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• (1205)

[English]

The Chair (Mr. Kelly McCauley (Edmonton West, CPC)): I call this meeting to order.

Good morning. Welcome to meeting number 121 of the House of Commons Standing Committee on Government Operations and Estimates.

Just as a reminder, everyone, regarding feedback, keep your headpieces and earpieces away from the microphones at all times. I assume that no one has the sticker on their desk at home or back in their office, but please keep your voices down and headsets away from microphones.

We are resuming debate on the motion moved by Mr. Genuis and the amendment of Ms. Goodridge regarding the opioid crisis. We are debating the amendment.

At the time of adjournment last Wednesday, Mr. Kusmierczyk had the floor, but as I recall, I think he was turning the floor over to Mr. Jowhari. I will leave that with Mr. Kusmierczyk.

You have the floor, then, and Mr. Jowhari is on the speaking list.

Mr. Irek Kusmierczyk (Windsor—Tecumseh, Lib.): Yes. I'm happy to say a few words before I pass it on to my colleague here.

Again, on the motion brought forward by my colleague, I just want to emphasize the facts here that—

Ms. Bonita Zarrillo (Port Moody—Coquitlam, NDP): I'm sorry. I have a point of order.

The Chair: Go ahead, Ms. Zarrillo.

Ms. Bonita Zarrillo: It's my first time attending this committee virtually. I see that at least one member of the committee has their camera off. I'm just wondering what the protocol is for this committee. Do we need to have our camera on the whole time?

The Chair: I don't believe so. Cameras have to be on if members are voting, I believe, but just for this, no.

If you're fine with that, we'll go back to Mr. Kusmierczyk.

Mr. Irek Kusmierczyk: I was just going to state that, again, the important fact is that the committee on health is already studying the opioid epidemic and toxic drug crisis. That is what their study is called, “opioid epidemic and toxic drug crisis”. It's a serious issue.

They've looked at it. They've had 41 witnesses already studying this issue. They've had 10 meetings. I imagine that many more will be scheduled. They've heard from nurses, doctors and frontline

staff. They've heard from organizations, hospitals and associations. They've heard from police associations and you name it. They're doing some tremendous work there. They're already far advanced in terms of studying the opioid epidemic and toxic drug crisis.

Again, I again want to emphasize that I truly believe that this study and this motion should have been brought up at the health committee. They've already studied contracts in the past. Medicago comes to mind. They absolutely have all the resources and all the expertise they require in order to study contracts.

It has been my position from the beginning that this should be brought in front of HESA. I don't quite understand why it would be brought here. I don't think my colleagues have adequately answered that question, but again, I'm open to the discussions we're having here today. Ultimately, our goal is to make sure that the work gets done and that this issue, this significant and serious issue that's impacting our communities, is addressed and receives the attention it rightfully deserves.

With that, I'll yield the floor to Mr. Jowhari.

The Chair: Just as a reminder, we are debating the amendment and not the motion. At the last meeting, we allowed more than enough leeway on relevance and repetition. I'm going to suggest that we will not be doing that on the amendment. If we can get through the amendment, certainly that leeway will be extended to the motion itself.

We should stick to the amendment, which is just replacing “in any safe supply program” with the words “in any safer supply, safe supply or prescribed alternative programs”, and adding, after “of the adoption of this order”, the words “; and that the committee shares the documents received with the Standing Committee on Health”.

We are debating the amendment. We have to stick to that. If not, we will follow the rule, which is to bump to the next speaker and then perhaps get to the main motion.

Go ahead.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): I have a point of order.

Mr. Kusmierczyk can't just give the floor to another colleague.

The Chair: Yes, I know.

Mr. Garnett Genuis: I did have my hand raised, and Mr. Jowhari didn't.

The Chair: We're continuing the speaking list from last meeting. I had Mr. Kusmierczyk and then Mr. Jowhari. Then I have you, Mr. Genuis.

I appreciate that Mr. Kusmierczyk's trying to help me out here.

Go ahead, Mr. Jowhari.

Mr. Majid Jowhari (Richmond Hill, Lib.): Good morning Chair.

Thank you.

We have a number of new members in this committee about to vote on the amendment. Before I get to my intervention, could I ask the chair or the clerk to read the motion and the amendment? Basically, we can then move to vote on the amendment.

I'm not going to have an intervention on the amendment, but I'm going to have an intervention on the main motion. I don't want to spend a lot of time rehashing what has already been said.

I know that our colleague MP Longfield, our colleague Madame Larouche.... I think we have another colleague from the NDP who's joined us.

Perhaps I could ask the chair's indulgence to read the main motion and then the amendment so that it's very clear what we're voting on. I appreciate your indulgence on that.

I'll take the floor after the vote.

The Chair: I just read out the amendment. That's what we are debating right now.

I'm going to assume that the Bloc, the NDP and the Liberals have capable staff who have distributed the motion to their teams.

I'm happy to get the amendment put to bed and then get back to debating the main motion. I don't see a point of rereading the amendment that I just read.

• (1210)

Mr. Majid Jowhari: If all colleagues are comfortable with the amendment, we can move to the vote on the amendment.

The Chair: I can reread the amendment, if you wish.

Mr. Majid Jowhari: I would appreciate it if you could read the amendment, because I see a couple of nods.

The Chair: The amendment we're debating is as follows: "that the motion be amended by replacing the words 'in any safe supply program' with the words 'in any safer supply, safe supply or prescribed alternative programs' and by adding after the words 'of the adoption of this order' the words '; and that the committee share the documents received with the Standing Committee on Health'".

It's adding the words "safer supply, safe supply or prescribed alternative programs" and that we'll share the docs with the health committee.

Mr. Majid Jowhari: Thank you, Chair.

I know I cannot force a vote, but at this point, our side is ready to vote on the amendment.

I yield the floor to you, whether you choose to pass it on or to call the vote.

The Chair: Thank you, Mr. Jowhari.

I think we had pretty much reached consensus at the last meeting, so I appreciate this intervention.

Colleagues, are we all fine with the amendment?

(Amendment agreed to)

The Chair: We are now on the main motion as amended.

Go ahead, Mr. Jowhari.

Mr. Majid Jowhari: Thank you, Mr. Chair.

We are back on the main motion. It basically states the following:

That the committee, in relation to the opioid epidemic and toxic drug crisis in Canada,

(a) order the production of all contracts, agreements and memoranda of understanding to which the Government of Canada is a party, signed since January 1, 2016, concerning the purchase, acquisition or transfer of Dilaudid or any generic form of hydromorphone for use in any safer supply, safe supply, prescribed alternative programs, provided that these documents shall be deposited with the clerk of the committee, in an unredacted form and in both official languages, within three weeks of the adoption of this motion.

Here is basically the genesis. Again, I did that because I wanted to make sure my colleagues joining the call understood what the main motion was now.

We are talking about the production of contracts, agreements and memoranda. Basically, we are asking for any contract—

The Chair: I'm sorry, but I'm just going to interrupt you for a couple of seconds. I think you may have misread the motion, so I'm going to have the clerk send you—

Mr. Majid Jowhari: My apologies.

The Chair: That's okay. I'm going to get you to continue, but the clerk is going to send, to everyone's P9s, the amended motion.

Mr. Jowhari, go ahead.

Mr. Majid Jowhari: Thank you to the clerk.

The genesis of this is that when we look at the production of, let's say, any type of contract, we have to go back and figure out what the process is. What was the process for issuing any type of prescription to an individual as a result of those individuals referring to either using a safe supply or a safer supply, or going to an office?

When you look at it, first of all, the Government of Canada, through PHAC, does not sign any contract with any manufacturer for the purchase of any types of drugs that are directed to the safer supply side or to the safe supply side. That's number one. There is nothing in the Government of Canada where they would have signed any contract with any manufacturer.

[*Technical difficulty—Editor*] Number two, what does the Government of Canada—

• (1215)

The Chair: I'm sorry, but we lost you there, Mr. Jowhari.

Could you restart the last sentence?

Mr. Majid Jowhari: My apologies. I'm going to go a bit more slowly.

What, then, would the Government of Canada do? The Government of Canada, through Health Canada and PHAC, would work with the institutions, or with the organizations or with doctors who are interested in supporting the safer supply model. It tells them what they would need in order to do this work. They would need, for example, office space, three nurse practitioners, a doctor, some pamphlets, etc. Then, they would enter into an agreement with them that they would provide safe supply within the guidelines that have been defined and agreed on. Doctors would then start doing that, and the funding for that would come from the Government of Canada through PHAC.

Do doctors actually purchase any types of drugs or any type of medication in a huge volume? The answer, to the best of my knowledge, is no. The doctors would then look at probably a very small size if they needed support for an emergency basis at the site. However, they would not have the capability or the safeguarding mechanism needed to be able to store any types of drugs at that volume.

They would have a very small supply that they would be able to use on an emergency basis, so they would actually just prescribe... They would do all the wraparound services around getting the patients into prevention, getting them their wraparound social services, housing and all that stuff so that the whole network works. Then, they would write the prescription to a pharmacy that has agreed to provide those types of medications that are what we call "safe supply" medications. It is the pharmacy that actually enters into a contract with whoever the manufacturer is, who the source of the supply is.

The Government of Canada, at no point, looks at forming a contractual agreement to buy safe supply for any jurisdiction or for any type of organization.

Now, we get into the jurisdiction. There is jurisdiction by jurisdiction. In the example of Quebec, it actually does not follow that process. Quebec basically says to the Government of Canada that the government would allocate, let's say, x millions of dollars for safe supply. Another problem would be to transfer it to Quebec, and the province would decide which organization, which entity it works with. I believe, at that point, they would follow the same thing.

For us to force the Province of Quebec to come in and release any type of document would be stepping into their jurisdiction. If

we went to the other provinces and asked if they have any contracts, they would say that we're stepping into their jurisdiction because health care delivery is the provinces' responsibility.

I understand why there is a need for us to get a better understanding of where these drugs are coming from, but that does not have anything to do with the contracts the Government of Canada is signing, because to the best of my knowledge, the Government of Canada, through PHAC, does not sign any contract with any manufacturer for bulk purchase or distribution of these safe supplies to any jurisdiction or to any organization that's doing this. When you look at it, there is a disparity between the provinces, the jurisdictions, as well as the government's non-involvement.

If we want to have a study done on how the pharmacies or the safe supply sites procure, if they do the safe supply, that's a completely different study, and that's a completely different production of documents.

• (1220)

The genesis of this motion is the production of documents, in both official languages, within three weeks of something that's non-existent. We would be sending the department back to look, for hours and hours, for things that may not exist and then to potentially come back and tell us that the federal government does not engage in the procurement of safe supply, directly or indirectly.

What would happen? This would add to the already overburdened and overtaxed department, because we would be requesting the production of documents right, left and centre. I don't think this production of documents and this motion would give us the outcome we are hoping to get.

I don't think this is a motion that we should move forward with. I think we should go back and say that our objective is to get an understanding of the source of safe supply and how it's being procured, which is different from saying, "Give us all the contracts."

Thank you.

The Chair: Thanks.

I have Mr. Genuis next on the list.

Mr. Garnett Genuis: Thank you, Chair.

Conservatives have put forward a motion to allow us, and through us to allow the public, to see this contract signed by this NDP-Liberal government with big pharmaceutical companies that are involved in supplying hard drugs that are used as part of the government's so-called safe supply program.

These programs are a failure. We oppose them. In any event, we believe that the public has a right to see the contracts, the deals made by this government and big pharmaceutical companies. In at least one case, that of Purdue Pharma, we know that a company that is heavily involved in supplying hard drugs now as part of this government program was also substantially responsible for causing the opioid crisis in the first place through their over-marketing and over-promotion of another opioid.

We have put forward this motion to get the contracts, and we've accepted and negotiated reasonable amendments to the point where I think we now have a majority of support from this committee for this common-sense motion to release the contracts. However, unfortunately what we've seen over successive meetings is a filibuster undertaken by Liberal members using more and more absurd and desperate arguments to try to justify their attempt to protect big pharma from the release of these contracts. Now, let's be very clear. The member who spoke just now said that there are no such signed contracts, because the federal government doesn't deal directly with these companies. They simply fund these programs, which are then where these external entities are doing the contracting.

First of all, let me say that even if that were true, there is no harm in passing this motion. This motion asks for all of the contracts signed between the federal government and these drug companies. If there are no such contracts in existence, then why are Mr. Jowhari and his colleagues filibustering to prevent this motion from passing? If there really are no such contracts, then they should have no problem letting the motion pass. It's highly suspicious that despite saying that no such contracts exist, they are persistent in filibustering this common-sense Conservative motion, although the member opposite admitted that he wasn't entirely sure that no such contracts exist.

Further, one thing we do know is that the federal government has directly funded these so-called safe supply programs, and that there have been meetings between pharmaceutical companies that are involved or want to be involved in these programs and the government. There's a company called Fair Price Pharma that's in the business of making heroin that they want to include in these safe supply so-called programs. Fair Price Pharma is run by, among others, Perry Kendall, a former public health officer in B.C. Representatives from Fair Price Pharma have met multiple times with government officials, including on more than one occasion with the previous minister. We do know there is direct engagement. We know this according to the lobbying registry. There is direct engagement between the minister and government officials and pharmaceutical companies that are involved or want to be involved in the production and sale of dangerous hard drugs as part of these programs.

I am very suspicious of the claims that no such contracts exist. However, even if it were true, let's get the contracts and find out. What do you have to be afraid of? What is justifying this filibuster if these contracts don't exist?

Finally, some Liberals have tried to get off this issue by saying, well, this could be at the health committee instead. Mr. Chair, it's very simple. We passed an amendment that said that once these contracts are received we will share them with the health committee. We are acquiring these contracts from the government and these companies for use both by this committee and by the health committee. Let's pass this motion that will support our work and the work of the health committee. There's no contradiction. Rather than having a big debate about which committee it should go to, let's pass the motion so both committees can use it. I suspect that the only reason the Liberals are saying that it should go to health committee is because if this same motion were brought at health committee they would filibuster it there as well.

The fact is it's clear now that Liberals do not want these contracts to be released, and we'll see in the remaining time of this meeting whether Liberals allow this motion to come to a vote, or persist in their filibuster to protect big pharma and their own government from accountability. These contracts should be released. Big pharma and this NDP-Liberal government should be accountable. That's why Conservatives put forward this common-sense motion that contracts signed for the production of these dangerous drugs be released so that we know exactly what the terms of the deals were, exactly who got rich and how, and who is profiting from this very dangerous and extreme policy.

• (1225)

I'll leave it there. I hope other members allow this to go to a vote, Mr. Chair.

The Chair: Thank you, sir.

Go ahead, Mr. Kusmierczyk.

Mr. Irek Kusmierczyk: Thank you, Mr. Chair.

I'm glad to see that my Conservative colleague came to this meeting during a constituency week. The last time a meeting was held during a constituency week, the Premier of Alberta was testifying here, and we all noted that the Conservative colleagues from Alberta didn't even bother to show up to ask questions of their own premier. That meeting was so important that it was called during a constituency week, yet they didn't bother to show up. I guess this is progress. I'm glad that they're here and have joined us for this key issue.

When the Premier of Alberta was here, we were asking some very tough questions because we were dealing with the forest fires in Alberta the previous year that were caused by climate change. Right now, we're seeing communities—whether it's Fort McMurray, Fort Nelson or others—that are facing..., that are having to be evacuated—

The Chair: I'm sorry. Excuse me, Mr. Kusmierczyk. We have a point of order.

Go ahead, Mr. Genuis.

Mr. Garnett Genuis: A brief comment about Fort McMurray off the top would be welcome, but this member is clearly filibustering. He has been way off topic, and he should be called to order. He should be discussing the motion. You're allowed to filibuster, but you're supposed to be doing it on the topic at hand.

The Chair: Thank you, sir.

Mr. Kusmierczyk, please get to the motion itself.

Mr. Irek Kusmierczyk: Yes.

I was going to say that, right now, we're dealing with a different kind of fire, which is the opioid crisis and toxic drug crisis that is devastating communities, much like the fires that are caused by climate change are devastating communities in Alberta, British Columbia, Ontario, Quebec and other areas. This, again, is a similar crisis that is really having destructive impacts on communities across Canada.

We certainly see the impact of the toxic drug crisis in my community of Windsor-Essex, and we're seeing that there are weeks where we have two dozen overdoses in communities like mine. This is an absolutely critical issue. We know, based on the numbers provided by the Registered Nurses' Association of Ontario, that there have been 3,800 deaths in Ontario from the toxic drug crisis. This is an issue that impacts all of us, and it's important that it receives due attention.

It's interesting. We clearly hear that my colleagues from Alberta are against safe supply and safe consumption sites. That was clearly spelled out by my Conservative colleague again today. However, it's interesting that they never talk about... They always talk about what's happening in British Columbia, but never talk about what we're seeing in Alberta, despite the fact that Alberta doesn't have safe consumption sites and doesn't have decriminalization of safe supply.

There was a newspaper headline—I think it was in The Globe and Mail—that said that last year they had the highest number ever recorded of toxic drug deaths in Alberta, so it is facing a crisis. Alberta is seeing the number of deaths going up. It doesn't have the same systems in place and solutions in place that British Columbia does, but you never hear the Albertan Conservative MPs talk about the toxic drug crisis and opioid crisis in Alberta.

• (1230)

Mr. Garnett Genuis: I have a point of order.

The Chair: Mr. Kusmierczyk, I'm sorry. We have a point of order.

Go ahead, Mr. Genuis.

Mr. Garnett Genuis: In addition to the fact that Alberta does have supervised consumption sites, this is way off topic. This is about the release of contracts. Mr. Kusmierczyk said nothing about the release of contracts.

The Chair: Thanks, Mr. Genuis.

Mr. Kusmierczyk, please get to the motion.

Mr. Irek Kusmierczyk: Yes.

This is an important issue. It deserves to be studied. It is being studied at HESA at the moment.

I want to put forward an amendment, if that's okay, Mr. Chair. I'm happy to circulate it and make sure that it's translated.

I'm happy to read it into the record right now.

The Chair: Would you send it to the clerk as well?

Go ahead.

Mr. Irek Kusmierczyk: I'll highlight the amendment, the parts that are changing.

It would read:

That the committee, in relation to the opioid epidemic and toxic drug crisis in Canada, order the production of all contracts, agreements or memoranda of understanding to which the Government of Canada is a party, signed since January 1, 2016,

That hasn't changed, and then here it would read:

concerning the direct purchase, acquisition or transfer of Dilaudid or any generic form of hydromorphone for use in any safe supply, safer supply, prescribed alternative programs,

Then it would include:

excluding all documents involving a third party,

Then it goes on:

(a) provided that these documents shall be deposited with the clerk of the committee in an unredacted form and in both official languages within three weeks of the adoption of this order, and (b)

This is the part that will be added:

share the documents with HESA.

That has been translated and will be circulated by the clerk.

The Chair: They haven't received it yet, but why don't you go ahead? Are you going to speak on your amendment, Mr. Kusmierczyk?

Mr. Irek Kusmierczyk: No, I just wanted to put that forward. I'm going to give folks an opportunity to read it, and then Mr. Jowhari, I believe, is going to be speaking to it.

The Chair: We will suspend until we can get this out for Ms. Larouche and everyone else.

• (1230)

(Pause)

• (1235)

The Chair: The amendment has gone out.

We have a speaking list of Mr. Jowhari, Mr. Genuis and then Mr. Longfield.

Go ahead, Mr. Jowhari, on the amendment.

Mr. Majid Jowhari: Thank you, Mr. Chair.

To rebut what's being said, that the government doesn't want to be transparent, they're filibustering, we're not, so that's just false.

We have added two amendments.

One amendment is the word “direct” that comes after “concerning the”, and that says now, “concerning the direct purchase”. That points back to the statement that I made that it is my belief, based on the research I've done, that the Government of Canada has never directly created a purchase order for a purchase, acquisition or transfer of the said “safe supply”. That's why we are adding the word “direct”.

Then we are also adding the words “excluding all documents involving a third party”. Really, what we're trying to say is that doctors and pharmacists are considered third parties. We as a government don't want to be party to any types of privacy issues.

Those are the two amendments. We are we are very comfortable with that, and we're ready to move to vote.

There's no filibustering on our end. Our commitment is to transparency. If this is going to yield the result that we are hoping for, let's move forward with it.

The Chair: Thank you, sir.

Mr. Genuis, go ahead.

Mr. Garnett Genuis: Thank you, Mr. Chair.

With this amendment, the Liberals have exposed themselves entirely in terms of what they're trying to do here.

Mr. Jowhari claimed earlier in this conversation that he didn't think this motion was necessary because no such contracts exist between the federal government and big pharmaceutical companies in relation to the government's so-called safe supply program. Then the Liberals proposed an amendment specifically designed to narrow the scope of contracts that would be provided to this committee. Why, if he sincerely believed that there were no contracts in existence, would it be very important for him to propose an amendment that significantly narrows the scope of the contracts that would have to be provided?

This is exposing clearly what the government is up to, that there are contracts involving this government and big pharmaceutical companies that are involved in producing and selling dangerous, hard, drugs, which then end up on our streets.

Now, to the substance of the amendment itself, the idea that we would exclude all documents involving a third party is outrageous. Clearly, many of these contracts are going to mention in passing relationships with other third parties. I can't imagine a contract that would have no implications for, or reference to, other third parties. The government is trying to use weasel words to ensure that no contracts are in fact released to this committee. Let's be under no illusion about these Liberal games. This is about furthering their agenda of covering up these contracts and preventing them from being released. I hope no member is fooled by what is a very transparent attempt to bury this information.

Mr. Jowhari cannot contend, on the one hand, that there are no contracts in existence, and then on the other hand say, it's really important that we pass this amendment that narrows the scope of contracts that are provided. If there were any privacy issues with third parties the committee is ordering the production of these documents and then the committee will consider its next steps. There is nothing in the motion that requires the immediate release of these documents; the committee is merely ordering the production of those documents. If there are privacy issues the committee, of course, can consider those once they see the contracts themselves.

These are very thin excuses, getting thinner by the moment, for this attempted Liberal cover-up.

I would now welcome the vote.

Thank you.

• (1240)

The Chair: Mr. Longfield, you have three minutes.

Go ahead, sir.

Mr. Lloyd Longfield (Guelph, Lib.): Thank you, Mr. Chair.

Thank you for welcoming me onto the committee this morning. It was a bit of a last-minute invite on a very interesting topic.

I wanted to add a little bit of local context from Guelph, the riding that I represent, regarding the safe supply programs here. I don't want to belabour things, but one of the issues I have with the motion overall that I think the amendment is trying to address is that the problem on the street is not caused by drugs that are provided for safer supply.

The problem on the street is, and I'm reading from the annual report from the Sanguen Health Centre, that “Access to safer supply reduced overdose risk and has kept clients alive”.

Mr. Garnett Genuis: I have a point of order, Mr. Chair.

This is not on the topic of contracts—

Mr. Lloyd Longfield: It's actually on—

The Chair: I'm sorry. Let me interrupt.

Go ahead on the point of order, Mr. Genuis.

Mr. Garnett Genuis: It's not on topic. It has nothing to do with the contracts. Mr. Longfield is re-engaging in this filibuster.

Let's get to a vote.

In any event, the rules require him to be on topic.

The Chair: Thanks, Mr. Genuis.

We are debating the amendment so could you stick to the amendment, please.

Mr. Lloyd Longfield: I appreciate that but I'm a little insulted by a point of order, as I am a substitute on the committee.

I am getting up to speed with the discussion. The points that I'm bringing forward may or may not have been addressed already. There are two other areas, very briefly. The access to safer supply has reduced the fentanyl from the street supply as well as the use of other unregulated substances; and the access of safer supply reduced consumption of drugs by injection and increased oral consumption of medications.

The contracts that we're looking for are really a red herring. The actual problem is coming from the street, it's not coming from drugs that are being supported by the Government of Canada and purchased by the local clinics. We're looking for information that really isn't relevant to the problem at hand on our streets and I think we have to watch out for that.

Thank you, Mr. Chair.

The Chair: Thanks. I appreciate your finishing right there.

Colleagues, we have used our allotted time for this session.

I am adjourning.

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