz
Ehsassi
Erskine-Smith

Aldag
Alleslev
Anandasangaree
Arseneault
Ashton
Ayoub
Bagnell
Baylis
Beech
Benson
Bibeau
Blaikie
Blaney (North Island—Powell River)
Boissonnault
Boucher
Boulerice
Bratina
Brison
Caesar-Chavannes
Caron
Casey (Cumberland—Colchester)
Champagne
Chen
Choquette
Clarke
Cullen
Dabrusin
Davies
Deltell
Dhillon
Dion
Drouin
Dubourg
Duguid
Duvall
Easter
Ellis
Eyking

Private Members' Business

Eyolfson	Fergus
Fillmore	Finnigan
Fonseca	Foote
Fortin	Fragiskatos
Fraser (West Nova)	Fraser (Central Nova)
Freeland	Fry
Garneau	Généreux
Gill	Godin
Goodale	Gould
Graham	Grewal
Hajdu	Hardcastle
Hardie	Harvey
Hehr	Holland
Housefather	Hughes
Hussen	Hutchings
Iacono	Johns
Jones	Jordan
Jowhari	Julian
Kang	Kelly
Kent	Khalid
Khera	Kwan
Lametti	Lamoureux
Lapointe	Lauzon (Argenteuil—La Petite-Nation)
Laverdière	Lebel
LeBlanc	Lebouthillier
Lefebvre	Lemieux
Leslie	Levitt
Liepert	Lightbound
Lockhart	Long
Longfield	Ludwig
MacAulay (Cardigan)	MacGregor
MacKinnon (Gatineau)	Malcolmson
Maloney	Masse (Windsor West)
Massé (Avignon—La Mitis—Matane—Matapédia)	
Mathysen	
May (Cambridge)	May (Saanich—Gulf Islands)
McCallum	McCrimmon
McDonald	McGuinty
McKay	McKenna
McKinnon (Coquitlam—Port Coquitlam)	McLeod (Kamloops—Thompson—Cariboo)
McLeod (Northwest Territories)	Mendes
Mendicino	Mihychuk
Miller (Ville-Marie—Le Sud-Ouest—Île-des-Sœurs)	
Monsef	
Morneau	Morrissey
Mulcair	Murray
Nault	Obhrai
O'Connell	Oliphant
Oliver	O'Regan
Paradis	Pauzé
Peschisolido	Peterson
Petitpas Taylor	Philpott
Picard	Plamondon
Poissant	Quach
Qualtrough	Ramsey
Rankin	Ratansi
Rayes	Rioux
Robillard	Rodriguez
Rota	Rudd
Ruimy	Rusnak
Sahota	Saini
Samson	Sangha
Sansoucy	Sarai
Scarpaleggia	Schiefke
Schulte	Serré
Sgro	Shanahan
Sheehan	Sidhu (Mission—Matsqui—Fraser Canyon)
Sidhu (Brampton South)	Sikand
Simms	Sohi
Sorbara	Stanton
Ste-Marie	Stetski
Stewart	Tan
Tassi	Thériault
Tilson	Tootoo
Trudeau	Trudel
Vandal	Vandenbeld
Vaughan	Vecchio
Virani	Webber
Weir	Whalen
Wilkinson	Wilson-Raybould
Wrzesniewski	Young
Zahid — 235	

NAYS

Members

Aboultaif	Albrecht
Allison	Ambrose
Anderson	Arnold
Barlow	Bergen
Bernier	Bezan
Block	Brassard
Brown	Calkins
Carrie	Clement
Cooper	Diotte
Doherty	Dreeshen
Eglinski	Falk
Fast	Genuis
Gladu	Gourde
Harder	Hoback
Jeneroux	Kenney
Kitchen	Kmiec
Lake	Lauzon (Stormont—Dundas—South Glengarry)
Leitch	Lobb
Lukiwski	MacKenzie
Maguire	McCauley (Edmonton West)
McColeman	Miller (Bruce—Grey—Owen Sound)
Moore	Nater
Nicholson	Nuttall
O'Toole	Ouellette
Poilievre	Raitt
Reid	Rempel
Richards	Ritz
Saroya	Scheer
Schmale	Shields
Shiple	Sopuck
Sorenson	Strahl
Stubbs	Sweet
Trost	Van Kesteren
Van Loan	Viersen
Wagantall	Warawa
Warkentin	Watts
Waugh	Wong
Zimmer — 75	

PAIRED

Nil

The Speaker: I declare the motion carried. Accordingly, the bill is referred to the Standing Committee on Justice and Human Rights.
(Bill read the second time and referred to a committee)

The Speaker: I remind hon. members that the Standing Orders provide that members are not to make noise during a vote.

It being 6:37 p.m., the House will now proceed to the consideration of private members' business as listed on today's Order Paper.

PRIVATE MEMBERS' BUSINESS

● (1840)

[English]

NATIONAL STRATEGY FOR ALZHEIMER'S DISEASE AND OTHER DEMENTIAS ACT

Hon. Rob Nicholson (Niagara Falls, CPC) moved, seconded by the member for Don Valley West, that Bill C-233, An Act respecting a national strategy for Alzheimer's disease and other dementias, be read the second time and referred to a committee.

Private Members' Business

He said: Mr. Speaker, it is my honour to rise in the House today to formally introduce my private member's bill, Bill C-233, an act respecting a national strategy for Alzheimer's disease and other dementias. The title of the bill says it all. It calls upon parliamentarians to enact legislation for a national coordinated program for what has been termed Canada's invisible killer.

I would like to take this opportunity to thank the member for Don Valley West for supporting this bill. The member told me that when he was a United Church minister, he spent a great deal of time working with families who were wrestling with this disease. I would also like to take this opportunity to note the contribution of the former member of the New Democratic Party, Claude Gravelle, for his excellent work on this issue.

Alzheimer's and other forms of dementia transcend partisanship. This disease affects over 700,000 Canadians. It is estimated that if nothing changes in terms of a strategic approach, that number will increase to 1.4 million Canadians by the year 2031. Those figures are staggering.

It is heartening to know that in matters of great concern to Canadians and their families, we can work together. This co-operation will lead to positive health outcomes for families across this country. No one is immune from this terrible disease. It brings to mind the late president Ronald Reagan. The former leader of one of the most powerful, wealthy nations on earth could not be safeguarded from the ravages of Alzheimer's.

On November 5, 1994, the 40th president of the United States addressed the American people by writing in part, "I now begin the journey that will lead me into the sunset of my life". That journey took 10 painful years. His loving wife, Nancy, referred to it as the long goodbye. I reiterate that no one should have to witness the slow and painful deterioration of a loved one or family member suffering from this cruel illness. Far too many Canadians endure the long goodbye.

My own father, Robert Nicholson, whom I cherished deeply, passed away from complications due to Alzheimer's in 1997. Witnessing his decline in health was, needless to say, extremely difficult for everyone who knew and loved him. It saddens me to say that so many other Canadians have a similar story to share. Today, I am joined by many of my colleagues in the House who have dealt with or are dealing with a family member, friend, or loved one suffering from Alzheimer's or one of the varying forms of dementia.

We all understand the emotional impact of this disease on Canadian families. As journalist Candy Crowley said, "I want to tell you how much I miss my mother. Bits of her are still there. I miss her most when I'm sitting across from her".

As Canada's population ages, the consequences of not dealing with this issue worsen. The bill proposes to establish a national dementia strategy that would improve the lives of those living with this disease, as well as their family and friends. It would do so in a way that would ensure the autonomy of the provinces and territories. This strategy would encourage greater investment in all areas and have the objective of improving the present circumstances of people with Alzheimer's and other dementias by decreasing the burden on Canadian society.

It would seek to assist the provinces in developing and disseminating diagnostic and treatment guidelines based on new research. All of these measures have been thoroughly considered to ensure the successful passage of this legislation. Members will note that the bill does not include restrictive timelines or financial criteria. Again, this is a deliberate intention in order to remove any potential barriers, such as the need for a royal recommendation.

Simply put, the bill is crafted for implementation, achievement of key deliverables, and ultimately, its passage at third reading in the House. At the end of the day, the objective is to enact legislation that would serve to provide solutions and assist those who suffer with Alzheimer's or dementia, in addition to aiding family members and caregivers.

● (1845)

It is commonly believed that dementia is a normal part of aging. This is a fallacy. Dementia can occur in people as young as 40 or 50 years of age, thus affecting them in their most productive years.

While dementia is not a normal part of growing old, age is still the biggest factor. After 65, the risk of getting Alzheimer's or dementia doubles every five years, and three out of four Canadians know someone living with dementia. We still do not understand the cause, nor do we have a cure.

Canada has already agreed to work with neighbouring nations to address this issue. In order to fulfill that mandate, we must develop a strategy to combat the disease here at home.

I want to share the story of one Canadian family who suffered from Alzheimer's.

Norma died of Alzheimer's three years ago today in Carleton, Ontario. She had the disease for seven years. Her daughter recalls not being sure if her mother recognized who she was, or even if she was aware that she was there. After her mother's funeral, a family friend delivered a letter to her along with a bouquet. She had helped Norma craft it while she was still able to say "yes", and it read in part:

My dearest...[this is] a note to thank you for all your help during the last few years. We were always close—friends even, but during my illness, we grew even closer. I know you bore the brunt of my daily care, not physical but emotional. You were always kind and attentive making sure I was comfortable. Thank you, thank you... I appreciated everything. Role reversal is a funny thing. As your mother, I was proud of you my daughter. As I grew weaker you grew stronger—strong enough for both of us. Remember my love for you is never ending and I will always be with you. Love, Mom.

Almost all of us can relate to this letter. It illustrates just how important family members and caregivers are. To all Canadians and their families struggling to care for loved ones with Alzheimer's, we owe adequate support, treatment options, and early diagnosis.

I would be remiss if I did not acknowledge and thank the Alzheimer Society of Canada for its unwavering support of this bill. I consulted and met with members of the organization a number of times during the course of preparing this bill. That is because we need to get it right from the start.

Private Members' Business

The Alzheimer Society provides information, resources, education support, and counselling to family members and loved ones. The society is the leading not-for-profit health organization in Canada working nationwide to improve quality of life for Canadians affected by Alzheimer's and other dementias, and advance the search for the cause and cure. Its mandate aligns with the mandate of Bill C-233.

The Alzheimer Society has stated that it was pleased to see parties working together to address the scourge of dementia. It urged all members of Parliament to get behind the bill, suggesting a national strategy focused on research, prevention, and improved care is the only solution to tackling the impact of the disease.

I, too, invite all hon. members in the House to stand shoulder to shoulder in support of this legislation. It is the right thing to do for our friends, neighbours, parents, and for loved ones across our nation. It is the right thing to do for the global community as a whole.

In the words of Martin Luther King Jr., "...there comes a time when one must take a position that is neither safe, nor politic, nor popular but he must take it because conscience tells him it is right."

Simply put, it is the right thing to do to pass this legislation.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I think the member hit it right on, in the sense that this is one of those diseases that draws a great deal of attention and support from all sides of the House as well as the Senate, and justifiably so, as we see with the bill before us today.

The member has given a fairly good descriptive of his thoughts and reflections on the legislation.

We have had a lot of talk over the last hours and days regarding the issue of palliative care. I wonder if the member might want to provide some thoughts on the important role health care professionals play in assisting with this particular disease, and hopefully someday will come up with a cure for.

• (1850)

Hon. Rob Nicholson: Madam Speaker, the health care professionals in this country do an outstanding job. They do everything they can to assist patients and families to get them through these difficult times. They see first-hand the ravages of a disease like Alzheimer's on a regular basis. I know that they join with all the rest of us who want to see progress made in this area.

One of the great things that I have seen in my lifetime are the changes that have been made and the progress that has been made. I think everyone will join with me in saying that, yes, we want to make progress, and we can do that.

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, as my hon. colleague points out in his speech, it was the NDP that first introduced in the House a proposal to create a national strategy for dementia.

In 2012, former NDP MP Claude Gravelle, the great member for Nickel Belt at that time, introduced Bill C-356, prescribing a national dementia strategy in Parliament. That bill provided a comprehensive and cutting-edge plan for a national strategy to deal with Alzheimer's and other dementia.

Unfortunately, that bill was defeated at second reading in May 2015 by a single vote; 140 to 139. The bill was opposed by a majority of Conservative MPs, Bloc MPs, and critically, as it turned out, a single Liberal MP who failed to stand for the vote.

I must mention that, inexplicably, the member for Niagara Falls, the sponsor of the bill before the House today, voted against the the NDP bill to establish a national plan for dementia. I wonder if the member could stand in the House and explain to Canadians why he opposed a bill that would have brought such a great plan to Canadians a year earlier than his bill.

Hon. Rob Nicholson: Madam Speaker, I would be glad to do that. While I had every sympathy and, indeed, empathy with respect to the whole area of doing something with Alzheimer's, I had a number of issues with the bill. I felt it was too prescriptive, the timelines were unrealistic, and I believed that ultimately it would need a royal recommendation and that it might get tossed out.

That being said, I never forgot that this had been introduced in the House of Commons. When I had the opportunity, I had a look at it very carefully. As the member will see, we made changes to make it so it would not be too prescriptive on the health minister. In fact, it will avoid needing a royal recommendation.

This bill is an improvement; it is a change. Nonetheless, I have been very clear on every occasion when I have spoken to this. I have raised the name of the NDP member, Claude Gravelle, and I have indicated his interest and the motion he brought before Parliament.

Indeed, I hope this will now have the support of everyone.

Mr. Robert Oliphant (Don Valley West, Lib.): Madam Speaker, it is a great privilege today to rise in support of Bill C-233, an act respecting a national strategy for Alzheimer's disease and other dementias.

I would like to commend the hon. member for Niagara Falls. We were speaking earlier today. He has not had opportunities to bring forward private members' bills as a member of government for many years. I am both pleased and proud to be part of this effort he has engaged in. Sometimes it is the right time to do the right bill, and I believe he has spotted that this is the right time to do the right bill.

As he did, I also want to acknowledge the tremendous work of the former member for Nickel Belt, Claude Gravelle. He had inspiration, tenacity and he did everything right in his bill for that time. However, it did not pass. We now have a chance to have a better bill to ensure that Canada has the appropriate strategy to deal with dementia and Alzheimer's.

I want to begin by talking very personally about my friend and my former administrator when I was a United Church minister at Eglinton St. George's United Church in Toronto. Her name is Marian Ritchie. While she was working with us in the Church, she recognized that there were many people either facing both dementia in their own lives or were caregivers for people who were suffering either early or even advanced signs of dementia.

Marian decided to chronicle the life she had with her husband Edwin and she wrote a book called *The Long Way Home*. Similar to the *The Long Goodbye*, *The Long Way Home* chronicles Edwin's decline from simple mistakes in grammar or vocabulary to eventually having a complete change in personality, not recognizing his family, his friends and not being able to engage in every day life.

This book was profoundly moving for me as it was non-medical and it was not from a professional. It was a book simply written to inspire, to comfort and to encourage people who had family members suffering from Alzheimer's disease.

I have not had the opportunity to do something legislatively about Alzheimer's. I am so pleased the member for Niagara Falls has given me and every member of the House the opportunity to come together to form a national strategy on dementia and Alzheimer's, to ensure that we have a unified approach to this disease and to begin to make important steps that make a difference in the lives of people like Edwin and Marian.

There is a real cost to dementia, an individual cost to families as well as a cost to society. Right now it is estimated that over 700,000 people in Canada have dementia, including Alzheimer's. That is expected to double in the next 20 years as our population ages. Even though age, in and of itself, is not the cause of dementia, it is part of it. There are other root causes for dementia, but we still have research that is absolutely necessary so we can begin to understand how we can address this problem.

As everyone in this chamber knows, there is no cure for dementia. We continue to wait for new drugs, new treatments and new understandings of the brain itself.

I would also like to pay great tribute to the Alzheimer's Society of Canada. It is one of several patient organizations and health charities that is working on this important issue. I want to name two people, Mimi Lowi-Young, the CEO, and Debbie Benczkowski, the number two and the one who really runs the operation. These two women have been advocates for people with this disease for many years. I think tonight in the chamber we recognize that often people who work in health charities and work with patients are driving some of the things on which Parliament is often behind.

Last year, the World Health Organization declared that dementias were a public health priority requiring international action. This past October, health ministers at the Pan American Health Organization approved an action plan in response to the predicted rise in dementia cases across the hemisphere over the next 20 years. Among other actions, the Pan American plan encourages member countries, including Canada, to improve investment in treatment for dementias.

●(1855)

Most recently here at home, one of the recommendations of the Special Joint Committee on Physician-Assisted Dying was to establish a national strategy on dementia.

It is important, given the vote we just had in the House, to recognize that end-of-life care is complex. That report, of which I was proud to be a part, looked at the need to have a continuum of care. We needed to be sure we had better palliative care. We had to have better mental health strategies. We had to have better dementia

care. We had to always be sensitive to specific populations and how they would respond to end-of-life situations.

Therefore, tonight, we are continuing on in that process and ensuring that we have the opportunity to have the very best, state-of-the-art, national dementia strategy of any country in the world.

However, we are not starting from nothing in this position in Canada. I even want to commend the previous government for its work in dementia strategy. It is not as though we have been doing nothing on this. The reality is that over the last 10 years, the Government of Canada has invested almost \$300 million on dementia-related research, through the CIHR, the Canadian Institutes of Health Research. We have had many partnerships. We are attempting to do parts of the work all around the country.

This legislation attempts to bring them together in a national strategy so we can form a partnership with research, with caregivers, with people living with dementia, with patient groups, with experts, take international evidence and bring them together to ensure our Minister of Health, our Department of Health, have the best research available so we have the best possible care.

I am encouraged that members on this side of the House, as I believe members on the other side and in all parties, are supportive of the bill. I have been hearing positive stories from each one of them, often told with stories from their own lives. They have had a parent, or a partner or they themselves have had characteristics, so they are worried about dementia in their own lives.

We have a chance, with the bill, to do something historic and to come together to say that there is the possibility that provinces, territories and the federal government and researchers, clinicians and patients, together with civil society, can have the best strategy possible.

The bill is interesting in that it acknowledges the shared jurisdiction of the federal government and the provinces and territories. It is very clear that the delivery of health care will happen at the provincial and territorial level. We are not in any way stepping on anyone's jurisdictional toes with this legislation. Rather, the legislation calls upon the federal government to consult with provinces and territories to ensure we have the best care and know that the provinces and territories have an important part to play in this national conversation.

It also pushes us at research. If there is anything that we need to acknowledge, it is that the brain is the most complicated organ in the body. I am very proud that in Don Valley West we have Sunnybrook Health Sciences, Sunnybrook Hospital, which is attempting to draw together with partner organizations, and there is Baycrest in Toronto and others across the country, to bring research, clinical expertise, and patient experience together.

Private Members' Business

This bill would foster that information, not only top-down but also bottom-up. We can learn from the people who are working with this every day to ensure we have the best resources provided, that we have the best research happening, and that we take the steps so Canada can be a leader in the world.

I want to close by telling members another story about my church. One of the projects that we did at Eglinton St. George's was to form a corporation that built a housing project in Toronto called "Ewart Angus Homes". This is one of those creative housing projects that involves having market housing and housing for seniors, as well as two floors of care for people with Alzheimer's and dementia. It is just one example of people getting together to say they needed to be a caring society.

If we are going to walk with people to the end of their lives, we need to have the best supports for them, the best medical research, the best care for their caregivers, the best laws in place and programs in place to ensure that our country is that leader.

Again, I want to thank the member for Niagara Falls for the opportunity to second the bill. I want to encourage every member to read it, as we sometimes forget to do, and to be sure to engage in the conversation on this bill. We look forward to members' support of the bill.

● (1900)

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, I am pleased to rise today as health critic for the New Democratic Party, to speak to Bill C-233 and the urgent need to address the impact of dementia and Alzheimer's disease on patients, families, communities, and our public health care system.

Dementia disease is a progressive degenerative disorder that attacks nerve cells in the brain, resulting in loss of memory, thinking, language skills, and behavioural changes. The disease forms lesions in the brain cells of patients causing nerve connections to sever and nerve cells to die.

Alzheimer's is the most common form of dementia, which is a general term used to describe a group of systems, such as loss of memory, language, motor skills, and other brain functions. Alzheimer's is not part of the normal process of aging, and currently has no cure.

Bill C-233 calls for the development and implementation of a national and comprehensive strategy to improve health care delivered to persons suffering from Alzheimer's disease and other forms of dementia.

This legislation prescribes a number of elements that must be included in a national strategy, including greater investment in research, the establishment of national objectives for care, coordination with international bodies that fight dementias, assistance to provinces and territories to improve treatment, strengthening of prevention and early intervention, and disseminating best practices. As prescribed in the bill, the details and benchmarks for these elements would be determined at a conference convened by the minister with multi-stakeholder representation.

New Democrats have long believed that Canada needs an ambitious and comprehensive national dementia strategy to improve

care for the hundreds of thousands of Canadians suffering from forms of dementia, and to better support their families and caregivers.

As Mimi Lowi-Young, CEO of the Alzheimer Society of Canada, has said:

By implementing a strategy, we will be able to enhance research efforts, raise awareness about the disease, provide support for people with dementia and their caregivers, identify best practices for care and improve surveillance of the disease.

Particularly as Canada's population ages, we must prepare our health care systems and our communities for the inevitable rise in the number of Canadians suffering from dementia. To paraphrase Tommy Douglas, the father of medicare and a New Democrat, "Only through the practice of preventative medicine will we keep health care costs from becoming..excessive..", and the need is pressing.

Recently, the former head of the Canadian Medical Association, Dr. Chris Simpson said:

our acute care hospitals are overflowing with patients [often dementia patients] awaiting long term care placement and our long-term care facilities are understaffed, underspaced and underequipped to care for our most vulnerable seniors. This leaves patients and their families in limbo, struggling to fill these gaps in our system...

The need for national leadership is urgent. Few Canadians are untouched by these diseases that often have shattering impacts on families. The struggle to cope with the deterioration of mental faculties and the loss of memory can be overwhelming and heartbreaking.

According to the Alzheimer Society of Canada, that disease and other dementias now directly affect 750,000 Canadian patients. This number is expected to double to 1.4 million by 2031. Current dementia-related costs, both direct medical costs and indirect lost earnings, have reached \$33 billion per year in Canada, and they are projected to soar to \$293 billion by 2040.

Currently the burden of care for patients with dementia and Alzheimer's disease falls primarily on family members. In Canada, family caregivers spend an estimated 444-million unpaid hours per year caring for dementia patients, representing \$11 billion in lost income and 227,000 lost full-time equivalent employees to our workforce. If nothing changes by 2040, it is estimated that family caregivers in Canada will spend over one billion unpaid hours every year providing care. These numbers are staggering. Taken alone, they make the case for our desperate need for national leadership. Canadians overwhelmingly agree. A recent Nanos survey revealed that 83% of Canadians say that they want Canada to develop a national plan to address these diseases.

We must not forget that dementia also has a disproportionate impact on Canadian women. According to the Women's Brain Health Initiative of Canada, women represent 62% of dementia cases and 70% of new Alzheimer's cases, putting them at the epicentre of a growing health issue. In addition to this, women are nearly twice as likely as men to succumb to dementia, and two and a half times more likely to be providing care to someone with the disease.

Private Members' Business

● (1905)

Unfortunately, Canada is now one of the last developed countries in the world without a national strategy to address dementia. We have fallen behind countries such as the U.S., U.K., Norway, France, Netherlands, and Australia, all of which have coordinated national plans in place.

In Vancouver Kingsway, I have heard countless heartbreaking stories about the impacts of Alzheimer's disease and dementia on my constituents. Many cannot afford quality home care for their parents or face long delays in accessing long-term care facilities. Many do not even have access to the resources or information they need to make important decisions, as they witness the cognitive degeneration of a loved one. I have heard stories from personal care workers, nurses and physicians, who report emergency wards that are overwhelmed with patients, long-term care facilities that are understaffed, and long, gruelling hours for caregivers, often working for low pay in the homes of dementia patients. These stories underscore the need for leadership in this chamber.

As New Democrats, we are proud of our long history of leadership on health care, and specifically dementia care. In fact, it was the NDP that first introduced a proposal to this House to create a national strategy for dementia. In 2012, former NDP MP Claude Gravelle introduced Bill C-356 in Parliament, prescribing a national dementia strategy. That bill provided a comprehensive and cutting edge plan for a national strategy to deal with Alzheimer's and dementia. Unfortunately, that bill was defeated at second reading in May 2015 by a single vote. It was 140 to 139. The bill was opposed by a majority of Conservative MPs, Bloc MPs, and, critically as it turned out, a single Liberal MP who failed to stand for the vote. Conversely, our New Democrat caucus voted unanimously in favour of Mr. Gravelle's bill.

I must again mention that the member for Niagara Falls, the sponsor of the bill before this House today, inexplicably voted against that national dementia strategy just one short year ago. Most charitably, I might say that wisdom comes so seldom that it ought not to be rejected because it comes late. Less diplomatically, I might say that the hon. member owes Canadians an explanation and an apology for defeating the very concept that he proposes be adopted here today. What is indisputable is that if the House had followed New Democrat official opposition leadership in the last Parliament, Canadians would have a national dementia strategy in place right now. Canadians would not have lost precious time, something that is especially important to those suffering from a progressive illness.

New Democrats do not take lightly the opportunity to move forward with a national strategy for dementia. We believe this bill must be crafted correctly to ensure the best possible outcome for patients, their families, and caregivers. While we support Bill C-233, it is less ambitious in its scope and implementation provisions than the former bill, Bill C-356, the New Democrat bill. Important differences between those bills include the following: an absence of any provision to augment volunteerism for dementia and Alzheimer's-related causes, no remuneration of advisory board members, and only one public report required from the minister versus the yearly progress reports prescribed in the former NDP bill.

New Democrats will work at committee stage to bring about meaningful and substantive amendments to this bill to strengthen the final product. Canadians deserve no less than the best national Alzheimer's and dementia strategy possible. New Democrats have a long and proud history of advocating for federal leadership on health care issues. In fact, we invented it. It is critical that in a country like ours, the federal government works to ensure that all Canadians have access to the health care they need, no matter where they live, no matter what their income, and no matter their background.

New Democrats stood alone in this House unanimously for a national dementia strategy in 2015. We will stand unanimously in this House in 2016 and work so that every Canadian, every Canadian family, and every caregiver can have a world-class dementia strategy, as the NDP has fought for in the last five years.

● (1910)

Hon. Alice Wong (Richmond Centre, CPC): Madam Speaker, I am honoured to rise as the former minister of state for seniors to speak to Bill C-233, An Act respecting a national strategy for Alzheimer's disease and other dementias. This bill is specifically close to my heart because 25% of constituents in my riding of Richmond Centre are seniors.

I would like to thank the member for Niagara Falls for bringing forward this very important bill, and the Liberal MP who sponsored it. Bill C-233 would provide for the development and implementation of a national strategy for the health care of persons afflicted with Alzheimer's disease and other forms of dementia.

This bill is what Canadians are asking for. The Alzheimer Society and other seniors organizations are very supportive of this bill. Mimi Lowi-Young, CEO of the Alzheimer Society of Canada, had this to say about Bill C-233:

We all need to get behind this bill.... We strongly believe that a national dementia strategy that focuses on research, prevention and improved care is the only solution to tackling the devastating impact of this disease. We're ready to collaborate with our federal, provincial and territorial partners to make this a reality.

According to Alzheimer Society research, 83% of Canadians have said that they want a national dementia strategy. Here is a summary of the issue.

Alzheimer's and other forms of dementia are progressive, degenerative, and eventually fatal. They impair memory, judgment, and the ability to reason, think, and process information. Changes in personality and behaviour also result from dementia.

Private Members' Business

Currently, 747,000 Canadians have some form of dementia. This number is expected to nearly double, to 1.4 million in less than 20 years. Three out of four Canadians, being 74%, know someone living with dementia. As Canada's population ages, the number of Canadians who are diagnosed with these diseases is expected to double within a generation.

Research, collaboration, and partnership remain the key to finding a cure. An early diagnosis and support for treatment can lead to positive health outcomes for people with any form of dementia. Early diagnosis also has a positive impact on the family and friends who provide care for them. The Government of Canada, in consultation with the ministers responsible for the delivery of health services in each province and territory, should encourage the development of a national strategy for the care of people living with Alzheimer's disease or other forms of dementia, as well as for their families and caregivers.

What is dementia? Dementia is a difficult disease, but it does not define the person who has it. People with dementia are people first. They can lead happy and vital lives for a long time, especially when the right care, support, and understanding are in place. Timely diagnosis is important. It opens the door to treatments, connects people with the disease, and connects their families with helpful resources like the Alzheimer Society. While there is no guarantee, Canadians can reduce their risk of dementia by eating a heart-healthy diet, doing more physical activity, trying and learning new things, staying social, quitting smoking, and watching their vitals.

Who is at risk? The answer is largely seniors. While dementia is not a part of growing old, age is still the biggest risk factor. After 65 years of age, the risk doubles every 5 years. Seniors represent the fastest growing segment of the Canadian population. Today, one in six Canadians is a senior. In 14 years, one in four Canadians will be a senior. That has already happened in my own riding.

● (1915)

Dementia also occurs in people in their forties and fifties, in their most productive years. As of 2008, there were 71,000 Canadians age 65 and younger and 50,000 Canadians age 50 and under living with dementia.

What is the impact on families and the economy? For every person with dementia, two or more family members provide direct care. The progression of dementia varies from person to person. In some cases, it can last up to 20 years. Because of its progression, caregivers will eventually provide 24/7 care. In 2011, family caregivers spent 444 million hours, representing \$11 billion in lost income and about 230,000 full-time jobs. By 2040, caregivers will be providing 1.2 billion hours of care per year.

Dementia is a costly disease, draining \$33 billion per year from our economy. By 2040, it will be \$293 billion per year. When I was minister of state for seniors, we created a portal on the seniors.ca website specifically for family caregivers to outline the kind of awareness and help that is available. I am glad it is still there. I encourage everyone to visit the website. However, more needs to be done.

There is a great need for a strategy that includes awareness and research. Here are the reasons. It is commonly believed that

dementia is a normal part of aging. It is not. This kind of attitude means too many Canadians are diagnosed too late and caregivers seek help when they are in crisis mode. We still do not fully understand the causes, nor do we have a cure. Effective treatments are lacking and there is no proven prevention. Dementia can lie dormant in the brain for up to 25 years before symptoms appear. Alzheimer's disease is the most common form of dementia. It accounts for over two-thirds of dementia cases in Canada today.

I would like to thank the sponsor of the bill for acknowledging that the former government got the ball rolling. We did a lot of work in research, like the longitudinal study which for a period of time follows people from the age of 45 to age 65 at every step. Some day that useful data will help us find out the where and why of dementia inclination in detecting this kind of brain disease, and hopefully we will be able to generate good ideas for a cure.

We have been asked why we did not support the former bill. My colleague has already mentioned that. It is not important just to get the bill passed. We wanted the right bill passed, which is also very good in a sense that it can be carried. I do not wish to list all the things which we cannot do under that bill. However, I am so glad that we are able to do it now, because now we have time to consult the general public.

A national strategy would ask the minister or delegated officials to work with representatives of the provinces and territories to develop and implement a comprehensive national strategy to address all aspects of Alzheimer's disease and other forms of dementia.

I strongly encourage every member of Parliament to support Bill C-233.

● (1920)

Ms. Kamal Khera (Parliamentary Secretary to the Minister of Health, Lib.): Madam Speaker, as the Parliamentary Secretary to the Minister of Health, I appreciate the opportunity to speak about Bill C-233, an act respecting a national strategy for Alzheimer's disease and other dementias. I would like to thank the hon. member for Niagara Falls for introducing the bill, and the member for Don Valley West for his continued advocacy on this very important public policy.

Dementia is an issue that is close to the hearts of many Canadians, including my own. Indeed, many of my hon. colleagues know someone who is living with dementia or who is providing care and support to a friend or family member with dementia.

This is a piece of legislation that I am pleased to inform the House the government will support. I would like to take this opportunity to speak about our government's efforts on this very noble cause.

As the population ages, Alzheimer's disease and other forms of dementia are expected to increase. Canadians are concerned about how they will care for and support their loved ones should this happen to them.

Private Members' Business

Fundamentally, we ask ourselves how we as a country can do more to address the challenges presented by dementia and are we doing enough.

Living with dementia means progressively losing the things that we hold most dear: memories, independence, communicating with others, and doing the activities that we enjoy most. Over time, independent living and daily routines become more challenging.

As the title of Bill C-233 suggests, there are many types of dementia. Alzheimer's disease is the most common cause of dementia, accounting for approximately 60% of all dementia cases. Other types, such as vascular dementia, which can result from strokes and other cardiovascular problems, also need our attention.

Recent estimates indicate that about 395,000 Canadians 40 years of age and older have dementia. Due to the aging population, this number is expected to double by 2031. Similarly, direct health sector costs are projected to double to \$16.6 billion by 2031.

Unfortunately, currently there is no cure for dementia and no treatment that will stop its progression. It is important to understand that, as stated by my colleagues, dementia is not a normal consequence of aging. It can result from a variety of diseases and conditions.

The frequency with which the issue of dementia comes to our attention speaks to its importance to Canadians.

In calling for the development and implementation of a national dementia strategy, Bill C-233 entails a number of complex activities that require close co-operation with the provinces and territories. Clearly, addressing the significant public health challenges posed by dementia requires co-operation between all levels of government as well as with other sectors of society.

While a national strategy in and of itself does not guarantee success or progress, we are committed to advancing this work in a manner that will be meaningful for the hundreds of thousands of Canadians affected by dementia. This is consistent with the concrete steps we have already taken to address this pressing issue. We are treating dementia as a priority.

Bill C-233 aligns closely with much of the work currently under way.

At the federal level, we are developing an in-depth action plan that sets out federal goals, guiding principles, and priority areas for action, as well as current initiatives and future directions to guide our efforts and investments on dementia. Our action plan will be released shortly and it will help us mobilize even more partnerships and action on dementia. I know the minister looks forward to discussing this further in the weeks and months ahead.

I would like to share some of the federal investments and initiatives well under way to advance collective efforts on dementia. Many of these initiatives involve the public, private, and not-for-profit sectors, including different levels of government within Canada and other countries.

Budget 2016 extended funding for the Canada brain research fund with up to an additional \$20 million over the next three years. Established by the Brain Canada Foundation with government

support, this fund leverages matching funding from private donors and charitable contributions to support collaborative, multidisciplinary brain health and brain disorder research projects, including on Alzheimer's disease and other forms of dementia.

• (1925)

In addition, through the Canadian Institutes of Health Research, the Government of Canada has invested over \$297 million in dementia-related research.

The Canadian Consortium on Neurodegeneration in Aging is supported by government and partner funding of \$32.1 million over five years. Partners include the health research organizations of several provinces. By combining scientific talent and funding, we can accelerate discoveries and their use to benefit Canadians.

The international component, the International Collaborative Research Strategy for Alzheimer's Disease, facilitates Canada's participation in key international partnerships, and has over \$14 million in commitment investments between 2010 and 2019.

Surveillance activities are also being strengthened. As an outcome of the Public Health Agency of Canada's collaboration with a consortium of neurological health charities and researchers, the first comprehensive analysis of the rates of neurological conditions and their impacts on families and communities was developed. We are providing also \$42 million over the next five years to Baycrest Health Sciences to help establish the Canadian Centre for Aging and Brain Health Innovation. Funding for the centre will support the development, testing, and scale-up of products and services that will have a positive impact on aging Canadians, with a focus on those living with dementia.

Similarly, through the networks of centres of excellence program, the government is supporting the AGE-WELL network with a total investment of \$36.6 million from 2014 to 2019.

In collaboration with the Alzheimer Society of Canada, Dementia Friends Canada is receiving an investment of more than \$2 million over two years. This digital engagement campaign targets individuals where they live and work to increase understanding of what it is like to live with dementia and how those affected can be better supported in day-to-day activities.

We are cognizant that while a national dementia strategy can help guide Canadian efforts, it cannot replace the need for integrating dementia into a comprehensive approach to health and health care.

Our government appreciates that Bill C-233 continues to bring attention to the challenges presented by dementia and the need for collaboration. While legislation is not required to support pan-Canadian action or strategies, it can serve to highlight a matter of significant importance to Canadians.

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Bringing Alzheimer's disease and dementia more fully into our collective consciousness and mobilizing action on a topic of such profound importance to Canadians is a goal we all share. While Bill C-233 as drafted presents some challenges for implementation, the importance of the issue at hand cannot be overstated.

Dementia is a significant public health challenge and it will continue to be a priority for our government. Considering the significant federal investments in dementia and current discussions with the provinces and territories towards a new health accord, it can be stated with assurance that a comprehensive approach to addressing dementia, as well as other intersecting chronic diseases and healthy aging overall, is well under way.

I am convinced that we are moving in the right direction, and I am inspired by what we can continue to accomplish together. In closing, I would like to note that I very much appreciate the opportunity to speak about this very important issue. I encourage my hon. colleagues to support Bill C-233 as it aligns with the current federal direction on Alzheimer's disease and other forms of dementia.

● (1930)

[*Translation*]

Ms. Christine Moore (Abitibi—Témiscamingue, NDP): Mr. Speaker, I am pleased to rise to speak to the strategy for Alzheimer's disease and other dementias, especially because I had the opportunity to speak to the bill introduced by my colleague Claude Gravelle, who was the member for Nickel Belt. He was a very dear friend of mine. I want to say hello to him, if he is watching the debate. This is an important issue.

In my riding, Abitibi—Témiscamingue, memory disorders and cognitive impairment generally affect roughly 15% of the population. In 2012, the number of people 65 and older was 22,517. Roughly 3,355 people in Abitibi—Témiscamingue had Alzheimer's and other related diseases. In 2031, it is estimated that over 40,000 people will be 65 and older. It is possible that roughly 6,064 people in my riding will have Alzheimer's disease and other dementias.

Numbers like that make us realize how important it is to have a national strategy for Alzheimer's disease and other dementias.

A national strategy is important because we are talking about a disease that develops over a long period of time. People are often sick for 10, 15, or 20 years. Treatment is administered over a number of years. There could be lengthy hospitalizations, and we know that the cost to society of a lengthy hospital stay is quite high.

Having a national strategy for Alzheimer's disease would allow people to stay at home longer. Families might be able to live much more harmoniously and together. Children could grow up with their parents and have bi-generational homes, for example. The national Alzheimer's strategy offers a lot of possibilities for us to live much more harmoniously with this phenomenon that is only going to amplify.

It is not easy to have a loved one who has Alzheimer's. Often, in the early stages of the disease, the person suffers some memory loss, and at other times, the person is more aware of what is happening. There is a great deal of anger and denial when people realize they have deficits.

The onset of the disease is really hard for family members to cope with. In many cases, individuals with the disease will get angry at people around them, and the situation becomes very unstable. After diagnosis, the situation gradually becomes more complicated. Family members want to keep their loved one at home, but they realize that means constant supervision. It is not always easy. Sometimes, it is a little like having a child in the house, but a child with the strength of a man and all that that implies.

This situation can be so hard for family members. They get worn out because the individual can go on living with the disease for many years and services are hard to get. It is not unusual for people to be on a waiting list for a placement. It can take months, years even, to get a bed in a specialized facility. Health care services are another challenge in those facilities. It is not like at home. Many such facilities are working toward creating a home-like environment for patients, but it is far from perfect. Many things, such as mealtimes, are not like at home.

What is very difficult for the loved ones of Alzheimer's patients is that these patients gradually forget their families. They slowly forget their children. The children come to visit their parents, but their parents do not recognize them and no longer have any idea who their visitors are.

● (1935)

Then, it is the turn of the spouse and relatives. It is an extremely difficult and painful situation. When they try to communicate with the Alzheimer's patient, the person does not recognize them any more. Pooling all of our resources to develop a national strategy for Alzheimer's disease can only be a winning strategy.

As I explained, this is about more than just care. We also need to consider support for informal caregivers and the way they live. For example, the loved ones of a person with Alzheimer's need a two-generation home and a proper security system to take care of that person, particularly to avoid the risk of accidental fire. Such a strategy therefore goes beyond professional medical care and hospital services. It is worth taking the time to talk about this.

There is also the whole issue of culture. We need to ensure that indigenous communities get care that takes their culture into account so that they are not separated from it. When people are hospitalized because they have a mental illness and they are losing their memory, they often regress. As the disease progresses, they remember more about their childhood than about more recent events. At a certain point, many people from first nations forget how to speak English and French because their mother tongue is their indigenous language. They then find themselves in an environment where the health care providers are unable to communicate with them. Because of their memory loss, they sometimes only remember how to speak Cree or Algonquin, for example.

In developing this strategy, we need to understand the challenges, talk to provincial stakeholders, and look at the situation from an overall perspective, not just the medical angle, which is a mistake that is often made in the context of debilitating diseases that affect a large part of the population.

Last time, we were just one vote away from adopting such a strategy. With this strategy, people suffering from dementia, and in particular their loved ones, would be understood and would get the support they deserve from their government. We could integrate an approach that takes cultures into account when caring for people with Alzheimer's or other mental illnesses.

I sincerely hope that this time, members will vote decisively in favour of this motion. Even though it was moved by a Conservative member, it is largely inspired by the work of the NDP and my former colleague, Claude Gravelle, whom I salute once again.

• (1940)

The Deputy Speaker: If the hon. member for Abitibi—Témiscamingue wishes, she will have another minute and a half when the House resumes debate on this motion.

The time provided for the 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.

* * *

GOOD SAMARITAN DRUG OVERDOSE ACT

Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.) moved that Bill C-224, An Act to amend the Controlled Drugs and Substances Act (assistance — drug overdose), be read the second time and referred to a committee.

He said: Mr. Speaker, I am pleased to introduce Bill C-224, the good Samaritan drug overdose act, this evening. This bill amends the Controlled Drugs and Substances Act with respect to assistance during a drug overdose.

Three subclauses in this bill have a big impact on Canadians, and Bill C-224 will save lives.

[English]

Let me tell members about Austin Padaric. Austin was a typical 17-year-old high school student. He lived in Heidelberg, in rural Ontario. An athlete, Austin was passionate about sports, skateboarding, hockey, and all things outdoors.

Those of us who are parents worry about our teenagers and what they get up to with their friends and acquaintances. However, when I spoke with Austin's mother recently, there was no worry about Austin. He was a good kid.

Austin was just a typical high school student, but we cannot ignore the fact that kids experiment at parties. One night, he attended a gathering in rural Ontario and made a decision that so many young people make. He took some drugs that night.

In the wee hours of that morning, Austin showed signs of distress. He was overdosing. Timely medical attention could have saved his life, but his acquaintances decided not to call 911. They figured they could handle it themselves. They placed him in a bathtub of cold water. When that did not work, he was put into bed on his side,

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where he stayed until the next morning. When they woke up and checked on him, they thought he looked dead. That is when they called 911.

Austin died seven days later, in hospital, with his parents, brother, and extended family at his side. A timely call to 911 could have prevented this tragedy.

That is the point of this bill.

Let me tell members about Kelly Best from Saskatoon. He, too, was a young man full of promise, full of hopes, and dreams. This was another young life tragically cut short.

He, too, took some drugs with a friend and began to overdose. The friend panicked, texted other friends about what to do and, eventually, phoned his dad, who immediately called 911. The delay was about an hour. It was fatal.

The friend had a small amount of drugs on him and did not want to go to jail.

Austin Padaric and Kelly Best, two names, one story, both had tragic outcomes. They paid the ultimate price. These kids did not have to die.

Their story is far too common. Yet, it is a story heard over and over again, like a broken record. There are many more names, many more needless, pointless deaths, but the same story. This needs to stop.

When I first heard these stories, I asked a very simple question. Why did anyone not bother to call 911 earlier?

The typical reason is that they were scared, scared that they, themselves, would get into trouble. They did not want to go jail. They did not want a fine or a criminal record.

• (1945)

Fear of prosecution is the largest barrier to people calling for help in an overdose situation. In fact, according to a 2012 Waterloo Region Crime Prevention Council report, in the absence of a law such as this, 46% of respondents would either not call for help or would call and run. That is tragic and that is the point of the bill.

That is why a significant majority of U.S. states have passed legislation of this kind. In a study in Washington state, where this has been law since 2010, 88% of respondents said they would call for help because of the protection in law.

At last count, 36 states, plus the District of Columbia, have similar legislation on the books. Even states that are prone to a tough-on-crime approach, such as Alaska and Louisiana, have moved forward with such laws. Recently, Michigan's good Samaritan law passed unanimously. While the specifics vary slightly from state to state, the underlying intent is the same, for some things are crystal clear: delay means death and seconds matter.

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They also recognize that it is hard to learn from being dead. These laws are a turning point in the way drug policy is understood. Harm reduction actually works. It reduces harm. Every life saved is an opportunity for people to get the help they need, an opportunity to make better choices and move forward with life.

● (1950)

[Translation]

In Canada, our laws are a bit behind.

[English]

In Canada, we have been a little slow in helping to stop the harm caused by drug overdose, where people like Austin or Kelly could otherwise have lived, but that is not to say that there have not been calls for good Samaritan drug laws. The Waterloo report I just noted illustrates the barriers to calling 911 in the event of a drug overdose. It clearly highlights the need. It identifies that criminal justice response is the most significant barrier to calling 911.

This report also shows that in the U.S.A. good Samaritan drug laws are the most widely recommended policy response to alleviating barriers to 911, laws such as the bill now before the House. The bill would provide limited legal immunity from drug possession prosecution for people who are involved in an overdose incident, who witness an overdose, and would encourage them to do the right thing, to call for help, to save a life.

The work done by Waterloo is echoed in other reports across Canada. The Canadian Drug Policy Coalition also identified this as an issue and has made very similar recommendations. The compelling argument is that most overdoses occur in the presence of others. That noted Waterloo study also points to statistics from 2003 showing that 61% of drug overdose deaths occurred in the presence of others. That means that 61% of the time, there was someone else present who could have called for help, but witnesses, far too often, hesitate or waver on whether to call for help. In many cases, they just do not. What is even more frightening are cases where people are put in alleyways, abandoned on the street, or dropped off at a hospital emergency with no explanation.

In January of this year, a report to the British Columbia coroner stressed the importance of a bill such as this. It highlighted the critical importance of working to develop strategies to promote calling for help.

In more alarming recent news from B.C., Dr. Perry Kendall, B.C.'s provincial health officer, declared a public health emergency because of the alarming rise of drug overdose deaths. In January alone, there were 76 deaths due to drug overdose. At the current rate, Dr. Kendall estimates that B.C. could have up to 800 drug deaths by the end of this year. That is an average of more than two deaths each day, every day, in B.C. alone.

This has to stop. These are people's children, sons and daughters, brothers and sisters, friends, and family. That is what this bill is for. It will not stop the overdoses, but surely, we can stem the toll of death.

Dr. Kendall and B.C.'s chief coroner, Lisa Lapointe, both support this bill because it would reduce barriers and save lives. In my own riding, Coquitlam—Port Coquitlam's school district no. 43 trustees, Judy Shirra and Michael Thomas, support this bill. The city of Port

Coquitlam unanimously passed a resolution supporting it. Coquitlam's mayor and many Coquitlam councillors support it as well.

I have spoken and met with Coquitlam firefighters; Port Moody mayor, Mike Clay; and Port Moody's police chief, Constable Chris Rattenbury, who in fact sent a video endorsement expressing his own support. Port Coquitlam's firefighters sent a letter of support. First responders agree that their first priority is to save lives, but they can only do that when they are called.

The Government of British Columbia's minister of health wrote to me expressing the importance of this legislation. These are among the growing number of Canadian jurisdictions that recognize that drug overdose deaths are becoming epidemic and need action now to start saving lives.

It is time we listen to Canadians and take our own advice. In a 2014 report on prescription drug abuse, the House Standing Committee on Health recommended considering good Samaritan drug overdose legislation. This bill is precisely that. It is simply about saving lives.

This bill is about giving people the tools they need to make life saving decisions in a time of crisis. It would make it okay to call for help. Many members of this House recognize this. That is why the NDP member for Vancouver East seconded the bill and many more members on both sides of the House have rallied behind it. I thank them all for their robust support. They are showing that they too want to stop the harm.

I ask all members for their support to demonstrate to all Canadians that we know that lives are worth saving, to show that we value life over death, life over punishment, and support over fear.

● (1955)

[Translation]

The purpose of this bill is to ensure that people are not afraid to call for help and, thus, to save lives.

[English]

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, I want to thank the member for Coquitlam—Port Coquitlam for bringing this bill to this House. I thank him also for his heartfelt comments. For all of us who are parents, we can only imagine the pain that a person goes through for a senseless loss, for something done by a youngster who is going through life. So often what youngsters do is experiment and in that process lose a life. I can imagine the pain and suffering a person can go through. Having to endure that is for something that my heart goes out to every single parent.

There is something monumental about the bill brought forward by the hon. member. It would change the course of things in that there would be an opportunity to save a life. That is the whole purpose behind this bill.

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Substance misuse, as we know in Vancouver East, is the major issue in my community. There was a point in time in the early 1990s when there were 1,000 crosses planted in Oppenheimer Park. Each one of those crosses commemorated the loss of life, a brother, son, or daughter. We called for harm reduction initiatives and we fought for it. It took so long and we finally got the first North American supervised injection facility.

To that end, in terms of harm reduction, this is a continuum of that effort. I want to thank the member for bringing this forward. I want to ask him, what else we can do? How else can we work together, collaboratively, to extend the measures of harm reduction to ensure that we put evidence first to save lives?

Will the member also work with us to call on the government to repeal Bill C-2?

Mr. Ron McKinnon: Mr. Speaker, I appreciate the question and I am certainly 100% in favour of continuing the work on harm reduction. Just last week I did a tour of InSite in the member's riding, and it was very informative. In passing, I should note that the staff and workers at InSite are also in support of the bill.

I am aware of Bill C-2. I think it does need a little work and I certainly would appreciate working with the member and other members to correct the problems.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, first let me express how wonderful it was to hear such a passionate speech on something that obviously means a great deal to the member. I applaud the efforts he has put in personally to date in order to get this legislation before us today. He should truly be commended for his efforts.

I always enjoy hearing about real life examples. The member made reference to Austin. I am sure family and friends that might be following this debate very much appreciate the member's efforts.

I would ask him a very basic question. Is there anything else he would like to comment on in regard to just how important this issue is for him, his constituents, and all Canadians?

• (2000)

Mr. Ron McKinnon: Mr. Speaker, certainly this is an issue of great importance in my community and in my province, as well as the country as a whole. I think we all have to bend our backs to the wheel and keep moving on this kind of issue. Harm reduction is an important direction to pursue and it shows real results. We are seeing more opportunities for harm reduction to be employed in our society, more supervised injection sites, for example.

As far as the bill is concerned, we are actually putting video messages and other messages of support on my parliamentary website, so if any member wishes to express such support in a 30-second video of some kind, and quality is not an issue, we would be happy to put that up.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Mr. Speaker, obviously this is an issue that our hon. colleague from Coquitlam—Port Coquitlam feels strongly about and I stand with him.

I rise in the House today to speak on behalf of private member's Bill C-224, the good Samaritan drug overdose act.

The hard truth is this. If a friend or a loved one suffered a heart attack, none of us in the House would think twice about calling an ambulance. Unfortunately, this is not the case when it comes to drug overdoses, many of which result in death because people are simply too afraid to make that call.

In 2015 alone, there were as many as 465 overdoses in British Columbia. As our colleague mentioned, the statistics for January 2016 show 77 deaths alone. That is simply unacceptable.

Witnesses fear that when they pick up the phone, they may be criminally charged for possession. They fear judgment from others. These fears ultimately force the witness to choose between saving a person's life or being arrested and charged. It is time that we recognize that it may not be always in the public's interest to prosecute an individual who picks up the phone and asks for help when someone has overdosed.

There are some who will say that this may encourage drug use or in some way minimize the severity of drug use. Let me be very clear right from the onset. I am not for drug use, nor would I ever promote or advocate for the use of drugs. However, if this bill would give people the courage to pick up the phone and take greater action because they are not afraid, then there is no question that this would benefit the nation. It would save lives.

All members of the House can agree that in our country every life is valued. In fact, the courageous debate and discussion that we have had over the last few days is evidence to that.

If this holds true, considering the number of overdoses occurring in Canada, we also must believe that it is necessary to take every measure possible to protect these vulnerable lives.

In the U.S., accidental overdoses are now the leading cause of accidental death. In fact, overdoses now count for more deaths each year than HIV and AIDS, murder, or car accidents. Many of these are preventable if and when emergency assistance is summoned.

With the increasing strength of prescription drugs and the popularity and availability of synthetic party drugs, these statistics will only grow if we do not take action. In fact, we are seeing an emergency in our province of British Columbia.

Action, we have talked a lot about that this week. To be clear, good Samaritan laws do not protect people from arrest for other offences such as selling or trafficking drugs, or driving under the influence of drugs. These policies protect only the caller and overdose victim from arrest, prosecution for simple drug possession, possession of paraphernalia, or being under the influence.

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Most deaths and complications occurring from overdoses can be prevented with the appropriate medication and emergency response time. Too often, however, these calls are not made and people are left without the necessary medical assistance. The British Columbia Review Panel found that when a person overdoses, immediate medical intervention is critical to reducing the risk of death or serious injury. Statistics point to the fact that in the case of 15% of youth overdoses, someone expressed concern about the well-being of the individual, yet 911 was never called.

Police routinely attend emergency 911 calls involving suspected overdose. Research indicates that in some cases fear of police involvement may heavily influence a witness's decision to not contact emergency services. The facts are indisputable. Research also suggests that medical attention was attempted in less than half of the young adults who suffered from an overdose.

● (2005)

Fear of criminal charges should not be a barrier to calling 911. Police departments are already aware of this stigma and have attempted to mitigate the perception of fear. The Vancouver Police Department is known to have policies about police attendance when it comes to an overdose. They do not normally attend the calls involving a non-fatal drug overdose unless B.C. Emergency Health Services advises that its assistance is required. The rationale for this is to reduce a potential reluctance that people will have to seek emergency medical intervention when someone is overdosing. When police do not attend an emergency 911 call for a suspected overdose, the health and well-being of that person who requires medical attention remains the paramount focus.

The review also concluded that it would be beneficial for all police agencies to reinforce the message of calling 911 to report people in medical distress in an effort to reduce any perceived barriers to seeking help. Simply put, police recognize the stigma around picking up the phone and they want to fix this. They want us to fix this.

In doing my research for this debate, I spoke to many of my friends in police agencies across Canada. There is overwhelming support for this bill. As a matter of fact, one of my very good friends who has been a police officer for decades said that in his line of work, they develop relationships with people from all walks of life and because of how often they work with them or interact with them, they develop feelings of friendship. They care about their well-being. These relationships truly are the only reason the police can be successful. He said, "Over the years, I have had several of them overdose. Some of them unfortunately are no longer with us." In almost all of the instances, death could have been avoided by calling for help."

Police experience human tragedy every day. They do not want to see another case where an individual makes the wrong decision and does not seek emergency care for his or her friend or loved one. I believe everyone is on the same page when it comes to Bill C-224. I hope they are on the same page. It is necessary. It means the difference between life and death.

I recall reading an article in the *Toronto Star* of a teenager who overdosed and died at the age of 17. The victim was showing signs of distress and overdosed seven hours before being attended to by

emergency medical services. There were numerous people there who could have called for help in those seven hours, but no one called 911. Instead, they put him in cold water, then laid him on his side on a bed, assuming that he would wake up and everything would be okay. It was not okay. By the time the paramedics were called in the morning, it was too late. The victim's mother said that had there been a law, she thinks it would be reasonable to think that her son would still be around, would still be alive.

We have stated our support for a bill pertaining to this issue before, suggesting that Health Canada, the government, consider the introduction of federal legislation that would exempt individuals seeking help for themselves or others during overdose situations from criminal prosecution for trafficking and possession of controlled substances. Bill C-224 would accomplish this. This is one way that barriers may be broken down by providing limited immunity for criminal charges.

As I have already stated, every year, far too many lives are being lost to drugs and alcohol, and many more Canadians are injured or disabled as a result of an overdose.

I am a husband. I am a father of four beautiful young adults. I have brothers and I have a sister. Accidental death by overdose has negatively impacted our family also. In 2008, as I was preparing to head overseas to speak at an aviation conference, we received a call that my brother-in-law had been found deceased just a few minutes before the call. My brother-in-law was not a drug user. He was not a criminal, and he did not live a high-risk lifestyle. While all of the facts of his death are still unknown to this day, so many years later, the facts are that he died of an accidental overdose. Whoever was with him at the time chose not to call the police or an ambulance to provide assistance. Rather, they erased all the call history and contacts on his phone, and any evidence of their involvement.

● (2010)

I cannot help but think that if this bill was in place in 2008, my brother-in-law would still be with us today. My mother-in-law and father-in-law would still have their only son. My wife and her sister would still have their little brother. My children would still have their uncle. Our family would still be whole.

I have stood in the House before to say that collectively we can leave a positive legacy. Like countless others, the growing numbers, my brother-in-law did not have to and should not have died. That is why I choose to rise in the House today to speak on behalf of Bill C-224. Through this bill, we have a chance to end the stigma of fear, and choose life instead. If the bill will allow people to pick up the phone and take greater action because they will not be afraid of being charged, there is no question it needs to be adopted.

Once again, we can give individuals a second chance at living. We can restore hope in humanity that might otherwise have been missed. It is our duty as members of Parliament to facilitate change, and this bill is a perfect place to start. Maybe, just maybe, lives will be saved in the process.

Private Members' Business

Mr. Wayne Stetski (Kootenay—Columbia, NDP): Mr. Speaker, I am pleased to rise today to speak in favour of Bill C-224, and I want to thank my colleagues for their very impassioned plea for the bill, particularly the member for Coquitlam—Port Coquitlam. I lived in Port Coquitlam for 10 years, and I am sure the constituents there very much appreciate this bill coming forward.

I want to begin by sharing with the House some of the headlines from my riding of Kootenay—Columbia in the recent weeks. These come from *Cranbrook Daily Townsman* and the *Columbia Valley Pioneer*, two of the many fine community newspapers we are fortunate to still have in Kootenay—Columbia.

On April 7, the *Townsman* headline was “[East Kootenay] getting eight ‘substance use’ beds from [Interior Health]”. The text reads:

These new beds for Interior Health are part of a large provincial initiative to improve care outcomes for individuals living with substance use challenges, said [the province's health minister].

The beds will provide a safe and supportive environment for clients [who have complex substance issues].

A few days later, there was another headline, this time from the *Columbia Valley Pioneer*: “Overdose reversal drug now available in BC without a prescription”. The text from this one is:

The goal of reducing the fatal effects of an opioid overdose among the B.C. drug-using community has recently gained momentum.

Health Canada revised the Federal Prescription Drug List on March 22nd to make a non-prescription version of naloxone, which is the life-saving antidote commonly being used to reverse the effects of an opioid overdose, more accessible to Canadians....

...making the medication more accessible to the people without a prescription [will help to save lives].

[This new measure] is separate from [B.C.'s] Take Home Naloxone program... [which] has trained over 6,500 people to recognize and respond to overdoses.... 488 overdoses have been reversed since the program's inception.

On April 15, going back to the *Cranbrook Daily Townsman*, the headline read: “B.C. declares drug overdose emergency”.

The B.C. government has declared its first-ever public health emergency to deal with the sharply rising cases of opioid drug overdoses across the province. ...the [emergency] measure will allow for rapid collection of data from health authorities and the B.C. Coroner's Service, so overdose treatment kits can be deployed to regions where there are new clusters of outbreaks.

There has been a steady increase in overdoses of drugs containing fentanyl, a potent synthetic opioid made in Chinese drug labs and smuggled to Canada.

We have to do what's needed to prevent overdoses and deaths, and what is needed is real-time information, [said B.C.'s health minister]. Medical Officers need immediate access to information about what's happening and where so that they can implement effective strategies to prevent these tragedies.

We are in a crisis situation when it comes to drug overdoses. We must do everything we can to save those lives.

That is where Bill C-224 comes in. Bill C-224 would provide a good Samaritan exemption, ensuring that no evidence obtained as a result of responding to a drug overdose can be used to support possession of substance charges. This exemption would apply to any person at the scene when police or paramedics arrive.

The exemption would apply to all schedule I, II and III drugs, the common street drugs, but would only cover charges for possession. Production and trafficking charges would not fall under the good Samaritan clause. Let me say that again. The good Samaritan exemption in Bill C-224 would only apply to possession charges. Drug producers and drug traffickers will not be let off the hook.

The bill will also not in any way diminish our efforts to fight organized crime or to support communities affected by gang-related violence. Bill C-224 simply removes a barrier to medical help reaching a person who is overdosing in time to save them.

Some of the validators for the bill are the Pivot Legal Society and Canadian Drug Policy Coalition executive directors. They say:

Fear of prosecution has proven to be a barrier for people to call for help when they are with someone who's having an overdose. Only 46 per cent of respondents to a Waterloo Region Crime Prevention Council survey said they would call 911 during an overdose situation. Seconds matter in these cases and saving a life shouldn't be weighed against facing a potential drug possession charge. Granting amnesty to Good Samaritans is a simple answer. The Liberals should move to pass this bill as quickly as possible.

● (2015)

A Facebook user, posting on Overdose Canada in support of this bill, said, “My son Austin would be alive today had those who witnessed his overdose called 911.”

An article in *The Globe and Mail* reported:

Amid mounting signs that the illegal form of the painkilling drug is expanding east from Western Canada, where it is linked to a surge in overdose deaths, health-care advocates say federal and provincial government leaders are not doing enough to address the problem.

Pivot Legal Society, in an article entitled “A three-point plan for ending overdose deaths”, wrote:

Research suggests that between 10 and 56 percent of people witnessing an overdose actually call for assistance.... We need to remove the barriers...

The NDP has a proud, progressive record of standing up for sensible drug policies that promote harm reduction and create safer, healthier communities. Supporting this bill is very much in keeping with this tradition.

Bill C-224 is about saving lives. More lives could be saved if users and witnesses did not hesitate to seek emergency assistance for overdoses.

New Democrats will always stand for smart, progressive, evidence-based policies that promote stronger, healthier, and safer communities. This bill does that, and it deserves the unanimous support of this House.

● (2020)

Ms. Kamal Khera (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, I am pleased to rise in the House today as Parliamentary Secretary to the Minister of Health to support my colleague, the member for Coquitlam—Port Coquitlam, as we debate his very important bill, Bill C-224, the good Samaritan drug overdose act.

Private Members' Business

Canada is experiencing an unprecedented rise in accidental drug overdose deaths, particularly related to opioids such as fentanyl. As a legal pharmaceutical, fentanyl is usually prescribed for patients already tolerant to high doses of other less powerful opioid drugs, such as morphine or oxycodone. However, it can also be diverted from a legitimate source, stolen from a pharmacy or patient, or manufactured illegally in a lab. This is extremely troubling because illicit fentanyl can be mixed with or disguised as other drugs, such as oxycodone or heroin. This means people who use these drugs are not always aware of their high potency. The unknown potency of street drugs, including fentanyl is being linked to the recent increase in accidental overdose deaths occurring across Canada, particularly in the western provinces, where it is being characterized by some health officials as a public health crisis.

The majority of overdose deaths are preventable if early intervention is made. Many overdoses occur in the presence of others, and instant death is rare. The chance of surviving an overdose often depends on how quickly an individual receives medical attention. Provinces, territories, municipalities, and other public health organizations know this and are making efforts to raise awareness about how to detect the symptoms of an overdose and the importance of calling 911 as the first course of action. However, far too often people are afraid to call 911 if they or a friend experience an overdose.

A 2014 Ontario survey shows that only half of individuals said they would call 911 and wait at the scene for emergency personnel in the event of an overdose. The remainder would hold back for fear of negative consequences, such as an arrest or criminal charges. No one would think twice about calling 911 for any other medical emergency. This is a clear sign that there are systemic barriers at play here, as well as issues of stigma and fear that need to be addressed. No one should be afraid to reach out for medical help in the case of an overdose.

I think all members can agree that the most important thing for emergency personnel and law enforcement to do at the scene of an overdose is to save a life. I recognize that problematic drug use is a complex issue for which there are no easy answers, but we cannot arrest our way out of this problem. Government must take a comprehensive approach that is based on evidence and that balances regulation and law enforcement with support for the health and well-being of Canadians affected by drug use and addiction.

Neither the medical community nor the law enforcement community can address this issue on their own. That is why our government is committed to a balanced approach to drug policy. Health Canada has demonstrated this commitment through several recent decisions.

First, through support for the Dr. Peter Centre and InSite, both of which are supervised consumption sites that have proven to have a positive impact on the health and well-being of individuals who use drugs. These centres have trained medical professionals who monitor drug users and can help save their lives in the event of an overdose. They also provide clean needles so that drug users do not contract life-threatening blood-borne diseases, such as HIV and hepatitis, while also connecting them with treatment and other health care services. In some cases, this is their first contact with a medical professional.

Second, in March 2016, Health Canada removed naloxone from the federal prescription drug list, clearing the way for this life-saving drug to be purchased without a prescription. Naloxone is a drug that temporarily reverses the effects of an opioid-induced overdose. This change will make the drug more accessible to those most likely to need it, including friends and families of drug users, as well as first responders, such as paramedics or law enforcement personnel.

However, improving access to naloxone is only one piece of a comprehensive approach to reducing overdose deaths.

• (2025)

The effects of naloxone eventually wear off and overdose symptoms can reoccur. In fact, repeat doses of naloxone may be needed to save the life of someone who has overdosed on a stronger opioid, like heroin or fentanyl.

This underscores the importance of calling 911 for an overdose, even when naloxone is administered. To encourage individuals to call 911 in overdose situations, Bill C-224 would provide immunity from minor possession charges for anyone who experiences or witnesses an overdose and seeks emergency help. This is a harm reduction measure that is typically known as good Samaritan legislation and has been implemented in more than 30 U.S. States.

The good Samaritan drug overdose act is consistent with our government's approach to drug policy. It would support efforts by law enforcement to help curb overdose deaths and would recognize the importance of saving lives. Law enforcement personnel are often the first to arrive at the scene of an overdose and in some communities, law enforcement is the only first responder available. This bill sends a clear message to all Canadians that every life matters.

Bill C-224 also complements our government's efforts to curb overdose deaths, including through improved access to naloxone. This bill would help to ensure that people who experience or witness an overdose would not be afraid to call 911 for fear of charges for minor drug possession. At the same time, let me assure the House that our government recognizes the extremely important role that law enforcement plays in drug control and we commend the ongoing efforts of our police to protect the safety of Canadians by getting dangerous drugs off the street.

We know there are illicitly produced opioids like fentanyl that are being sold in Canada and we know drug trafficking brings gang activity and crime with it. That is why law enforcement efforts are focused on drug trafficking and associated violence.

Private Members' Business

Our government recognizes that problematic substance use is both a health and safety issue and that reducing demand is an important piece of this puzzle. We believe government has an important role to play in helping to protect Canadians from the problems substance use can create. That means preventing and treating addiction, supporting recovery, and reducing the negative health and social impacts of drug use on individuals and their communities.

We know that a major predictor of having an overdose is having experienced an overdose in the past. Therefore, rather than arresting those who are suffering from a disease of addiction, an overdose is an important opportunity for first responders to intervene and help direct individuals toward community and social services to obtain treatment for their illness.

I fully support Bill C-224, the good Samaritan drug overdose act. It is an example of a balanced approach to drug control. It aims to address a systemic barrier that is preventing individuals from seeking help for an overdose, while not impeding law enforcement from focusing public safety efforts on the issues that are truly at the crux of Canada's drug problem, which are drug production and trafficking.

Once again, I congratulate my colleague for introducing this very important bill.

[*Translation*]

Ms. Christine Moore (Abitibi—Témiscamingue, NDP): Mr. Speaker, speaking to this bill was very important to me. As we have heard, it will save lives.

I also want to thank my colleagues who have already talked about the bill, since many of them shared some very emotional personal experiences.

When a loved one dies of cancer, it might be easier to talk about than when a family member dies of a drug overdose. Often we are more embarrassed to talk about that.

However, it is important to do so and to point out that this problem affects a lot of people, even people from good families who seem to be fine. This problem really affects everyone.

When I was 15, I lost a cousin. He died of a PCP overdose. PCP is commonly used in veterinary medicine, but unfortunately, it caused a lot of devastation around me when I was a teenager. It was a very difficult period in my life. Losing my cousin was very painful.

Since I do not know all the details, I cannot say whether such a bill would have saved his life, but I think that in situations like his, it is important that other people are not afraid to call an ambulance.

Unfortunately, young people, especially, are afraid they will get arrested or that their parents will find out what happened. They are very scared. Telling those young people that they have nothing to worry about in this type of situation could truly save lives. That is why it is important to pass this bill.

Another reason why it is important to pass the bill is that it would help health care professionals in identifying the substances involved. There are far more synthetic drugs on the market than ever and it is extremely complicated. The treatment is not necessarily the same every time. It depends on the drug the person used.

Someone on site needs to be able to quickly tell the ambulance attendants and the police what the person in distress consumed. That someone cannot be afraid to reveal that information, first hesitating and then finally after 15 minutes of interrogation saying that the person took something else.

The first responders have to be able to tell people that they have nothing to fear, that they will not be charged with anything, that they will be protected, and that they have to quickly say what the person consumed so that treatment can be administered as soon as possible.

There are various antidotes on the market for different substances, but those antidotes have to be administered very quickly in order to prevent unfortunate consequences.

This bill would also help health care professionals identify the substance, which is another important factor to consider in overdose cases. People must be able to respond quickly and need to know what medical treatment is required.

Another factor, which may be more specific to rural areas, is access to ambulance services. We all know that more and more parties are organized in isolated areas or places that are not necessarily accessible.

If an ambulance or the police cannot arrive on the scene promptly and there is an additional delay because people do not dare make that call, and then once responders arrive, people are reluctant to say what substances were consumed or what exactly happened, the response time increases tremendously.

Ensuring that someone will promptly call to report that an individual has overdosed and needs help and that the substance can be quickly identified will somewhat reduce the challenge faced by ambulance services in rural areas.

We cannot control or change the fact that some towns are further away from hospitals and ambulances than others. However, if we can at least reduce the response time, we can save lives.

As members know, I am a nurse. I decided to practise primarily in intensive care and emergency. That is really what I enjoy the most. I have seen cases of overdose, which, unfortunately, are often due to a mixture of substances.

● (2030)

It got so that I dreaded Saint-Jean-Baptiste Day. For nurses, the night of Saint-Jean-Baptiste is really one of the worst nights to work. Every year, we have to intubate teenagers to save their lives at the last minute. Unfortunately, on big party days like that, teenagers are nervous and scared of getting caught, and they might leave someone who is a bit too drunk alone somewhere.

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Often, it is someone else at the party who realizes there is a problem and ends up calling the ambulance. The person making the call has no idea what happened. They find an unconscious teenager somewhere, but they have no idea what caused the problem. They do not know if the teen just drank alcohol or consumed a mix of other substances. That makes treatment much more complicated. Having to intubate a 15-year-old without knowing whether it will save his or her life is not an easy thing to do.

As parents, we realize that our children could find themselves in this situation one day. We can try to control everything to ensure that our children have a good life and do not have problems. However, we know that one day or another, when they are not in our sights, something like this will happen. The situation is not really obvious.

Sometimes, our children have good friends who think about stepping in, but sometimes they are really too scared. Recently, my husband got a call and went to pick up one of his teenage cousins who had abused substances. In that case, it was just alcohol, but the young people were scared. They at least thought to call the young man's mother, but they did not call an ambulance. My husband's aunt did not really know what to do, and so she called my husband and asked him if he could go and help his cousin. That is what he did.

In this situation, the young people could have responded in a different way. They could have been scared, chosen to leave him in a room, and waited for him to sleep it off. Unfortunately, that might not have ended well.

It is absolutely crucial that we pass this kind of legislation in order to protect young people. Not only must we pass it, but we also need to make sure the public is aware. We need to make sure that the message gets out there to Canadians, so that people know that they no longer need to worry about being charged in the event of an overdose. That is very important. Even if we pass this bill, if people still think they can be arrested and get into trouble, we will be no further ahead.

What will need to happen, and it is up to us to do it, is to send a very clear message to all Canadians to make sure they know that they no longer need to be afraid to call an ambulance. It may seem pretty obvious, but not all young people follow what is happening on the federal political scene very closely, and they are unfortunately often disconnected from politics. Our greatest challenge will be to ensure that all young people have this information.

This is how we will save lives. We will save them not only by passing legislation, but also by ensuring that people are aware of our laws. I hope that what I am doing today will have a positive impact on the lives of young people, as well as on the nursing profession, and that we will be able to save lives, especially at parties, where the circumstances can be more difficult.

• (2035)

[English]

The Deputy Speaker: Before I recognize the hon. member for Charleswood—St. James—Assiniboia—Headingley, I will let him know there are only about four minutes remaining in the time for debate, at this hour at least, for this particular motion, but we will get started. I will give him the usual signal. He will have, of course, the

remaining time when the House next returns to debate on this question.

Resuming debate. The hon. member for Charleswood—St. James—Assiniboia—Headingley.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Mr. Speaker, I rise today in strong support of Bill C-224, the good Samaritan drug overdose act.

As we have heard, the bill would encourage people to call 911 to report drug overdoses by protecting them from prosecution for drug possession. It would also exempt anyone at the scene from possession charges, but it would not apply to more serious offences like trafficking or impaired driving.

Drawing on my 20 years' experience as an emergency physician, I can say with confidence that, if passed, Bill C-224 will save lives.

We have all seen the headlines about rising numbers of overdose deaths in Canada, especially from the powerful opioid, fentanyl. On Friday, April 15, British Columbia declared a public health emergency with over 200 overdose deaths in the last three months. In the emergency room and too often in the morgue, we see the human toll behind these numbers.

Victims of drug overdoses are not statistics. They are our fellow Canadians. They are our neighbours, our friends' kids, maybe our own family. I stand today to say with conviction that in a medical emergency brought on by an overdose, fear of the law should not prevent people from picking up the phone and saving a life.

I hope all members will join me in thanking the member for Coquitlam—Port Coquitlam for bringing forward this timely and important piece of legislation. Common sense tells us and evidence confirms that Bill C-224 will help eliminate the delays in treatment that lead to debilitating injuries and death. I only wish Parliament had passed such a law years ago. It is heartbreaking to think of the lives that could have been saved.

In my own clinical experience in the emergency room, I have encountered patients who, because of their signs and symptoms, have caused me to suspect that they are under the influence of one or more potentially dangerous substances. The findings of physical examination alone are too variable to provide sufficient information, and laboratory tests often take too long to be of benefit.

I have to ask these patients, or those who accompany them, what substances they have taken. Typically, they are reluctant to provide this information. However, once I explain that there is no risk of prosecution due to patient-physician confidentiality, they give me honest answers and I am able to provide better care.

On more than one occasion this ability to gather information has prevented tragedy. However, this degree of confidentiality is not guaranteed in the community when people have to communicate with first responders. This freedom to communicate frankly with emergency services must be extended to anyone in our communities who witnesses or experiences an overdose. How can we compare the value of convicting someone on a minor charge with the value of saving a life?

In 2016 we see addiction as a health issue. I speak as an emergency physician with much of my 20 years of clinical experience in the poverty-stricken core of Winnipeg. I am aware that some people perceive persons who overdose as having made a bad decision and are therefore responsible for their fates. Perhaps they believe that saving overdose victims is not a moral obligation. However, it is almost unanimously accepted by the medical profession that addiction is an illness.

Furthermore, it is not widely understood by the public that drug abuse is highly correlated with underlying mental illness, as many individuals with undiagnosed or poorly controlled mental illness ingest substances in an attempt to self-medicate.

• (2040)

The Deputy Speaker: I appreciate it is always a little awkward when you have to go partway through your speech and then leave the rest for another time, but the member did quite well.

The hon. member for Charleswood—St. James—Assiniboia—Headingley will have about six and a half minutes remaining for his remarks when the House next resumes debate on the question.

The time provided for the 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.

[*Translation*]

EMPLOYMENT INSURANCE

Mr. Robert Aubin (Trois-Rivières, NDP): Mr. Speaker, there are ups and downs in politics, and between the time that I put my question down as an adjournment debate and the time this debate started, there have been numerous reports. If the situation had been resolved in the meantime, I would have happily withdrawn the question, but unfortunately that is not the case.

I want to give a little background before I get to my question. This obviously has to do with employment insurance measures, which is the subject of the debate.

I want to remind members of some of the promises made by the Liberals during the election campaign. First, there was the promise to reduce the wait time by one week. They are telling us that this will happen in January 2017. I do not deny that this proposal is important to those who will be receiving EI, but I remind members that currently, fewer than four out of ten workers who pay into the EI

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system manage to qualify when they need the benefits, in other words, when the worst happens and they lose their jobs.

The Liberals also promised that they would reduce EI premiums for employees and employers. That change took effect on January 1, 2016. However, just between us, that does not solve the problem. It just means that there is even less money in the employment insurance fund to give benefits to those who need them.

The Liberals should be protecting the employment insurance fund. They are not doing that. Instead, as we saw in the most recent budget, they are once again planning to greedily pilfer billions of dollars from the EI fund, as has been the habit of both the Liberals and the Conservatives.

The Liberals also promised to do away with the Conservatives' EI reform. However, from what I have seen, there are still three categories of unemployed workers. This measure therefore demonstrates that the government is still stigmatizing workers who have lost their jobs rather than doing something to address the problem of systemic unemployment.

The Liberals should make access to parental leave and compassionate care benefits more flexible. They still have not done either of those things.

In short, the Liberals have not done much when it comes to employment insurance, even though this service, or rather this insurance that is paid for by workers and employers, is becoming increasingly important and harder to access as a result of the economic situation. That is a serious problem.

On the plus side, if there is one, since the government has done so little about employment insurance since coming to power despite making tonnes of promises, does my colleague agree that the first thing to do is introduce a single 360-hour threshold for everyone? That would enable the majority of workers who contribute to the plan to access benefits if bad luck strikes. The first thing we need to do is make the insurance plan that people are paying for available to them.

Imagine any kind of private insurance, such as home or car insurance. Imagine disaster striking and being unable to claim payment from the insurer. The private system being what it is, insurance companies operating that way would lose their clients. In this case, however, the unemployed are a captive clientele.

Here, then, is my question again: will the Liberal government introduce, as quickly as possible, a single 360-hour eligibility threshold for everyone?

• (2045)

[*English*]

Mr. Rodger Cuzner (Parliamentary Secretary to the Minister of Employment, Workforce Development and Labour, Lib.): Mr. Speaker, I am happy to be here this evening to address the question from the member.

It was interesting that he brought this up in the late show. If this member were to pay attention at all or if he were to read the budget, he would know that most of the references he made during his speech have been addressed.

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The machinery of government grinds slow, but it is in motion now to address those types of issues that the member raised. He talked about the platform we promised. We will deliver on the promises that we made in that platform. We will go from a two-week waiting period to a one-week waiting period. That is being worked on now.

The NDP would not know about the machinery of government because there has never been a federal NDP government. The reduced waiting period is going to help so many Canadians. Four out of five Canadians who receive EI benefits are going to benefit from that. The member should know that. He would know that if he were to pay attention to this file.

The member knows that we did increase access. He talked about not increasing access. We cut the NERE provisions, the new entrants and re-entrants, from 920 hours to regional qualifications. For a whole bunch of Canadians who would have been precluded from benefits, that allowed them to access benefits in this program. The member knows that.

The member knows we are investing \$92 million more to hire EI call centre agents and to shorten the times for EI processing. The member will remember, if he is serious about this, that under the last government, there were 600 EI employees who were cut. It reduced the service wait times.

Rather than being able to respond to a phone call in three minutes, there was a target of 90% return in three minutes, the government cut 600 jobs and went to 80% in three minutes. It was not hitting those targets, so it went to 80% in 10 minutes. The government was only hitting that 45% of the time.

Our Prime Minister and Minister of Employment made the promise, and are delivering on the promise to have more people on the ground. We are working with Service Canada staff on those service standards. We know that the employees at Service Canada wanted to serve Canadians. They were not able to serve Canadians because the resources they needed were not available.

We put those resources back. They were in the budget. The member for Trois-Rivières, if he is honest, knows that those provisions were put into the last budget.

On the work sharing agreements, there is an extension of the duration of the work sharing agreements from a maximum of 38 weeks to 76 weeks. That is a positive thing. We have heard from Canadians across this country that it provides them flexibility. It helps create jobs in some sectors. We have complied with that and we have provided that.

We have gone into the 12 economic regions of this country and increased the regular benefits by five weeks, up to a maximum of 50 weeks.

The government takes its responsibilities seriously. We understand that for Canadians who find themselves out of a job, the program has to be there for them. We are committed as a government to provide them with those services.

● (2050)

[*Translation*]

Mr. Robert Aubin: Mr. Speaker, of course I listened very carefully to my colleague's speech, but not the answer, because my question remains unanswered.

Still, I find it curious that in a four-minute speech, the member said that we are not paying attention to the file, and at the same time, that we know the answers. I see an inconsistency there. I can assure my hon. colleague that I have been paying attention to this file for years now, and I am perfectly aware of what is in the budget. I even referred to some dates earlier.

However, he still has not answered the critical question. The youth unemployment rate is practically double the national average. What can we do to ensure that our young people are able to access the employment insurance system when they need it, when we know that fewer than four out of 10 workers qualify for EI, even though they have paid into it for many years? Will we get an answer to our question regarding a universal 360-hour eligibility standard?

[*English*]

Mr. Rodger Cuzner: Mr. Speaker, my hon. colleague for Trois-Rivières should know about removing the NERE, new entry and re-entry, provisions.

New entries are usually young workers, young Canadians. Sometimes it is the first time they have held a job, and the first time they have found themselves out of a job. They no longer need that 920 hours to qualify the first time. All they have to do is comply with regional qualifiers, and that has included a whole other group of young Canadians.

Also, in the budget, we have doubled the amount of money that we put into the summer student employment program. It has been done, as we have seen in the member's riding, and he should see it from past years. I am hearing about it in my riding. More community groups are able to host summer students and give them that opportunity to have their first job.

We want to create more job opportunities for young Canadians. Yes, employment insurance has to be there when they find themselves out of work, but we want to invest in training. We want to give employers an opportunity to create those jobs for young people so that they can continue to grow and contribute to the economy. That is what this government is seized with.

● (2055)

VETERANS AFFAIRS

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Mr. Speaker, after redistribution, many of our ridings changed. I picked up that third nomenclature in my riding name, which is now Selkirk—Interlake—Eastman. It is a riding that I am very proud to represent, including the new part of Eastman, which includes the communities of Pinawa, Powerview-Pine Falls, Lac du Bonnet, Great Falls, and others.

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I am glad to get up today to address a question I raised in the House some time ago about the national memorial for Canada's mission in Afghanistan to honour the 40,000 Canadians who served in the Afghanistan mission, and the 158 Canadians who paid the ultimate sacrifice in that mission against al Qaeda, against the Taliban, and against terrorism.

Unfortunately, we still have not heard from the government. We have not heard from the Minister of Veterans Affairs, the Minister of National Defence nor the Associate Minister of National Defence on what the plans are on whether or not we are going to have a national memorial to pay tribute to the longest mission in Canadian history. We are talking about a mission where Canadians went in with the right context and for the right reasons.

Unfortunately, in the answer to my question, the Minister of Veterans Affairs said that his government will get it done since the Conservative government could not get it done in 10 years.

First and foremost, let us revisit the history here on the national memorial for the Afghanistan mission.

The first time we started talking about this was in 2011. At that time, the chief of the defence staff, a number of civilian leaders, and Laurie Hawn, who was the parliamentary secretary to the minister of national defence at that time, raised the issue of having a plan to put in place a national memorial to the veterans of the Afghanistan mission. At that time, our minister of national defence was Peter MacKay, and he said:

When the last troops return home to their families at the conclusion of the mission, the full scope of Canada's contributions in Afghanistan, including all the work of all those who have sacrificed and fallen in the service of their country, will be appropriately recognized and commemorated.

That was in 2011, and of course, the mission was not over yet. In 2014, when the mission came to a close, the minister of veteran affairs, Julian Fantino, announced that a permanent national memorial to Canada's mission in Afghanistan would be located here in Ottawa. The mission, which started under the Liberals, ran from 2001 until 2014.

We have to stay committed to the ideal of "lest we forget", and we need to back that up with action. We need to have this memorial. We have a national day of honour, and now we need to have the national memorial for all of those who have served and those who have fallen in the service of Canada in Afghanistan. I encourage the government to honour the bravery and sacrifice of everyone who participated in the mission by completing this memorial.

Will the government actually finish the work by 2017 and complete the Afghanistan war memorial, which was initiated under the Conservative government?

Mrs. Karen McCrimmon (Parliamentary Secretary to the Minister of Veterans Affairs and Associate Minister of National Defence, Lib.): Mr. Speaker, I am pleased to have the opportunity to answer the question from the hon. member.

I know first hand, and I could not agree more. The men and women of the Canadian Forces quite simply did an extraordinary job in Afghanistan and their contribution deserves to be commemorated appropriately.

Commemoration is a key pillar of the mandate of Veterans Affairs Canada. As the member is well aware, Canadian veterans and those who died wearing Canada's uniform have made invaluable contributions to the development of our country as well as to our peace and security. Commemorative programs and events help to ensure that the memories of these achievements and sacrifices are preserved.

The minister has said in the House that he is committed to ensuring that the memorial to Canada's mission in Afghanistan gets built, but it will be done in a timely and respectful manner. The national memorial to Canada's mission in Afghanistan is indeed a priority in the department's plans and priorities.

More than 40,000 members of the Canadian Armed Forces who served in Afghanistan will be remembered in a meaningful way, as well as the hundreds of other Canadians who also bravely performed their duties in this theatre of war.

We will ensure that the memorial is built and it will be built in an appropriate location, a location that will allow Canadians the opportunity to pay their respects to those who served.

Commemorating our veterans' sacrifice is important to this government, but there are many ways in which a grateful nation can acknowledge, pay respect, or show appreciation for sacrifice. Monuments are important, but providing the resources by which veterans and their families can enjoy a secure future with quality of life is equally important, if not more important. This government committed in budget 2016 another \$3.7 billion to provide veterans and their families with the care and support they deserve.

In addition, as we all know, nine Veterans Affairs offices across Canada will be reopened and a tent will be created in Surrey, B.C. We are increasing front-line staff and the number of case managers who will be working with our veterans and their families. This will give them access to the assistance they so desperately need and so rightfully deserve.

Canada is entering an important period of commemoration and there are a number of commemorations on the horizon. July of this year commemorates the 100th anniversary of the Battles of the Somme and of Beaumont-Hamel, and next year Vimy Ridge.

Without question, the world is better and safer because of the efforts of Canadians on the field of battle and in peace support efforts. Lasting recognition of those efforts, such as the memorial that we are discussing today, is vitally important. We must ensure that current and future generations have places where they can gather in remembrance to honour the sacrifice made on our behalf.

● (2100)

Mr. James Bezan: Mr. Speaker, I want to thank the parliamentary secretary for her service to Canada as a member of the Royal Canadian Armed Forces and as a colonel and commanding officer.

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I really want to get down to the nitty-gritty though, and that is on the question before the House right now, which is on the memorial for Afghanistan veterans. We can talk politics. We can talk about services provided to veterans, which everyone in the House wants to improve and enhance. When the Conservatives were in government, we laid out a clear, concise, and achievable target to have this memorial to all of our veterans of Afghanistan completed by 2017.

The Liberals like to talk the big game on the veterans file, but will they get this project done by 2017 to honour the incredible service made by our veterans in Afghanistan?

Mrs. Karen McCrimmon: Mr. Speaker, the hon. member mentioned that this process was started back in 2011, and from 2011 to 2014 nothing happened, a good three years. We have been in government for six months. I have talked to a lot of veterans about the proposed Afghanistan memorial and I heard no support for it. I heard a fair bit of criticism from the veterans who felt they were not consulted, and what they wanted in a memorial was perhaps not what was in the plan.

We are doing it differently. We feel we need to talk to these veterans. We feel their opinions and their contributions to this memorial, to its design, to its location, are important. We are going to do it differently, but we are going to do it right.

• (2105)

[*Translation*]

STATUS OF WOMEN

Ms. Brigitte Sansoucy (Saint-Hyacinthe—Bagot, NDP): Mr. Speaker, on March 8, I rose in the House to ask the government when it would come up with an action plan to address violence against women.

During the election campaign, the Liberals promised to develop a strategy and an action plan. Six months later, nothing tangible has been done. In the meantime, thousands of women are paying the price. Every night, 4,600 women and 3,600 children have to sleep in emergency shelters. In fact, I would appreciate it if my colleague would clarify the notion of shelter.

In Quebec, a shelter is a place where a person can spend the night. It is not a place to live. There are also community housing organizations for women in need and, of course, homes for abused women. When we say shelter, we mean all these types of facilities.

Seventy per cent of community housing organizations for women say that their biggest problem is the lack of government support. Every day, shelters turn away 379 women and 215 children because there is no room. In 2016, this should not be an issue.

Women are 11 times more likely than men to be a target of sexual violence and three times more likely to experience criminal harassment. What is more, 1,200 indigenous women have been murdered or gone missing since 1980. Indigenous women are three times more likely than other Canadian women to experience violence. In 2016, it is unimaginable that any woman should have to endure sexual harassment in the workplace or domestic violence.

Canada made a commitment to the United Nations to put an end to violence against women and girls. However, community organiza-

tions that provide shelter services clearly do not have the resources they need. It is time for the government to meet its obligations.

New Democrats have always made ending violence against women a priority. The NDP launched an initiative to create a national action plan to address violence against all women. The NDP's plan seeks to ensure that abused women and children have access to shelters and safe houses.

In the last Parliament, my colleague from Churchill—Keewatinook Aski moved Motion No. 444, which sought to establish a national action plan to address violence against women. Unfortunately, the motion was defeated. The Conservative government showed that it did not consider women's safety to be a priority and that it was not prepared to defend women's rights.

Over the past few decades, Liberal and Conservative governments have introduced policies that have put vulnerable women at greater risk. For example, in 1993 and 1996, the Liberals cut off federal investment in new social housing projects. The housing shortage directly resulted in the increased vulnerability of women who must leave situations of domestic violence. Indeed, a lack of affordable housing is the number one reason why women cannot functionally escape the violence they face.

How long will these women have to wait? How many other victims will have to wait before the government actually does something?

Ms. Anju Dhillon (Parliamentary Secretary for Status of Women, Lib.): Mr. Speaker, unfortunately, violence is an everyday occurrence for far too many Canadian women and girls. According to statistics, many types of violence continue to affect mainly women and girls. Statistics also show that indigenous women are particularly vulnerable. They are three times more likely to report being victims of violence than other Canadian women.

Many women and girls end up trapped in a cycle of violence, inequality, and victimization as a result of the combined effect of many factors such as poverty, lack of community support, and lack of affordable or supervised housing. This cycle can be passed on from one generation to the next and can be a source of ongoing suffering for Canadian women and their families. This situation is unacceptable. A life without violence is a fundamental human right. No woman should be deprived of that right.

Our government is determined to address this complicated problem, which will require a comprehensive action plan. As decision-makers, we have a responsibility to find and support innovative ways to address the root causes of violence against women and girls, as well as to come up with positive solutions to stop the cycle of violence from continuing from one generation to the next.

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That is why the Minister of Status of Women was mandated to develop and implement a comprehensive federal strategy to combat sexual violence. We are working on developing a strategy that will recognize the range of interventions required, including legislative measures to prevent violence, support survivors and improve the justice system; use federal programs already in place; align with the efforts already being carried out in provinces and territories, or expand them; and include an important monitoring component to enable us to monitor and evaluate progress.

This work is already underway. The minister has started to meet with organizations, people working for the cause, her provincial and territorial counterparts, and international experts in order to discuss innovative ideas for our strategy to fight sexual violence.

These efforts will be augmented by a component of our infrastructure plan. In fact, our government has committed to maintaining and expanding the network of shelters and transition houses. We are taking these steps because when we ensure that women and girls do not experience violence, we eliminate a major obstacle to the realization of their full potential and we can move closer to our objective of gender parity.

• (2110)

Ms. Brigitte Sansoucy: Mr. Speaker, we cannot eliminate violence against women without government help. I am impressed with the government's plan to create 3,000 shelter spaces over the next two years.

However, the fact is that the need is much greater. Three thousand spaces across Canada in over 600 shelters is not enough. If the government decides that something must be done, it should do it right.

Many organizations and volunteer groups are working hard to stop violence against women. One of these is La Clé, a shelter in my riding that has housed over 4,000 women and as many children and received thousands more requests for help.

I would like to acknowledge the amazing work done by all of the volunteer workers who provide emotional, practical, and social support to women and children. I myself have had the honour of working there.

However, because the government has done nothing, hundreds of women are turned away from shelters every day. That is sad but true. Canadian women are paying the price. It is high time we took meaningful action. Women want real action, not empty promises. The time for consultation is past. People need the government to show leadership on this. They are still waiting for a national action plan to end violence against women.

Ms. Anju Dhillon: Mr. Speaker, as my colleague knows, our government is taking action.

The disproportionate rate of violence against indigenous women and girls is a major concern for our government and Canadians. We have launched an inquiry in order to shed light on the high number of missing and murdered indigenous women and girls in our country.

Over the past few months, as part of the design process, the Minister of Status of Women and her colleagues, the Minister of Indigenous and Northern Affairs and the Minister of Justice, have met with survivors and victims' loved ones.

In a few months, we will announce details of this inquiry and how it will contribute to our commitment to reconciliation and the establishment of a renewed, nation-to-nation relationship with indigenous peoples. Our government is determined to prevent violence against women and girls. It is a priority for us.

• (2115)

The Deputy Speaker: The motion to adjourn the House is now deemed to have been adopted. Accordingly, this House stands adjourned until tomorrow at 10 a.m., pursuant to Standing Order 24(1).

(The House adjourned at 9:15 p.m.)

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